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**The Longitudinal Impact of Changes in Religion/Spirituality on Minority Stress, Health,  
and Well-Being among Sexual Minority Latter-day Saints**

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**Abstract:** The current study presents data from the first longitudinal examination of sexual minority (SM) Mormons ( $n = 132$ ). Over the course of 2 years, SM Mormons reported decreased psychological (e.g., orthodox beliefs), behavioral (e.g., service attendance), and social (interpersonal religious commitment) religiousness. Analyses revealed that, at baseline, service attendance was related to lower levels of meaning in life and higher levels of depression at time 2, while interpersonal religious commitment at baseline was related to higher levels of meaning in life and lower levels of depression. Latent change scores of religiousness suggested that decreases in interpersonal religious commitment over the 2 years predicted higher levels of depression and lower levels meaning in life at time 2. We suggest that these results highlight the inherent difficulty in holding both a Mormon and SM identity, with trends implying that SM Mormons tend to disengage from their religious identity.

*Keywords:* Church of Jesus Christ of Latter-day Saints (Mormon), Religion/Spirituality, LGBTQ+, Sexual Minority, Depression

**Public Significance Statement:** This 2-year longitudinal study found that sexual minority Mormons disengaged from religion/spirituality over time. Reductions in interpersonal religious commitment were related to increased depression and decreased meaning in life.

### **The Impact of Changes in Religion on Health among Sexual Minority Mormons**

Sexual minorities (SMs; i.e., individuals reporting some degree of same-sex attraction, behavior, or identity; Lefevor, Park et al., 2020) report experiencing heightened rejection, identity conflict, and exclusion relative to their heterosexual counterparts (e.g., Etengoff, 2021; Gattis et al., 2014; Katz-Wise & Hyde, 2012; Lefevor, Skidmore et al., 2022; Meyer, 2003). As a result, SMs are at higher risk of adverse health outcomes. Indeed, SMs report higher rates of anxiety, psychological distress, self-harm, depression, suicidal ideation, post-traumatic stress disorders, panic disorders, and substance-related disorders relative to heterosexual individuals (e.g., King et al., 2008; Roberts et al., 2010; Ross et al., 2018).

Religiousness is positively related to mental health and well-being for both adolescents and adults generally (Koenig, 2012; Rew et al., 2001). Causal pathways theory (Koenig, 2012) suggests that this positive effect happens along three pathways: psychological religiousness (e.g., religious belief), behavioral religiousness (e.g., service attendance), and through social religiousness (e.g., connection with other religious people). A recent meta-analysis found religiousness to also be positively associated with both mental health and well-being among SMs, though this association is much weaker among SMs than it is among the general population (Lefevor, Davis et al., 2021). Although religiousness may not be as strongly linked to mental health and well-being for SMs as it is for the general population, it appears that religiousness can offer benefits and may even help alleviate the adverse health outcomes experienced by SMs.

Despite its potential to improve mental health and well-being for SMs, religiousness also has the potential to harm SMs, particularly within religious traditions that prohibit same-sex sexual relationships (Dahl & Galliher, 2012). Indeed, many SMs report that religious people and places increase their exposure to minority stressors such as internalized homonegativity,

concealment, and discrimination (Lefevor, Huffman et al., 2020), which are in turn related to increased depression and decreased life satisfaction (Barnes & Meyer, 2012; Gibbs, 2015; i.e., minority stress theory, Meyer, 2003). Such adverse outcomes may be due to the heteronormativity and homonegativity in such religious spaces (Etengoff & Lefevor, 2020), which may perpetuate prejudice and discrimination (e.g., Lefevor, Huffman et al., 2020; Rodriguez et al., 2019). Perhaps as a result, SMs are less likely to report spirituality to be a core value or to identify as religious compared to heterosexual individuals (Harris et al., 2018; Lefevor, Park et al., 2020; Pew Research Center, 2015). Indeed, although 51% of SM adults in the U.S. are religiously affiliated, only 20% report that religion is important in their lives (Pew Research Center, 2013).

Taken together, research suggests that there are times in which religiousness may both promote health and harm for SMs. Likely, whether religiousness promotes health or harm is dependent on a number of variables including the affirmativeness of a congregation, SMs' degree of engagement in their faith, and how SMs have navigated any conflict between their religious and sexual minority identities (Lefevor, Davis et al., 2021). The present study examines how religiousness—understood through the lens of causal pathways theory (Koenig, 2012)—may ultimately impact their mental health and well-being. The study builds on the literature discussed to investigate how a particular group of SMs—those who were raised in the Church of Jesus Christ of Latter-day Saints (aka Mormons)—navigate decisions about religiousness and how those decisions influence their experience of minority stress, mental health, and well-being.

### **Minority Stress, Sexual Minorities, and Religiousness**

Meyer's (2003) minority stress theory offers a framework to understanding the stressors SMs experience generally and the stressors they may experience in religious spaces specifically.

This theory postulates that SMs experience both distal (i.e., “objective events and conditions”; Meyer, 2003, p. 681) and proximal stressors (“personal processes, which are by definition subjective”; Meyer, 2003, p. 681) related to their sexual orientation. Both distal and proximal stressors are associated with an increase in adverse outcomes for SMs, including increased depression and decreased life satisfaction (e.g., Barnes & Meyer, 2012; Dehlin et al., 2015; Gattis et al., 2014). SMs experiencing such stressors may also find it more difficult to access support and connection, which can make it further difficult to regulate negative emotions and contributes to health disparities (Hatzenbuehler, 2009).

For SMs in religious environments that discourage same-sex sexual relationships, religiousness may be related to an increase in minority stressors while also making support conditional on adherence to religious practices and beliefs (Lefevor, Huffman et al., 2020; Lefevor, McGraw et al., 2022). For example, SMs may internalize negative messages regarding same-sex sexuality (i.e., *internalized homonegativity*; IH), which may lead them to develop negative self-perceptions more generally (Gibbs, 2015). IH is a potent predictor of various adverse health outcomes, including increased depression and decreased life satisfaction (Dehlin et al., 2015; Newcomb & Mustanski, 2010; Wolford-Clevenger et al., 2018). IH has long been linked with religiousness, with religious SMs reporting higher degrees of IH than their nonreligious counterparts (e.g., Grey et al., 2013; Lefevor, Larsen et al., 2022; Sowe et al., 2014). Additionally, the potential positive outcomes of religiousness for SMs may be moderated by IH, such that SMs who participate in faith traditions that discourage same-sex sexual relationships may not fully experience the benefits of religiousness because participation also leads to increased IH (Lefevor, Etengoff et al., 2022).

Despite these minority stressors, the relationship between religiousness and mental health/well-being for SMs remains complex. Indeed, some studies find that religiousness promotes positive mental health and well-being for SMs where other studies find the opposite (Lefevor, Davis et al., 2021). Further, we acknowledge that religiousness could promote mental health while hindering well-being or vice-versa (e.g., providing meaning in life but also causing mental health problems). Koenig's (2012) causal pathways theory provides a useful framework for understanding the three predominant pathways whereby religiousness may promote/hinder mental health and well-being: psychological pathways, behavioral pathways, and social pathways. Psychologically, religiousness can lead to increased coping skills in the face of stressors, such as relying on God for strength during difficult times (Pargament et al., 2011). Alternatively, religiousness may lead SMs to experience more divine religious struggles or to question conservative religious beliefs (Skidmore et al., 2022). Behaviorally, service attendance has been linked with increased life satisfaction and decreased depression (Li et al., 2016), although this may not always be true for SMs where service attendance may be related to an increase in exposure to homonegative messages (e.g., Rosik et al., 2022). Socially, religiousness can increase feelings of community and support, which buffer against feelings of depression (Koenig, 2012). Conversely, harmful interactions with other individuals may lead to a thwarted sense of belonging, particularly in religious congregations that discourage same-sex relationships or sexual behavior (Jacobsen & Wright, 2014).

Further, religious SMs find themselves at a unique nexus of power and privilege that may also impact the ways that religiousness influences their mental health and well-being (c.f., intersectionality theory; Crenshaw, 1989). Many religious SMs may draw substantial meaning and support from family and religious community who discourage same-sex sexual relationships

(Lefevor, McGraw et al., 2022). Thus, despite holding an oppressed SM identity, religious SMs may benefit from their religious identity, particularly if it is Christian as Christian identities as empowered within the United States (Rodriguez, 2010).

Despite the potential benefits of religiousness, population trends in the United States suggest a general trend toward increased religious deidentification, particularly among individuals who once identified as Christian. Compared to 2007 when Christians in the United States outnumbered religiously nonaffiliated individuals by almost five-to-one, Christians today outnumber nonaffiliated individuals by little more than two-to-one (Pew Research Center, 2021). Like religious identification, religious deidentification is a complex and multifaceted process. Religious deidentification can be understood to include “any change in which an individual may shift from identifying as religious to nonreligious” (van Tongeren & DeWall, 2021) and typically has cognitive (*disbelief*), emotional (*disengagement*), behavioral (*discontinuance*), and social (*disaffiliation*) dimensions. Typically, religious deidentification is a process that involves a reduction in one, some, or all of these dimensions, rather than a singular moment of “leaving” religion (van Tongeren & DeWall, 2021).

The process of religious deidentification—even if it is values-consistent or determined to be ultimately positive—often entails significant struggle and ultimately impacts both mental health and well-being (Fenelon & Danielsen, 2016). These impacts may be particularly notable when individuals deidentify from a religious tradition that influences not only an individual’s Sunday worship practices but social life, family life, worldview, and meaning structure (Björkmark et al., 2021a). Deidentification may problematize mental health and well-being in the short-term by disrupting familial and social structures (Fenelon & Danielsen, 2016), complicating questions about purpose and meaning in life (Björkmark et al., 2021b), and



decreasing engagement in activities generally (Björkmark et al., 2021a). Given that deidentification may also lead to a reduction of minority stressors for SMs (Grey et al., 2013), it is likely that religious deidentification may both positively *and* negatively impact SMs.

### **Sexual Minorities in the Church of Jesus Christ of Latter-day Saints**

The Church of Jesus Christ of Latter-day Saints (CJCLDS), known colloquially as the “Mormon” church, is a Christian denomination with clearly defined doctrines and practices that discourage same-sex relationships and sexual behaviors (CJCLDS, 2017). This practice coincides with beliefs regarding the necessity of marriage between one man and one woman as a precursor for salvation and eternal progeny (CJCLDS, 2016). Members of the CJCLDS are expected to uphold standards such as abstaining from sexual activities outside the bonds of marriage between a man and a woman. SMs raised in the CJCLDS experience a number of unique risks that may influence their mental health and well-being. For example, SMs raised in the CJCLDS are taught that heterosexual marriage is required in order to reach the highest degree of heaven, and that one’s eternal salvation is contingent on avoiding any same-sex behaviors (CJCLDS, 2016). Further, CJCLDS leaders have publicly criticized SM movements and have used official church resources to offer legal support against legislation regarding SM rights (e.g., same-sex marriage). As such, SMs raised in the CJCLDS often report internalized and interpersonal distress due to their religiousness (e.g., Dehlin et al., 2015; Lefevor, Etengoff et al., 2022; McGraw et al., 2020).

Like other conservative religions such as Judaism and Islam, identification as a member of the CJCLDS involves both religious and cultural components. For example, the CJCLDS promotes an official canon of teachings and regulations such as proscriptions on substance use and premarital sex (religious) as well as broader values of health and morality (cultural). Because

of this multilayered experience, individuals raised in the CJCLDS who later religiously deidentify may shed religious components of their involvement while retaining cultural components.

Particularly with Utah, where the majority of individuals identify as members of the CJCLDS (Pew Research Center, 2014), individuals raised in the CJCLDS may be more motivated to retain cultural aspects of the CJCLDS as they grant them societal power and privilege. To acknowledge this multilayered experience, we use the term “Mormon” to refer to individuals who culturally align with the CJCLDS and the term “Latter-day Saints” to refer to a subset of these individuals who also religiously align with the CJCLDS. By doing so, we suggest that a “Mormon” may no longer believe in God or attend church services but that aspects of their religious experience growing up remain salient in understanding the way they engage with the world.

Given the unique difficulties present for SMs who were raised in the CJCLDS (now described as SM Mormons), it is unsurprising that many SM Mormons choose to deidentify from their religion. Using a cross-sectional sample of SM Mormons, Dehlin and colleagues (2015) estimated that over half chose to deidentify from the CJCLDS. Further, SM Mormons who deidentified from the CJCLDS have been found to experience higher levels of self-esteem and quality of life in addition to decreased internalized homophobia and depression (Dehlin et al., 2014). These findings are congruent with the overall narrative that SMs who identify with religious traditions that discourage same-sex relationships find greater mental health and well-being by religiously deidentifying. However, a recent sample of over 800 SM Mormons found that those who deidentified from the CJCLDS do not differ from SMs who identify as Latter-day Saints in terms of health outcomes or experiences of minority stressors (Lefevor, McGraw et al., 2022). One possible explanation for this phenomenon involves the difficulty of leaving one’s religion: for SM Mormons who choose to deidentify, potential consequences such as social alienation, loss of

community, and loss of religious coping could be impacting mental health and well-being, particularly early in the stages of deidentification. Such adverse processes would match findings from the general population who religiously deidentify (e.g., Fenelon & Danielsen, 2016).

### **Current Study**

Understanding the unique ways in which religiousness and minority stressors may influence mental health and well-being among SMs may serve to empower SM Mormons and community leaders to better promote health for SMs who were raised in the CJCLDS. The current study presents a novel, 2-year longitudinal sample of SM Mormons to best understand how religious deidentification impacts SM Mormons. The goals of this investigation are to identify (a) how much SM Mormons change their relationship with the psychological, behavioral, and social aspects of religion over time, (b) how changes in religiousness relate to minority stressors and (c) how changes in religiousness relate to mental health and well-being. Based on the literature reviewed, we offer the following hypotheses:

H1: We expect that over time, SM Mormons will tend to disengage from psychological, behavioral, and social aspects of religion.

H2: We expect that disengagement over time from psychological, behavioral, and social aspects of religion will be related to decreases in minority stressors. In particular, we expect that

H2a) Disengagement from behavioral and social aspects of religion will be the most strongly associated with decreases in minority stressors

H2b) We do not expect that disengagement from psychological aspects of religion will be related to decreases in minority stressors

H3: Given that religious deidentification is likely to lead to both decreased minority stress and increased interpersonal and intrapersonal difficulties, we expect some degree of mixed findings about how religious deidentification will impact mental health and well-being. In particular,

H3a) We expect that deidentification will be related to decreased meaning in life due to the connection between religiousness and life meaning

H3b) We will explore whether deidentification is related to depression as research suggests that deidentification may be related to both increased and decreased depression

## Method

### Procedures

IRB approval was obtained from UNIVERSITY WITHHELD. The study was not pre-registered. Participants for the present study comprise participants who took part in the NAME OF SURVEY (see BLINDED). These participants were recruited using a comprehensive community sampling approach that included posts in forums for SM Mormons, social media posts from key community influencers, news media articles, recruitment from therapeutic organizations serving SMs in Utah, and snowball sampling. Recruitment efforts targeted *both* conservative and liberal SM Mormons. Further, we recruited Mormons who both currently and formerly identified as members of the CJCLDS to study the group of individuals who are culturally Mormon, regardless of their current religious identification (see Lefevor, McGraw et al., 2022 for a discussion of how current and former members may differ).

A total of 370 individuals completed the 2020 survey and indicated that they were interested in being part of a longitudinal study. Contact information was verified for each of

these individuals in the months following the initial data collection, and participants confirmed their interest in longitudinal follow-up. To be initially included in the 2020 survey, participants must have a) been at least 18 years old, b) resided in the U.S., c) been baptized in the CJCLDS at some point in their life, and d) reported some degree of same-sex sexual attraction, behavior, or identity. To be included in this follow-up study, individuals must have participated in the 2020 survey and have responded to one of three email invitations send with a link to participate in this 2-year follow up study. A two-year timeframe was adopted in order to provide sufficient time for participants to evidence larger changes in their religiousness. Participants were compensated \$10 at each wave for their time.

### Participants

A total of 132 participants responded at both timepoints. These participants were primarily White (93.3%), cisgender men (55.2%) with a bachelor's (44.0%) or graduate (26.1%) degree who identified as gay/lesbian (57.5%). We report the complete demographic information for this sample in *Table 1*, alongside the demographic information from all individuals who responded at Wave I, regardless of if they completed Wave II. The group of participants who responded at Wave I who also responded at Wave II comprise our analytic sample.

**Table 1**

#### *Demographic Information for Participants*

Variable	All Wave I <i>n</i> = 370	Wave I Responding at Wave II <i>n</i> = 132	Wave II <i>n</i> = 132	$\chi^2$
Gender				11.71*
Ciswoman	27.8%	30.3%	24.2%	
Cisman	63.5%	56.8%	55.3%	
Transwoman	1.9%	3.0%	3.8%	
Transman	1.4%	2.3%	3.0%	
Non-binary/Genderqueer	5.4%	7.5%	13.6%	
Ethnicity				17.22*
Person of Color	13.2%	5.3%	6.8%	
White/European American	86.8%	94.7%	93.2%	

Education				5.30
High school or GED	6.2%	3.8%	2.3%	
Some college	29.2%	34.1%	29.5%	
Bachelor's degree	44.1%	39.4%	43.9%	
Graduate degree	20.5%	22.7%	26.5%	
Region				12.48*
Utah	36.8%	48.5%	50.9%	
Other	63.2%	51.5%	49.1%	
Religious Affiliation				25.01*
None/Unaffiliated	31.6%	44.7%	51.5%	
Other Christian	4.6%	9.1%	7.4%	
Latter-day Saint/Mormon	51.4%	43.9%	37.9%	
Other Religion (Not Christian)	12.4%	2.3%	3.0%	
Sexual Identity				6.14
Bisexual/Pansexual/Queer	35.8%	31.0%	27.3%	
Gay/Lesbian	49.5%	53.8%	57.5%	
Same-sex Attracted	8.9%	9.1%	11.4%	
Other	5.8%	6.1%	3.8%	
Age ( <i>M, SD</i> )	31.69 (10.60)	32.32 (11.77)	33.58 (11.82)	

*Note:* Chi-squared values compare “All Wave I” with “Wave I Responding at Wave II” to provide an indicator of differential attrition.

## Measures

Participants completed measures of religiousness, minority stress, and health. All measures were administered at both timepoints in 2020 and 2022. Measures were selected that were believed to largely be stable across time. See Appendix A for a full list of the items used in each scale.

### *Measures of Religiousness*

**Service Attendance.** Service attendance was assessed using the organizational religious behavior item from the Duke University Religiousness Index (Koenig & Büssing, 2010). This item asks participants to report how often they attend church or other religious meeting, with response options varying from *Never* (1) to *More than once a week* (6).

**Interpersonal Religious Commitment.** Interpersonal religious commitment was measured using the 4-item Interpersonal Religious Commitment subscale of the Religious

Commitment Inventory (Worthington et al., 2003). Participants indicated how true a variety of statements are to them on a 5-point Likert scale. Statements include “I enjoy spending time with others of my religious affiliation” and “I keep well informed about my local religious group and have some influence in its decisions.” The authors report strong internal consistency, discriminant validity, and construct validity for the scale (Worthington et al., 2003). Further, the subscale evidenced excellent internal consistency at wave I ( $\alpha = .91$ ) and good internal consistency at wave II ( $\alpha = .89$ ).

**Orthodoxy.** The degree to which participants espoused orthodox Christian beliefs was assessed using the 6-item Orthodoxy scale (Hunsberger, 1989). Participants indicated their agreement with a variety of statements on a 7-point Likert scale including “Jesus Christ was the divine Son of God” and “Through the life, death, and resurrection of Jesus, God provided a way for the forgiveness of people’s sins.” The authors report strong internal consistency and convergent validity for the scale. The scale evidenced good internal consistency at wave I ( $\alpha = .87$ ) and excellent internal consistency at wave II ( $\alpha = .95$ ).

### *Measure of Minority Stress*

**Internalized Homonegativity.** Internalized Homonegativity was measured using the Internalized Homonegativity subscale from the Lesbian, Gay, and Bisexual Identity Scale (LGBIS; Mohr & Kendra, 2011). Participants indicated their agreement with items such as “I wish I were heterosexual” and “I believe it is unfair that I am attracted to people of the same-sex” on a 6-point Likert scale. This scale has been widely used in research on internalized homonegativity and has evidenced good convergent, discriminant, and construct validity (Mohr & Kendra, 2011). The scale evidenced excellent internal consistency at wave I ( $\alpha = .93$ ) and good consistency at wave II ( $\alpha = .87$ ).

### *Measures of Mental Health and Well-Being*

Because religiousness/spirituality has been theorized to influence well-being and mental health differently, we include measures of each in the present study. We only provide alphas at wave II since only wave II measurements were used in this study.

**Depression.** Depression was assessed using the 9-item version of the Physicians Health Questionnaire (PHQ-9; Kroenke et al., 2001). This scale asks participants how often they have been bothered by various symptoms of depression over the past two weeks including feeling tired and feeling down, depressed, or hopeless. This scale has good concurrent validity with a diagnosis of major depressive disorder and has been found to have good internal consistency. The scale evidenced good internal consistency at wave II ( $\alpha = .88$ ).

**Meaning in Life.** Meaning in life was measured using the 5-item, Meaning in Life Questionnaire (Steger et al., 2006). This scale asks participants to rate their agreement with several statements on a 7-point Likert scale including “My life has a clear sense of purpose” and “I have a good sense of what makes my life meaningful.” At wave II, the scale evidenced excellent internal consistency ( $\alpha = .92$ ).

### **Missing Data & Attrition**

Research participants voluntarily provided identifying information at the end of survey materials for each wave of data collection. This facilitated pairing data responses from the two time points, by allowing the research team to match the provided identifying information at Wave I with information provided at Wave II. However, because identifying information was asked of participants at the end of the survey materials, we were unable to use any partial Wave II responses that did not include participant identifying information, because we were unable to pair these responses with data collected during Wave I.



Three-hundred and seventy (370) participants completed the survey at Wave I, with 132 participants completing the Wave 2 follow up, yielding a 64% attrition rate. Participants who completed both survey waves did not differ from participants who only completed Wave I in sexual identity ( $\chi^2(3) = 6.14, p = .11$ ), education ( $\chi^2(3) = 5.30, p = .15$ ), or age ( $t(368) = -.82, p = .39$ ). The two groups differed in race/ethnicity ( $\chi^2(6) = 9.97, p = .01$ ; more people of color at Wave I), gender ( $\chi^2(5) = 11.71, p = .04$ ; more cisgender men at Wave I), and region ( $\chi^2(5) = 12.48, p < .01$ ). Consequently, we include both race/ethnicity (dichotomized as White vs. Person of Color) and gender (in two dummy variables representing cisgender men, cisgender women, and trans and nonbinary individuals) as control variables in the latent difference score model.

### **Data Preparation**

Data were checked to make sure they conformed to assumptions integral to latent difference scores models. Data met assumptions of normality (all skewness and kurtosis values for continuous variables were below  $|4|$ ) and linearity. Mahalanobis distance revealed no multivariate outliers. Tests for univariate outliers identified one univariate outlier on the Internalized Heterosexism variable at Wave 2. This value was Winsorized (i.e., changed to the next lowest value that was not an outlier on that variable). The model was estimated twice: once with the original variable and again with the Winsorized variable. Results were identical, so the model with the original variable was retained and the model was deemed robust to this outlier. We also checked for multicollinearity by examining the relationships between predictor variables and found no relationships exceed a correlation of .8 (see *Table 2*). At each of the time points, participants were required to complete all survey items to be included in the study; as such, there was no missing data. SPSS version 25 was used for ANOVAs and Mplus version 8.2 was used

for SEM with maximum likelihood estimation. Data, study materials, and analytic code are available from the first author.

## Results

### Changes in Religiousness, Minority Stress, Mental Health and Well-Being Over Time

We conducted a series of repeated measures *t*-tests to examine changes in religiousness, minority stress, mental health, and well-being over time. SM Mormons reported small decreases in Interpersonal Religious Commitment ( $t = -3.69, p < .01, d = -0.21$ ), Service Attendance ( $t = -2.89, p < .01, d = -0.16$ ), and Orthodoxy ( $t = -2.89, p < .01, d = -0.16$ ) over time (see *Table 3*). Participants also evidenced small decreases in Internalized Homonegativity ( $t = -3.04, p < .01, d = -0.20$ ) over time. Participants failed to evidence significant or substantial changes in mental health or well-being over time. These findings provide support for H1, as participants overall evidenced decreases in psychological (i.e., Orthodoxy), behavioral (i.e., Service Attendance), and social (i.e., Interpersonal Religious Commitment) religiousness over time.

**Table 3**

#### *Changes in Religiousness, Minority Stress, Mental Health, and Well-Being Across 2 Years.*

	Range	Wave I <i>M</i> (SD)	Wave II <i>M</i> (SD)	<i>t</i>	<i>d</i>
<b>Religiousness</b>					
Interpersonal Religious Commitment	1 – 5	2.31 (1.27)	2.05 (1.16)	-3.69**	-0.21
Orthodoxy	1 – 7	4.26 (1.91)	3.98 (2.01)	-2.62*	-0.14
Service Attendance	1 – 6	3.10 (1.76)	2.83 (1.71)	-2.89**	-0.16
<b>Minority Stress</b>					
Internalized Homonegativity	1 – 6	2.28 (1.35)	2.02 (1.23)	-3.04**	-0.20
<b>Mental Health</b>					
Depression	0 – 3	0.86 (0.63)	0.84 (0.63)	-0.46	-0.03
<b>Well-Being</b>					
Meaning in Life	1 – 7	4.87 (1.31)	4.84 (1.40)	-0.23	-0.02

Note: \*  $p < .05$ ; \*\*  $p < .01$

### The Impact of Changes in Religiousness on Minority Stress, Mental Health, and Well-

### Being

We next created a latent difference score model (Newsom, 2015) to examine how changes in psychological, behavioral, and social religiousness influenced minority stress, mental health, and well-being at Wave 2. In this model (depicted with results as *Figure 1*), we hypothesized that decreases in Othodoxy, Service Attendance, and Interpersonal Religious Commitment would predict Internalized Homonegativity, Meaning in Life, and Depression at Wave II. We further allowed direct effects of the Wave I indicators of religiousness on each of our outcomes, to effectively control for baseline degrees of religiousness. As a result, any statistically significant relationships between the latent difference scores and dependent variables, can be interpreted as the effects of change in religiousness itself, regardless of baseline levels of religiousness. We also included control variables identified from our attrition analysis (race/ethnicity, gender) to have differed between our Wave I and Wave II sample to adjust for attrition. Finally, we included covariances between independent variables and separately between dependent variables as recommended by Newsom (2015). We determined that our model had sufficient power as the total sample size ( $n = 132$ ) exceeded the necessary 10 cases per observed variable (9 observed variables x 10 cases yielded a needed sample of  $n = 90$ ; MacCallum et al., 1999).

Model fit was assessed using conventional cutoff criteria (Hu & Bentler, 1999; CFI < .95, TLI < .95, RMSEA < .06, SRMR < .08). The model demonstrated excellent fit to the data ( $\chi^2 = 23.33$ ,  $df = 18$ ,  $p = .178$ ; CFI = .99; TLI = .98; RMSEA = .05, 90 % CI [.00, .10]; SRMR = .06). The model explained 22% of the variation in Internalized Homonegativity, 17% of the variation in Meaning in Life, and 25% of the variation in Depression. The results from the latent difference score model are depicted in *Figure 1*. For visual facility, pathways between Wave I predictor variables and dependent variables and pathways from control variables are not included

in the figure but are described in the text. We report results in both unstandardized (b) and standardized ( $\beta$ ) units as unstandardized units make assessments of significance easier while standardized units make assessments of substantiality easier.

### ***The Influence of Wave 1 Religiosity on Wave 2 Outcomes***

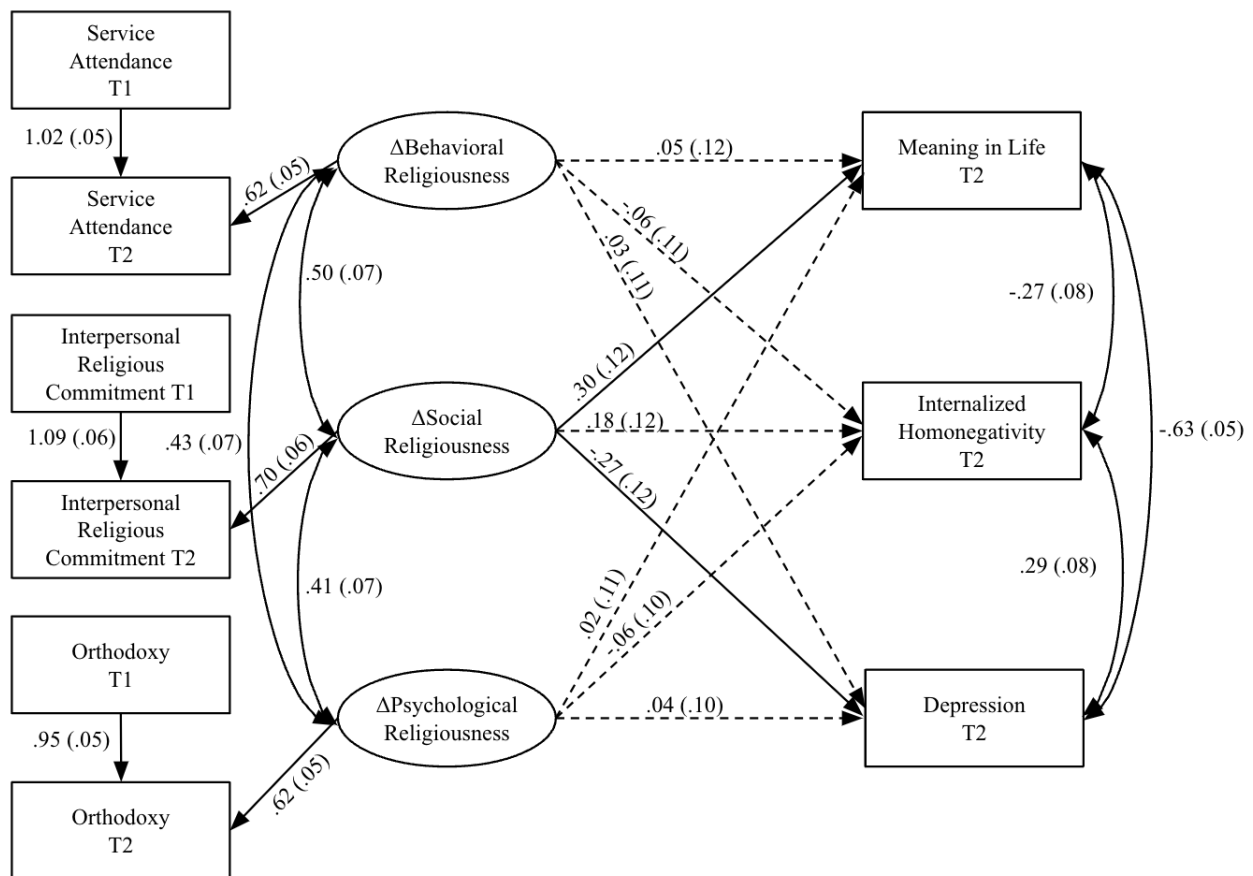
Our latent difference scores model indicated that Wave 1 Service Attendance predicted decreased Meaning in Life ( $b = -.33, SE = .14, z = -2.33, p = .020; \beta = -.41$ ) and increased Depression ( $b = .13, SE = .06, z = 2.18, p = .029; \beta = .36$ ) at Wave 2. Further, Wave 1 Interpersonal Religious Commitment predicted increased Meaning in Life ( $b = .57, SE = .19, z = 3.06, p = .002; \beta = .42$ ), increased Internalized Homonegativity ( $b = .37, SE = .15, z = 2.44, p = .015; \beta = .40$ ), and decreased Depression ( $b = -.25, SE = .08, z = -3.15, p = .002; \beta = -.51$ ). Finally, Wave 1 Orthodoxy did not predict any of the three outcomes.

### ***The Influence of Change in Religiosity on Wave 2 Outcomes***

As shown in *Figure 1*, we found that decreases in Interpersonal Religious Commitment over the 2-year time span of the study significantly predicted lower levels of Meaning in Life ( $b = .53, SE = .21, z = 2.49, p = .013; \beta = .30$ ), and higher levels Depression ( $b = -.21, SE = .09, z = -2.35, p = .019; \beta = -.27$ ) at Wave 2. No other relationships between changes in religiosity and outcomes were significant. These relationships do not confirm H2 as changes in religiosity were not related to Internalized Homonegativity. The relationships also do not confirm H3 as reduced Interpersonal Religious Commitment was related to greater Depression and less Meaning in Life.

### **Figure 1**

#### ***The Influence of Changes in Religious/Spiritual Engagement on Outcomes: A Path Model***



Note:  $n = 132$ . Results presented are standardized with solid lines indicating a significant path.

The following were omitted for clarity: control variables (gender, race/ethnicity), pathways from religious variables at Wave I and each of the three outcome variables.

### Discussion

To our knowledge, this is one of the first studies to longitudinally examine the trends and effects of religious change among SM Mormons. Regarding trends in religious change, SM Mormons in our sample ( $n = 132$ ) decreased in psychological, behavioral, and social aspects of religiousness over a two-year period. Furthermore, SM Mormons tended to experience less internalized homonegativity over time as well. When examining the effects of baseline psychological, behavioral, and social aspects of religiousness, we found that service attendance

(behavioral religiousness) was related to lower levels of meaning in life and higher levels of depression, while socially engaging in religion (i.e., interpersonal religious commitment) was related to higher levels of meaning in life, while also being related to higher levels of internalized homonegativity and lower levels of depression. Finally, in regard to changes in religiousness, decreases in interpersonal religious commitment was related to lower levels of meaning in life and higher levels of depression.

### **Implications for Understanding Religious Deidentification**

Our findings are consistent with previous research suggesting that sexual minorities tend to disengage from traditionally conservative religious traditions over time (Dehlin et al., 2015; Pew Research Center, 2021; Scheitle & Wolf, 2017). While the reasons for disengaging from religion are complex (see Fisher, 2016), nationally representative samples show that many SMs in the US tend to disaffiliate from the faith tradition they were raised in and become less religious overall (although religious switching does occur; Scheitle & Wolf, 2017). Previous samples of SM Mormons also suggest this tendency (Dehlin et al., 2015). This study is the first longitudinal investigation of changes in religiousness over time among SM Mormons. It adds to this conversation by demonstrating that SM Mormons' religious disengagement (a) likely involves a process that occurs over an extended period of time (as opposed to a singular event); (b) include decreases in behavioral, social, and psychological aspects of religiousness (as opposed to just decreases in service attendance); and (c) may result in a tendency to leave religion all together (as opposed to switching to a different religion). However, it is unclear if these disaffiliation trends are markedly different from those of Latter-day Saints more broadly (see McGraw, Peer, & Draper, 2018).

Religious deidentification is understood to be a multifaceted process that often involves massive reorganization of cognitive, emotional, and social spheres (Fisher, 2016; see Scheitle & Adamczyk, 2010). As individuals religiously deidentify, they may experience feelings of loss, disconnection, and disaffiliation that may undermine their mental health (van Tongeren & DeWall, 2021). It is likely that as study participants religiously deidentified, their mental health and well-being was negatively affected because of the *process* of deidentifying, rather than the ultimate state of deidentification.

Religious deidentification may particularly problematize mental health and well-being because of its impact on meaning in life. One of the primary ways that religiousness promotes mental health well-being is through providing framework for life meaning and purpose (Koenig, 2012; Pargament et al., 2011). As individuals become less religious over time—regardless of how religious they have previously been—they become less likely to rely on religion to provide them a sense of purpose and meaning. Further, individuals may not recognize the loss in purpose and meaning associated with religion as significant and may not consequently seek meaning in other places, leading them to experience reduced life meaning overall.

### **Implications for Understanding How Religiousness Relates to Health**

Although causal pathways theory (Koenig, 2013) provides framework around which ways religiousness may influence mental health and well-being, it does not provide predictions about which of these paths may be particularly relevant for particular groups. There is growing empirical support that religiousness may promote well-being for sexual minorities more broadly (Lefevor, Davis, et al., 2021; Kravolec et al., 2016), and among SM Mormons specifically (Lefevor, Skidmore, et al., 2021). Our findings suggest that interpersonal religious commitment, above other variables, was the primary pathway by which religiousness promoted health.

Further, study findings suggest that attending services did not promote mental health or well-being, once interpersonal religious commitment and orthodoxy was taken into account. On the one hand, this may be reflective of larger trends that personal commitment to religiousness is more impactful than overt behaviors (Lefevor, Davis et al., 2021). On the other hand, this trend may reflect unique aspects of our sample. In particular, attending services in the CJCLDS may not be an unequivocally positive experience because SM Mormons must be on alert for heteronormative messaging promoted by church leaders.

### **Implications for Understanding Minority Stress**

Our findings have mixed implications for our understanding how minority stress may influence religious SMs. Although internalized homonegativity was positively related to religiousness at baseline, we did not find that changes in religiousness were related to changes in internalized homonegativity. Further, we found that participants generally reported less internalized homonegativity across the two-year span of the study. Firstly, it may be that internalized homonegativity simply is related to religiousness (and ultimately mental health and well-being) differently among SMs who are conservatively religious. Some research has suggested that conservative religious beliefs may be intertwined with measures of internalized homonegativity, creating measurement error (Rosik et al., 2021). Alternatively, the lack of effects may reflect characteristics of our sample—particularly that over 50% of the sample did not identify as a member of the CJCLDS. Thus, the relationship between religiousness and internalized homonegativity may have been more tenuous as participants were more disconnected from formal religiousness.

Regardless of which explanation best fits, our study suggests that the relationship between religiousness and internalized homonegativity ought to be more closely examined, at



least for SM Mormons. The assumption that we and other researchers have made—that decreased religiousness is related to decreased internalized homonegativity—ought to be tested in future research rather than taken for granted.

Further, the decrease in internalized homonegativity over time likely reflects a common sexual identity development trajectory for SM Mormons. Minority stressors may decrease over time as SMs understand, accept, and show pride in their sexual identity (Fassinger, 1989). As SMs become more confident in their identity, they may begin to dissociate themselves from negative messages regarding same-sex sexuality, and may choose to come out as an SM to others. Given that many SM Mormons report conflict between their religious and sexual identities (Skidmore et al., 2022), SM Mormons may take longer to understand, accept, and show pride in their sexual identity (Dehlin et al., 2015), making these milestones more impactful when they occur. Further, as SM Mormons see the CJCLDS' policies and practices as heteronormative, they may ultimately disaffiliate due to concerns about the church's stances on sexual orientation (Skidmore et al., 2022).

### **Potential Effects of COVID-19**

Perhaps the largest limitation of these data is the unknown influence of COVID-19 on the data. The first wave of longitudinal data was collected in the early months of 2020, coinciding with the emergence of the COVID-19 pandemic in the U.S. The second wave of longitudinal data was collected in the early months of 2022 as the COVID-19 pandemic has been abating in the U.S. We are not able to assess exactly how COVID-19 may have affected this particular study but provide some ideas for how it affected core experiences of the population. First, during COVID-19, the CJCLDS moved to offering services entirely virtually, both making services more accessible and reducing the interpersonal engagement that resulted from services. These

changes may have made members of the CJCLDS generally both more and less likely to attend services. Secondly, during COVID-19, SMs may have had a particularly difficult time finding and connecting with SM communities, given the isolation inherent in the pandemic. This difficulty could have increased the general feeling of stress among participants and made it more difficult for participants to challenge notions of internalized homonegativity. Thirdly, for SM Mormons, there were no in-person conferences held during the two years of the COVID-19 pandemic, further reducing a sense of community and support.

Despite these possibilities, our data do not suggest that most of the trends feared were evidenced. Firstly, participants became less religious across *all* indicators of religiousness, including indicators directly affected by COVID-19 (i.e., service attendance) and those not directly affected (i.e., orthodoxy). It is of course possible that the decrease in religiousness generally could have been pandemic-motivated (e.g., greater despair leads people to feel less religious), but it seems unlikely that decreases in religiousness were motivated due to the difficulties in physically attending services. Second, we noticed *decreases* in internalized homonegativity over time, and we failed to notice overall changes in meaning in life or depression, despite the increased stress brought on by COVID-19. These trends suggest a certain degree of resilience among our sample. It is also possible that the sample would have evidenced greater decreases in these variables over time if it were not for the pandemic (i.e., the pandemic suppressed these effects).

The authors have planned this study to be part of a larger 10-year investigation of the impact of religiousness and minority stress on mental health and well-being and are planning to collect the next wave of data in 2024. Analyses of this future wave (and other additional waves)

of data will provide much needed clarity to help examine which effects were due to COVID and which effects were due to the passage of time.

### **Limitations**

Apart from the limitations presented by COVID-19, we wish to guide the reader's eye to a handful of other limiting factors in these data. We note that our sample is not necessarily representative of Mormons broadly and that the distinction between Mormons who consider themselves active members of the CJCLDS and those who do not is somewhat lost in our sample. We also note that our sample largely identifies as gay/lesbian, which is in contrast to national trends, where more individuals identify as bisexual/pansexual/polysexual. Although this trend may be partially explained by having a large proportion of cisgender men in the sample (who more frequently report being monosexual), it would be worth investigating whether there is something unique about this sample or if it is something unique about this population that yields these trends. Further, we recognize the disparity in our measurement of the three aspects of religiousness, with our measure of behavioral religiousness being much narrower than our measures of social or psychological religiousness. Finally, we note that sexual minority Mormons have received a variety of mixed messages in the past decade from the CJCLDS, ranging from a policy ensuring excommunication for individuals in a same-gender legal marriage to the removal of that policy.

### **Conclusion**

Using the first known longitudinal sample of SM Mormons ( $N = 132$ ), we found evidence that SM Mormons decrease in several aspects of religiousness as well as in reports of minority stressors over time, suggesting a natural developmental trajectory for religious SMs. In particular, as SM Mormons reported less interpersonal religious commitment, they reported a

decreased sense of meaning in life and increased depression, likely due to the difficulties associated with religious deidentification. Although we imagine that SM Mormons likely regain a sense of meaning and purpose in life as they stabilize in their religious deidentification, future follow ups are needed to examine these processes.

#### **Data Availability Statement**

Data available on request from the authors

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**Table 2.**

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1. Service Attendance - T1	1.00											
2. Service Attendance - T2	.81**	1.00										
3. Interpersonal Religious Commitment - T1	.77**	.72**	1.00									
4. Interpersonal Religious Commitment - T2	.65**	.80**	.78**	1.00								
5. Orthodoxy - T1	.73**	.65**	.61**	.53**	1.00							
6. Orthodoxy - T2	.66**	.75**	.61**	.72**	.80**	1.00						
7. Meaning in Life - T2	-.03	.14	.13	.28**	.06	.17*	1.00					
8. Internalized Homonegativity - T2	.40**	.36**	.42**	.39**	.28**	.27**	-.16	1.00				
9. Depression - T2	.10	-.02	-.07	-.17*	.11	.02	-.63**	.13	1.00			
10. ΔBehavioral Religiousness	-.34**	.27**	-.11	.23**	-.15	.12	.28**	-.09	-.18*	1.00		
11. ΔSocial Religiousness	-.29**	.02	-.45**	.21*	-.20*	.07	.20*	-.09	-.14	.50**	1.00	
12. ΔPsychological Religiousness	-.06	.21*	.06	.35**	-.24**	.39**	.19*	.02	-.14	.43**	.41**	1.00
Mean	3.08	2.83	2.31	2.05	4.26	3.98	4.85	1.98	0.83	—	—	—
SD	1.77	1.73	1.27	1.16	1.91	2.01	1.41	1.20	0.62	—	—	—
Range	1–6	1–6	1–5	1–5	1–7	1–7	1–7	1–6	0–3	—	—	—
Skewness	0.05	0.41	0.55	0.94	-0.18	0.13	-0.42	1.21	0.59	—	—	—
Kurtosis	-1.64	-1.25	-1.07	-0.25	-1.21	-1.42	-0.84	0.67	-0.40	—	—	—

*Note.* Descriptive statistics are not available for the last three variables because they were estimated as latent variables.

\*\*  $p < .01$ . \*  $p < .05$