Religiousness and Minority Stress in Conservatively Religious Sexual Minorities: Lessons from Latter-day Saints

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Abstract

Sexual minorities who engage in conservative religions may experience both stress and support from their engagement with their faith. However, it is unclear how religion/spirituality and minority stress may simultaneously affect health outcomes. To address this gap, we recruited 1,083 U.S. adults reporting varied engagement with a conservative religious tradition, the Church of Jesus Christ of Latter-day Saints (Mormon; LDS), belonging to one of four groups: (a) heterosexual, LDS; (b) sexual minority, LDS; (c) heterosexual, non-LDS; and (d) sexual minority, non-LDS. We found that LDS sexual minorities reported more religiousness/spirituality and minority stressors relative to nonLDS sexual minorities, possibly due to engagement in sexual minority stressors, possibly due to conflict with sexual and/or religious identity or/or identity. We examine the effects of minority stress and religiousness with conservative religions may buffer the effects of minority stress experience by sexual minorities who choose to remain engaged with conservative religious traditions.

Introduction

Sexual minorities face health disparities relative to heterosexual individuals (lower well-being and higher psychopathology). Minority Stress Theory: Sexual minorities experience unique stressors that lead to more negative emotional experiences. Such stressors may be heightened in various contexts, such as within religions with conservative beliefs and/or doctrines regarding same-gender sexuality. Psychological Mediation Framework: Sexual minorities confront increased stress exposure resulting from stigma. This stress creates elevation in problems and emotion dysregulation, which can lead to increased psychopathology. Causal Pathways Theory: Engagement in religion/spirituality (R/S) is likely to be health-protective. R/S relates to health through three main pathways: psychological (positive coping), behavioral (encouraging prosocial behaviors), discouraging harmful behaviors), and social (community engagement, increased belongingness). These pathways are less clear for sexual minorities engaging in R/S. Church of Jesus Christ of Latter-day Saints: Members of this religion (LDS) are held to strict standards of religiousness/spirituality and described experiencing more religiousness (i.e., religious commitment, life satisfaction) and minority stressors and higher depression for sexual minorities than for non-LDS sexual minorities, possibly due to conflict between sexual and religious identities (Dehlin et al., 2014; McGraw et al., 2020). Internalized minority stressors were more strongly associated with more depression for LDS than non-LDS, Internalized minority stressors were more strongly associated with more depression for LDS than non-LDS.

Hypotheses & Method

Study Questions
• The present study examines the following three questions:
  - Are there health disparities between sexual minorities and heterosexual individuals, and between LDS and nonLDS?
  - Does minority stress relate differently with health based on sexual and/or religious identity?
  - Does religiousness relate differently with health based on sexual and/or religious identity?

Procedure
• Participants were recruited via Qualtrics survey panels and community sampling (LGBTQ+ LDS groups and organizations). All participants completed the Qualtrics survey and were offered $10 for participating.

Participants
• All participants were at least 18 years of age. Four groups of roughly equal size responded to the survey: (1) Sexuality/Religiousness Groups (i.e., LDS, GS) and minority stress variables as IVs and health variables of interest were also tested.

Results & Discussion

Research Question 1:
• Sexual minorities reported more depression and less life satisfaction than heterosexuals (Barnes et al., 2014).
• All LDS and nonLDS (including sexual minority LDS vs sexual minority nonLDS) evidenced similar health outcomes despite sexual minority LDS experiencing higher minority stressors, possibly due to engagement in religious communities buffering distress (Kroh et al., 2014, Krause & Wulff, 2005).

Research Question 2:
• Minority stress may operate differently for sexual minority LDS. Internalized homonegativity was more strongly associated with depression for sexual minority LDS than nonLDS. May be due to increased exposure to homonegative rhetoric for LDS.

Research Question 3:
• Religious commitment was positively related to depression for sexual minorities, possibly due to conflict between sexual and religious identities (Dehlin et al., 2014; McGraw et al., 2020).

Future Directions
• Further replication of these findings is encouraged, focusing on incorporating a more homogenous sample and include a broader variety of sampling techniques to improve generalizability of findings.

Public Significance Statement
This study suggests that conservatively religious sexual minorities experience unique stressors and supports associated with their religious experience. It further suggests that religiousness and spirituality may both buffer and exacerbate the effects of minority stress.