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The Role of Religiousness and Beliefs about Sexuality
in Well-Being among Sexual Minority Mormons

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Abstract

Sexual minorities raised in conservative religions often experience conflict between their sexual and religious identities that affects their well-being. Cognitive dissonance (Festinger, 1957) and minority stress theory (Meyer, 2003) offer different explanations for when, why, and how this conflict may affect well-being. Using an intersectional lens (Crenshaw, 1989), we examined how religiousness and beliefs about sexuality relate to well-being among 1,128 lesbian, gay, bisexual, queer (LGBQ) and same-sex attracted (SSA) Mormons and former Mormons recruited from both politically conservative and liberal circles to explore the competing explanations offered by these theories. Supporting cognitive dissonance theory, we found that confused religious views and sporadic church attendance were negatively related to well-being and that individuals with moderate religious viewpoints and either frequent *or* no church attendance reported more well-being. Feeling resolved about conflicts between religion and sexuality was also positively related to well-being. Supporting minority stress theory, we found that authentic expression of sexuality, openness about experiences of same-sex attraction, and feeling positive about being LGBQ/SSA were positively related to well-being. We did not find a relationship between beliefs about the etiology of same-sex attraction and well-being. These findings further nuance literature guided by minority stress theory that has found a negative association between religiousness and well-being among sexual minorities. We encourage future research to examine cognitive dissonance between religious/sexual identities as a moderating variable when examining the effects of religiousness on well-being among sexual minorities.

Keywords: sexual identity, religious identity, well-being, Mormon, intersectionality

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Identity can be defined as the distinguishing features of individuals that are deemed socially consequential and may include membership in a social category with alleged characteristics and expected behaviors (Fearon, 1999). *Sexual identity* comprises the personally selected labels that individuals use to convey perceptions about and meanings of their sexuality (Savin-Williams, 2006). A sexual minority identity implies some degree of same-sex attraction or behavior, and often involves affiliation with larger communities of lesbian, gay, bisexual, and queer (LGBQ) or same-sex attracted (SSA) individuals. *Religious identity* is comprised of an affiliation (or lack thereof) with a religious institution and typically connotes some degree of spiritual and communal engagement (Wolff, Himes, Soares, & Kwon, 2016). Both religious and sexual identities are experienced as fundamental parts of the self and are often central points from which an individual seeks community (Lefevor, Park, & Pederson, 2018).

Sexual minorities who are raised in conservative religions often experience tension between the seemingly incompatible nature of their sexual and religious identities (Cole & Harris, 2017; Rodriguez & Ouelette, 2000). This perceived incompatibility is perpetuated by many conservative religions' practices of denying religious rites or membership to sexual minorities and by LGBQ communities' skepticism of organized religion and religious individuals (Cole & Harris, 2017). Many sexual minorities raised in conservative religions seek guidance from psychologists to help them resolve tension between their sexual and religious identities. Current psychological theories, however, offer sexual minorities conflictual guidance about ways to resolve this tension. Further, very little large-scale research has taken an intersectional approach (Crenshaw, 1989) to examine both how religiousness and beliefs about

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sexuality may relate to well-being among sexual minorities with conservative religious identities.

Intersectionality posits that the experiences of individuals with intersecting identities may be different than those of individuals who hold only one of the identities, and as such, implies that theoretical frameworks may need to be adapted to capture intersectional experiences better.

Using intersectionality as a guiding framework (Crenshaw, 1989), we examine the differential relationships of religiousness and beliefs about sexuality with well-being among a group of individuals who experience, or have experienced, conflict between their religious and sexual identities: sexual minority Mormons. As the Church of Jesus Christ of Latter-day Saints (referred to as LDS church for brevity) has clearly defined doctrine and practices that are applied in all of its congregations and as sexual minority Mormons report distress frequently and intensely (Wolff et al., 2016), sexual minority Mormons are an ideal population to study. We first briefly describe the lived context of sexual minority Mormons. We then describe the conflicted literature on the impact of beliefs about sexuality and religiousness on well-being among sexual minority Mormons in the context of two competing theoretical explanations: cognitive dissonance (Festinger, 1957) and minority stress theory (Meyer, 2003).

The Church of Jesus Christ of Latter-day Saints and Sexuality

Like other conservative religions, the LDS church differentiates between same-sex attractions, behavior, and identity, accepting attractions, discouraging identity, and condemning behavior (Church of Jesus Christ of Latter-day Saints [CJCLDS], 2017). This messaging has discouraged many sexual minority Mormons from identifying as lesbian, gay, bisexual, or queer (LGBQ) in favor of describing themselves as individuals who “experience same-sex attraction” (SSA) to connote adherence to church doctrine (Lefevor, Sorrell, et al., in press). Additionally, the LDS church forbids any form of sexual intimacy outside of marriage including viewing

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pornography, masturbating, and “touching the private, sacred parts of another, with or without clothing” (CJCLDS, 2011) and focuses discourse regarding sexuality on the need for abstinence from sexual intimacy until marriage and fidelity after marriage (CJCLDS, 2011). These pressures thus render many aspects of sexuality as well as variations within sexuality taboo within the context of Mormonism.

Sexuality and Well-Being

Because of the LDS church’s strong stance on sexuality, individuals who deviate from church-sanctioned beliefs about sexuality may also be seen as a deviating from church doctrine. This presents a catch-22 for sexual minority Mormons who, by even commencing an honest exploration of sexuality, may risk being ostracized by their religious community (Lefevor, Beckstead et al., in press). At the same time, developing positive views about sexuality may lead to relief and improved well-being (Longhofer, 2013; Sinha, 2017) as embracing sex-positive views may reduce the shame attached to sexuality by the LDS church (Barnes & Meyer, 2012; Volk, Thomas, Sosin, Jacob, & Moen, 2016). Ironically, sexual shame may also make it more difficult for these individuals to resolve tension between their religion and sexuality in part because sexual shame generates more self-consciousness (Volk et al., 2016) and uncertainty (Bybee, Sullivan, Zielonka, & Moes, 2009; Morandini, Blaszczyński, Ross, Costa, & Dar-Nimrod, 2015) and also because those experiencing increased shame find it less acceptable to question religious teachings (Sherry, Adelman, Whilde, & Quick, 2010). Given this catch-22, it is not clear what relationship sexual shame may have with well-being among sexual minority Mormons.

Although the LDS church no longer encourages sexual orientation change efforts (CJCLDS, 2017), some sexual minority Mormons seek sexual orientation change to adhere more

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closely to church-sanctioned ideals of heterosexual marriage and family. These efforts are largely unsuccessful and often adversely affecting mental health (Dehlin, Galliher, Bradshaw, Hyde, & Crowell, 2015b). Sexual orientation change efforts may be indicative of more deeply rooted beliefs about the nature of same-sex attractions, particularly the beliefs that same-sex attractions derive from environmental factors (Morandini et al., 2015) and that other-sex attractions should be developed or expressed. As such, the degree to which sexual minorities believe their attractions are environmentally (as opposed to biologically) determined may be associated with their overall well-being (Dehlin, Galliher, Bradshaw, & Crowell, 2014) as it could lead them to be less likely to engage in unproductive change efforts.

Religiousness and Well-Being

For many, religiousness—which we define to include religious affiliation, practice, and worldview—provides a framework for understanding the world and life experiences (Foster, Bowland, & Vosler, 2015), a standard for values and character (Ison, Saltzburg, & Bledsoe, 2010), a source of stability (Dehlin, Galliher, Bradshaw, & Crowell, 2015a), and a sense of reliable support and community (Gattis, Woodford, & Han, 2014). Religiousness has generally been linked with a host of positive mental health outcomes including lower rates of suicide, depression, and substance abuse (Bonelli & Koenig, 2013).

The relationship between religiousness and well-being is much more complex for sexual minority Mormons and other sexual minorities from conservative backgrounds. Some studies suggest that religious affiliation and practice may provide positive mental health benefits to sexual minority Mormons (Crowell, Galliher, Dehlin, & Bradshaw, 2014; Lefevor, Beckstead, et al., in press), which may stem from the sense of community that sexual minorities may derive from a religious identity (Lefevor, Sorrell, et al., in press). However, other studies have found

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religious affiliation and participation to be related to increased depression (Dehlin et al., 2014) and psychological distress (Wolff et al., 2016) among sexual minority Mormons.

Two Explanations

Most explanations of the relationship between sexuality, religiousness, and well-being stem from two theories: minority stress (Meyer, 2003) and cognitive dissonance (Festinger, 1957).

Minority stress. Most psychologists understand disparities in well-being between heterosexual and sexual minority individuals through the lens of minority stress theory (Meyer, 2003). Minority stress theory posits that disparities may be attributed to sexual minorities' experiences of overt discrimination, resultant hypervigilance, and internalized negative views about same-sex sexuality. According to minority stress theory, increased exposure to homonegative beliefs is associated with increased stigma management (identity concealment), internalized homonegativity, and ultimately a host of negative outcomes including depression and anxiety. As such, minority stress theory would hypothesize that individuals who simultaneously hold a sexual minority and a conservative religious identity would be exposed to increased stress due to the high prevalence of homonegative beliefs in conservative religions, and thus demonstrate worse well-being compared to individuals who hold only one identity.

There is some support for the application of minority stress theory to sexual minorities from conservative religious backgrounds. Sexual minorities with conservative religious identities have been shown to hold more internalized negative beliefs about homosexuality (Barnes & Meyer, 2012; Nielson, 2017) and to be more likely to conceal their sexual orientation (Schrimshaw, Downing, & Cohn, 2018). It is possible that sexual minority Mormons who are religiously engaged experience more discrimination and rejection from heterosexual Mormons

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due to their inability to conform to heteronormative conceptions of marriage and family (Sumerau & Cragun, 2014) and may become hypervigilant for later rejection. Further, remaining religiously engaged and adhering to church teachings that inculcate shame around sexuality may cause sexual minority Mormons to develop a stronger sense of internalized homonegativity than those who disengage or reject shame-based beliefs of sexuality. Indeed, sexual minority Mormons who remain active members of the LDS church evidence more internalized homonegativity (Dehlin et al., 2014) and psychological distress (Crowell et al., 2014).

Cognitive dissonance. In contrast, cognitive dissonance theory (Festinger, 1957) suggests that psychological distress is the product of incongruence between individuals' self-perceptions and external realities, often leading individuals to change their perceptions of self to match external reality better or vice-versa. Distress results when an individual is unable to do so.

Applied to sexual minority Mormons, cognitive dissonance theory (Festinger, 1957) would posit religiousness to be detrimental to well-being only insofar as individuals' external realities conflict with their self-perceptions as being Mormon or a sexual minority (Anderton, Pender, & Asner-Self, 2011; Festinger, 1957). Where conflict exists, the resultant dissonance is thought to motivate individuals to adapt their religious and/or sexual identities to reduce the dissonance. There is some evidence to suggest that when sexual minority Mormons perceive greater conflict between their religious and sexual identities, they also experience more distress (Wolff et al., 2016), and that sexual minority Mormons who prioritize either their religious or sexual identity experience greater well-being than those who do not prioritize one over the other (Grigoriou, 2014). Further, sexual minority Mormons who integrate their sexual and religious identities tend to evidence less distress than those who compartmentalize identities (Dehlin et al., 2015a).

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The Present Study

Minority stress theory (Meyer, 2003) hypothesizes that religiousness and negative beliefs about sexuality will be negatively associated with well-being due to increased homonegativity in conservative religious spaces. Cognitive dissonance theory (Festinger, 1957) hypothesizes that religiousness and beliefs about sexuality will only influence well-being to the extent to which they are indicative of an internal conflict. Where minority stress is thought to affect well-being primarily through homonegative societal structures and interpersonal experiences, cognitive dissonance (Festinger, 1957) is thought to affect well-being through an intraindividual process, emphasizing an individual's conceptions of self and reality. Consequently, although these two theories make different predictions, they are not inherently oppositional as they are thought to operate on different social levels.

We conducted the present study to explore the assumptions of cognitive dissonance and minority stress theories as they apply to religiousness and beliefs about sexuality among sexual minority Mormons and former Mormons. We used a variety of outcome measures including psychological distress (anxiety, depression), flourishing, and life satisfaction—hereafter referred to as measures of well-being—to examine the multifaceted way that religiousness and beliefs about sexuality may affect sexual minority Mormons. We include both LGBQ and SSA individuals to capture the range of sexual attractions and identities reported among sexual minority Mormons.

Method

Research Team

A politically, religiously, and sexual-identity diverse research team was constructed to reduce bias. All members of the team uphold the APA's standards on working with sexual

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minorities and respecting religious practices (APA, 2008; APA, 2012). A majority of the authors identify as sexual minorities and use a range of sexual identity labels. Some authors maintain membership in conservative religions, including Mormonism, and others are religiously unaffiliated. All authors were raised in, or around, traditional religions, and most authors have close personal and/or professional experience working with LGBTQ/SSA people who have conservative religious backgrounds.

Survey Design

Earlier versions of the survey were distributed to 30 diverse scholars who provided feedback about the accessibility and relevance of the language used in the survey to potential participants from conservative and liberal backgrounds. Two pilot studies were then conducted ($N = 81$, $N = 366$), both of which included qualitative sections where participants could provide feedback about how well they felt the survey captured their viewpoint. The final version of the survey was constructed from the feedback given by the diverse scholars and the pilot studies. Eighty-three percent of participants reported the study accurately represented their viewpoint.

The final version of the survey consisted of 97 questions and was estimated to take participants 30-40 minutes to complete. Participants were asked to complete a survey that evaluates significant aspects of life and relationships for people who have experience with same-sex attractions and identify as LGBTQ, heterosexual, or who reject a label. Participants were also informed that the survey would assess the potential influences of religious and/or spiritual issues in their lives. Participants completed the survey online anonymously at a website created for the study (4OptionsSurvey.com). Institutional review board approval was obtained from the Idaho State University Institutional Review Board.

Recruitment

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Using four primary methods, participants were recruited from September 2016 through June 2017. First, articles about the research were run in various news media outlets including the *Salt Lake Tribune*, the *LDS Living Magazine*, and the *Online Religion News Source*, accounting for 18.9% of participants. Second, participants were recruited through announcements in various forums for sexual minority Mormons, including annual conventions of Affirmation and North Star as well as various online discussion groups and email listservs. Nonreligious organizations were also contacted including LGBTQ student groups at universities in Utah, APA's Society for the Psychological Study of Sexual Orientation and Gender Diversity, the LGBTQ Therapist Guild of Utah, the National Association for Social Work, the Utah Pride Center, and the Institute for the Study of Sexual Identity. These methods accounted for 46.9% of the sample. Third, we reached out to various mental health providers, asking them to pass along the recruitment announcement to interested participants, who accounted for 4.2% of the sample. Finally, we used snowball sampling to reach additional participants. A total of 30.0% of the sample reported hearing about the survey from this method.

Participants

Participants were recruited as part of a larger study examining satisfaction in a variety of sexual identity statuses (Lefevor, Beckstead, et al., in press). To qualify for inclusion in the larger study, participants must have met the following criteria: 1) be 18 years old or older, 2) experience or have experienced same-sex attraction, 3) complete the survey questions of interest in this study, and 4) have identified their single/relationship status as single and celibate, single and not celibate, in a same-sex relationship, or in a mixed orientation relationship. A total of 1,782 individuals met these criteria. Of these, we employed a subsample of 1,128 individuals who were either raised Mormon or currently identified as Mormon.

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The majority of participants were young (60.9% under 40), men (69.6%), White (93.0%), and well-educated (66.1% having a bachelor's degree or higher). Over half of participants reported being in a relationship (51.6%), and many (37.7%) reported having children whether biological, adopted, or a partner's. The majority of participants were currently full members of the LDS church (62.2%), and half of our participants reported following a church-sanctioned relationship status (i.e., single and celibate or mixed orientation relationship; 55.4%). Though many of our participants lived in Utah (52.5%), our sample evidenced substantial geographic diversity. Complete demographics can be found in *Table 1*.

Measures

Anxiety. Anxiety was assessed with the Generalized Anxiety Disorder 7-item scale (GAD-7; Spitzer, Kroenke, Williams, & Löwe, 2006). The GAD-7 uses the diagnostic criteria for generalized anxiety disorder from the DSM, and participants rank the frequency of each symptom on a 4-item Likert scale, ranging from “not at all” to “nearly every day.” Cronbach's alpha for this study was .92.

Depression. Depression was assessed through the Patient Health Questionnaire (PHQ-9; Kroenke, Spitzer, & Williams, 2001). The PHQ-9 uses the diagnostic criteria for major depression from the DSM, and participants rank the frequency of each symptom on a 4-point scale from “not at all” to “nearly every day.” Cronbach's alpha for this study was .90.

Life satisfaction. Life satisfaction was assessed using the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985), which consists of five items which were rated by participants on a 7-point Likert scale that ranged from “strongly disagree” to “strongly agree.” Cronbach's alpha for this study was .90.

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Flourishing. Flourishing was assessed using the Flourishing Scale, which contains eight items that participants responded to on a 7-point scale ranging from 1, “strongly disagree” to 7, “strongly agree” (Diener et al., 2009). Cronbach’s alpha for this study was .90.

Religious variables. Participants were asked to indicate their current religious affiliation (Mormon, not Mormon) and how often they engage in their religion’s activities or attend their place of worship (from more than 1x/week to none). Participants indicated their religious viewpoint (conservative, moderate, liberal, not religious, confused, or other) as well as how resolved they feel about their sexuality and religious issues (7-point Likert from “strongly disagree” to “strongly agree”).

Beliefs about the etiology of same-sex attraction. Participants indicated their agreement with various statements created by the research team surrounding the etiology of same-sex attraction on a 7-point Likert scale from “strongly disagree” to “strongly agree.” These statements were, “a person can unlearn acting non-heterosexually and learn to enjoy heterosexuality,” “experiencing same-sex attractions is biological in origin and not subject to change,” and “experiencing same-sex attractions is primarily environmental in origin, developed through childhood experiences with parents, peers, or other early relationships.”

Beliefs about same-sex sexuality. We measured three constructs in this domain: internalized homonegativity, the degree of openness/outness, and responses to the statement “there are many positives about experiencing SSA/being LGBT+.” Internalized homonegativity was measured with the 3-item internalized homonegativity subscale from the Lesbian, Gay, and Bisexual Identity Scale (Mohr & Kendra, 2011), which assesses internalized homonegativity with a 7-point Likert scale from “strongly agree” to “strongly disagree” with higher values indicating greater internalized homonegativity. Cronbach’s alpha for this study was .89.

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Participants also indicated their agreement on a 7-point Likert scale from “strongly agree” to “strongly disagree” to the statement “there are many positives about experiencing SSA/being LGBT+.” Participants also indicated how open/out they are about their experience with same-sex attraction and/or being LGBT+ on a 5-point scale from “not at all open (out)” to “open (out) to all or most people I know.”

Beliefs about sexual activity. Beliefs about sexual activity were assessed with a set of items created by the research team, all of which used a 7-point Likert scale from “strongly agree” to “strongly disagree.” The items were, “my values are such that if I were looking at pornography, explicit romance novels, or other explicit prose or poetry, then I would feel guilty and/or ashamed,” “I feel it’s okay for me to masturbate,” “I believe my interest in sexuality and erotic items is healthy,” “I think sex, whether with a man or woman, is mostly dirty, scary, and/or disgusting,” and “I express my sexuality in ways that feel best for me,” and “I feel resolved about my sexuality and religious issues.”

Data Analysis

In our analyses, we examined how various indicators of religiousness and well-being related to well-being to determine how well minority stress theory and cognitive dissonance might explain sexual minority Mormon well-being. The data were analyzed in three steps. First, analyses of variance (ANOVAs) and correlations were conducted between demographic variables and indicators of well-being to assess the need for covariates. Second, we examined the relationship between religiousness and well-being using univariate ANCOVAs between each indicator of religiousness and well-being. Finally, we examined the relationship between beliefs about sexuality and well-being using conducted correlation analyses between the indicators of

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well-being and beliefs about sexuality. Due to the large number of hypothesis tests conducted and to control for type I error, we adopted a more conservative significance level of $p < .01$.

Results

We first tested whether a relationship existed between demographic variables (age, ethnicity, gender, and education) and well-being (anxiety, depression, life satisfaction, and flourishing). We found that older age was negatively related to anxiety ($r = -.20, p < .01$) and depression ($r = -.17, p < .01$), positively related to flourishing ($r = .10, p < .01$), and that gender was significantly related to anxiety, $F(3,1124) = 15.05, p < .01$, depression, $F(3,1124) = 12.54, p < .01$, flourishing, $F(3,1124) = 4.17, p < .01$, and life satisfaction, $F(3,1124) = 4.20, p < .01$. We also found education to be related to anxiety ($r = -.21, p < .01$), depression ($r = -.21, p < .01$), flourishing ($r = .17, p < .01$), and life satisfaction ($r = .16, p < .01$). As such, age, gender, and education were included as covariates in subsequent analyses. We also note that our sample displayed low levels of anxiety ($M = 1.91, SD = .77$) and depression ($M = 1.83, SD = .69$) and high levels of flourishing ($M = 5.74, SD = .95$) and life satisfaction ($M = 4.45, SD = 1.46$).

Is Religiousness Related to Well-Being?

We found that religiousness was related to well-being with most effect sizes being considered “small” (Cohen, 1988), though there was substantial variation in this relationship across indicators of religiousness (see *Table 2*).

Religious viewpoint was significantly and substantially related to anxiety, $F(5,1117) = 4.92, p < .01$, depression, $F(5,1117) = 7.94, p < .01$, flourishing, $F(5,1117) = 6.40, p < .01$, and life satisfaction, $F(5,1117) = 8.65, p < .01$. Of our indicators of religiousness, religious viewpoint accounted for the greatest percentage of the variation in outcomes, typically accounting for a small-to-medium percentage of the variation (Cohen, 1988). Those who reported their religious

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viewpoint as “confused” evidenced the most anxiety and depression and the least life satisfaction and flourishing. Those who reported their religious viewpoint as “moderate” evidenced less anxiety and depression and more flourishing than those who reported any other religious viewpoint.

Religious activity was significantly related to flourishing, $F(5,1117) = 5.76, p < .01$, and life satisfaction, $F(5,1117) = 6.67, p < .01$, but marginally related to depression, $F(5,1117) = 3.14, p = .01$, and not related to anxiety, $F(5,1117) = 2.32, p = .06$. Those who attended semi-regularly (1-2x/month) evidenced the most depression, and least life satisfaction and flourishing. In contrast, those who attended either very frequently or very infrequently exhibited the least depression, and most life satisfaction and flourishing.

Religious affiliation was significantly related to depression, $F(5,1117) = 9.43, p < .01$, life satisfaction, $F(5,1117) = 14.15, p < .01$, and flourishing, $F(5,1117) = 15.68, p < .01$, and marginally related to anxiety, $F(5,1117) = 6.69, p = .01$, with the Mormon group reporting more depression and less flourishing and well-being than those who left the Mormon church.

Greater resolution of conflict between religious and sexual identities was significantly and substantially related to decreased anxiety ($r = -.29, p < .01$), decreased depression ($r = -.32, p < .01$), increased life satisfaction ($r = .39, p < .01$), and increased flourishing ($r = .34, p < .01$).

Do Beliefs about Sexuality Relate to Well-Being?

We examined correlations between indicators of well-being and beliefs about the etiology of same-sex attractions, beliefs about same-sex sexuality, and beliefs about sexual activity. We found that beliefs about sexuality were related to well-being but that these relationships varied in significance and magnitude based on the type of belief measured (see *Table 3*).

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Beliefs about the etiology of same-sex attraction were largely unrelated to well-being. Of twelve relationships tested, only the relationship between flourishing and believing that homosexuality is primarily environmental in etiology was significant ($r = -.11, p < .01$). As such, there appears to be minimal evidence to support that believing that heterosexuality can be learned, that homosexuality is biological in origin, and that homosexuality is not environmental in origin is related to well-being.

In contrast, beliefs about same-sex sexuality were universally and consistently related to well-being with all twelve relationships tested being significant and effect sizes ranging between small and medium (Cohen, 1988). We found that internalized homonegativity was positively associated with anxiety and depression and negatively associated life satisfaction and flourishing. Conversely, positivity about being LGBQ/SSA or experiencing SSA was negatively related to anxiety and depression, and positively related to life satisfaction and flourishing. Being more open about experiences of same-sex attraction or LGBQ/SSA identity labels was also positively related to well-being.

Beliefs about sexual activity were also consistently related to well-being, with 17 of the 20 relationships tested being significant, all demonstrating substantial effect sizes ranging from small to somewhat more than medium (Cohen, 1988). Experiencing guilt when viewing pornography and feeling that masturbation was acceptable were least strongly related with well-being ($r \approx .1$). Where significant, these relationships indicated that the more likely participants were to experience guilt around viewing pornography and the less likely they were to view masturbation as acceptable, the less likely they were to experience well-being. Similarly, the more likely participants were to view sex, whether with men or women, as dirty or disgusting,

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the more likely they were to have worse well-being. Conversely, the more participants viewed their interest in sexuality as healthy, the greater well-being they evidenced.

Discussion

Using a sample of 1,128 sexual minority Mormons and former Mormons, we examined the relationships between religiousness and beliefs about sexuality with well-being. We set out to evaluate the relative ability of minority stress theory (Meyer, 2003) and cognitive dissonance (Festinger, 1957) to provide a theoretical framework to explain how religiousness and beliefs about sexuality may relate to well-being among sexual minorities from conservative religious backgrounds. Ultimately, we found that our results partially supported both frameworks.

Understanding Religiousness among Sexual Minority Mormons

We found that those who attended religious services either very frequently (once a week or more) or very infrequently (less than once a month or not at all) reported the greatest well-being. For those engaged with the Mormon Church, adopting a moderate religious viewpoint (as compared to adopting a conservative, liberal, not religious, confused, or other viewpoint) was related to improved well-being. Conversely, those who reported having a “confused” religious viewpoint and those who reported feeling less resolved about their issues around religion and sexuality indicated worse well-being than individuals having all other religious viewpoints. These results support predictions made by cognitive dissonance theory (Festinger, 1957), as those who consistently engaged with *or* disengaged from their Mormon identity were more likely to report better well-being than all others, and those who found themselves caught between a strong Mormon and non-Mormon identity (i.e., confused religious viewpoint, more conflict, occasional church attendance) exhibited worse well-being. Although we found that participants who left the Mormon Church reported somewhat greater well-being than Mormon participants, it

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is likely that the group of participants who remained affiliated with the Mormon church contained all individuals who felt religiously conflicted because disaffiliating with the LDS church is an act of conflict resolution for many (Dehlin et al., 2015a).

Because of the LDS church's strong stance toward same-sex sexuality and the resistance of sexual orientation to change (Beckstead & Morrow, 2004), individuals may feel pressure to disavow either their sexual identity or religious identity to maintain a sense of cognitive consistency (Dehlin et al., 2015a; Jacobsen & Wright, 2014). It is likely that those who were "caught between" identities reported less well-being due to dissonance between their sexual and religious identities (Crowell et al., 2015; Dahl & Galliher, 2012b; Festinger, 1957; Hamblin & Gross, 2011; Johns & Hanna, 2012). Those who report a strong Mormon or LGBTQ identity may also benefit from a stronger sense of community associated with their identity (Lefevor, Sorrell, et al., in press; Dehlin et al., 2015a; Hamblin & Gross, 2011; Joseph & Cranney, 2017; Nielson, 2016). Indeed, others have observed that those who indicated *either* their sexual or religious identity as a primary identity had better outcomes than those who indicated their identities held equal importance (Grigoriou, 2014). Our findings highlight the difficulties in integrating conflicting identities and suggest that developing a clear sense of which identity is more salient may help reduce cognitive dissonance and ultimately aid integration to improve well-being.

These findings contrast with previous literature that has found a stronger negative effect of religiousness among sexual minority Mormons (Cranney, 2017; Dehlin et al., 2015a; Wolff et al., 2016). These effects have typically been understood to be the effect of increased minority stress (e.g., exposure to homonegative teachings) experienced by sexual minority Mormons (Meyer, 2003). The differences in findings may be due at least in part to the sampling methodologies employed by the studies. Although some previous studies have intentionally

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sampled religiously conservative individuals, the majority of research on sexual minority Mormons has primarily included individuals who are more distanced from the LDS church (e.g., Dehlin et al., 2015a). It is not surprising that those who feel more distanced from the LDS church may evidence less well-being by increased church attendance, but that those who continue to feel closely tied to the church would experience more benefits than deficits from this involvement.

Understanding How Beliefs about Sexuality Operate among Sexual Minority Mormons

We found that the more individuals reported negative beliefs about sexuality and the less often they felt there were positives to being a sexual minority, the worse well-being they evidenced. Conversely, the more open individuals were about their experience of same-sex attraction or being LGBTQ, the better outcomes they reported. In contrast, individuals' beliefs about the etiology of their same-sex attractions were not substantially related to their well-being. Taken together, these findings indicate that *how* individuals react to their experiences of same-sex attraction is much more impactful than *why* they believe they are experiencing attraction. These findings support minority stress theory (2003), which predicts that internalized negative beliefs about homosexuality are related to poor health outcomes.

Internalized homonegativity and seeing few positives to being a sexual minority have been found to be associated with depression, discomfort with sexual orientation, and riskier sexual behavior (Rosser, Bockting, Ross, Miner, & Coleman, 2008). In contrast, sharing experiences of sexuality with others is typically associated with decreased internalized homonegativity (Dubé, 2000) and depressive symptoms (Bergfeld & Chiu, 2017; Legate, Ryan, & Weinstein, 2012). Our results concord with this literature and support the general conclusion that, for most sexual minority Mormons, accepting and sharing same-sex attractions is related to improved well-being as predicted by minority stress theory (Meyer, 2003). We defined outness to include sharing

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about *either* same-sex attraction or identity, as many sexual minority Mormons reject sexual identity labels (Lefevor, Sorrell, et al., in press). Consequently, we suggest that disclosure of either attractions or identity may be sufficient to bring the concomitant mental health gains.

We also found that the more individuals felt that their interest in sex was healthy, the less disgust they had about sexuality, and the more they felt capable to express themselves sexually in the ways that felt best, the more well-being they reported. Indeed, the largest relationships between any variable in this study and indicators of well-being were observed for sexual expression across three of the four indicators of well-being. This is consistent with research indicating that beliefs about sexuality are more tied to well-being than engagement in sexual acts in themselves (Grubbs, Exline, Pargament, Volk, & Linberg, 2017).

It is important to note that within the context of the LDS church and community, the discourse around sexuality focuses on restricting sexual activity rather than encouraging pleasure. This focus may foster sexual shame and inhibit sexual identity development, making it more difficult to accept an LGBTQ/SSA identity and leading to increased distress (Bybee et al., 2009). Thus, those who begin to decrease their sexual shame may be engaging in a process of reducing cognitive dissonance, which may enhance their well-being (Festinger, 1957). Additionally, reducing this dissonance may allow individuals to benefit from protective measures of reducing sexual shame including facilitating interpersonal connections (Longhofer, 2013; Sinha, 2017) and authenticity (Riggle, Rostosky, Black, & Rosenkrantz, 2017; Sinha, 2017), which can, on their own, lead to well-being.

Implications for Therapy

Psychologists who work with sexual minority Mormon clients in therapy may benefit from applying our findings in their work. As cognitive dissonance was negatively related to well-being

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in our sample, we encourage therapists to help sexual minority Mormons to recognize the detrimental role that dissonance may be playing in their lives and help clients take steps to resolve this dissonance. In particular, therapists may help clients understand that the way in which they resolve their dissonance (e.g., prioritizing a sexual or religious identity) may matter less than feeling confident in their resolution of the dissonance. Therapists may also help clients in integrating identities by helping them recognize the degree to which they experience conflict and the ways in which clients feel it is important to express each of their identities.

Therapists may also help clients recognize the role that minority stress plays in their life and take steps to address negative internalized beliefs. Given the relationships observed, therapists may guide clients to identify and recognize discrimination, address feelings of internalized homonegativity, share their experiences of same-sex attraction with others who may be supportive, and view their sexual orientation positively instead of focusing on beliefs about the etiology of same-sex attractions. These practices are likely to be important for clients regardless of whether they adopt an LGBTQ identity label (Lefevor, Sorrell, et al., in press).

Further, therapists may help clients understand the impact that their views about sexuality (regardless of their engagement in same- or other-sex sexual behaviors or relationships) have on their well-being and encourage them to develop sex-positive attitudes (see Cruz, Greenwald, & Sandil, 2017 for several concrete recommendations). This work can be done with clients who prioritize either their sexual or religious identities, as it does not inherently conflict with central Mormon teachings. For example, a client could be encouraged to view her interest in sexuality as healthy and developmentally appropriate, reduce negative reactions to sex and sexuality, and to express her sexuality in ways that feel best to her, without any element of this work necessarily challenging Mormon teachings about sexuality

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Implications for Research and Theory Building and Limitations

We found that our results supported aspects of both cognitive dissonance (Festinger, 1957) and minority stress theories (Meyer, 2003). To the extent that our study was able to assess cognitive dissonance, this dissonance appears to predict well-being better than the hypothesized stressors experienced by sexual minorities in conservative religious environments. On the other hand, minority stress theory (2003) accurately predicted that more positive beliefs about sexuality would be related to improved well-being even if individuals were experiencing dissonance. We suggest that individuals' subjective experience of conflict or cognitive dissonance may mediate the relationship between participation in conservative religious environments or messaging around sexuality and well-being and encourage future testing of this effect. As our sample was comprised entirely of sexual minority Mormons whose experiences are unique to the intersection of their religious and sexual identities (Crenshaw, 1989), we also encourage replication among groups with different intersections of identities.

Although encouraging, we acknowledge that we failed to test directly many of the aspects most central to both of these theories, and as such, more research is needed to validate our conclusions. In particular, we did not directly assess cognitive dissonance or the amount of homonegative messaging participants experienced in conservative religious spaces. We also were not able to assess the impact of cognitive dissonance on attitudes toward sexuality. Future research should seek to address these gaps as well as test our suggestion that individuals' experiences of cognitive dissonance may moderate the relationship between participation in conservative religious environments or messaging around sexuality and well-being.

Despite our best intentions to manage bias, we recognize that our study is inherently limited by several factors. Our sample consisted primarily of financially secure, White men who

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live in Utah, which is clearly not representative of the larger U.S. population. However, this demographic distribution more closely matches the larger Mormon population (Pew, 2009). Although we made efforts to recruit participants with varied views toward the importance of their Mormon and sexual minority identities, our sampling procedure was biased toward the inclusion of individuals who were affiliated with affinity groups around sexuality or religion, or who had close personal connections to those thus affiliated. This non-random pattern of sampling may have led to the overinclusion of individuals who are “out” about their identities and may not have captured those just beginning the process of navigating their sexual and religious identities. Because pre-existing measures have not been designed to be used with a sample that identifies as LGBQ or SSA, several of the measures used in the present study were designed by the research team and lack demonstrated reliability and validity. To address this, we have modeled survey questions off of existing scales where possible, included all survey questions in the method section, provided a copy of the survey in an appendix, and encourage replication of our measures to demonstrate reliability and validity.

Conclusion

With a sample of 1,128 sexual minority Mormons and former Mormons, we examined the relationships between religiousness and beliefs about sexuality and well-being. We found evidence that *both* cognitive dissonance and minority stress affected well-being among our sample and suggest that contemporary theorizing on individuals with intersecting religious and sexual identities take both theories into account when making predictions about well-being. Based on our findings, we encourage therapists working with sexual minority Mormon clients to focus with clients on navigating conflict between sexual and religious identities, accepting their experiences of same-sex attraction, and developing positive views about sexuality. We hope that

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others will replicate and extend our findings to add more nuance to our thinking about the role of religiousness and sexuality in well-being among individuals with intersecting religious and sexual identities.

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Table 1.

Sample Demographics

Sample Demographics		Sample Demographics	
Age		Age of Coming Out	
18-29	36.8%	18-29	77.6%
30-39	24.1%	30-39	12.2%
40-49	16.9%	40-49	6.2%
50-59	13.7%	50-59	3.2%
60-69	7.5%	60-69	0.7%
70+	1%	70+	0%
Gender		Education	
Woman	23.9%	High School / GED	3.6%
Man	69.6%	Some college but no degree	22.3%
Transgender	1.7%	Bachelor's degree	35.2%
Other gender	4.8%	Graduate degree	30.9%
Ethnicity		Geographic Location	
White	93.0%	Northeast	3.5%
People of Color	7.0%	Midwest	3.8%
Sexual Identity		South	8.5%
Heterosexual/SSA/Ex-gay	36.7%	West, not Utah or Idaho	20.8%
Bisexual	13.2%	Utah	52.5%
Gay/lesbian	40.1%	Idaho	5.9%
Other	10.0%	Foreign	4.8%
Relationship Status		Ever Married Heterosexually	
Single; celibate	24.0%	Yes	39.6%
Single; non-celibate	24.4%	No	60.4%
Mixed orientation relationship	31.4%	Number of Children	
Same sex relationship	20.2%	0	62.3%
Current LDS Church Status		1	4.1%
Full member	62.2%	2	7.9%
Probation or disfellowshipped	5.2%	3	7.9%
Excommunicated	3.1%	4	9.4%
Resigned	8.7%	5+	8.4%
Disinterested	20.8%		

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Table 2.

The relationships between religiousness and well-being

	Religious Viewpoint													
			Conservative (<i>n</i> = 296)		Moderate (<i>n</i> = 170)		Liberal (<i>n</i> = 87)		Not Religious (<i>n</i> = 294)		Confused (<i>n</i> = 63)		Other (<i>n</i> = 218)	
	<i>F</i>	η^2	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Anxiety	4.92**	.022	1.97	0.81	1.72	0.64	1.88	0.74	1.88	0.74	2.30	0.86	1.96	0.81
Depression	7.94**	.034	1.86	0.68	1.66	0.57	1.80	0.69	1.76	0.64	2.32	0.84	1.88	0.71
Life Satisfaction	8.64**	.037	4.23	1.49	4.76	1.31	4.63	1.33	4.61	1.48	3.50	1.34	4.48	1.44
Flourishing	5.47**	.028	5.67	0.98	5.78	0.88	5.82	0.85	5.88	0.97	5.12	0.95	5.77	0.92
	Religious Activity													
			1x/week + (<i>n</i> = 350)		1x/week (<i>n</i> = 310)		1-2x/ month (<i>n</i> = 92)		<1x/month (<i>n</i> = 54)		None (<i>n</i> = 320)			
	<i>F</i>	η^2	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Anxiety	2.32	.008	1.83	.73	1.94	.79	2.18	.79	2.04	.82	1.89	.78		
Depression	3.13	.014	1.74	.63	1.87	.67	2.05	.74	1.96	.89	1.79	.68		
Life Satisfaction	6.67**	.023	4.59	1.40	4.31	1.39	3.86	1.46	4.29	1.68	4.63	1.50		
Flourishing	5.76**	.020	5.85	.91	5.61	.88	5.46	.91	5.60	1.08	5.86	1.01		
	Religious Affiliation													
			Mormon (<i>n</i> = 804)		Ex-Mormon (<i>n</i> = 324)									
	<i>F</i>	η^2	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>								
Anxiety	6.69	.006	1.94	.79	1.85	.74								
Depression	9.43**	.008	1.86	.68	1.75	.69								
Life Satisfaction	14.15**	.012	4.36	1.47	4.67	1.41								
Flourishing	13.54**	.014	5.68	.95	5.89	.95								

Note: ** $p < .01$.

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Table 3.

Correlations between beliefs about sexuality and well-being.

Beliefs about the Etiology of Same-Sex Attraction						
	<i>M</i>	<i>SD</i>	Anxiety	Depression	Life Satisfaction	Flourishing
Heterosexuality Learned	2.70	1.71	-.06	-.06	.07	.01
Homosexuality Biological	5.11	1.73	< .01	-.04	.02	.07
Homosexuality Environmental	3.41	1.79	.02	.06	-.06	-.11**
Beliefs about Same-Sex Sexuality						
	<i>M</i>	<i>SD</i>	Anxiety	Depression	Life Satisfaction	Flourishing
Internalized Homonegativity	3.68	1.92	.17**	.19**	-.25**	-.29**
Positivity being LGBT/SSA	5.22	1.67	-.14**	-.16**	.25**	.27**
Outness	3.04	1.37	-.09**	-.10**	.17**	.19**
Beliefs about Sexual Activity						
	<i>M</i>	<i>SD</i>	Anxiety	Depression	Life Satisfaction	Flourishing
Guilt with Pornography	4.53	2.18	.09**	.09**	-.11**	-.07
Masturbation Acceptable	4.67	2.13	-.03	-.07	.03	.10**
Interest in Sexuality Healthy	4.62	1.83	-.12**	-.16**	.20**	.23**
Sexual Disgust	1.91	1.38	.21**	.24**	-.21**	-.26**
Sexual Expression	4.92	1.66	-.18**	-.24**	.34**	.38**

Note: ** $p < .01$.

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