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LGBTQIA+ People and Religious Trauma

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LGBTQIA+ People and Religious Trauma

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Abstract

Many lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and asexual people (LGBTQIA+) experience religious trauma caused by the harmful messaging often aimed at sexual and gender minorities. Identity dissonance can be created when LGBTQIA+ people find their religious and sexual or gender minority identities at odds with each other. A review of existing literature revealed themes of identity erasure, internalized homophobia, and resilience, but there was limited research involving this population. This qualitative study centers the voices of those who have experienced religious trauma based on their identities and works to understand their healing journeys. Fifteen LGBTQIA+ individuals participated in semi-structured interviews wherein five main themes were identified: anti-LBGTQIA+ messaging, internalized homophobia, resilience, self-acceptance, and pathways forward. This study adds to the current body of research and relies on minority stress theory as a framework to better understand the experiences of this marginalized population. Highlighted herein is the need for clinical social workers to engage in culturally competent practice and social justice advocacy for the dignity and worth of this population.

Acknowledgments

I would like to acknowledge the time, guidance, and professional investment in this project by John Gallagher, Ph.D., Kim Stauss, Ph.D., and Ananda Rosa, L.C.S.W.

I would like to also acknowledge the tremendous emotional and mental support provided by my loving spouse, Cyrilla, and child, Ruby.

Dedication

This thesis is dedicated to the participants who bravely chose themselves and shared their stories so someone else might see themselves reflected in these words. This is furthermore dedicated to anyone who knows the pain and beauty of living life on the margins of society and the communities that support and affirm them.

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LGBTQIA+ People and Religious Trauma

Religion is formative in creating the value system of approximately 84% of adults worldwide and 70% of those in the United States and is often foundational to a someone's self-identity (Pew Research Center, 2015a & Pew Research Center, 2015b). The number of people who identify as moderately or highly religious is decreasing year after year in the United States (while globally religious affiliation is increasing) and some have attributed this to the changing religiosity of younger generations and their decreased involvement in traditional, organized religion and doctrine (Pew Research Center, 2015a). The United States has an estimated population of over 334 million people, making up 4.5% of the total world population (United States Census Bureau, n.d.). Approximately 7.2% or 23 million adults in the United States identify as a part of the lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, (LGBTQIA+) community (Jones, 2022). This umbrella abbreviation has expanded over time to include those who identify as sexual and gender minorities with more group representation being added throughout the years. While the number of those identifying within this community has doubled since 2012 and continues to increase yearly with more people identifying as members of this group earlier in age (Jones, 2022), this is lower than the 9% of adults who identify as LGBTQIA+ globally (IPSOS, 2021). Given those in Generation Z (people born between 1997-2003) identify as LGBTQIA+ over 20% of the time (Jones, 2022), this overall increase could be attributed to more people in this community being born or the evolution of language which allows for more specific sexual and gender identification. Religiosity among members of this community is lower than that of the worldwide and national numbers, with only 47% of LGBTQIA+ people in the United States indicating they are religious, but religious

doctrines nevertheless continue to play an important role in the lives of millions of LGBTQIA+ adults (Conron, et al., 2021).

Studies have shown adherence to religious values can serve as a protective factor against mental illness in the general population but has a decreased protective impact for those in the LGBTQIA+ community (Barnes & Meyer, 2012; Lomash, et al., 2019). This is largely related to traditional religious doctrines being viewed as at odds with LGBTQIA+ identities (Sherry, et al., 2010; Barnes & Meyer, 2012; Shilo & Savaya, 2012; and Gibbs, 2015). This identity dissonance can be a traumatic experience for religious LGBTQIA+ people. Religious trauma is experienced by people who are coping with abandoning a religious doctrine (or set of values) and the negative mental health impacts this identity dissonance can cause (Winell, 2011). The studies reviewed below were located in peer-reviewed, scholarly journals with articles published between 2010 and 2022 by searching under keywords religious trauma, LGBTQIA+, and mental health.

Review of Current Literature

Research involving religious trauma has been conducted involving LGBTQIA+ participants who have reported their experiences, including religious microaggressions, religious identity dissonance or conflict, identity erasure, trauma, and familial rejection. Researchers have investigated the effects of internalized homophobia and identity invalidation on those in the LGBTQIA+ community (Sherry, et al., 2010; Barnes & Meyer, 2012; Shilo & Savaya, 2012; and Gibbs, 2015). Quantitative methods were used to investigate how religious messaging equating LGBTQIA+ identities with “sinful behavior” and a deviation from “normal” impacted their mental health (Barnes & Meyer, 2012; Gibbs, 2015; and Gibbs & Goldbach, 2021). Participants in these studies indicated high levels of “religious and identity conflict” and increased levels of

suicidal ideation, depression, guilt, and shame and decreased self-esteem (Sherry, et al., 2010; Barnes & Meyer, 2012; and Gibbs, 2015). Some participants were able to reconcile their need for religious connection by choosing more affirming religions or rejecting religion in favor of spirituality, while others abandoned religion and/or spirituality altogether (Sherry, et al., 2010). These studies used standardized scales (such as the Religious Emphasis Scale, Internalized Homophobia Scale, Spiritual Well-being Scale, the Riff Scales of Psychological Well Being (Sherry, et al., 2010 and Barnes & Meyer, 2012)) designed to gauge personal feelings, internalized homophobia, religious emphasis, spiritual well-being, self-esteem, psychological well-being, religiosity, depression, and suicidality (Sherry, et al., 2010; Barnes & Meyer, 2012; Shilo & Savaya, 2012; and Gibbs, 2015).

Research has also been conducted to investigate, more specifically, the connections between religious trauma and mental illness in the LGBTQIA+ community. These studies included participants from a variety of countries (including the United States, Israel, and Australia), ages (between 14 and 75), and a variety of religious backgrounds. Researchers utilized open-ended question prompts and semi-structured interviews to investigate participant's experiences with religious microaggressions, religious identity dissonance or conflict, identity erasure, trauma, and rejection (Sherry, et al., 2010; Levy & Reeves, 2011; Lomash, et al., 2019; Gibbs & Goldbach, 2021; and Hollier, et al., 2022). Participants discussed the identity conflict they experienced when they began to realize their gender identities or sexual orientations were in opposition to the teachings of their religious organization and the subsequent shame, guilt, and confusion they felt (Levy & Reeves, 2011 and Hollier, et al., 2022). This conflict was often exacerbated by the message that LGBTQIA+ identities are incompatible with religion, leaving participants without a solid religious foundation and causing anxiety and depression (Lomash, et

al., 2019; Gibbs & Goldbach, 2021; and Hollier, et al., 2022). Religious microaggressions directed at the "sinful" nature of the LGBTQIA+ community caused some participants to hide their sexual orientation and repress their identities resulting in shame and guilt (Sherry, et al., 2010; Lomash et al., 2019; and Gibbs & Goldbach, 2021). Participants also related their experiences with being viewed as a threat to their community because of their sexual orientation and how they were mischaracterized as being a part of an "evil lifestyle" that endorses risky behavior and can be harmful to children (Hollier, et al., 2022).

Identity erasure occurs when a specific identity does not see themselves represented in society (Hollier, et al., 2022). Those in the LGBTQIA+ community can also experience erasure by their religious organization due to a lack of recognition by churches of gender diverse and sexual minority people, often leading these individuals to repress their identities, resulting in guilt and shame (Hollier, et al., 2022). Participants indicated a failure of religious organizations to even mention the identities of LGBTQIA+ people and the negative mental health impacts this lack of visibility produced, including increased suicidal ideation (Levy, & Reeves, 2011 and Hollier, et al., 2022). Finally, many participants reported being raised in religious households and related the additional stress this enmeshment of their religious and familial communities can add, and the feelings of grief produced by the loss of those interconnected relationships (Levy & Reeves, 2011; Gibbs, 2015; and Hollier, et al., 2022). These studies highlighted the importance for mental health professionals to be in tune with their clients religious and cultural backgrounds to better assist them, in addition to how religious trauma can create negative mental health outcomes within this population.

Limitations

Studies had limitations including the use of data gathered over twenty years ago (in 2000) and non-demographically diverse samples (most participants were either male or female between the ages of 18 and 25 with very few transgender and gender non-conforming people represented) (Sherry, et al., 2010; Barnes & Meyer, 2012; Shilo & Savaya, 2012; and Gibbs, 2015). Studies did not include racially diverse participants in all cases, thereby creating a gap in understanding the unique experiences of those with marginalized intersectional identities (Sherry, et al., 2010; Gibbs, 2015; and Hollier, 2022). Additionally, a causal relationship between religiosity and decreased mental well-being for LGBTQIA+ people cannot be conclusively established as individual's unique lived experiences can also impact mental health outcomes, and responses could have been influenced by participant reactivity or response bias (Sherry, et al., 2010; Barnes & Meyer, 2012; and Shilo & Savaya, 2012).

As these studies utilized small, non-randomized samples who were not geographically representative of the larger country's population, they lack generalizability (Sherry, et al., 2010; Levy & Reeves, 2011; Lomash, et al., 2019; Gibbs & Goldbach, 2021; and Hollier, et al., 2022). Finally, an additional limitation of some studies is the reliance on one-question prompts (or open text boxes) rather than semi-structured or structured interview questions (Sherry, et al., 2010). Utilizing more semi-structured interviews rather than prompts can allow for follow up questions and clarification to ensure more accurate representation of participant stories.

The experiences of LGBTQIA+ adults who have religious trauma due to constant negative messaging is an under-researched phenomenon when those who have gone through official conversion therapy are excluded. While conversion therapy can have devastating effects on a person's mental health, the current study is more focused on examining the LGBTQIA+

experience with religious doctrine throughout the life course. People in this community face added social stressors due to their gender diverse and sexual minority identities and this leads to an increased risk for mental health disorders, suicidal ideation, substance use, homelessness, and traumatic experiences (National Alliance on Mental Illness, n.d.). A lack of affirmation by a church or religious community can further create cognitive dissonance for LGBTQIA+ people. Those in the LGBTQIA+ community can experience further harm when religious values, often core to individual's self-identity, are utilized to invalidate their sexual or gender identities. The stories of 15 participants are centered in the current study as it seeks to represent their voices and better understand their experiences.

Theoretical Framework

Minority Stress Theory

Minority stress theory helps explain and expose the harm caused to members of society who fall outside of the dominate heteronormative and cisgender identity while seeking to understand how these same marginalized identities foster resilience. Minority stress is defined by Iian Meyer (2003) as "stigma, prejudice, and discrimination [that] creates a hostile and stressful social environment that causes mental health problems" (p.1). Meyer (2003) formulated minority stress theory (MST) based on a meta-analysis which revealed those who identify as members of the lesbian, gay, or bisexual (LGB) community are 2.5 times more likely to have a mood, anxiety, or substance use disorder (Meyer, 2003). This increase is attributable to the unique stress experiences faced by those in minority groups due to social discrimination and continued, multifaceted attacks on their identities (Meyer, 2003). Minority stress theory helps explain how oppressive social structures lead to the stigmatization and marginalization of minorities and the resulting stressors they experience (Pitoňák, 2017). While the original aims of MST were to

explain mental health disparities in sexual minorities (specifically, lesbian, gay, and bisexual people) related to their stress, the theory has since been used to explain a system of socially constructed disadvantages experienced by racial, gender, and sexual minorities (Pitoňák, 2017). Furthermore, MST helps understand the increased social pressures and stigmatization felt by those with intersecting minority identities (Downing, 2019). While Meyer's original study only included LGB individuals, an adapted study in 2012 applied MST to those who are transgender and gender non-conforming and found the same mental health disparities exist with these individuals as well (Hendricks, 2022, pp. 71).

Main Concepts and Assumptions

Meyer described three main characteristics of minority stress: the stress must be unique to the stigmatized group and in addition to the normal societal stress everyone experiences, the stress must be chronic and pervasive throughout the life of the minority person or group, and the stress must arise from cultural structures which are socially defined (Hendricks, 2022, p. 74).

The four minority stress concepts in Meyer's model are separated into distal (readily observable) and proximal (more internal) processes (Hendricks, 2022, p. 75). These include chronic and acute external stressful events and conditions related to LGB identity (distal), the expectation of these events and the vigilance required to be prepared for them (proximal), internalized homophobia (proximal), and intentional concealment of sexual identity (proximal) (Meyer, 2003 and Hendricks, 2022, p. 75). Meyer saw these processes as existing on continua along which LGB people move throughout their lifetime with an ever-present need to ensure their safety and revalidate their identities (Alessi, 2014). These experiences often vary across individual members of the LGB community as the level of support (from both family and society), interpersonal acceptance, and people's lived experiences and personal characteristics

are different. Acceptance can vary based on an individual's geographic location with some areas being more validating to members of the LGB community, and this can serve to lower the level of minority stress experienced (Meyer, 2003). However, since minorities often find their identities being debated in media, literature, and politics, geographic location and social support does not provide enough protection from structural minority stress (Meyer, 2003).

The responses from the members of the minority community to these stressors is one of coping and resilience (Cyrus, 2017). This manifests as a strong sense of group connectedness and cohesion minorities feel for members of their chosen support network, often comprised of those who often present themselves outside of gender norms and identify similarly (Meyer, 2003 and Alessi, 2014). Meyer (2003) also indicated the group cohesion created by their shared identity has inspired social progress and change throughout history. The group coping and resilience exhibited by those in the LGB community can serve as protective factors in preventing behavioral and mental health concerns in this population (Downing, 2017).

Implications for Social Work Research

Social workers should be strong advocates for social justice while seeking to understand how the lived experiences of those we serve impact their mental well-being. Advocating for marginalized identities requires that we examine how the lack of social acceptance and visibility can invalidate those in the LGBTQIA+ community. These individuals often experience employment, housing, and health care discrimination based on their identities (Grant, et al., 2011; Friedman, et al., 2013; and Sears, et al., 2021). This can create cycles of poverty and mental illness, and the recognition of these cycles brings valuable context into the life course of those we serve. Minority stress theory can also be used by social workers as a framework for understanding the importance of chosen family support systems within the LGBTQIA+

community (Hendricks, 2022, pp. 77). Those in the LGBTQIA+ community often indicate strong peer support serves to supplement or replace lack of affirmation by their families (Hendricks, 2022, pp. 77). Furthermore, increasing awareness of religious trauma within the LGBTQIA+ population through research will allow for social workers to utilize more cultural competence in helping these individuals more through the resulting negative mental health impacts.

Current Study Methodology

Phenomenological research emphasizes the centering of a participant's story around a specific topic and ensures their unique experience is represented rather than focusing on generalizability to a larger population (Grossoehme, 2014). Additionally, the impressions and emotional responses of the researchers are included in the research as they are important in adding to a rich narrative of the phenomenon being investigated (Grossoehme, 2014). It is equally important to engage in reflexivity (or self-reflection) to ensure all implicit and explicit biases held by researchers are evaluated and challenged (Valandra, 2012). Researchers should engage in constant self-reflection throughout all stages of the study to increase the rigor of this style of research and maintain the integrity of the data (Valandra, 2012).

In the interest of self-disclosure, the lead researcher in this study identifies as a nonbinary, Queer person and is a graduate student in the field of social work raised in a Catholic family. The thesis chair, Dr. John Gallagher, identifies as a straight, cisgender man for whom religion has never been a large part of his life. The other members of the research team include Dr. Kim Stauss, who identifies as a cisgender woman raised with Christian religions but now practices Buddhism, and Professor Ananda Rosa who identifies as a cisgender woman of European Jewish descent raised with both Jewish and Christian religions but does not identify with any religion in adult life.

Participants

All active recruitment was done in Northwest Arkansas but spread to participants throughout the United States and internationally. Informational flyers and introductory emails were sent out to local LGBTQIA+ advocacy organizations, LGBTQIA+ affirming churches, and listed on social media with potential participants being asked to contact the lead researcher for more information. The research question for the current study is: what are the experiences of those in the LGBTQIA+ community with religious trauma and how has it impacted their mental health? A purposive sampling method was utilized to select participants who best answer the research question (Palinkas et al., 2013). In order to be included in the study, participants were required to 1. identify both as a member of the LGBTQIA+ community and 2. have experienced religious trauma based on their membership in that group. Recruitment took place for five days in August of 2022 and included 15 participants raised in the Christian faith (with approximately half being raised in Evangelical Christianity). The basic characteristics of the participants are illustrated in Table 1 below. Participants from three different countries (the United States, Canada, and Ireland) and eleven U.S. states were represented in the sample and each person was given a twenty-five-dollar Amazon gift card for participating in the study.

Table 1

Participant Demographic Information

Sample Characteristics	*n*	%
Race/Ethnicity		
White (Non-Hispanic)	11	73
Black	1	7
Bi/Multiracial	3	20
Gender Identity		
Female	9	60
Male	4	27
Nonbinary	2	13
Sexual Orientation		
Homosexual	10	67
Bisexual	5	33
Age		
18-24	3	20
25-35	8	53
36-46	2	13
47-50	2	13

Note: N=15

Qualitative studies are concerned with gathering unique lived experiences that are largely subjective in nature; in contrast to quantitative studies which strive for rigor through generalizability, reliability, and validity (Denzin & Lincoln, 2000 & Johnson et al., 2019). In qualitative research, rigor is often obtained through triangulation of data, member-checking, and peer review (Stake, 2010). The process of keeping a research journal or diary throughout the length of the study also adds context to the data and increases the rigor (Stake, 2010; & Valandra, 2012). The current study utilized peer review in drafting the research instrument by soliciting feedback from multiple social work researchers, a local theologian and minister of an LGBTQIA+ affirming church, and a local therapist who specializes in treating those with religious trauma. Member checking is the process during which participants are asked to review their interview transcripts and give feedback on how accurately their stories had been

represented (Stake, 2010), and in the current study, three participants were randomly selected to review their own transcripts and thematic codes to identify discrepancies after which action was taken to correct anything indicated by the participant. Finally, the lead researcher kept a detailed journal of personal reflections, impressions of participants demeanor, and perceived emotional status. Inclusion of interview journal notes play an important part of adding context to a participant's unique narrative and ensures a key word in context approach is utilized (Denzin & Lincoln, 2000).

Data Collection

Participants completed a demographic survey to obtain information on their age, sexual orientation, gender identity, race, ethnicity, education level, geographic location, and religious upbringing. This survey was completed prior to the one-on-one interview and included thirteen questions. The 15 semi-structured interview questions revolved around the impacts of LGBTQIA+ targeted religious messaging on the participants; both instruments are included as Appendices B and C.

Open-ended questions were used to solicit each participant's unique impressions of their past and present experiences with religious trauma and how they have been impacted. Questions aimed at highlighting the resilience of participants were also asked such as, "what makes you proud of your journey?" and "who do you turn to now for support?".

Participants were offered the option of completing the interview in person at the School of Social Work offices at the University of Arkansas or via Zoom. Of the 15 participants, one completed an in-person interview and 14 completed interviews via Zoom. The interviews averaged 48 minutes in length across all participants with a range between 25 minutes and 1 hour and 8 minutes. Immediately following the first one-on-one interview with a participant, the audio

file was uploaded and transcribed verbatim utilizing the professional and confidential transcription software. This interview was then sent to Dr. John Gallagher and Dr. Kim Stauss for feedback on the lead researcher's interviewing style and question content. The lead investigator then adjusted their techniques and language accordingly.

The confidentiality of the participants was protected in several ways throughout the research study. Interviews were recorded using an audio recorder and then immediately uploaded to an external encrypted drive after which they were erased from the original recorder. While audio recordings of personal stories can be identifiable to those who know the participants personally, the names and demographic information were kept in a separate encrypted drive to minimize this risk. After uploading the audio files to an encrypted drive, they were transferred to the Nvivo Transcription Services website. This encrypted and confidential system provides verbatim transcription of audio files only accessible by the transcriber and account holder (Nvivo Transcription Services, n.d.). The lead researcher reviewed all audio recordings and compared them to the transcription provided by the Nvivo system due to the importance of the timbre and tone of the speaker as well as to identify any errors in transcription and complete data cleaning. As this study involved the use of human stories and experiences, it was approved by the Institutional Review Board of the University of Arkansas.

Data Analysis

Qualitative data analysis requires the development of specific codes by which a researcher can group together responses (Creswell, 2013). This is usually done by selecting many common phases or sentiments mentioned by participants and categorizing them into themes (Creswell, 2013). Participant transcriptions were coded using a progression from open coding to

axial coding and then selective coding (Williams & Moser, 2019). Throughout each coding phase, themes were consolidated, and categories reduced until five common themes emerged.

Following the completion of all 15 interviews, investigator triangulation was utilized with the lead researcher, Dr. John Gallagher, and Dr. Kim Stauss reviewing transcripts independently and then meeting to reconcile resulting codes. This strategy has been shown to add to rigor of the study while ensuring the most accurate representation of the participant's stories (Denzin & Lincoln, 2000). Since this study is centered on understanding the phenomenon of religious trauma in the LGBTQIA+ community, thematic assignments were considered in relationship to each other and categorized through the lens of minority stress theory.

Findings

Themes

The phenomenon of religious trauma and the manifestations within this sample of LGBTQIA+ participants are discussed below. While there were many similarities in the impacts of these experiences including mental health concerns related to core identity conflicts, participants were all at different places in both discovering (and disclosing) their identities and the reconciliation of their religious upbringing and formative support network. Some participants were able to find peace between their identities and thrive while others were still grappling with how to move forward and survive following this fracture of self. These themes were evoked to highlight the overall journey of these participants and their voices will be utilized as direct quotations whenever possible to ensure they are accurately represented. Since all participants were raised with a strong religious background, early messaging around sexual orientation and gender identity was explored given the impact these formative messages can have on identity development. Themes are grouped into two broad categories: surviving (anti-LGBTIQA+

messaging, internalized homophobia, resilience) and thriving (self-acceptance, pathways forward).

Anti-LGBTQIA+ messaging

This theme includes sub-themes of implicit and explicit messaging against LGBTQIA+ identities and participant's experiences with each. Participants shared how this invalidating messaging left them afraid of discovering themselves due to the impact on their religious beliefs, support systems, and families. Additionally, the sub-theme of erasure is discussed as many participants indicated a lack of exposure to LGBTQIA+ culture or individuals often led to repression of their identities and delayed self-acceptance.

For many participants, any explicit messaging often came in the form of a rigid interpretation and enforcement of traditional gender roles and heteronormative relationships. As one participant explained,

> Sexual orientation...was directly correlated to one's gender. If you're male, you're attracted to females. If you're female, you're attracted to males. To diverge from those things was to make a choice to rebel against God. It was very binary...male or female. It's very fixed. It's unmovable. It's unchanging.

Participant's other experiences with explicit messaging involved the outright condemnation of their identity, like one participant who stated (when asked what they were taught about sexual orientation and gender identity growing up),

> That I was possessed by the devil. That's what I learned from the church from a very early age; I associated my sexuality to demonic actions. I thought I was possessed by demons and that they had to be exorcised. That's what I thoroughly believed for a long time.

Another participant stated, “my dad thought I was possessed by a demon or spirit of deception. Not a demon of homosexuality, but a demon of deception making me think I’m gay.” One participant discussed attempts by their family to change their behavior to reflect a more traditional gender role,

> Something that was very, that really marked me, struck me as a child, was I think I was taken to a doctor when I was like four or five at the time, I was attending a school and I think it was in the classroom with loads of girls. So, I became a little bit effeminate, and my parents freaked the fuck out, and they took me to a pediatrician and this pediatrician told them that they had until the age of six to convince me that I was a boy. So, they really, really repressed me. They were constantly watching me. They were constantly scolding me, constantly reprimanding me for anything that was remotely effeminate in the way I spoke, in the way I behaved, in the way I moved. Like I was constantly, constantly being watched all the time and being severely reprimanded any time I did anything that they didn't consider to be a boy, boyish or male. And so, the message was that it was wrong to be effeminate. That it was wrong for me to behave like a girl was constantly reinforced, and I don't recall my parents ever telling me I was possessed or that I was under the influence of demonic activity. But they did reinforce that implicitly in the way they dealt with me. They always made me feel very guilty.

While some participants experienced direct invalidation and harmful statements, most indicated the implicit negative messages were more common for them,

> I think I didn't really get a lot of messages about gender identity, which is a message in itself. I think it was just assumed that there are men and there are women, and that was, I mean, definitely like the language used is very binary and there were just no other options. I don't remember specifically hearing any like, sermons or at least explicit communication about that. Sexual orientation was also oddly not very explicitly communicated. Which, again, like looking back, I'm like, that's interesting, that it's almost it was almost like the "don't ask, don't tell" kind of thing. Like, I can't remember a single sermon where my pastor would get up and say, you know, gay people go to hell or anything like that. But it was more just this very covert language around the way that God designed marriage, right? Which we know what they mean when they say that or the way they would say it is like sexual purity or sexual morality, which they would define as sex after marriage with someone who is not of the same sex as you.

Participants discussed the absence of acknowledgement of the existence of LGBTQIA+ identities in their religious communities with one person saying, "silence is a message and it's saying something loud and clear. That's a silence you can feel in the room." This lack of representation and silent messaging as referenced by the participant above leads to identity erasure for these individuals. These participants indicated due to this lack of visibility and a strict adherence to traditional gender and sexual norms, they didn't believe identifying as an LGBTQIA+ person was an option for them. Most participants indicated that the lack of exposure to those who are LGBTQIA+ in their religious or home environments negatively impacted their ability to see themselves clearly and led to conscious or subconscious repression of their

identities. Some even felt they had a delayed social development due to this repression and denial of self.

Internalized homophobia

Participants discussed internalized homophobia specifically as well as mentioning other sub-themes including, shame, guilt, self-blame, sexual brokenness, and mental and physical health concerns. All participants reported their experiences with anti-LGBTQIA+ messaging led them to internalize negative feelings about themselves that many are still working to undo today. In fact, years after having come out to family and friends some participants were still struggling with these feelings.

One participant who no longer identifies as a Christian said, “I couldn’t shake the shame for a long time. Even now when things are going badly, I think, is God punishing me for being gay?” Many participants felt caught between fighting against their own feelings and the messaging received from religious leaders and family members who indicated diverging from the dominate cisgender, heterosexual identity was making a “choice to rebel against God.” This message often left participants feeling as though they were choosing their own misery. One person stated, “It’s like they held me under water and screamed at me to breathe.”

Participants also stated the conflict between their religious upbringing and the emphasis on LGBTQIA+ identities as experiencing “sexual brokenness” created negative mental health impacts including anxiety, depression, Post Traumatic Stress Disorder (PTSD), panic disorder, substance use, and left them vulnerable to sexual and relationship violence. One participant related the severe mental health impacts of their trauma and this fissure of identities,

> I was the most depressed and the most suicidal that I probably ever have been. And I think it was because the truth of who I am and the belief system that I held no longer aligned and it was like I was being ripped apart inside.

Another person described the sobering effects of this shame and guilt by relaying their experience with an ex-gay support group, "It's like when you put someone who is a beautiful bright star in a room and ask them to hide themselves. You get a room full of dim stars." Some people further indicated that hiding their identities from their religious leaders, church members, or families was essential to maintaining their place in the community until they could not handle living this fractured existence.

Resilience

Participants developed resilience through the adversity they experienced. Sub-themes of survival, a loss of religious community, and a brain/body disconnect were evoked to highlight their varied journeys while emphasizing the interconnectedness of their experiences. Minority stress theory emphasizes that this kind of resilience is often hard fought and won by those who are marginalized. Individuals in this study expressed resilience as needed to survive in their newly acknowledged and seemingly incongruent identities. This survival was often made more challenging for participants due to the loss of support structures and a general inundation of invalidating messaging and actions by religious communities.

While participants struggled to accept themselves based on religiously based negative messages, many indicated there was a point where they could no longer hide themselves even if it meant loss of religious community and family. One person stated, "I felt like I lost everything when I claimed myself." Participants stated that once they had chosen to live authentically, they were focused on surviving against an onslaught of negative consequences including alienation

from their families and shunning from religious communities. As one participant put it, “Everyone disappeared from my life, pretty much like all of those people that I had walked through life with for years and years disappeared.”

Participants experienced the pain of seeing their heterosexual and cisgender relatives enjoy familial and religious support of their relationships and celebration of marriages while their relationships were ignored, questioned, or condemned. As one participant put it,

> And then with my mom, she came and we went wedding dress shopping together and it was really sweet. And I know that she didn't mean this in a bad way. But when we were on a walk together. And I was like, you know, I'm really glad that you're here. And we were kind of reflecting on things and she was like, “Yeah, you know what? I think a couple of years ago, I wouldn't have wanted to come up. But now, I do, and I think that's because of God. So it felt like, you know, wow, I mean, for her, that's probably a great step forward. But for me, all I want to hear is that my mom wants to be with her daughter going wedding dress shopping, not that she needs God to give her that desire to do that.

There was a consistent message that if someone were going identify as LGBTQIA+, they must remain celibate and refrain from publicly acknowledging their identity. Some participants talked about how while they weren’t abandoned outright by their support systems, they saw the closeness with these lifelong relationships diminish to surface level interactions and performative support. One participant highlighted the difference in how their same sex relationship was viewed by stating their parent told them, “It’s not a normal relationship to be celebrated, it’s a deviation.”

Several participants mentioned a feeling of disconnection between their body and brain; described as feeling like “a disembodied head” due to the message from their religious leaders that their body belongs to God rather than to themselves. These people found that upon having abandoned the religion, they were unable to make the connection between their somatic experience of the world and their intellectual experience due to the conflicting messages they received during their formative years.

While participants were undoubtedly harmed by their experiences with religious trauma, they also showed incredible resilience in their ability to move from surviving to thriving. One participant stated, “I feel very lucky. I guess I feel lucky that I was, that I'm gay, but I also feel very proud of myself that I faced it and didn't spend my entire life hiding it. I wish I had done it sooner.” Participants also showed great insight when suggesting that having experienced this trauma made them stronger as suggested by one person who said, “if anything, this has made me stronger.” One participant shared how proud they are of their resilience,

> I am just so proud that I mean, I came from that life, and I had to fight to come out of that and I am whole. I am good. I'm thriving now. You know, in spite of that, not because of that, but in spite of it. And I just think that Queer folks, we have a lot of resilience because we've had to go through a lot of hatred and negativity and stigma.

Self-acceptance

Participants also discussed how their ability to survive through the negative messaging and internalized homophobia helped them develop resilience and has led them to thrive within self-acceptance. Additionally, participants discussed sub-themes of choosing themselves and cultivating a chosen family support network.

One participant talked about finally accepting themselves saying, “I am proud that I started therapy. I'm proud that I became a safe enough person for me to come out to myself.” Another person described the compassion they have for their younger self who ascribed to traditional Evangelical religious doctrine,

> The institution of the church, I have anger towards those people, but I have so much compassion for myself because I just wanted to be loved, and I just wanted to find a place. I was trying to do my best to fit in, and I was doing my best to be the good Christian I wanted to be or thought I wanted to be. And then, you know, it got to the point where I was like, ‘Oh, I don't know that I want to be alive anymore if we keep going with something like this.’

Many people indicated how proud of themselves they were to have finally found the courage to choose themselves even when this came at a personal cost. One person stated, “I’m proud of myself for cultivating the relationships with people who love me and accept me fully and cutting off or pairing back on relationships that don’t.” Participants spoke of the pride they feel living freely by,

> Being able to leave that behind because it was really hard, and I'm really proud that I was able to choose me and choose what was right for me and authentic because I think the church had taught me not to do that. It taught me to abandon myself, pick up my cross and follow up after God, you know, forsake all else and follow Him. And you know, I was able to choose me, but I think that's also choosing God, when you choose yourself and what is authentic to you.

Some participants indicated how they felt compelled to choose themselves and were proud of it, but were more ambivalent in determining their religious futures,

> I knew it was the right thing to do. I knew that I had to choose myself, you know, and I had to choose me. And I think like, honestly, I think that this is who I am created to be by God, by whatever, by the universe. I'm still really working out what I believe. I don't know that I'll ever have it all sorted out.

Finally, participants discussed the importance of chosen family as a support network to fill the void created when their LGBTQIA+ identities were disclosed to religious organizations or family members and those relationships changed, "I do feel like my family will be there for me if I needed them in big crisis kind of moments, but I still feel like my friends are family, you know, the people that are closest to me." Another participant said, "my chosen family of friends; they would be the ones that I would turn to for emotional support." Participants expressed immense pride in having cultivated a network of affirming chosen family and how it was essential to have these supporters.

Pathways forward

As unique as these past experiences are to the participants, their paths forward are equally unique and include deconstruction of religion, feeling unanchored, expressing gratitude for their chosen and given families, and an uncertainty of their religious or spiritual beliefs. Additionally, participants mentioned their engagement in mental health treatment following these traumatic experiences to have been helpful in relieving some of their symptoms and moving toward healing.

Participants discussed deconstructing the control of their religious communities had in their lives and how they experienced these systems: "It's like the whole system has been built on this idea of like power and control over people's bodies and their sexualities and how they

express themselves.” One participant described a great sense of loss due to this fracture of identities,

> It's grief, but it feels different, like it's more like feeling totally unanchored, lost, like floating, unmoored. I've had suicidal thoughts. I've been so very sad, very alone. And I mean, something else that I don't like really thinking about, but I have to acknowledge is that I've lost the church through this process and that’s a major part of my life. A huge part of my life for twenty years. And that's a very sad feeling. It's a very scary feeling, honestly. I don't like to acknowledge it. Like not being able to answer the question, are you are you a believer, are you a Christian? Do I ascribe this ideology anymore? I don't know. And like that's something I never thought I would be saying, so that's a lot. That's a major loss.

Other participants described empathy and understanding for their family and friends’ initial reactions and appreciation for those who stood by them and attempted to evolve their thinking. One person talked about developing a closer relationship with a fellow church member after disclosing their identity,

> They stayed with me, and they came to see my musical that I was in, and they came to see me perform at the gay church, you know, and they basically overcame their fear of being exposed to what I was doing. And stayed with me, and the evolution of our relationship with that family is phenomenal.

Deconstruction of religious doctrine and beliefs was mentioned by several participants as a way to disentangle their personal value system from any invalidating and harmful messages they received from their religious leaders or family members. Throughout their journeys with coming out, participants have found themselves trying to

retain the pieces of religious upbringing that offered them guidance and comfort while eliminating messages that helped create a negative self-view. Given the formative impact religion had on the value systems and moral compass of these participants, there was often the feeling of disconnection from their values following the fissure of their religious and LGBTQIA+ identities. Finally, all participants expressed gratitude at having the opportunity to share their experiences and discuss how religious trauma has affected their well-being while also hoping to raise visibility of the potential harms, “we're very resilient people who've rebuilt our lives in some way or whatever, you know, and I just really appreciate you giving me the opportunity to share my story.”

Discussion

In 2018, there were a total of forty-one state laws introduced in the United States targeting the LGBTQIA+ community (Dhanani, et al., 2023). So far in 2023 there have been 451 anti-LGBTQIA+ state laws introduced in the United States (American Civil Liberties Union, 2023). This increase of over 1000% in the first four months of the year represents an assault on the autonomy and well-being of all LGBTQIA+ Americans. Many of these bills (which seek to limit access to mental and physical health care, restrict educational representation of LGBTQIA+ identities and the forced disclosure of them, and restrict public restroom usage, among other things) are introduced under the pretenses of protecting the religious freedom of providers which, in some states, allows for religious discrimination against LGBTQIA+ youth seeking services (Kline, et al., 2022). Additionally, many the proposed bills are directed specifically at children who are the most marginalized of this population (American Civil Liberties Union, 2023). Research suggests that even limited anti-LGBTQIA+ legislation has a negative impact on the mental health of this community (Rostosky, et al., 2009). However, the impacts of this group

witnessing their humanity, ability to access care and resources being debated constantly in the media in the current climate are unknown at this time but the minority stress theory framework acknowledges this contributes negatively to the mental health of this community (Meyer, 2003). Due to the current escalating legislative attacks and the multi-layered effects of them, social workers should be utilizing resources to lobby anti-LGBTQIA+ legislation and develop policy that supports this population; this is not the time for quiet advocacy.

Strengths

Participants for this study came from three countries (the United States, Canada, and Ireland) and were raised in eleven different states (located in all regions of the United States). The insight provided by participants from a large variety of geographic locations is a strength of this study. Another strength is the inclusion of non-binary participants and their experiences with religiously enforced gender roles and how this messaging has affected their self-identification. Many previous studies (Barnes & Meyer, 2012; Levy & Reeves, 2011; and Shilo & Savaya, 2012) have only included people who are female or male and this has limited the understanding of those who identify outside of the gender binary. The current study utilized open-ended, semi-structured questions to add to in this method of data collection in the limited existing literature. Finally, this study utilized investigator triangulation and member checking to increase rigor and ensure accurate representation of participant's stories.

Limitations

This study has limitations related to recruitment and participant characteristics; specifically, the non-random sample lacked racial and ethnic diversity with only four of 15 participants identifying as Black or Multiracial and all other participants identifying as White. The study was advertised via social media, local advocacy group outreach, and word of mouth

but participants reported social media exclusively as the source of their recruitment and this could limit accessibility to participants without internet access. Additionally, because the sample was limited to fifteen participants and the overwhelming response to the study, recruitment took place for only five days which limited the dissemination of the advertisement. This study was also limited in that it included only Christian sects of religious adherence; further research with a wider range of religious groups and racial backgrounds is needed to compare the phenomenon of LGBTQIA+ people with religious trauma.

A lack of cultural competence within the professional social work community can create barriers to treatment for this already marginalized group whereas research has shown having an affirming mental or physical health service provider can provide improve outcomes and increase client engagement (McKay, 2023). Social workers interacting with this population should be aware of the unique challenges LGBTQIA+ people with religious upbringing may experience and this should be factored into assessments with all clients. Acknowledging and understanding the impacts of religious trauma on this group of people (especially given the unique experience of core identity fissure) is essential to providing competent, trauma informed care. Furthermore, when viewed through the lens of minority stress theory, the impact of having chosen family (rather than birth families, oftentimes) as a support network and resilience developed through adversity should be considered when developing treatment plans for this population.

Research on the experiences of LGBTQIA+ people with religious trauma is currently limited and researchers should work to center the stories of this population to understand their experiences and increase cultural competence. Additionally, research with members of any marginalized community can help move these groups from the margins of society into full focus. It is incumbent upon social workers and other mental health professionals to advocate for this

marginalized group of people by elevating our understanding of this population through research representation. Knowledge of the unique struggles faced by this population can create a path toward healing for those who have been harmed by identity-based religious trauma. Additionally, the social work code of ethics mandates advocacy for diverse and marginalized populations and as such, it is our ethical obligation to ensure the LGBTQIA+ community receives support and vocal affirmation while harnessing the power of their group cohesion and voice to bring about social change and progress.

Finally, mental health treatment provided relief and support for the participants in this study and with specific mentions of Eye Movement Desensitization Reprocessing (EMDR), psychotherapy, medication interventions, yoga-based grounding exercises, and somatic experience therapy being particularly helpful in achieving symptom reduction. Clinical social workers should educate themselves on evidence-based treatment modalities, including those mentioned above, which can contribute to healing for those with religious trauma in the LGBTQIA+ community and work to recognize the resulting complex mental health concerns. Finally, participants indicated their journey toward healing was not a linear one (with participants experiencing reoccurring peaks and valleys of symptoms) and practitioners should integrate this into long term treatment goals for clients.

Conclusion

This study highlights the experiences of these participants with religious trauma resulting from their LGBTQIA+ identities. Themes of anti-LGBTQIA+ messaging, internalized homophobia, resilience, self-acceptance, and pathways forward were identified and are represented herein through the participants own words. Minority stress theory provided a lens for understanding how having incongruent identities can cause harm to those who are marginalized,

in addition to highlighting the resilience of this community. Given the increasingly hostile political and social environment of the United States, there must be an urgency with which social workers advocate for this group of people by being visible and vocal supporters.

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Appendix A

Internal Review Board Approval Letter

UNIVERSITY OF ARKANSAS

To:	Cira Abiseid
From:	Douglas J Adams, Chair IRB Expedited Review
Date:	08/18/2022
Action:	**Expedited Approval**
Action Date:	08/18/2022
Protocol #:	2206406994
Study Title:	LGBTQIA+ people and Religious Trauma
Expiration Date:	07/28/2023
Last Approval Date:	

The above-referenced protocol has been approved following expedited review by the IRB Committee that oversees research with human subjects.

If the research involves collaboration with another institution then the research cannot commence until the Committee receives written notification of approval from the collaborating institution's IRB.

It is the Principal Investigator's responsibility to obtain review and continued approval before the expiration date.

Protocols are approved for a maximum period of one year. You may not continue any research activity beyond the expiration date without Committee approval. Please submit continuation requests early enough to allow sufficient time for review. Failure to receive approval for continuation before the expiration date will result in the automatic suspension of the approval of this protocol. Information collected following suspension is unapproved research and cannot be reported or published as research data. If you do not wish continued approval, please notify the Committee of the study closure.

Adverse Events: Any serious or unexpected adverse event must be reported to the IRB Committee within 48 hours. All other adverse events should be reported within 10 working days.

Amendments: If you wish to change any aspect of this study, such as the procedures, the consent forms, study personnel, or number of participants, please submit an amendment to the IRB. All changes must be approved by the IRB Committee before they can be initiated.

You must maintain a research file for at least 3 years after completion of the study. This file should include all correspondence with the IRB Committee, original signed consent forms, and study data.

cc: John M Gallagher, Investigator
Kim Stauss, Key Personnel
Ananda E Rosa, Key Personnel

Appendix B

Survey Questions

1. What is your age?
    a. (text box for written entry)
2. Choose one or more of the following ethnicities and races you consider yourself to be.
    a. Black or African American
    b. White or Caucasian
    c. American Indian/Native American or Alaskan Native
    d. Asian or Asian American
    e. Native Hawaiian or Pacific Islander
    f. Middle Eastern
    g. Hispanic or Latinx
    h. Other (text box for written entry)
    i. Prefer not to say
3. What is the highest level of education you have completed?
    a. Some high school or less
    b. High school diploma or GED
    c. Some college, but no degree
    d. Associates or technical degree
    e. Bachelor's degree
    f. Graduate or professional degree (MA, MS, MBA, PhD, JD, MD, DDS etc.)
    g. Prefer not to say
4. Select the best option to describe your sexual orientation.
    a. Heterosexual
    b. Homosexual
    c. Bisexual
    d. Pansexual
    e. Asexual
    f. Other (text box for written entry)
    g. Prefer not to say
5. Select the best option to describe your gender identity.
    a. Male
    b. Female
    c. Non-binary / third gender
    d. Agender
    e. Other (text box for written entry)
    f. Prefer not to say
6. What religion, if any, did you follow in childhood or adolescence?
    a. (text box for written entry)
7. What religion, if any, do you follow as an adult?
    a. (text box for written entry)
8. How frequently did you attend religious events or services as a child or adolescent?
    a. Daily

   b. Weekly
   c. Bi-weekly
   d. Monthly
   e. Every six months
   f. Yearly
   g. Never
9. How frequently do you attend religious events or services as an adult?
   a. Daily
   b. Weekly
   c. Bi-weekly
   d. Monthly
   e. Every six months
   f. Yearly
   g. Never
10. Where did you grow up?
   a. (text box for written entry)
11. What is your current place of residence?
   a. (text box for written entry)
12. Are you currently out or open with others about your sexual orientation or gender identity?
   a. Yes
   b. No
   c. Out to some
   d. Prefer not to say
13. If you are currently out, at what age did you come out?
   a. (text box for written entry)

Appendix C

Interview Questions

1. What messages, if any, did you receive from your religious leaders or church members about sexual orientation and gender identity?
2. What messages, if any, did you receive from your family about sexual orientation and gender identity?
3. What was your experience with religious leaders or church members after coming out? Was it different than your experience with religious leaders or church members prior to coming out?
4. What was your experience with family after coming out? Was it different than your experience with family prior to coming out?
5. Have people ever used religious micro-aggressions against you? (i.e. "you need to get right with God," "you should repent your sins/ask for forgiveness," quoting religious text, etc).
6. Have you been exposed to any formal attempts to change your sexual orientation or gender identity that you feel are based in religious values? If yes, what are your experiences with this? (i.e. conversion therapy, prayer circles, etc).
7. When you think about the past, what feelings or thoughts come up for you?
8. Do you feel as though your trauma has affected your well-being?
    a. Do you ever feel as though your emotions/reactions/feelings are wrong? *
    b. Do you ever feel guilt for your internal or external reactions to things? *
    c. Do you ever feel shame based on your sexual orientation or gender identity? *
    d. What happens internally when you feel like you have done something wrong? *
9. What are your feelings about sexual relationships?
10. What makes you proud of your journey?
11. Do you feel accepted by your religious community?
    a. Can you please elaborate on this?
12. Do you feel accepted by your family?
    a. Can you please elaborate on this?
13. What is your current relationship with religion?
14. Who or what do you turn to for support?
15. Have you ever or are you currently receiving mental health treatment?
    a. If so, how has this impacted you?
    b. If not, why not?

*These questions will only be asked if question 8 is not sufficient in gathering relevant information.