

RELIGIOUS/SPIRITUAL STRUGGLES, ONE-UPMANSHIP, INTERNALIZED
HOMOPHOBIA AND SUICIDE RISK AMONG LESBIAN, GAY, BISEXUAL,
QUEER/QUESTIONING AND SAME-SEX ATTRACTED LATTER-DAY SAINTS

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ABSTRACT

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Lesbian, gay, bisexual, questioning/queer (LGBQ) individuals and those who are same-sex attracted (SSA) who are members of the Church of Jesus Christ of Latter-day Saints (LDS), often face unique challenges related to faith, family, and mental health. Of specific concern is the potential for LDS LGBTQ individuals to be at risk for suicide, due to the conflict between their religious/spirituality and their sexual identity. In the current study I sought to examine the ways in which religious/spiritual (r/s) struggles and one-upmanship might predict internalized homophobia and suicide risk in an online sample of 404 current/former LDS LGBTQ adults. Results indicated that in separate models, both r/s struggles and one-upmanship predicted suicide risk, but only r/s struggles predicted internalized homophobia. Additionally, mediation analysis demonstrated that internalized homophobia did not mediate the relationship between r/s struggles and suicide risk. Exploratory analysis revealed that r/s struggles fully mediated the relationship between one-upmanship and suicide risk. Clinicians working with current or former LDS LGBTQ individuals should consider the role that r/s struggles and one-upmanship might play in their clients' risk for suicide.

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INTRODUCTION

“I just remember feeling so stuck. I felt that I couldn’t take the loneliness of not having someone while living in the gospel, but I also felt that I couldn’t live in a gay relationship because of my testimony and the knowledge God has blessed me with about His sacred plan. I started pondering the possibility of suicide. I remember thinking and feeling that God would be more forgiving and accepting if I had taken my life to get out of sin than if I had lived a life in sin.”

– Jessyca

(<https://thebeautifulheartbreak.wordpress.com/about-me/>)

“Around age 12, I became so depressed due to feelings of being different that I began praying to get cancer in order to end my life. Eventually, as I began to understand the reasons I felt different from other kids my age, I began to pray that those feelings of Same Sex Attraction would go away. I spent a lot of time praying, fasting, and reading scriptures. Nothing seemed to help. In fact, the more I pushed the feelings away, the more conscious I was of having them and the more they raged within me. I hated myself for being so weak. I hated God for allowing me to suffer so much. I believed God hated me and had cursed me with this affliction as punishment for some pre-existence crime I wasn’t aware of.”

– 26 year old gay Mormon man

(Bradshaw, et al., 2014)

Suicide is the second leading cause of death from ages 10-34 and the fourth leading cause of death for people ages 35-54 in the United States. In addition, deaths by suicide have increased 31% from 2001 through 2017 (Centers for Disease Control and Prevention, 2017). Importantly, a history of suicidal thoughts, plans, and attempts are consistently found to be important predictors of future attempts and deaths by suicide (Castellvi et al., 2017; Victor & Klonsky, 2014). Thus, exploring the complex processes that underlie suicide risk (i.e., suicidal thoughts, plans, and attempts) is critical for the understanding and prevention of suicide.

Lesbian, gay, bisexual, queer/questioning, and same-sex attracted individuals (LGBQ/SSA) are frequently cited as more at risk for suicide than heterosexual individuals (e.g., Hottes, Bogaert, Rhodes, Brennan, & Gesnick, 2016). For example, a report from the YRBSS, which utilized a representative sample of high schoolers across 25 states in the US, found 42.8% of LGB high school students had seriously considered attempting suicide within the last 12-month period as opposed to 14.8% of heterosexual students. In addition, 29.4% of LGB students

had attempted suicide one or more times during the preceding 12 months, compared to 6.4% of heterosexual students (Frieden et al., 2016). Among college-aged individuals ($N = 21,247$), LGBQ folx also reported a higher prevalence of both suicidal thoughts over the last six months (10.5% vs 3.7%) and lifetime suicide attempts (17.5% vs. 5%) than heterosexuals (Lytle, Blosnick, De Luca, & Brownson, 2018). Importantly, a recent meta-analysis of population-based surveys found that 11% of LGB folx reported having attempted suicide at some time in their lives compared to 4% of heterosexuals (Hottes, et al., 2016). Because LGBQ/SSA individuals appear to be more at risk for experiencing suicidal thoughts and attempts, it is important to understand what unique factors may be at play for this population.

One potentially important and understudied set of factors that may contribute to suicide risk for LGBQ/SSA individuals include specific religious/spiritual (r/s) beliefs about sexual orientation promoted by leaders of socially conservative r/s groups. Many organized religions have historically and continue to teach that any non-heterosexual sexual attractions, identities, and behaviors are explicit moral transgressions (Kashubeck-West, et al., 2017). Although current language of the leadership in many of these religious organizations is less harsh than it has been in the past, the official stance of many religious groups continue to view non-heterosexual sexual attractions as spiritually and morally wrong and LGBQ/SSA persons in need of treatment to “overcome” such “afflictions” (Cragun, Williams, & Sumerau, 2015, p. 304). These conservative religious teachings about sexuality have often motivated religious heterosexuals to advocate politically in opposition to LGBQ/SSA rights and protections, including the right to marry (Compton, 2015; Palmer, 1995). It has also led many religious LGBQ/SSA individuals who were raised in such r/s communities to feel marginalized, oppressed, and alienated from their Higher Power(s), religious communities, beliefs, and families, despite sincere desires and efforts to

remain involved in the r/s groups in which they were raised and socialized (Kubicek, McDavitt, Carpineto, Weiss, Iverson, & Kipke, 2009; Schuck & Liddle, 2001). Thus, LGBQ/SSA individuals may experience intra- and inter- personal conflict surrounding r/s issues, particularly if they are unwilling or unable to find progressive religious groups to join or individuals within their religious tradition of origin who affirm their sexual identity.

Although some studies have found that global indicators are risk factors for suicidal thoughts and attempts among LGBQ/SSA folx, these findings are not entirely consistent. For example, Shearer et al. (2018) found that clinically distressed and depressed LGB youth were more likely to attempt suicide if they reported they were more religious, while the opposite was true for heterosexual youth. An identical interaction effect emerged for this clinical sample using youth reports about their parents' religiousness (Shearer et al. 2018). In addition, Lytle and colleagues (2018), found that a single item index of self-reported religious importance was either unrelated or a risk factor for recent suicidal thoughts and attempts among LGBQ participants in a probability-based sample ($N = 1414$). In another study of LBG adults (clinical sample, $N = 336$ LGB patients), Stroud et al. (2015) found that higher self-reported r/s (i.e., ritualistic faith practices and prosocial behavior in the service of God) were unrelated to suicidal thoughts, attempts, and self-injury directly; but were protective when interacting with agreeableness and extraversion, such that a combination of higher levels of spirituality and agreeableness/extraversion predicted lower levels of suicidal thoughts, behaviors, and self-injury. Within a predominantly online community sample comprised only of lesbians drawn from the Southern United States (i.e., Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina Tennessee, Texas, Virginia, or West Virginia), Irwin and Austin (2013) found that those who described themselves as somewhat to extremely

religious were less likely to report suicidal thoughts (34.4% vs. 45.5%) and attempts (9.9% vs. 15.9%) than those who reported they were not at all religious. Overall, these studies highlight the need for more research that disentangles r/s processes promoted by overall religious engagement, identification or involvement that increases versus decreases suicidal ideation or attempts by LBGQ folx

Other studies have provided possible pathways whereby specific r/s processes may be indirectly related to greater suicide risk for LBGQ/SSA folx via internalized homophobia (Bajocco et al., 2014; Gibbs & Goldbach, 2015; Kralovec et al., 2012). For example, within a sample of Catholic or raised Catholic LBGQ folx in Spain and Italy, the concealment of one's sexual orientation and being religiously involved was related to internalized sexual stigma (i.e., internalized homophobia), which in turn was related to an increase in suicidal thoughts (Bajocco et al., 2014). In addition, Gibbs and Goldbach (2015) found that unresolved religious/sexual conflict and receiving anti-gay messages from religious parents were related to increases in internalized homophobia, which was related to increased suicidal thoughts, but not attempts. Furthermore, Kralovec et al. (2012) found that although feeling a sense of belonging to their particular religious denomination was directly related to *less* suicidal thoughts among Austrian LGB folx, a stronger sense of belonging to their religion group was related to an increase in internalized homophobia, which then predicted *more* suicidal thoughts. This research demonstrates that greater engagement in a religious community may involve both protective and risk related factors and processes for LBGQ/SSA individuals and that global measures of involvement (e.g., affiliation and religious attendance) may confound the two types of r/s processes.

This study investigates two specific r/s processes that theoretically could be tied to greater suicide risk: R/s struggles (also referred to as negative religious coping; Exline, Pargament, Grubbs, & Yali, 2014) and r/s triangulation (also referred to as theistic triangulation or spiritual one-upmanship; Brelsford & Mahoney, 2009; Brelsford, 2011). R/s struggles are typically defined as “when some aspect of r/s belief, practice or experience becomes a focus of negative thoughts or emotions, concern or conflict” (Exline, et al., 2014, p. 208). R/s struggles can take several forms such as divine (e.g., feeling like God has abandoned them or does not love them), demonic (e.g., feeling like the devil or demons are influencing one’s behavior), doubt (e.g., doubts about one’s religious beliefs), interpersonal (e.g., negative experiences with congregants), moral (e.g., “am I a good person?”), or ultimate meaning in life (e.g., “do I have a purpose in life?”; Exline et al., 2014). R/s struggles have been found to be related to numerous forms of psychological distress including depressive symptoms (Ano & Vasconcelles, 2005; McConnel, Pargament, Ellison, & Flannelly, 2006). Importantly, several studies have also found that r/s struggles may be directly related to the presence, frequency, and intensity of suicidal thoughts (Exline et al., 2000; Johnson & Hayes, 2003; Rosmarin et al., 2013) and to increases in internalized homophobia (Brewster, Velez, Foster, Esposito, & Robinson, 2016; Kubicek, McDavitt, Carpineto, Weiss, Iverson, & Kipke, 2009). Furthermore, Exline and colleagues (2014) found that LGB folx reported more overall r/s struggles than heterosexuals, especially among divine, interpersonal, ultimate meaning, and doubt subscales. However, no studies have directly examined how r/s struggles may be related to suicidal variables among LGBTQ/SSA samples.

R/s one-upmanship refers to aligning with a Higher Power(s) and/or religion or spirituality in an interpersonal conflict with another individual, such as a parent, child, or partner

(Belsford & Mahoney, 2009; Brelsford, 2011; Mahoney, 2005). Family conflict and rejection is often associated with increased risk for suicide, especially among LGBTQ/SSA folx (Ryan, Huebner, Diaz, & Sanchez, 2009). In some cases of familial conflict, parents may bring their Higher Power(s) or religion/spirituality into the parent-child dyad, effectively creating a parent-God/r/s -child triangle, wherewith they may rely on their Higher Power(s) or r/s to resolve the conflict (Butler & Harper, 1994; Mahoney, 2005). In this way, parents may align themselves with God and/or r/s against their children in order to persuade them to accept their position. This process of r/s one-upmanship has been found to be associated with worse relationship quality and the presence of ineffective/harmful communication (e.g., stonewalling and verbal aggression) in both father-child and mother-child dyads (Brelsford & Mahoney, 2009; Brelsford, 2011). Importantly, a recent qualitative study found that family members engaged in r/s one-upmanship dynamics with their gay relatives, such as using religious symbols (e.g., holy scriptures or religious structures) to communicate God's 'moral objection' to their sexuality (Etengoff & Daiute, 2014). R/s one-upmanship was found to be the primary source of familial conflict for the large majority of gay participants (73%, $N = 23$), demonstrating that perhaps especially among adherents to specific conservative r/s communities that object to same-sex relationships, religion may be weaponized by parents/family members against their LGB children/relatives (Ettengoff & Diaute, 2014). While r/s one-upmanship has not been directly examined in relation to suicide risk, as noted above, the presence of religious parents (Shearer et al., 2017) and religious anti-gay messages from parents (Gibbs & Goldbach, 2015) have been associated with suicide related variables.

Of specific interest is how LGBTQ/SSA folx navigate non-affirming religious traditions where they may experience high levels of r/s struggles, r/s one-upmanship, and internalized

homophobia (e.g., Barnes & Meyer, 2012; Wilkerson, Smolenski, Brady, & Rosser, 2012). Specifically, the Church of Jesus Christ of Latter-day Saints¹ is considered by many LGBQ/SSA individuals as one of the least affirming religious organizations of non-heterosexual identities in the United States (Murphy, 2015). This may be the case because (a) the institution frequently offers legal support to fight against legislation or court cases regarding LGBQ rights (e.g., same-sex marriage), (b) leaders within the institution often publicly criticize LGBQ movements, values, and behaviors, (c) heterosexual marriage is taught to be divinely appointed and *required* in order to enter into the highest realms of the highest heaven, (d) same-sex behaviors and relationships are taught to be explicit violations of their divine laws regarding sexuality, which individuals are also required to keep in order to reach the highest heaven where they can live with their families in the afterlife, and (e) those of its members who engage in same-sex behaviors can be subject to Church discipline (e.g., excommunication) and be unable to enter the highest heaven to live with their families in the afterlife. Furthermore, unlike progressive wings of the Christian and Jewish traditions that offer theological positions affirming having an LBGQ identity, the LDS institution (like Catholic and many Christian fundamentalist groups) does not provide any such sanctioned avenues of reconciling an LGBQ/SSA and LDS identity. Perhaps as a result, both qualitative and quantitative research of LDS LGBQ/SSA folx has revealed that they may often experience r/s struggles, r/s one-upmanship, and internalized homophobia in relation to their sexuality (Benson, 2001; Bradshaw, Heaton, Decoo, Dehlin, Galliher, & Crowell, 2015; Crowell, Galliher, Dehlin, & Bradshaw, 2015; Dehlin, Galliher, Bradshaw, &

¹ On August of 2018, the Church of Jesus Christ of Latter-day Saints asked to no longer be referred to as the “LDS Church” or the “Mormon Church.” To respect their request, we will use the full name of the Church when referring to the *institution* but will use “LDS” or “Mormon” to refer to its *members*. For details, see https://www.mormonnewsroom.org/article/name-of-the-church?cid=HP_TH-16-8-2018_dPAD_fMNWS_xLIDyL1-A_

Crowell, 2014; Ettengoff & Diaute, 2014; Grigoriou, 2014; Lefevor, et al., 2019; Mattingly, Galliher, Dehlin, Growell, & Bradshaw, 2015).

Of growing concern are how these specific r/s processes may be related to suicide risk among LDS LGBQ/SSA folx. For instance, in late 2015 through 2016, there were a number of highly publicized deaths by suicide by young LDS gay men (ages 17-28). Their deaths were linked by media outlets, at least in part, to the struggles associated with their sexual identities and their (or their community's) religious identity (Jackson, 2016; Salinger, 2016 Shaw, 2016; University of Utah, 2018). Alarming, a leader of *Mama Dragons*, a support group for LDS mothers of gay children, reported a spike in suicidal ideation, attempts, and suicide deaths by LGBQ/SSA LDS (Stack, 2016). Specifically, she reported 32 suicides of young LGBQ/SSA LDS (age 14-20) from November 2015 to the end of December 2015 (Stack, 2016), a time period that marked a significant change in the Church of Jesus Christ of Latter-day Saints' policies regarding same-sex couples and their children. Although her estimates could not be confirmed, using a representative sample, McGraw et al. (2019) found that LGB folx living in Utah, a state with over 2 million LDS and the headquarters of the Church, were over 4.73 times likely to be experiencing suicidal thoughts in the last two weeks and 9.58 times more likely to have attempted suicide in their lifetimes compared to heterosexuals in Utah. The rates for suicide attempts may be three times greater than other national population-based samples (see Hottes et al., 2016). In addition, in the only published study examining LDS LGBQ/SSA issues related to suicide, Bridges et al (2019) found that being affiliated as LDS (in a sample of raised LDS LGBQ/SSA folx) was significantly associated with increased risk for suicidal ideation ($B = .17$, $p < .001$).

However, as of October 2019, no research has been published examining the potential relationship between r/s struggles, r/s one-upmanship, internalized homophobia, and suicide risk among LDS LGBQ/SSA folx. Therefore, in this thesis project, I seek to examine how r/s struggles and r/s one-upmanship may be related to internalized homophobia, and suicide among current and former LDS LGBQ/SSA individuals.

LITERATURE REVIEW

Suicide

Terms and Definitions

Before exploring the prevalence, correlates, and predictors of suicidal thoughts and behaviors, it is important to define the various related constructs. Crosby, Ortega, & Melanson (2011) provided standardized and recommended nomenclature when talking about suicide. *Self-directed violence* is behavior that is self-directed and that purposefully results in or has the potential for injury (p. 21). *Suicidal self-directed violence* refers to all self-directed violence performed with any intent to die, even if it does not result in injury (p. 21). *Suicidal ideations* are serious thoughts about engaging in self-directed violence with any intent to die (p. 90). A *suicide attempt* is a non-fatal self-directed behavior that had potential for injury with any intent to die (p. 21). *Suicide* is a death by self-directed violence with any intent to die as a result (p. 23).

In addition, Crosby et al. (2011) note some words are unacceptable when describing self-directed violence such as: *Completed suicide* (implies a desired outcome, alternate term: suicide), *failed attempt* (gives a negative impression of the person's actions, alternate term: suicide attempt or suicidal self-directed violence), *nonfatal suicide* (contradictory term, alternative term: suicide attempt), *successful suicide* (again implies a desired outcome, alternative term: suicide), *suicidality* (used to refer to both suicidal thoughts and behaviors, but because both phenomenon are vastly different they should be addressed separately, alternate terms: suicidal thoughts and suicidal behaviors) (p. 23).

Prevalence

Death by suicide is actually quite rare. It is partially due to the low base rates of deaths by suicide that make it such a difficult phenomenon to study. As noted by Van Orden and colleagues (2010):

Estimates from nationally representative studies indicate that each year, 3.3 percent of Americans seriously consider suicide (i.e., active suicidal ideation), 1.0 percent develop a plan for suicide, and 0.6 percent attempt suicide (Kessler, Berglund, Borges, Nock, & Wang, 2005). Yet, each year, only .01 percent of Americans die by suicide (American Association of Suicidology, 2006). It is this observation about suicide that underlies many of the limitations of the risk factors [frequently studied] (p. 7).

Despite the low base rates in absolute terms, suicide is ranked the tenth leading cause of death overall in the United States, the second leading cause of death for those aged 10-34, and the fourth leading cause of death among those aged 35-54 (National Institute of Mental Health, 2019). In addition, men usually are more likely to die by suicide, frequently choosing more lethal methods, when compared to women (National Institute of Mental Health, 2019). Additionally, 4.3% of Americans, ages 18 and up, report having thought about suicide in the last year, while only 0.6% of US. adults actually attempted suicide (National Institute of Mental Health, 2019).

Religious/Spiritual Predictors of Suicidal Thoughts & Attempts

In general, religiousness is considered a protective factor against suicidal thoughts and attempts (See Gearing & Alonzo, 2018 for a recent review). Lytle and colleagues (2018) found that for heterosexual college-aged individuals ($N = 21,247$), the importance of religious beliefs was negatively associated with recent suicidal thoughts (AOR = .91 CI 95% [.86, .96] $p < .05$), attempts (AOR = .83 CI 95% [.71, .97] $p < .05$), and the presence of lifetime suicide attempts

(AOR = .91 CI 95% [.87, .96] $p < .05$). In addition, a longitudinal study of individuals living in the city of Baltimore examined the effects of religious attendance and seeking spiritual comfort with suicidal ideation and attempt. They found that more frequent religious attendance (less than monthly or more) at baseline was associated with a decreased odds of suicide attempt at follow up (Rasic et al., 2011). In addition, individuals who reported seeking spiritual comfort were less likely to report suicidal ideations (Rasic et al., 2011). Similarly, Stack and Lester (1991) examined data from the General Social Surveys from 1988 to 1989 and found religious attendance to be negatively associated with suicidal thoughts ($B = -.24$ $SE = .02$, $p < .001$). Likewise, Cole-Lewis et al (2016) found that private religious practices ($B = -.18$ $SE = .006$, $p < .002$) and organizational religiousness ($B = -.31$ $SE = .014$, $p < .03$) were both statistically significantly protective against suicidal ideation among their sample of 161 youth. However, Religious Support (e.g., seeking comfort or support from your religious congregation: “If you had a problem, how much comfort would the people in your church give you?”) was non-significant ($p = .12$; Cole-Lewis et al., 2016).

Despite this, in a recent meta-analysis of demographic predictors in studies that utilized longitudinal design of suicidal ideation and attempt, various overall indicators of greater religiousness or affiliation was found to be unrelated (i.e., statistically non-significant) as a risk or protection (Huang, Ribeiro, Musacchio, & Franklin, 2017). As a result, some scholars have begun to recommend moving beyond global religiousness measures and items, such as religious attendance, to more specific r/s variables, the benefit of which is a more nuanced and clearer picture of what r/s processes are protective or risk factors (See Mahoney, 2005).

One such r/s process garnering attention are r/s struggles (Exline & Rose, 2005). R/s struggles are typically defined as “when some aspect of r/s belief, practice or experience

becomes a focus of negative thoughts or emotions, concern or conflict” (Exline, Pargament, Grubbs, & Yali, 2014). As noted earlier, r/s struggles can take several forms such as divine (e.g., feeling like God has abandoned you or does not love you), demonic (e.g., feeling like the devil or demons are influencing one’s behavior), doubt (e.g., doubts about one’s religious beliefs), religious community/interpersonal (e.g., negative experiences with congregants), moral (e.g., “am I living a moral life?”), or ultimate meaning in life (e.g., “do I have a purpose in life?”) (Exline et al., 2014). R/s struggles have been found to be a predictor of numerous forms of psychological distress including depressive symptoms, and meta-analysis of r/s struggles (negative religious coping) found a modest, but statistically significantly relationship with overall negative psychological adjustment ($Zr's = .22$, 95% C.I. [.19–.24]; Ano & Vasconcelles, 2005; McConnel, Pargament, Ellison, & Flannelly, 2006).

Four studies have examined how r/s struggles may relate to suicidal thoughts (Exline, Yali, & Sanderson, 2000; Johnson & Hayes, 2003; Raines et al., 2017; Rosmarin et al., 2013). For example, in a study of college students across the United States ($N = 5,472$), Johnson and Hayes (2004) examined a single item looking at “religious/spiritual concerns” and how they may be related to a number of other symptoms from the Brief Symptom Inventory (BSI). Of their sample, 18% reported “a little bit” of current concern over r/s issues, 12% reported a “moderate” amount, 8% “quite a bit”, and 6% an “extreme” amount, while 56% reported no distress related to r/s issues, demonstrating that r/s concerns are common among college students. They also found that those who experienced considerable distress around r/s concerns (as operationalized by those who indicated the moderate, quite a bit, and extreme r/s concerns) tended to also experience greater distress related to suicidal thoughts and feelings (OR = 1.21).

In another study, Exline et al. (2000) examined religious strain (i.e., r/s struggles) among a clinical sample of $N = 54$ adults in an anxiety and depression clinic. Their 20-item survey attempted to measure religious comfort and strain by examining to what degree participants felt (a) comforted by God, their religion or faith, and their religious communities (e.g., “feeling loved by God” or “Feeling like part of a religious or spiritual community”); (b) alienated from God (e.g., “Feeling abandoned by God” or “Difficulty trusting God”); (c) fear/guilt (e.g., “Belief that you have committed a sin too big to be forgiven” or “fear of God’s punishment”); or (d) religious rifts (e.g., “Disagreement with a family member or friend about religious issues” or “Feeling lonely or different from others because of your beliefs”). They found that feeling religious strain (i.e., alienated from God, fear/guilt, and religious rifts) was positively associated with suicidal thoughts ($r = .34, p < .05$). In addition, simultaneous regression of the variables within religious strain found that the fear/guilt subscale was the primary predictor of suicidal thoughts ($r = .31, p < .05$). A close examination of individual items revealed that the major contributor in the fear/guilt subscale was the belief that one had committed an unforgivable sin ($r = .41, p < .01$; Exline et al., 2000).

Similarly, Rosmarin et al. (2013) examined negative (i.e., r/s struggles) and positive religious coping among a clinical sample of $N = 47$ psychiatric patients. Patients were given the Brief RCOPE, which is a 14-item scale with two subscales – positive and negative religious coping. The positive religious coping items assess how frequently respondents seek spiritual support or connection (e.g., “looked for a stronger connection with God”), or use benevolent religious appraisals (e.g., “tried to see how God might be trying to strengthen me in this situation”), while negative religious coping items (i.e., r/s struggles) assesses divine (e.g., “wondered whether God had abandoned me”), demonic (e.g., “decided the devil made this

happen”), and religious community/interpersonal struggles (e.g., “wondered whether my church had abandoned me). The Brief RCOPE was administered to each patient prior to treatment and then treatment outcomes were recorded during their stay at the inpatient unit. Results indicated that negative religious coping (i.e., r/s struggles) accounted for 46.24% of the variance in the *frequency* of suicidal thoughts ($r = .68, p < .001$) and 37.2% of the variance in *intensity* of suicidal ideations ($r = .61, p < .001$). In addition, r/s struggles were also related to more affective symptoms such as depression and anxiety, but not psychosis. Interestingly, positive religious coping was not statistically significantly related to the frequency or intensity of suicidal ideations, but was associated with better treatment outcomes in depression, anxiety, and psychological well-being (Rosmarin, et al., 2013).

Lastly, Raines et al. (2017) examined r/s struggles and suicidal thoughts among a sample of military veterans seeking treatment for PTSD. To measure r/s struggles, Raines and colleagues used the Religious and Spiritual Struggles Scale (RSSS), which is a 26-item self-report questionnaire, which assesses divine (e.g., “felt angry at God), demonic (e.g., worried that the problems I was facing were the work of the devil or evil spirits”), interpersonal (e.g., “felt rejected or misunderstood by religious/spiritual people), moral (e.g., worried that my actions were morally or spiritually wrong), ultimate meaning of life (e.g., Felt as though my life had no deeper meaning), and doubt struggles (e.g., “struggled to figure out what I really believe about religion/spirituality). In this study of $N = 52$ veterans seeking PTSD treatment at an outpatient PTSD and alcohol and substance use clinic, divine ($r = .48, p < .001$), interpersonal ($r = .45, p < .01$), moral ($r = .35, p < .05$), ultimate meaning ($r = .55, p < .001$), and doubt subscales ($r = .40, p < .01$) were positively correlated with suicidal thoughts. In addition, a series of five hierarchical linear regressions were performed to examine the possible unique contribution of

each r/s struggle subscale. Results revealed that divine struggles ($B = .42, t = 2.52, p = .02, sr2 = .10$) and ultimate meaning in life struggles ($B = .47, t = 3.49, p = .001, sr2 = .18$) both contributed to suicidal thoughts above and beyond the other assessed types of r/s struggles, gender, race, PTSD symptom severity, and substance misuse (Raines et al., 2017).

These four studies demonstrate that r/s struggles may be related to an increased likelihood of experiencing suicidal thoughts and that suicidal thoughts may be more intense for those who are experiencing r/s struggles.

Suicide Among LGBTQ/SSA Populations

Prevalence

Using data from the National Health and Nutrition Examination Survey (NHANES III), a population based health survey conducted by the Center for Disease and Control (CDC), Cochran and Mays (2000) were able to determine the lifetime prevalence of suicide symptoms (e.g., ideation) for men who report having sex with men (MSM). While using the gender of sexual partner is not the best way of determining sexual orientation, it can be used as an alternative measure when sexual orientation is not asked of survey participants. They found that those who reported having sex with men ($N = 78$) were more likely to say they had suicidal thoughts and desires (38.6% and 18.5% respectively), than those who had only female partners (24.3% and 7.6%) or no sexual partners (22.7% and 1.9%). In addition, Cochran and Mays (2000) found that nearly 1 out of 5 MSM (19.3%) had reported at least one suicide attempt in their lifetime, compared to 3.6% of those who had female only partners. Not only were MSM more likely to report a suicide attempt than others, but they were also more likely to record *frequent* attempts (1.2 attempts vs. .05 attempts) (Cochran & Mays, 2000).

In a similar study, Paul et al. (2002) examined data from the Urban Men's Health Study, which is a probability-based sample of MSM (this time operationalized similar to Cochran & Mays, 2000, but with an additional option of self-identifying as gay or bisexual). In their sample ($N = 2881$) they found that 21.3% had made a plan to commit suicide. Similarly, Paul et al. (2002) found that 11% of homosexual or gay men and 16% of bisexual men had attempted suicide in their lifetime. However, 12% of heterosexual men reported having attempted suicide. Despite this discrepancy in the normal findings, Paul et al. (2002) did find that GB men did report more suicide attempts than their heterosexual counterparts (gay = 2.0, bisexual = 2.3, hetero = 1.5).

As stated earlier, Lytle, et al. (2018) reported on the prevalence of suicidal ideation among college students across the nation ($N = 21,247$). Among college-aged individuals ($N = 21,247$), LGBQ folx reported a higher prevalence of both suicidal thoughts over the last six months (10.5% vs 3.7%) and lifetime suicide attempts (17.5% vs. 5%) than heterosexuals (Lytle, et al., 2018).

Importantly, sampling methods can greatly impact the prevalence rate of suicidal attempts among this population. In systematic review and meta-analysis, Hottes et al. (2016) examined the lifetime prevalence of suicide attempts among sexual minority adults and compared them by sampling method. When using a meta-regression, they found that sampling method accounted for 33% of the between-study variability, with community/convenience samples producing higher prevalence rates than population samples (Community samples: 20% LGB lifetime prevalence vs. Population-based samples: 11% LGB lifetime prevalence; Hottes et al., 2016).

Internalized Homophobia

Meyer and Dean (1998) defined internalized homophobia as the LGBTQ “person’s direction of negative social attitudes toward the self, leading to a devaluation of the self and resultant internal conflict and poor self-regard” (p. 161). These antigay attitudes directed at themselves and internalized have been found to be related to psychological distress (Newcomb & Mustanski, 2010).

Research has generally supported the connection between internalized homophobia and suicidal ideations, however, there have been a few exceptions (e.g., Michaels, Parent, & Torrey, 2016). Most research has found modest but consistent correlations between internalized homophobia and suicidal ideations. For example, in a sample of ($N = 255$) sexual minorities, Plöderl, and colleagues (2014) found that internalized homophobia was modestly correlated with suicidal ideation ($r = .25, p < .05$), but not attempts. Similarly, McLaren (2016) found that internalized homophobia was correlated to suicidal ideation for both gay men ($N = 360; r = .36, p < .001$) and lesbian women ($N = 444; r = .29, p < .001$), but not bisexual women ($N = 114, r = .18, p = \text{n.s.}$).

Importantly, research has also shown possible pathways and moderation/mediation dynamics with internalized homophobia and suicidal ideations. For example, McLaren (2016) found that for gay men, internalized homophobia was related to both depressive symptoms and suicidal ideation. Depressive symptoms and internalized homophobia accounted for 46% of the variance in suicidal ideation scores. There was no interaction between depressive symptoms and internalized homophobia on suicidal thoughts, but depressive symptoms did partially mediate the relationship between internalized homophobia and suicidal thoughts. For lesbian participants, internalized homophobia was not predictive of suicidal ideation alone, but the interaction between internalized homophobia and depression was significant ($B = .10, p < .01$) with those

scoring the highest on depression and highest on internalized homophobia, scoring the highest on suicidal ideation (McLaren, 2016). Likewise, Igartua, Gill, & Montoro (2003) found in their sample of ($N = 197$) sexual minorities, internalized homophobia was not directly related to suicidal ideation, but was significantly related to depression ($B = -.512, p < .01$), which in turn was significantly related to suicidal thoughts ($B = .538, p < .01$). Furthermore, Puckett, Woodward, Mereish, & Pantalone (2015) found that internalized homophobia and decreased social support fully mediated the relationship between parental rejecting reactions and suicidal ideation ($N = 257$). Additionally, Ploderl et al. (2014) found that internalized homophobia was not only positively associated with suicidal ideation, but also thwarted belongingness, perceived burdensomeness, depression, and hopelessness, and negatively related to social support.

Religious/Spiritual Predictors

As noted earlier, research examining r/s processes have shown mixed results in regard to suicidal thoughts and behaviors among LGBQ/SSA folx. For example, one study found that Lesbians living in the Southern United States who participated in religious groups more regularly (organized by group: somewhat to extremely religious or not at all religious) were less likely to report suicidal thoughts (34.4% vs. 45.5%) and attempts (9.9% vs. 15.9%), than lesbians who reported they were not at all religious (Irwin & Austin, 2013). Similarly, Lytle et al. (2015) found that LGBQ folx affiliated with a Christian denomination reported fewer recent (12 months) suicidal thoughts (11.3% vs. 15.6%) and lifetime suicidal thoughts (34.7% vs 42.9%) than agnostic/atheist LGBQ folx.

However, Lytle and colleagues (2018), using a single item examining religious importance, found that it was either unrelated to or a risk factor for recent suicidal thoughts, attempts, and lifetime prevalence of suicide attempts among LGBQ participants. For example,

for bisexual participants there was no effect (i.e., neither protective or risk) of religious salience on ideation and attempt. However, for LG and Q participants, religious salience was associated with an increased risk of recent suicidal thoughts (LG: AOR = 1.38, 95% CI [1.04 - 1.83], $p < .05$; Q: AOR = 1.38, CI 95% [1.05 - 1.80], $p < .05$). In regard to suicide attempts in the last 12 months, there was no significant effect for LG individuals, but there was for Q folx (AOR = 2.78, CI 95% [1.14 - 6.78], $p < .05$). In regard to life-time suicide attempts, religious salience was only related for lesbian women (AOR = 1.34, CI 95% [.97 – 1.85], $p < .05$) and questioning men (AOR = 1.53, CI 95% [.98 – 2.37], $p < .05$).

Interestingly, when religious salience was stratified by group (e.g., not important, moderately important, and very important) Lytle et al. (2018) found additional nuance. For example, for LG individuals, suicidal ideation and religious salience were only related for those whose religion was deemed very important (AOR = 4.17, 95% CI [2.27 – 7.64], $p < .05$). However, among B and Q individuals, religious importance was associated with suicidal ideation among all religious importance groups, the most powerful effects being among those who deemed religion as very important (Bisexual/Very Important: AOR = 4.62, 95% CI [2.98 – 7.14], $p < .05$; Questioning/Very Important: AOR = 10.26, 95% CI [5.73 – 18.39], $p < .05$). Because of missing data, recent suicide attempts stratified by religious importance could not be calculated for all sexual orientations. However, religious salience was related to increased risk of recent suicide attempt for LGBQ folx who said religion was very important, as well as BQ folx who said religion was moderately important, and for B folx who said religion was not important. Religious salience was not related to recent suicide attempts for LG folx who said religion was not important (Lytle et al., 2018). Furthermore, in terms of lifetime suicide attempts was related

to religious importance across all sexual orientations and stratified religious groups (i.e., not important, moderately important, and very important; Lytle, et al., 2018).

Likewise, Shearer et al. (2017) gathered pretreatment data from clinic-referred LGB adolescents (ages 12-18) who participated in a clinical trial for depression and found that those reported their parents were more religious were more likely to have previously attempted suicide, while the opposite pattern was true for heterosexual youth. Importantly, the same interaction pattern emerged for parent religiosity ($X^2(8) = 38.59, p < .05$; Ddeviance (1) = 27.48 $p < .01$); specially for opposite-sex attracted youth, having more religious parents are associated with fewer past suicide attempts, while for religious LGB youth, having more religious parents are associated with more suicide attempts (Shearer et al., 2017).

However, Stroud et al. (2015) found that LGB adults' higher r/s (i.e., ritualistic faith practices and prosocial behavior in the service of God) was unrelated to self-injury or suicide attempts directly. In addition, they also ran separate models examining the interaction of personality traits with each r/s domain (i.e., ritualistic faith practices and prosocial behavior in the service of God). They found no significant interactions with personality characteristics and prosocial behavior in the service of God. However, they did find three personality interactions with ritualized faith behaviors. For example, while neither neuroticism and ritualized faith behaviors were directly related to suicide and self-injury, their interaction was ($F(2,283), p = .03, \eta^2 = .03$). In addition, higher levels of r/s were significantly protective (albeit modestly) when moderated by agreeableness and extraversion (Stroud et al., 2015).

Other studies have provided possible pathways whereby r/s variables may be indirectly related to suicide risk for LGBQ/SSA folx via internalized homophobia (Bajocco et al., 2014; Gibbs & Goldbach, 2015; Kralovec et al., 2012). For example, within a sample of Catholic or

raised Catholic LGBTQ folx in Spain and Italy, the concealment of one's sexual orientation and being involved in a religious group was related to internalized sexual stigma (i.e., internalized homophobia), which in turn was related to an increase in suicidal thoughts (Bajocco et al., 2014). In addition, Gibbs and Goldbach (2015) found that unresolved religious/sexual conflict and receiving anti-gay messages from religious parents were related to increases in internalized homophobia, which was related to increased suicidal thoughts, but not attempts. Furthermore, Kralovec et al. (2012) found that while feeling a sense of belonging to their religious denomination was related to *less* suicidal thoughts among Austrian LGB folx, a stronger sense of belonging to religion was related to an increase in internalized homophobia, which then predicted *more* suicidal thoughts.

In summary, a growing body of research demonstrates that higher involvement in religious groups may involve both protective and risk related factors and processes for LGBTQ/SSA individuals. Global religiousness measures that primarily tap into affiliation and religious attendance or participation may have confounded specific r/s risks and protective factors that people may be exposed when being raised within a religious tradition or family where parents attempt to transmit a religious worldview to their offspring. For purposes of this study, I am focusing on specific r/s factors that may affect LDS/LBGTQ individuals regardless of their current religious attendance given that many of these folx may have exited the LDS community and are affiliated with other or no religious groups. Although some of these individuals may be accessing r/s resources to facilitate their psychosocial adjustment, in a cross sectional study like the one being proposed, it is possible that positive associations may occur between r/s processes like r/s positive coping and r/s comfort due to stress mobilization effects.

As mentioned earlier an important r/s variable to consider is r/s struggles. R/s struggles can take several forms such as divine (e.g., feeling like God has abandoned them or does not love them), demonic (e.g., feeling like the devil or demons are influencing one's behavior), doubt (e.g., doubts about one's religious beliefs), religious community/interpersonal (e.g., negative experiences with congregants), moral (e.g., "am I a good person?"), or ultimate meaning in life (e.g., "do I have a purpose in life?"; Exline et al., 2014). R/s struggles have been found to be related to numerous forms of psychological distress including depressive symptoms (Ano & Vasconcelles, 2005; McConnel, Pargament, Ellison, & Flannelly, 2006) and as noted earlier suicidal thoughts. However, to date, no studies have examined r/s struggles and their connection to suicide among sexual minorities. Despite this, during the validation of their r/s struggles scale, Exline and colleagues (2014) did find that LGB folx reported more overall r/s struggles than heterosexuals, especially among divine, interpersonal, ultimate meaning, and doubt subscales.

While no studies have directly examined r/s struggles and suicide for sexual minorities, a number of qualitative and quantitative studies have examined r/s struggles in connection to internalized homophobia. For example, qualitative studies have found that LGBQ folx may receive negative and anti-gay religious messages from their religious leaders and family members (Kubicek, McDavitt, Carpineto, Weiss, Iverson, & Kipke, 2009; Schuck & Liddle, 2001). Messages such as gay people were going to hell, would be punished by God, and/or that they had demons in them were regularly shared. Many gay young men, especially those in conservative faiths, internalized these messages and considered themselves evil, spiritually flawed, and feared that they would be sent to hell for being gay. They experienced r/s struggles due to these religious messages and in turn experienced a great deal of internalized homophobia.

As a result of these r/s struggles and internalized homophobia, many described feeling depressed and even contemplated suicide (Kubicek et al., 2009; Schuck & Liddle, 2001).

The limited quantitative research which has been done offers further important findings regarding r/s struggles and internalized homophobia. For example, Bourn, Frantell, and Miles (2018) examined these constructs among ($N = 617$) LGB young adults who identified themselves as religious. They found that internalized homophobia was significantly associated with psychache (i.e., psychological pain; $r = .44, p < .01$), positive religious coping ($r = .21, p < .01$), and negative religious coping (i.e., r/s struggles; $r = .34, p < .01$). In addition, negative religious coping (i.e., r/s struggles) partially mediated the relationship between internalized homophobia and psychache, with negative religious coping accounting for 18.37% of the relationship between them. Similarly, Brewster, Velez, Foster, Esposito, and Robinson (2016) found that negative religious coping (i.e., spiritual struggles) was significantly correlated with internalized heterosexism (i.e., internalized homophobia; $r = .58, p < .001$). However, they did not find a moderation effect between negative religious coping (i.e., r/s struggles) and internalized heterosexism (i.e., internalized homophobia) on psychological distress or well-being ($N = 143$). Furthermore, Szymanski and Carretta (2019) found that internalized homophobia and r/s struggles mediated the relationship between religious-based stigma and psychological distress, accounting for 28% of the variance between them. Thus, this research may demonstrate that r/s struggles and internalized homophobia are both related to one another and salient suicidal sequelae. To extend this body of research to LGBQ/SSA individuals who also have been or currently identify as LDS, the next section reviews relevant LDS history and doctrines.

Latter-day Saint Historical and Doctrinal Context

Church History & Hierarchy

The Church of Jesus Christ of Latter-day Saints was founded in 1830 in upstate New York, by 24 year old Joseph Smith Jr. When Smith was around 14 or 15 he found himself greatly troubled by the various religious sects in his community and prayed to know which of them was the correct one (Arrington & Bitton, 1980; Bowman, 2012). Smith reports that when he prayed to God to know which church he should join, he saw a vision where God the Father and Jesus Christ appeared to him. In the vision, Christ told him not to join any sect because all of them had apostatized from the ancient Christian Church. Smith reports that he was later called by Christ to restore the true church back on the earth. In addition, Smith reported regular visitations from angels, one of which led to his discovery of gold plates containing the writings of ancient prophets on the American Continent. The translation of the golden plates was published as the *Book of Mormon* (Bowman 2012).

Since its establishment in 1830, members of the Church of Jesus Christ of Latter-day Saints experienced intense persecution, resulting in their violent expulsions from Ohio, Missouri, and Illinois. After Joseph Smith and his brother Hyrum Smith were assassinated in police custody in 1844, the LDS traveled west and eventually established themselves in Utah. Today, approximately 16 million people belong to the Church of Jesus Christ of Latter-day Saints worldwide (The Church of Jesus Christ of Latter-day Saints, 2018).

As an organization, the Church puts heavy emphasis on the authority of its leaders, who are all married men, and strict adherence to their teachings. In fact, a key tenet of LDS practice and teachings is that all church members follow and listen to their religious leaders as if God were speaking through these leaders (Nelson, 2014; The Church of Jesus Christ of Latter-day Saints, 2004). Thus, it is important for clinicians to have a basic understanding of the hierarchy of the Church. The Church is broadly organized into general and local levels. Regarding the

former, the President of the Church, also referred to as the Prophet, sits at the top of the LDS hierarchy (similar to the Catholic Pope). He appoints two senior Counselors to advise him and this three party group is referred to as the First Presidency. The President also appoints twelve men to form the Quorum of the Twelve Apostles (similar to Catholic Cardinals). These two groups are the highest governing bodies in the Church, with the President retaining ultimate ecclesiastical power. Historically, the first President of the Church was Joseph Smith and each successor President has been selected by and from the Quorum of the Twelve. The First Presidency and Quorum of the Twelve also selects other men to fill another group known as the Quorum of Seventy. Together all of these senior leaders are known as General Authorities and oversee the Church at large. They seek and declare the word of God in regard to the official teachings, practices, and policies of the Church at large. All General Authorities are men (see “Organizational Structure of the Church”, n.d.).

Local married male leaders within the Church are chosen by General Authorities from local congregations and expected to follow the teachings and examples of General Authorities. Local leaders are given the position and title of Bishop each of whom oversees one congregation (referred to as a ward).² A subgroup of local leaders are given the position and title of Stake President, each of whom answers to General Authorities and oversee a group of Bishops and their respective wards. All local leaders are volunteers who neither receive formal theological or pastoral education nor are compensated monetarily for their service. Because the Bishops oversee nearly all local meetings and run the day-to-day functions of their local LDS congregation, it is hard to overstate their influence within their respective wards. Each Bishop

² Smaller LDS congregations are called branches instead of wards. As such they do not have Bishops, but Branch Presidents. However, the rules, regulations, and practices of Bishops and wards are nearly identical to those in branches and for Branch Presidents. To avoid redundancy we refer only to Bishops and wards, but all relevant information can also be applied equally to Branch Presidents and their branches.

also acts as an important spiritual leader for the members of his ward, frequently counseling them in all matters of life. In addition, Bishops receive confessions of serious sins and counsel congregants on how to properly be forgiven of sins. They also carry out forms of Church discipline (e.g., excommunication; “How the Church is Organized”, n.d.).

Married women within the Church do run three organizations, the Relief Society (for adult women), the Young Women’s Organization (for young girls aged 11-18), and the Primary (for children ages 4-11). However, the women who head up these organizations are not referred to as General Authorities, but are instead called General Auxiliary leaders, or more recently, General Officers (“How the Church is Organized”, n.d.). However, no female leaders hold any pastoral/ecclesiastical position that would involve receiving confessions or counseling about sins, such as an LDS Bishop. Thus, for the purpose of this project, the term “leaders” will be restricted to referring to male leaders (e.g., General Authorities, Bishops, and Stake Presidents) who do receive confessions or counsel congregants about sin and forgiveness.

Brief History of LDS & LGBTQ/SSA Issues

Historically, the Church leadership has been and remains opposed to homosexuality. As with other denominations and faith traditions, however, LDS language surrounding homosexuality has changed over time, from describing it as a sign of the destruction of American society, gender roles, and the family to more recently being viewed as a malady that needs treatment (Cragun, Sumerau, & Williams, 2015). Consistent with these stances, the Church leadership has fought against the legalization of same-sex marriage by routinely filing amicus briefs in states where same-sex marriage or same-sex rights were being considered and offering some states legal aid to oppose same-sex marriages (See Compton, 2015; Palmer, 1995).

Shortly after the legalization of same-sex marriage in the United States in 2015, the Church leadership introduced two new policies. One stated that LDS members in same-sex marriages would be considered “apostates” and subject to church discipline ranging from probation, disfellowship, and finally excommunication. In addition, whereas the Church typically baptizes children at age 8 with the local Bishop’s permission, children of same-sex couples were prohibited from baptism until they were 18, met other criteria such as disavowing same-sex unions and not residing with a same-sex parent(s), and had obtained permission from the First Presidency (Dobner, 2015). These policies made national headlines, eliciting intense criticism from some LDS members and advocacy groups concerned about the well-being of LDS LGBQ/SSA members and their families (Stack, 2016). In April 2019, the Church officially rescinded both policies, though same-sex marriage and homosexual behaviors are still prohibited (“First Presidency Shares Messages from General Conference Leadership Session”, 2019)

LDS Doctrines & Teachings Especially Relevant to LGBQ/SSA Individuals

Understanding the history and official LDS doctrinal teachings about marriage and sexuality are important to provide perspective and insights that LGBQ/SSA members may face internally or interpersonally for violating these teachings. In 1995, the Church issued an official statement entitled, *A Proclamation to the World: The Family*, which detailed the official beliefs of the Church regarding family life. *The Proclamation* makes clear the LDS position on marriage by stating that “marriage between a man and a woman is ordained of God and that the family is central to the Creator’s plan for the eternal destiny of His children” (The Church of Jesus Christ of Latter-day Saints, 1995, par. 1).

LDS teachings also explicitly prohibit any sexual behaviors outside of heterosexual marriage. The “Law of Chastity,” which are the LDS teachings encompassing their standards for

sexuality, states that sex is only to occur within a heterosexual marriage sealed within the Church (The Church of Jesus Christ of Latter-day Saints, 2004). Same-sex romantic relationships and sexual behaviors are explicit violations of the Law of Chastity and interpreted as grievous sins, requiring confession to ecclesiastical leaders and may result in official Church discipline (e.g., disfellowship, excommunication; Brown, 1992). Because LDS leaders have begun to accept that LDS LGBTQ/SSA individuals do not choose their sexual orientation/attractions, they have begun to distinguish between homosexual “behaviors” and “desires” (Cragun, et al., 2015). This leaves room for leaders to require its members to keep the Law of Chastity, which strictly prohibits same-sex *behaviors*, while not condemning those who are “struggling” with their homosexual attractions or desires. LDS is one of several religions to make this distinction (Cragun, et al., 2015).

Beyond the Church’s prohibition about same-sex behaviors which is similar to other conservative religious groups, it is vital for scholars and clinicians to grasp the centrality of heterosexual normativity to the LDS theological worldview about the ultimate purposes of human life and the afterlife. This is critical so social scientists and practitioners avoid being culturally insensitive or dismissive of the particular and profound difficulties that current or former LDS members may encounter if they act against the Church’s family teachings. According to LDS teachings, biological male-female pair bonding is viewed as foundational to God’s design for all of existence. Specifically, prior to their births, humans exist as spirit children residing with a Heavenly Father (i.e., God) and Heavenly Mother in a Pre-mortal Realm where they are cared for, loved, and prepared to one day live come to earth (The Church of Jesus

Christ of Latter-day Saints, 1995; 2004)³. When spirit children become embodied mortals via heterosexual marriage, their central task is to learn and grow to become like their Heavenly Parents. Their fate after mortal death depends their adherence to LDS teachings. The afterlife contains various levels of heaven, the highest level being saved for the most virtuous humans, the lowest saved for the worst sinners. Furthermore, the highest point of the highest level of heaven, a state often referred to as exaltation, is explicitly saved for heterosexual couples who form a marriage sealed in an LDS temple ceremony (called a “sealing”) and faithfully follow LDS teachings across their lives. Such pairs are rewarded with existing as a couple in the afterlife where they can achieve godhood status, live with and become like God, and create spirit children themselves (even if infertile on earth). In addition, the couples’ biological offspring are “sealed” to them, meaning that if these children also follow LDS teachings then all parties will remain as a “forever family” in the highest heaven.

According to LDS teachings, individual(s) who identify as LGBQ/SSA can enter an opposite sex marriage, known as mixed orientation marriage (MOM), and this marriage can be sealed in an LDS temple just as couples where both spouses identify as heterosexual. Both types of male-female couples can enter the highest heaven after death if they follow the LDS teachings (*The Doctrine and Covenants* 132:7; Nelson, 2019). By contrast, LGBQ/SSA individuals who form same-sex unions informally or marry legally via a civil service would enter a lower level of heaven as unmarried beings after death and not be able to reside eternally with the rest of their earthly family⁴. LDS LGBQ/SSA individuals (or heterosexuals) who remain unmarried but

³ The belief in a Heavenly Mother is one of the most unique LDS concepts. However, it is not often talked about and is certainly not a common part of Mormon liturgy. For more information, see <https://www.lds.org/topics/mother-in-heaven?lang=eng>

⁴ Theologically, Joseph Smith’s view of heaven is close to what some might call “universalism.” For a great explanation of Mormonism’s view of Hell and Universalism, see Brian Birch’s “Turning the Devils Out of Doors: Mormonism and the Concept of Hell” in *Hell and its Afterlife: Historical and Contemporary Perspective*, edited by Moreira and Toscano, University of Utah Press.

celibate and keep other tenants of the Church until death can reach highest level of heaven to be with other earthly family members, but they cannot exist in a state of exultation where they are part of eternal heterosexual marriages that propagate spirit children. Ideally, from an LDS perspective, during their earthy lifetimes, all Church members would enter heterosexual marriages sealed in an LDS temple so all families and the entire community would reside together eternally in the highest heaven in a state of exaltation after mortal death. Importantly, Church leadership does not solely rely upon the handful of scriptural references in the Old and New Testament to serve as the doctrinal justification for prohibition of same-sex relationships. In fact, the Book of Mormon (additional scripture used by LDS) makes no reference to homosexuality at all. Rather, the Church's official teachings against same-sex unions are fundamentally rooted in heteronormativity endorsed by LDS leadership as consistent with God's ordination and blessing of heterosexual marriage and sexuality. With the above LDS teachings in mind, one can begin to see why LDS LGBTQ/SSA folx may experience significant dissonance between their sexual and LDS identities.

R/S One-upmanship & R/S Struggles among LDS LGBTQ/SSA

R/S One-upmanship

Among LDS LGBTQSSA folx, many reported that their parents often used religion against them when they came out (i.e., r/s one-upmanship; Etengoff & Daiute, 2014; See also Brelsford & Mahoney, 2009; Mahoney, 2010). The use of religion as a weapon against LGBTQ/SSA LDS can be seen in more hostile language such as "you're going to go to hell" or especially significant in the LDS community, "I'm worried that we won't be together as a whole family now in the afterlife" (Jacobsen & Wright, 2014; Kelley, 2002; Mattingly et al., 2016; Nielson, 2017). Others reported that parents explicitly used God against them such as saying God thought

they were “wrong” and “disgusting” (Dahl & Galliher, 2012a, p. 1615) or that they wished God had taken their lives (Mattingly et al., 2016). In addition, parents who reacted with hostility also resorted to violence or disowned or kicked their child out of their homes. Parents tended to react differently with fathers tending to be much more aggressive than mothers, while mothers were less likely to cut ties with their gay sons. (Anderton, 2010; Benson, 2001).

LGBQ/SSA LDS who said their parents reacted positively, often reported that such positive support felt conditional (Benson, 2001; Mattingly et al., 2016). This often took the form of spiritual one-upmanship by way of “if, then” statements, such as “if you make sure you keep attending church you will always have our support” or “we still love you, but if you decide to act on your attractions, then we will not be able to support you” (Mattingly, et al., 2016). They reported that if the conditions of their parents’ support were broken, then parents became much less affirming. Many parents encouraged their children to attempt to change their sexual orientation/attractions either by religious means (e.g., prayer, righteousness, blessings, etc.) or through conversion or reparative therapy (Jacobsen & Wright, 2014; Mattingly et al., 2016; Nielson, 2017).

In addition, while the majority of parents seemed to use religious texts or language to convey their worry or displeasure, some used physical religious symbols. One Mormon participant noted that his parents confronted him about his sexuality in front of an LDS Temple, which is one of the Church’s most sacred places, hoping that by being near the structure he would “feel the force of it” (Etengoff & Daiute, 2014, p. 38). Furthermore, Mattingly et al. (2016) found that the chief concern for parents when it came to their child’s sexual orientation/attractions had to do with the potential for their child to leave the Church, rather than the orientation/attraction itself.

Many parents distanced themselves or avoided their children or the subject altogether. LGBQ/SSA LDS reported that parents who engaged in avoidant behavior often did not speak about their sexual orientation/attractions or speak to them much at all after coming out. When parents did speak to them about it, they often resorted to myths or misunderstandings about LGBQ/SSA dynamics (e.g., “why don’t you just choose a different lifestyle”; Mattingly, et al., 2016; Nielson, 2017).

Positive affirmation is a rare occurrence in all of the studies examining coming out. Mattingly et al (2016) reported that only 10% of the responses on LDS parental reactions were unconditional and positively affirming. These individuals reported that this was often correlated with their parents having more contact with the larger LGBQ community (Mattingly, et al., 2016). Others reported that these parents withheld judgment from them about what they would do with their sexual orientation/attractions and instead shared their love of support for them (Kelley, 2002; Mattingly et al., 2016). Those who reported family support seemed to be buffered against negative mental health symptoms (Anderton, 2010; Jacobsen & Wright, 2014). Some LGBQ/SSA LDS did report that their LDS parents used faith religion to inspire their support (see Etengoff & Daiute, 2014), but as noted, this may be a rare occurrence.

R/S Struggles

LGBQ/SSA LDS also report experiencing internal r/s struggles as a result of the conflict between their sexuality and religious beliefs. For example, many reported wondering if God loved them (divine struggles), if they were themselves evil (demonic struggles), or if they have any purpose in life (ultimate meaning struggles) because of their sexual orientation (Anderton, 2010; Brzezinski, 2000; Dahl & Galliher, 2012b; Jacobsen & Wright, 2014). Others reported questioning their religious beliefs and experiencing doubts about things leaders had said (doubt

struggles) (Anderton, 2010; Beckstead & Morrow, 2004; Dahl & Galliher, 2012b). In addition, others reported fearing what the reaction of their parents and Church leaders would be (religious community/interpersonal struggles), especially given the religious importance of their families (Anderton, 2010; Benson, 2001). Importantly, an increase in r/s struggles often occurred after attempts to change one's sexual orientation failed, especially if religious efforts were utilized (e.g., serving an LDS mission, praying, fasting, etc.; Anderton, 2010; Benson, 2001).

Others often experienced "religious-related guilt" around their attractions, especially if they "acted on it" (Dahl & Galliher, 2012a, p. 1614; see also Beckstead & Morrow, 2004). This religiously-related guilt remained even for those who were no longer involved in the Church, demonstrating the potential chronicity of r/s struggles for this population (Dahl & Galliher, 2012a). Others reported this guilt because they felt they had failed spiritually because they wouldn't be able to get married in an LDS Temple (Jacobsen & Wright, 2014).

Importantly, most, if not all LDS LGBTQ/SSA individuals attempted to cope with the conflict between their religious and sexual identities and the subsequent r/s struggles by at least initially trying to change their sexual orientation/attractions (Beckstead & Morrow, 2004, Bradshaw et al., 2015a; Dehlin et al., 2015a; Ogden, 2004). Of those that did try to change their sexual orientation, most (85%) attempted to change their sexual orientation/attractions used religious means. The most common religious sexual orientation change effort (SOCE) reported by this population appears to be prayer and "personal righteousness" such as praying, fasting, reading scriptures, attending religious services or an LDS temple (Beckstead & Morrow, 2004; Dehlin et al., 2015a; Ogden, 2004). These religious means of SOCE present that individual with the hope that because they were keeping all the tenants of their faith, God would then change their sexual orientation/attractions as a reward.

However, those who used religious strategies as SOCE often reported them as either unhelpful, harmful, or very harmful and some qualitative data suggests the use of religious coping strategies as SOCE that tend to function as adaptive r/s resources in other contexts such as coping with natural disasters or medical illnesses (Pargament, Smith, Koenig, & Perez, 1998), may actually increase the likelihood of experiencing r/s struggles like religious doubts, especially if the individuals do not experience any change in their sexual orientation (Beckstead & Morrow, 2004). For example, Beckstead and Morrow (2004) found that some of their participants reported feelings of disillusionment and anger towards religious leaders for encouraging the use of religious strategies and conversion therapy for the purpose of SOCE. Others reported feeling like God was disappointed in them or had abandoned them due to their failure to change their sexual orientation/attractions (Bradshaw et al., 2015a). In addition, when these religious SOCE did not work, many folx also described internalizing those failures as a result of their own personal weaknesses or unrighteousness (Beckstead & Morrow, 2004).

Internalized Homophobia among LDS LGBTQ/SSA

A number of studies have examined internalized homophobia among LDS LGBTQ/SSA folx. For example, female LDS sexual minorities ($N = 157$) reported lower levels of internalized homophobia than men ($N = 428$; Mattingly, Galliher, Dehlin, Crowell, & Bradshaw, 2015). Additionally, while family support was not related to internalized homophobia for women in this sample, social support provided by LDS parents of sexual and gender diversity was negatively correlated with internalized homophobia for men ($r = -.18, p < .01$; Mattingly et al., 2015). Furthermore, internalize homophobia tends to be higher among folx who reject an LGBTQ identity in favor of identifying as SSA ($t(1126) = 9.01, p < .001$) and for those who remain affiliated with the Church (Bridges et al., 2019; Lefevor et al., 2019). In addition, Dehlin,

Galliher, Bradshaw, & Crowell (2015) compared internalized homophobia scores of those who rejected an LGBQ identity to those who either compartmentalized their sexual and religious identity, those who rejected their religious identity, and those who integrated them. They found that those who rejected an LGBQ identity reported the highest scores of internalized homophobia ($d = .28$ to 2.8 ; Dehlin et al., 2015).

Other research has examined important correlates or factors in internalized homophobia among LDS LGBQ/SSA folx. For example, rejecting the belief that the cause of SSA is biological, being active LDS, being single or in a heterosexual marriage, and being celibate by choice were all associated with higher internalized homophobia scores (Dehlin, Galliher, Bradshaw, & Crowell, 2014). In terms of mental illness symptomology, Crowell, Galliher, Dehlin and Bradshaw (2015) found that internalized homophobia had a strong main effect on depression among ($N = 634$) current or former LDS LGBQ/SSA folx. Interestingly, there was a significant two-way interaction between internalized homophobia and LDS status, which demonstrated that the correlation between internalized homophobia and depression became stronger for those who were inactive in the Church or unaffiliated. Internalized homophobia was the second strongest minority stressor to predict depression (Wald $\chi^2(1) = 10.75, p < .01$).

LDS LGBQ/SSA Suicide Research

As mentioned above, despite a great deal of controversy surrounding LDS LGBQ/SSA suicidal thoughts and attempts (see Barker, Parkinson, & Knoll, 2016), a recent review of the literature (McGraw et al., 2020) found only one article to explore LDS LGBQ/SSA suicide risk, using a single measure for suicidal thoughts. Furthermore, no qualitative studies have explicitly explored suicidal thoughts and attempts, despite it being regularly mentioned in many of them. This lack of any rigorous empirical exploration on LDS LGBQ/SSA suicide risk shows serious

negligence on the part of researchers who have examined and explored this population. While some qualitative data examining this population did not explore suicidal variables specifically, it did offer important insights into LDS LGBQ/SSA individuals' experience of it.

Some qualitative studies have reported that r/s struggles may be linked to suicidal thoughts among LDS LGBQ/SSA folx (E.g., Bradshaw & Morrow, 2004). For example, Benson (2001) found that nearly half of those who came out to their parents were experiencing a depressive episode with risk for suicide. These respondents noted that their suicidal thoughts were the result of the intense emotional turmoil over the conflict between their religious beliefs and sexual orientation/attractions (i.e., r/s struggles; Benson, 2001; see also Brzezinski, 2000).

Unfortunately, only one publication could be found that examined *quantitatively* the possible predictors of suicidal thoughts among LDS LGBQ/SSA folx. Bridges, et al. (2019) examined ($N = 530$) LGB folx who had been raised LDS. Using one item from the PHQ-9 to examine suicidal ideation, they found that living in the state of Utah ($B = .09, SE = .07, p < .05$) and being a member of the Church ($B = .17, SE = .07, p < .001$) were both associated with suicidal thoughts (Bridges et al., 2019). A number of relationships were explored to examine indirect effects ($N = 500$). Specifically, outness partially mediated the relationship between LDS affiliation and suicidal thoughts. Additionally, internalized homonegativity was correlated with suicidal thoughts for both men ($r = .25, p < .01$) and women ($r = .30, p < .01$), but was non-significant when regressed onto suicidal thoughts ($B = .03, SE = .03, p = n.s.$; Bridges et al., 2019).

Current Project

As demonstrated above, sexual minorities are at high risk for suicidal thoughts and attempts. A growing body of research has demonstrated that r/s related processes may be a risk

factor for LGBTQ/SSA folx. However, the findings have been mixed, which may be because previous research has relied on global measures of religiosity, instead of specific r/s processes. The mixed findings may also suggest presence of salient mediators and moderators. This project focuses on two specific r/s processes that may be related to suicide risk among sexual minorities, namely r/s struggles and one-upmanship. In addition, because several research studies have demonstrated that internalized homophobia may be a mediator between global measures of r/s, this study will examine this factor as a potentially important mediator between r/s variables and suicide risk.

LGBTQ/SSA folx who are current or former members of the Church of Jesus Christ of Latter-day Saints may be at particular risk for experiencing r/s struggles, r/s one-upmanship, and internalized homophobia, due to the strong doctrinal opposition to non-heterosexual sexual orientations. However, to-date, no studies have reported the possible r/s predictors of suicidal risk among this population.

To explore these dynamics, I will conduct a cross-sectional study of an online sample of current and former LDS LGBTQ/SSA folx to answer and test the following and hypotheses:

H1: R/s struggles will predict higher levels of internalized homophobia and overall suicide risk.

H1a: Internalized homophobia will partially mediate the relationship between r/s struggles and suicide risk.

H2: R/s one-upmanship will predict higher levels of internalized homophobia and overall suicide risk.

H2a: Internalized homophobia will partially mediate the relationship between r/s one-upmanship and suicide risk.

METHODS

Participants

A total of 404 LGBQ/SSA self-identifying adults, ages 18 and up, and who were current or former members of the Church of Jesus Christ of Latter-day Saints were recruited online for the study. Participants had to be proficient in the English language enough to read and understand all study materials. This study was approved by the Bowling Green State University's (BGSU) Institutional Review Board (IRB).

Sampling Procedures

Previous researchers examining LDS sexual minorities have highlighted the need to recruit samples that do not underrepresent sexual minorities who may be committed to conservative "life paths" (Lefevor, et al., 2019; p. 17). To do this, I attempted to replicate Lefevor et al.'s (2019) methods to recruiting an online sample. Therefore, I sought to recruit participants from a variety of groups with members on a spectrum of differing ideological positions regarding LGBQ/SSA issues. First, ads were placed in a variety of news media outlets including the *Salt Lake Tribune* and *the Deseret News Premium News Network*, which includes ads in national and internationally recognized online media outlets (e.g., foxnews.com, washingtonpost.com, and nytimes.com). In addition, ads were placed through Facebook's ads manager and on a variety of LDS LGBTQ Facebook groups. Third, participants were recruited through announcements in a variety of forums and organizations for LGBQ/SSA LDS, including Affirmation; North Star; Listen, Learn, & Love, Encircle; Mama Dragons; Mormons Building Bridges; Rise – Atlanta LGBT+ Mormons and Allies.

Ads described the broader scopes of the study to examine how “faith, family, and mental health” might interact. Suicide was not explicitly talked about in the ad, as to avoid selection bias. Sample ads can be found in the appendix.

Measures

Demographics

Demographic information was collected at the beginning of the study’s survey, including age, level of education, relationship status, sexual orientation identity (i.e., LGBTQ or SSA), gender identity, current relationship with the Church (i.e., actively participating, inactive but still consider themselves affiliated, no longer a member), and US state of current residence, and race/ethnicity. All demographic questions can be found in the Appendix A.

Predictor Variables

Religious & Spiritual Struggles (R/S Struggles). R/s struggles was measured using Exline and colleagues’ (2014) Religious and Spiritual Struggles Scale (RSSS). The RSSS is a 26-item self-report survey examining r/s struggles and contains six subscales: Divine (e.g., “felt angry at God), demonic (e.g., worried that the problems I was facing were the work of the devil or evil spirits”), interpersonal (e.g., “felt rejected or misunderstood by religious/spiritual people), moral (e.g., worried that my actions were morally or spiritually wrong), ultimate meaning of life (e.g., Felt as though my life had no deeper meaning), and doubt struggles (e.g., “struggled to figure out what I really believe about religion/spirituality). In the initial validation Cronbach’s alpha for each subscale ranged from good to excellent ($\alpha = .85 - .93$; Exline et al., 2014). For the purpose of this study, the prompt read “For those who identify as LGBTQ/SSA, many may experience struggles, concerns or doubts regarding spiritual or religious issues. Over the last month, to what extent have you had each of the experiences listed below *surrounding your sexual orientation*

and/or attractions? There are no right or wrong answers; the best answer is the one that most accurately reflects your experience.” Participants had the option to indicate the frequency of having these experiences with a 1-5 Likert scale: (1) not at all, (2) a little bit, (3) somewhat, (4) quite a bit, and (5) a great deal. For the purpose of this study, scores on each subscale were combined to create an overall RSSS score. Cronbach’s alpha for the total score for this sample was excellent ($\alpha = .94$). All items on the RSSS can be found in the Appendix B.

Previous research has found the RSSS to be related, but distinct from other r/s variables such as general religiousness, as well as other r/s struggles scales (Exline et al., 2014). In addition, the RSSS has also been found to be related and predictive of a number of internalizing symptoms such as depression, generalized anxiety, state anger, and loneliness (Exline et al., 2014). Furthermore, specific subscales (e.g., divine and ultimate meaning in life) have been found to be related to suicidal thoughts above and beyond the other assessed types of r/s struggles, gender, race, and mental illness symptomology (Raines et al., 2017).

While no study has yet used the RSSS to predict suicidal variables among sexual minorities, as noted above, during the validation of their r/s struggles scale, Exline and colleagues (2014) did find that LGB folx reported more overall r/s struggles than heterosexuals, especially among divine, interpersonal, ultimate meaning, and doubt subscales. Importantly, no study has examined the RSSS and internalized homophobia, but other r/s struggles scales have been found to be related (e.g., Szymanski & Carretta, 2019).

Religious/Spiritual One-upmanship). R/s One-upmanship was measured using Brelsford and Mahoney’s (2009) Theistic Triangulation by Partner subscale (TTP), which has since been relabeled r/s one-upmanship. The TTP is an 11-item self-report subscale which assesses the frequency that a person perceives their partner (or in this case their parent) uses spirituality (non-

theistic r/s triangulation: “my mother believes she is spiritually obliged to hold firm to her position”) or God (theistic r/s triangulation: “my father seems to believe that God backs up his side of the disagreement”) against them. Participants were asked to report how frequently they perceive these experiences from their parents with a 4-point Likert scale (1 = never to 4 = often). Prompts asked participants to consider things “they might communicate to their family member when they have disagreements or conflictual interactions around their sexual orientation/attractions and indicate if their parent ‘never,’ ‘rarely,’ ‘sometimes,’ or ‘often’ engaged in the behaviors described in the items.” Previous research has demonstrated that partner/child dyads reporting perceived r/s one-upmanship from their partner typically result in good to excellent reliability ($\alpha = .85 - .94$; Brelsford & Mahoney, 2009; Brelsford, 2011). All items on the TTP can be found in the Appendix C. As with the RSSS, the one-upmanship scale was asked about behaviors over the last month.

Previous qualitative research has found that fathers and mothers of LDS LGBTQ/SSA children may differ in their reactions to their children’s sexual orientation/attractions (e.g., Mattingly et al., 2015). Thus, I asked participants about perceived r/s one-upmanship for *both* biological parents separately and then combined them into a total perceived r/s one-upmanship from both parents score. Cronbach’s alpha for this combined scale for the current study was excellent ($\alpha = .97$). No studies have directly examined r/s one-upmanship with suicidal variables or internalized homophobia quantitatively, but some qualitative studies have demonstrated that r/s one-upmanship was a major source of parental/familial conflict among LGBTQ/SSA adults, including LDS identifying individuals (Ettengoff & Diaute, 2014).

Internalized Homophobia (IH). Internalized homophobia was measured using the 9-item self-report Internalized Homophobia Scale (IHP) developed by Martin and Dean (1987). The IHP

was originally used an interview format to measure the extent to which gay men were uneasy about their sexual orientation and sought to avoid their attractions, but has since been utilized in larger studies as a measure of IH for lesbian, gay, and bisexual individuals (Herek, Gillis, & Cogan, 2009; Herek & Glunt, 1995; Meyer, 1995). The scale instructed participants to mark the best response on a 5-point Likert scale the degree to which the response best indicates their current experience as a sexual minority from strongly disagree to strongly agree (1 = strongly disagree; 5 = strongly agree). Items explore issues related to IH such as desiring to not be attracted to those of the same-sex (e.g., “If someone offered me a chance to be completely heterosexual, I would accept the chance”), taking actions to try to stop being attracted to those of the same-sex (e.g., “I have tried to stop being attracted to men/women in general”), and feeling like their sexual orientation/attractions is a personal weakness (e.g., I feel that being gay/lesbian/bisexual is a personal shortcoming for me”). For the purpose of our study we will modify the IHP to be inclusive of LGBTQ/SSA identities by sharing the following statement before the survey adapted from Mohr & Kendra (2012): “Some of you may prefer to use labels other than ‘lesbian, gay, and bisexual’ to describe your sexual orientation (e.g., ‘queer,’ ‘dyke,’ ‘questioning’ or same-sex/gender attracted’). We use the term LGB in this survey as a convenience, and we ask for your understanding if the term does not completely capture your sexual identity.” Previous studies have found the reliability to be fair for female participants ($a = .71$) and good for male participants ($a = .83$; Herek, Cogan, Gillis, & Glunt, 1997). For all current study participants, the IHP had good reliability ($a = .87$). Items can be found in the Appendix.

Criterion Variables

Suicide Risk. Suicide risk was assessed by using the Suicide Behaviors Questionnaire-Revised (SBQ-R), a four-item self-report measure designed to identify risk for suicide (Osman, Bagge, Gutierrez, Konick, Kopper, & Barrios, 2001). The SBQ-R was normed on both clinical and nonclinical samples of children, adolescents, and adults (Osman et al., 2001). The SBQ-R's four items assess the degree a person has thought or attempted suicide in their lifetime (e.g., Have you ever thought about or attempted to kill yourself?), if they've ever thought about suicide in the last year (e.g., "How often have you thought about killing yourself in the past year?"), if a person has told someone about a suicide plan (e.g., "Have you ever told someone that you were going to commit suicide, or that you might do it?"), and how likely they feel they will one day attempt suicide (e.g., "How likely is it that you will attempt suicide someday?"). Of the normed adult samples, Undergraduate who were categorized as suicidal had a mean score of 9.27 on the total SBQ-R, compared to a mean of 11.18 among similarly categorized adults in an inpatient sample (Osman et al., 2001). In the undergraduate and inpatient adult samples, the reliability ranged from .76 to .87 (Osman et al., 2001). In the current study, Cronbach's alpha was acceptable ($\alpha = .75$). All items can be found in the Appendix E.

Missing Data

There was a wide variety of missing data in this sample. Thirty-six percentage of responses to suicide risk, 17% of r/s struggles, 39% of r/s one-upmanship, 36% of internalized homophobia, 41%, of level of education, 41% of romantic relationship status, 2% of LDS status, 58% of Utah status, 6% of cis-gender identity, 6% of transgender identity, and 60% of race were missing. I ran chi-square and T-tests on each variable on missingness. Only age appeared to be significantly different by missing status, such that those that were missing on age were older ($m = 34.4$ vs. 31.8). All other results showed no differences in suicide risk, r/s struggles, one-

upmanship, internalized homophobia, gender, LDS status, LGBTQ vs. SSA status, education, or relationship status greater than $p = .096$. Thus, while data is missing amongst these variables, the lack of difference between those missing and those completed, suggest that the data is missing at random (MAR).

RESULTS

Descriptive Statistics

I collected data from 404 participants who identified as current or former LDS LGBQ/SSA individuals. Age ranged from 18 to 78, with the mean age for the sample as 33.8 (SD = 12.03). In addition, 39.1% of the sample were in Utah, while 60.9% were from another state or different nation. 82.6% identified as White, while 17.4% identified as non-White or multiracial. Only 11.7% identified as same-sex attracted as opposed to 88.3% identifying as LGBQ. Regarding Church status, 46.6% reported being active LDS, while 26.1% and 27.3% reported being less-active or formerly a member, respectively. Just over half of participants identified as cis-gendered males (50.5%), while 38.2% as cis-gendered females, and 11.3% as transgender, non-binary, or gender non-conforming. In addition, 51.9% of participants were in a romantic relationship. The majority of the sample had attended professional or graduate studies (31.4%), were college graduates (35.5%), or had attended some college (24%). In terms of relation to other samples, the current sample is similar in terms of gender identity, race, and LGBQ vs. SSA status, but has a larger percentage of active LDS.

In addition, the vast majority of participants reported experiencing some suicidal thoughts in their lifetime (89%). Furthermore, 29.2% had attempted suicide at least once in their lifetime. The mean score for suicide risk, as measured by the SBQ-R was 8.5 (SD = 3.7), which puts it within one standard deviation of the SBQ-R's normed suicidal undergraduate sample (M = 9.27, SD = 1.91) and the suicidal adult inpatient sample (M = 11.18, SD = 3.99; see Osman, et al., 2001). Mean scores of r/s struggles, one-upmanship, internalized homophobia can be found in

Table 1.*Mean scores of Criterion and Predictor Variables*

	N	Mean	Std. Deviation
R/S Struggles	346	32.7	21.2
One-upmanship	290	18.8	20.1
Internalized Homophobia	245	10	8.9
Suicide Risk	243	8.5	3.7

Bivariate Correlations

Pearson's product-moment correlation coefficients (Pearson's r) were calculated for r/s struggles, one-upmanship, internalized homophobia, suicide risk, and a number of potentially important demographic characteristics. All correlations can be found in Table 2. Suicide risk was correlated with r/s struggles ($r = .39, p < .01$), r/s one-upmanship ($r = .21, p < .01$), internalized homophobia ($r = .14, p < .05$), level of education ($r = -.12, p < .05$), and LDS status ($r = .12, p < .05$). In addition, r/s struggles positively correlated with greater levels of internalized homophobia ($r = .43, p < .01$) and r/s one-upmanship ($r = .41, p < .01$). R/s one-upmanship did not correlate significantly with internalized homophobia. Beyond, suicide risk and r/s struggles, internalized homophobia was also related to active LDS status ($r = -.36, p < .01$) such that being active LDS was related to higher internalized homophobia, SSA status ($r = .37, p < .01$), and relationship status ($r = .16, p < .01$)

Regression & Mediation Analysis

In order to test the first hypothesis (e.g., "*R/s struggles will predict higher levels of internalized homophobia and suicide risk.*"), two sets of regression models were conducted to examine the main effect of r/s struggles on IH and suicide risk, respectively, with controls.

Demographic variables were chosen as controls only if they were significantly correlated with internalized homophobia or suicide risk.

As displayed in Table 3, IH was regressed onto r/s struggles and controls (e.g., relationship status, SSA status, and LDS status). The overall model was significant $R^2 = .36$, $F(4, 274) = 37.5$, $p < .001$, with 36% of the variance explained by r/s struggles and controls. As hypothesized, r/s struggles did significantly predict internalized homophobia ($B = .33$, $p < .001$) net of other controls. In addition, LDS status ($B = -.27$, $p < .001$) and SSA status ($B = .32$, $p < .001$) both significantly and uniquely contributed to homophobia. Relationship status was non-significant. This suggests that r/s struggles, being actively LDS, and identifying as SSA as opposed to LGBQ uniquely contributed higher levels of internalized homophobia in the model.

Likewise, as Table 3 shows, suicide risk was regressed onto R/s struggles and controls (e.g., education and LDS status). The overall model was significant $R^2 = .17$, $F(3, 276) = 18.80$, $p < .001$, with 17% of the variance explained by r/s struggles and controls. As hypothesized r/s struggles did significantly predict suicide risk net of control variables ($B = .39$, $p < .001$). However, LDS status was the only significant control variable ($B = .20$, $p < .01$), suggesting that identifying as former LDS predicted *greater* suicide risk.

To test the second hypothesis, two sets of regression models were conducted to examine the main effect of r/s one-upmanship on IH and suicide risk, respectively, with controls. As displayed in Table 4, the overall model was significant $R^2 = .23$, $F(4, 259) = 19.5$ $p < .001$, with 23% of the variance explained by the variables. However, one-upmanship was not a significant predictor of internalized homophobia net of controls. Conversely, both LDS status ($B = -.3$, $p < .001$) and SSA status ($B = .32$, $p < .001$) significantly contributed variance to IH, while relationship status was non-significant.

Table 2.
Correlation Matrix

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1 Suicide Risk	--														
2 SI- Lifetime	.69**	--													
3 Attempts- Lifetime	.28**	.19**	--												
4 Struggles	.39**	.31**	.16*	--											
5 One-Upmanship	.21**	.19**	-0.04	.41**	--										
6 Internalized Homophobia	.14*	0.1	0.1	.43**	0.06	--									
7 Age	-0.11	-.13*	0.02	-.22**	-.25**	-0.03	--								
8 Education	-.12*	-0.03	-0.06	-.23**	-0.1	-0.08	.34**	--							
9 Relationship Status	0.04	0	0.03	.13*	0.02	.16**	-0.09	-.15*	--						
10 LGBQ vs. SSA	-0.05	-0.11	.21**	0.09	-0.1	.37**	0.08	0.01	0.1	--					
11 LDS Status	.12*	.12*	-0.04	-.19**	0.1	-.36**	0.04	0	-0.09	-.19**	--				
12 Utah	-0.05	-0.04	0.03	-0.02	-0.02	-0.03	.26**	0.12	0.05	0.05	0.05	--			
13 White	-0.06	-0.08	-.17**	-0.04	0.06	-0.08	-0.01	0.09	-.15*	0	0.04	-0.05	--		
14 Cis-Male	0.1	0.1	0	0.02	0.09	-0.07	-.16**	0	-.16**	-0.1	0.06	0.02	0.04	--	
15 Trans/Non-binary	0.11	0.08	.14*	-0.03	0.05	-0.1	-0.09	-0.09	0.09	0.04	0.08	0.03	-0.06	-.28**	--

* p < .05 ** p < .01

Table 3.*Regression Analyses of R/s Struggles on Internalized Homophobia & Suicide Risk*

	<i>b</i>	β	<i>SE</i>	CI 95% for <i>b</i>	
				<i>Lower</i>	<i>Upper</i>
Internalized Homophobia					
Relationship					
Status	.896	.05	.82	-.73	2.52
SSA Status	8.76**	.32	1.39	6.03	11.5
LDS Status	-5.23**	-.27	.98	-7.15	-3.31
Struggles	.15**	.33	.02	.102	.187
Suicide Risk					
Education	-.08	-.03	.15	-.38	.21
LDS Status	.155**	.20	.44	.680	2.41
Struggles	.07**	.39	.01	.05	.09

Note. Fit for Internalized Homophobia model $R^2 = .36$, $F(4, 274) = 37.5$, $p < .001$. $N = 274$. Fit for Suicide Risk model $R^2 = .17$, $F(3, 276) = 18.80$, $p < .001$. $N = 276$. * .05 ** <.001.

Table 4.*Regression Analyses of One-upmanship on Internalized Homophobia & Suicide Risk*

	<i>b</i>	β	<i>SE</i>	CI 95% for <i>b</i>	
				<i>Lower</i>	<i>Upper</i>
Internalized Homophobia					
Relationship					
Status	1.43	.09	.92	-.38	3.23
SSA Status	8.97**	.32	1.60	5.83	12.11
LDS Status	-5.85**	-.30	1.01	-7.97	-3.72
One-upmanship	.04	.08	.02	-.011	.085
Suicide Risk					
Education	-.23	-.09	.16	-.55	.08
LDS Status	.92	.12	.48	-.02	1.86
One-upmanship	.03**	.18	.01	.01	.05

Note. Fit for Internalized Homophobia model $R^2 = .23$, $F(4, 259) = 19.5$, $p < .001$. $N = 259$. Fit for Suicide Risk model $R^2 = .06$, $F(3, 269) = 5.4$, $p = .001$. $N = 262$. * .05 ** <.001.

The total model of r/s one-upmanship onto suicide risk was also significant $R^2 = .06$, $F(3, 269) = 5.4$, $p = .001$, with 6% of the variance explained by one-upmanship and the control variables (i.e., education and LDS Status). As hypothesized one-upmanship did significantly

uniquely predict suicide risk ($B = .18, p = .01$) net of control variables, whereas no control variables were significantly predictive.

In order to address hypotheses 1a and 2a (i.e., “*Internalized homophobia will partially mediate the relationship between r/s struggles [or r/s one-upmanship] and suicide risk.*”), I conducted two mediation models using a bootstrapping technique (i.e., 5,000 bootstrap samples; see Hayes, 2009). Bootstrapping was used because (a) it does not require a normal sample distribution of indirect effects, (b) its tendency to provide higher statistical power for smaller sample sizes, and (c) its superior ability to control for Type I error when compared to other techniques (e.g., Baron and Kenny or the Sobel test; see Hayes, 2009).

Table 5.
Mediation Effects of Internalized Homophobia on R/s Struggles and One-upmanship on Suicide Risk

Effect	<i>b</i>	95% CI	
		Lower	Upper
R/S Struggles			
Total	.070*	.050	.090
Direct	.069*	.048	.091
Indirect (Internalized Homophobia as mediator)	.0003	-.008	.008
One-Upmanship			
Total	.032*	.010	.053
Direct	.031*	.009	.052
Indirect (Internalized Homophobia as mediator)	.001	-.002	.006

Note: R/S struggles model: $N = 275$. One-upmanship model: $N = 261$. Both models contained 5000 bootstrap samples. * $p < .01$

Contrary to my hypothesis, internalized homophobia did not partially mediate the relationship between r/s struggles or one-upmanship and suicide risk. As can be seen in Table 5, the direct effect of r/s struggles onto suicide risk, with internalized homophobia in the model, was significant ($b = .07, p < .001, 95\% \text{ CI } [.048, .091]$). However, there was no significant indirect effect through internalized homophobia ($b = .0003, 95\% \text{ CI } [-.008, .008]$), suggesting no full or partial mediation. Similarly, internalized homophobia did not partially mediate the relationship between r/s one-upmanship and suicide risk. The direct effect of r/s one-upmanship onto suicide risk, with internalized homophobia in the model, was significant ($b = .03, p < .001, 95\% \text{ CI } [.01, .053]$). However, there was no significant indirect effect through internalized homophobia ($b = .001, \text{ CI } 95\% [-.002, .005]$), suggesting no partial mediation.

Given that r/s struggles and one-upmanship were positively correlated ($r = .40, p < .01$) and the possibility that exposure to r/s anti-LGBQ/SSA messages from parents (i.e., r/s one-upmanship) may lead to r/s struggles (see Etengoff & Diaute, 2014), I explored the possibility that r/s struggles may mediate the relationship between one-upmanship and suicide risk. Using level of education, LDS status, and internalized homophobia as control variables, I ran a mediation model regressing suicide risk onto r/s one-upmanship, with r/s struggles as the mediator. As seen in Table 6, the overall model was significant ($R^2 = .1, F(5, 248) = 11.85, p < .001$) and without r/s struggles in the model, the total effect of one-upmanship on suicide risk, with controls, remained significant ($b = .03, p < .01, \text{ CI } 95\% [.007, .051]; B = .16$). Both internalized homophobia ($b = .06, p = .034, \text{ CI } 95\% [.004, .108]; B = .14$) and LDS status ($b = 1.27, p = .015, \text{ CI } 95\% [.245, 2.29]; B = .16$) were significant controls. However, when r/s struggles was entered into the model, one-upmanship became non-significant ($p = .802$) suggesting that r/s struggles fully mediated the relationship between one-upmanship and suicide

risk ($b = .08$, 95% CI [.052, .102]; $B = .43$). Interestingly, when r/s struggles was in the model LDS status was the only significant control ($b = 1.51$, $p = .002$, CI 95% [.553, 2.47]; $B = .19$). However, given that this was exploratory, these results should be interpreted with caution.

Table 6.
Exploratory Mediation Effects of R/s Struggles on One-upmanship and Suicide Risk

Effect	<i>b</i>	95% CI	
		Lower	Upper
One-Upmanship			
Total	.030*	.008	.051
Direct	-.0029	-.026	.020
Indirect (R/s Struggles as mediator)	.033*	.021	.046

Note: N = 254. 5000 bootstrap samples. * $p < .01$.

DISCUSSION

Predicting Suicide Risk among Current/Former LDS Sexual and Gender Minorities

The results of this study suggest a number of potentially important findings. First, suicidal thoughts, attempts, and overall suicide risk may be very common among current/former LDS sexual and gender minorities. In the current sample, nearly 90% of participants had thought about suicide and nearly 30% had attempted at least once in their lifetime. In addition, the average level of suicide risk was within one standard deviation of the clinical normed samples, suggesting the possibility that current/former LDS sexual and gender minorities may be more like clinical samples in terms of suicidal risk (Osman, et al., 2001). Previously published empirical research has presented a very limited picture as to the propensity for suicide among current/former LDS sexual and gender minorities (See McGraw, Chinn, & Mahoney, 2020 for a review). However, the current results suggest that current/former LDS sexual and gender minorities may regularly think about, attempt, and are at risk for suicide.

The degree to which religious/spiritual processes might contribute to this suicide risk among this population has been relatively unexplored by previous research. However, the current study demonstrates that when considered alongside a number of control variables and potential mediators, r/s struggles and one-upmanship may be important contributors to suicide risk among current/former LDS LGBTQ/SSA folx. In separate models, both r/s struggles and one-upmanship predicted suicide risk above and beyond controls, and neither was mediated in any fashion by internalized homophobia. When entered into the same model, r/s struggles appear to fully mediate the relationship between r/s one-upmanship and suicide risk, which may suggest that when parents of current/former LDS sexual and gender minorities use religion against them, it may lead them to experience greater challenges with their religion/spirituality and subsequently

higher risk for suicide. In addition, former LDS LGBTQ status predicted greater suicide risk, which contradicts Bridges et al.'s (2019) findings suggesting the opposite. This may be due to the lack of social support many former LDS LGBTQ folx experience (see Joseph & Cranney, 2017).

Predicting Internalized Homophobia

Previous research findings have suggested that internalized homophobia may act as a mediator between r/s variables (e.g., attendance, belonging), and suicidal variables (e.g., ideation, attempts; Bajocco et al., 2014; Gibbs & Goldbach, 2015; Kralovec et al., 2012). Among an LDS sexual minority sample however, Bridges et al. (2019) found that internalized homophobia did not mediate the relationship between LDS affiliation and suicidal thoughts. Likewise, in the current study, internalized homophobia did not act as a mediator between more specific r/s processes (i.e., r/s struggles and one-upmanship) and suicide risk. This may mean that while some r/s processes, like struggles may predict higher levels of internalized homophobia, it is not in-and-of itself a good predictor of suicidal variables.

Despite this, in the current study there were a number of variables that significantly predicted higher levels of internalized homophobia, such as identifying as SSA, being actively LDS, and r/s struggles. Much of this is consistent with previous research, which has found that actively LDS and SSA identifying LDS folx report higher levels of internalized homophobia than former LDS and LGBQ identifying LDS folx. This may not be surprising as identifying as SSA tends to be a deliberate rejection of an LGBQ identity and being active LDS may be related to higher levels of exposure to hearing more anti-LGBQ messages from Church leaders, peers, and/or family members.

Implications for Suicide Prevention

This research has important implications for suicide prevention efforts among current/former LDS LGBQ/SSA individuals. Firstly, suicidal thoughts appear to be quite common among this sample, and while community samples of sexual minorities tend to overestimate the prevalence of suicidal thoughts and attempts (see Hottes et al., 2016) it is likely that the lifetime prevalence of suicidal thoughts may be high among current/former LDS LGBQ/SSA folx. Thus, clinicians serving this population should make assessing for a history of suicidal ideation a requirement during treatment.

In addition, *r/s* struggles were common among this sample and predicted higher scores of internalized homophobia and suicide risk. A recent review of the literature on LDS LGBTQ/SSA issues demonstrated that many do not feel like they get culturally competent care from mental health professionals that takes into consideration their deeply held religious beliefs or history and sexuality (see McGraw et al., 2020). It is likely that *r/s* struggles may be an important avenue of treatment and could potentially serve as a transdiagnostic process for ameliorating both internalized homophobia and suicide risk. It is also important for clinicians to take the *r/s* struggles seriously in their LDS LGBQ/SSA clients, and not be dismissive of the challenges related to faith and sexuality.

Furthermore, helping LDS LGBQ/SSA clients navigate the negative spiritual messages they receive from parents regarding LGBQ/SSA issues, may be an important job for suicide prevention and culturally competent care. Psychoeducation may also be an important tool in helping families be more accepting of their LGBTQ children, regardless of their own or their child's religious preferences. This may be particularly salient for those who are former LDS, as

previous research suggests they may receive less family support than active LDS sexual minorities.

Limitations

There are important limitations to the current study that should make readers interpret the results with caution. First, the sample is a small convenient online community sample, which means I am unable to generalize the findings to all or most current/former LDS LGBTQ/SSA folk. Community samples tend to overreport suicidal thoughts and attempts (see Hottes et al 2016), thus the high prevalence of past thoughts, attempts, and overall suicide risk could be lower in a more representative sample.

In addition, there are other important variables that may contribute to suicide risk among this sample, including depression, hopelessness, and adverse childhood experiences that I did not look at. Thus, future research examining LDS LGBTQ suicide risk should control of these experiences. Furthermore, because the study design is cross-sectional, causality cannot be adequately implied. There is debate over whether it is appropriate to use mediation analyses in cross-sectional data, with some suggesting it is inappropriate and others finding it acceptable, but with limitations (see Fairchild & McDaniel, 2017; Maxwell & Cole, 2007; Maxwell, Cole, & Mitchell, 2011). Future research should examine these variables in a larger, representative sample, with a longitudinal design in order to speak with more confidence to the finding's generalizability, statistical power, and potential causal relationships.

Furthermore, some of the measures used may have important limitations. For example, the SBQ-R conflates suicidal thoughts and attempts, a tendency in suicide research that has garnered criticism (see Crosby et al., 2011). Likewise, the RSSS and One-upmanship scales are

not commonly aggregated into total scores, but rather are often demarked by clear distinctions between subscales or parent dyads.

CONCLUSION

This is the first known study to examine the potential effect of specific religious/spiritual (r/s) experiences onto suicide risk among an online sample of current/former LDS LGBQ/SSA participants. In separate models, r/s struggles and one-upmanship predicted suicide risk. Internalized homophobia did not mediate the relationships between r/s struggles and one-upmanship with suicide risk. Suicide prevention efforts among this population would be well served in discussing the potential impact of r/s struggles and one-upmanship on current/former LDS LGBQ/SSA individuals.

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APPENDIX A. DEMOGRAPHIC QUESTIONS

Demographics

1. What is your age in years?
 - a. Please specify: _____
 - b. I prefer not to say
2. Which categories describe you? Select all that apply to you:
 - a. American Indian or Alaska Native—For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec,
 - b. Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community
 - c. Asian—For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese
 - d. Black or African American—For example, Jamaican, Haitian, Nigerian, Ethiopian, Somalian
 - e. Hispanic, Latino or Spanish Origin—For example, Mexican or Mexican American, Puerto Rican,
 - f. Cuban, Salvadoran, Dominican, Columbian
 - g. Middle Eastern or North African—For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan,
 - h. Algerian
 - i. Native Hawaiian or Other Pacific Islander—For example, Native Hawaiian, Samoan, Chamorro,
 - j. Tongan, Fijian, Marshallese
 - k. White—For example, German, Irish, English, Italian, Polish, French
 - l. Some other race, ethnicity, or origin, please specify: _____
 - m. I prefer not to answer.
3. What is your biological sex?
 - a. Male
 - b. Female
 - c. I prefer not to answer.
4. How do you identify with respect to gender?
 - a. Male
 - b. Female
 - c. Transgender
 - d. Genderqueer or Non-Binary
 - e. Two-Spirit
 - f. I don't know
 - g. I prefer not to answer.
5. What do you consider yourself to be (if you had to indicate an umbrella term):
 - a. Heterosexual or straight
 - b. Gay or lesbian
 - c. Bisexual
 - d. Queer
 - e. Questioning

- f. Same-sex attracted
 - g. I prefer not to answer.
6. If you were not constrained by the above umbrella terms, how would you describe your sexuality?
- a. Please specify: _____
 - b. I prefer not to answer.
7. Have you ever been a baptized member of the Church of Jesus Christ of Latter-day Saints?
- a. Yes.
 - b. No.
8. How would you describe your current relationship with the Church of Jesus Christ of Latter-day Saints?
- a. Active member, not under any current disciplinary actions (e.g., disfellowshipped).
 - b. Active member, but under current disciplinary action (e.g., disfellowshipped).
 - c. Less-active/Inactive member (i.e., still officially on the Church's records, but rarely/never attend).
 - d. Former member, but officially still on the Church's records.
 - e. Former member, formally removed from Church's records (either by resignation or excommunication).
9. Current US state of residence
- a. None
 - b. Alabama
 - c. Alaska
 - d. Arizona
 - e. Arkansas
 - f. California
 - g. Colorado
 - h. Connecticut
 - i. Delaware
 - j. District of Columbia
 - k. Florida
 - l. Georgia
 - m. Hawaii
 - n. Idaho
 - o. Illinois
 - p. Indiana
 - q. Iowa
 - r. Kansas
 - s. Kentucky
 - t. Louisiana
 - u. Maine
 - v. Maryland
 - w. Massachusetts
 - x. Michigan
 - y. Minnesota

- z. Mississippi
 - aa. Missouri
 - bb. Montana
 - cc. Nebraska
 - dd. Nevada
 - ee. New Hampshire
 - ff. New Jersey
 - gg. New Mexico
 - hh. New York
 - ii. North Carolina
 - jj. North Dakota
 - kk. Ohio
 - ll. Oklahoma
 - mm. Oregon
 - nn. Pennsylvania
 - oo. Rhode Island
 - pp. South Carolina
 - qq. South Dakota
 - rr. Tennessee
 - ss. Texas
 - tt. Utah
 - uu. Vermont
 - vv. Virginia
 - ww. Washington
 - xx. West Virginia
 - yy. Wisconsin
 - zz. Wyoming
 - aaa. I prefer not to answer
10. Highest level of education complete:
- a. Elementary school
 - b. High school degree
 - c. Some college
 - d. College graduate
 - e. Technical or trade school graduate
 - f. Professional or graduate degree
 - g. If not described above, please specify: _____
 - h. I prefer not to answer.
11. Are you currently in a romantic relationship with a partner or partners?
- a. No
 - b. Yes,

APPENDIX B. RS STRUGGLES SCALE

Religious/Spiritual Struggles Scale

1. Felt as though God had let me down
2. Felt angry at God
3. Felt as though God had abandoned me
4. Felt as though God was punishing me
5. Questioned God's love for me
6. Felt tormented by the devil or evil spirits
7. Worried that the problems I was facing were the work of the devil or evil spirits
8. Felt attacked by the devil or by evil spirits
9. Felt as though the devil (or an evil spirit) was trying to turn me away from what was good
10. Felt hurt, mistreated, or offended by religious/spiritual people
11. Felt rejected or misunderstood by religious/spiritual people
12. Felt as though others were looking down on me because of my religious/spiritual beliefs
13. Had conflicts with other people about religious/spiritual matters
14. Felt angry at organized religion
15. Wrestled with attempts to follow my moral principles
16. Worried that my actions were morally or spiritually wrong
17. Felt torn between what I wanted and what I knew was morally right
18. Felt guilty for not living up to my moral standards
19. Questioning whether life really matters
20. Felt as though my life had no deeper meaning
21. Questioned whether my life will really make any difference in the world
22. Had concerns about whether there is any ultimate purpose to life or existence
23. Struggled to figure out what I really believe about religion/spirituality
24. Felt confused about my religious/spiritual beliefs
25. Felt troubled by doubts or questions about religion or spirituality
26. Worried about whether my beliefs about religion/spirituality were correct

Item response options:

1	2	3	4	5
(not at all)	(a little bit)	(somewhat)	(quite a bit)	(a great deal)

Prompt: "For those who identify as LGBTQ/SSA, many may experience struggles, concerns or doubts regarding spiritual or religious issues. Over the last month, to what extent have you had each of the experiences listed below *surrounding your sexual orientation and/or attractions*? There are no right or wrong answers; the best answer is the one that most accurately reflects your experience."

APPENDIX C. RS ONE-UPMANSHIP SCALE

R/S Triangulation- Theistic Triangulation by Partner subscale (TTP)

All items begin with “my mother/father...”

1. ...thinks that my views on certain issues are hypocritical from a spiritual angle.
2. ...seems to believe that God backs up her/his side of the disagreement.
3. ...believes she/he is spiritually obliged to hold firm to her/his position.
4. ...implies that she/he is spiritually more mature or advanced than I am.
5. ...justifies her/his position by saying it is spiritually superior.
6. ...says that I am arguing or acting against God’s will.
7. ...implies that our conflict stems from me not practicing what I preach from a spiritual perspective.
8. ...believes she/he is spiritually more enlightened than I am.
9. ...often thinks that God disagrees with my side of the conflict.
10. ...explains that agreeing with me would violate her/his sense of spiritual integrity.
11. ...thinks that God is unhappy with my opinion.

Instructions/response options:

Prompt: Consider the degree you might communicate to your family member when you have disagreements or conflicts *regarding your sexual orientation/attractions* and indicate the degree they ‘never,’ ‘rarely,’ ‘sometimes,’ or ‘often’ engaged in the behaviors described below.

- 1 - Never
- 2 - Rarely
- 3 - Sometimes
- 4 - Often

APPENDIX D. INTERNALIZED HOMOPHOBIA

Internalized Homophobia Scale (IHP)

1. I have tried to stop being attracted to men/women in general.
2. If someone offered me the chance to be completely heterosexual, I would accept the chance.
3. I wish I weren't lesbian/gay/bisexual.
4. I feel that being lesbian/gay/bisexual is a personal shortcoming for me.
5. I would like to get professional help in order to change my sexual orientation from lesbian/gay/bisexual to straight.
6. I have tried to become more sexually attracted to men/women.
7. I often feel it best to avoid personal or social involvement with other lesbian/gay/bisexual individuals.
8. I feel alienated from myself because of being lesbian/gay/bisexual.
9. I wish that I could develop more erotic feelings about men/women.

Instructions:

For each of the following questions, please mark the response that best indicates your current experience as an LGBTQ/SSA person. Please be as honest as possible. Indicate how you really feel now, not how you think you should feel. Answer each question according to your initial reaction and then move on to the next.

Some of you may prefer to use labels other than 'lesbian, gay, and bisexual' to describe your sexual orientation (e.g., 'queer,' 'dyke,' 'questioning' or same-sex/gender attracted'). We use the term LGB in this survey as a convenience, and we ask for your understanding if the term does not completely capture your sexual identity.

1	2	3	4	5
(Strongly Disagree)	(Disagree)	(Neither agree or disagree)	(Agree)	(Strongly Agree)

APPENDIX E. SBQ-R SCALE

Suicide Behaviors Questionnaire-Revised (SBQ-R)

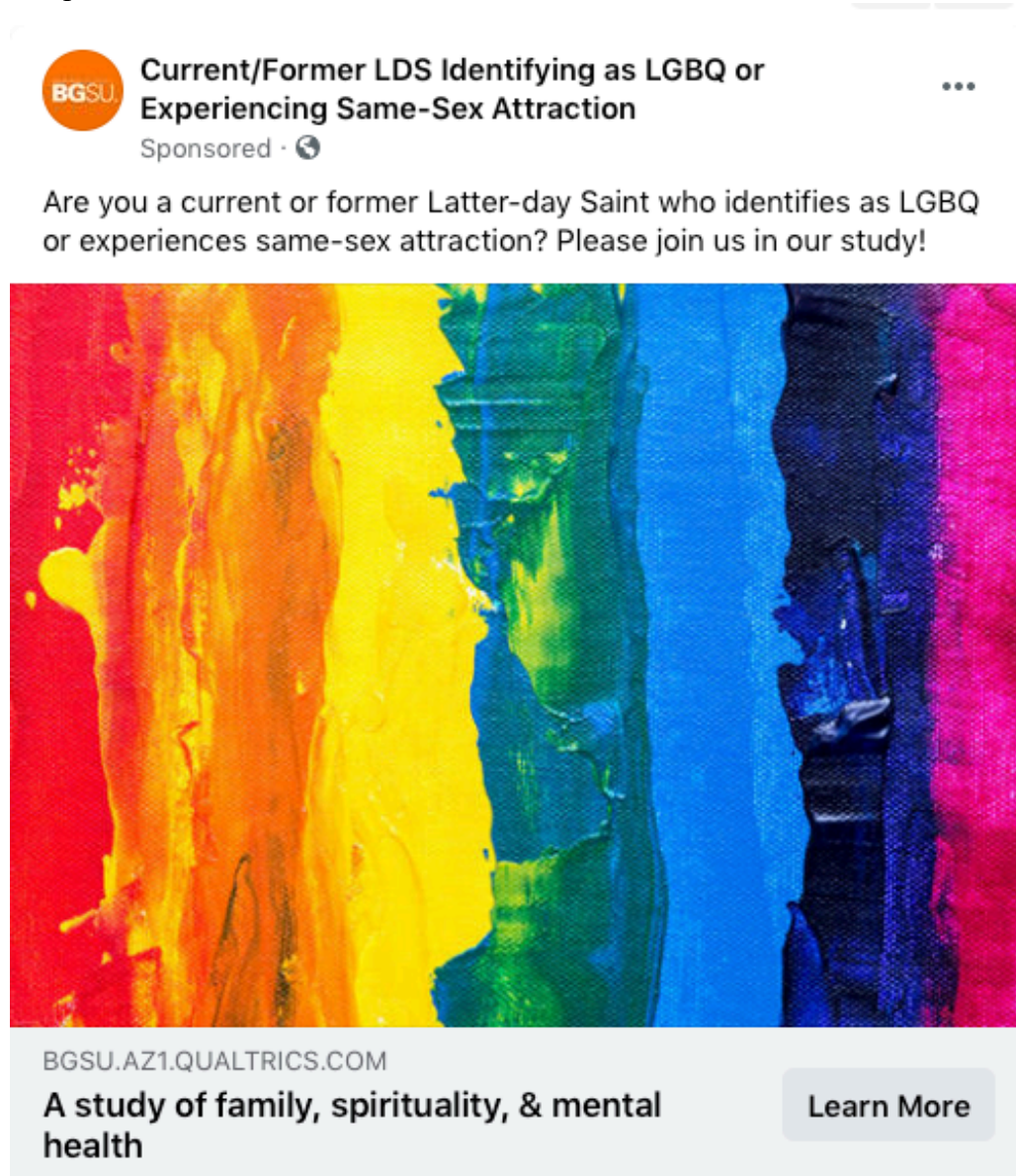
1. Have you ever thought about or attempted to kill yourself?
 - a. Never
 - b. It was just a brief passing thoughts
 - c. I have had a plan at least once to kill myself but did not try to do it
 - d. I have had a plan at least once to kill myself and really wanted to die
 - e. I have attempted to kill myself, but did not want to die
 - f. I have attempted to kill myself, and really hoped to die
2. How often have you thought about killing yourself in the past year?
 - a. Never
 - b. Rarely (1 time)
 - c. Sometimes (2 times)
 - d. Often (3-4 times)
 - e. Very Often (5 or more times)
3. Have you ever told someone that you were going to commit suicide, or that you might do it?
 - a. No
 - b. Yes, at once time, but did not really want to die
 - c. Yes, at one time, and really wanted to die
 - d. Yes, more than once, but did not want to do it
 - e. Yes, more than once, and really wanted to do it
4. How likely is it that you will attempt suicide someday?
 - a. Never
 - b. No chance at all
 - c. Rather unlikely
 - d. Unlikely
 - e. Likely
 - f. Rather likely
 - g. Very likely

Instructions:

Please check the number beside the statement or phrase that best applies to you.

APPENDIX F. SAMPLE ADVERTISEMENTS

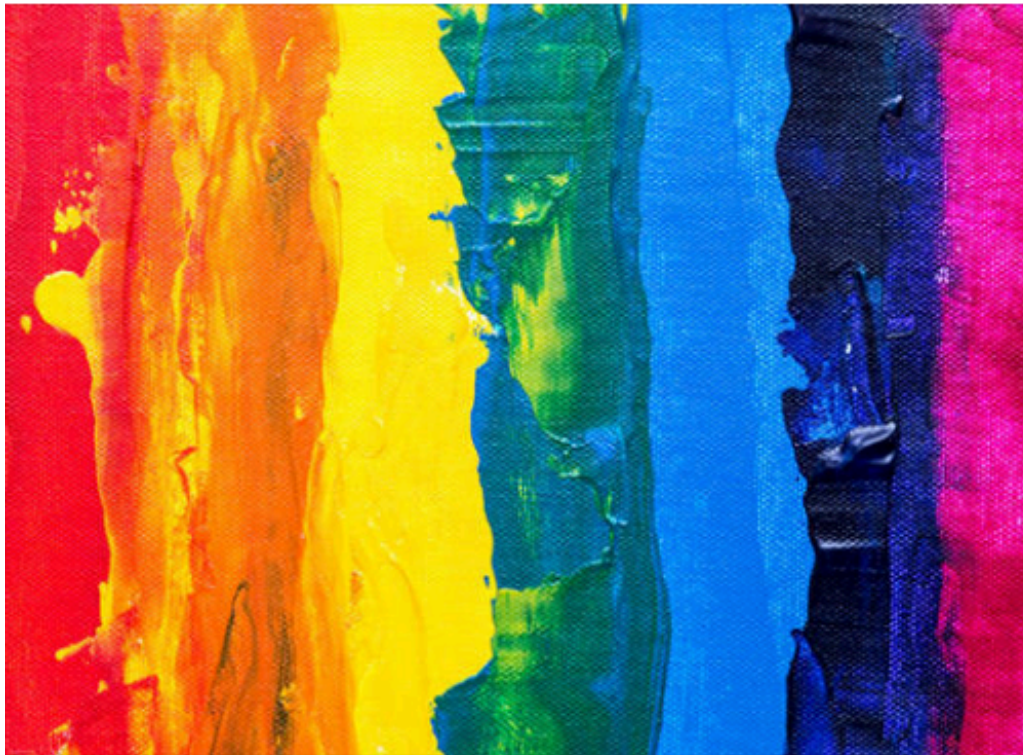
Sample Ad on Facebook



BGSU **Current/Former LDS Identifying as LGBTQ or Experiencing Same-Sex Attraction** ...

Sponsored · 🌐

Are you a current or former Latter-day Saint who identifies as LGBTQ or experiences same-sex attraction? Please join us in our study!



BGSU.AZ1.QUALTRICS.COM

A study of family, spirituality, & mental health

[Learn More](#)

Sample ad on LDS LGBTQ Facebook group:

 **North Star International** June 7 · 🌐

James McGraw, a clinical psychology doctoral student at Bowling Green State University, has invited members of the North Star community to participate in the following study:

We are currently conducting a 4-month longitudinal study looking at faith, family, and mental health among current/former Latter-day Saints who identify as LGBQ or who experience same-sex/gender attraction. The longitudinal design will help us explore how experiences with faith, family, mental health may stay the same or change over a short amount of time. We think it is important to hear the voices of those of those who are associated with North Star.

The initial survey takes about 30 minutes to complete, and if you opt into the longitudinal portion (completely optional) you'll receive a subsequent email after one, two, and three months, to retake portions of the survey (each take about 15 minutes). All study participants who complete all four survey "waves" (each a month apart), will be entered into a raffle to win one of 15 \$100 Amazon.com gift cards.

In order to participate you will need to be at least 18 years old, be a current or former Latter-day Saint, and identify as either LGBQ or as someone who experiences same-sex/gender attraction. Transgender individuals are encouraged to participate, but the experiences we are focusing on in this study revolve around sexual orientation/attractions. A later study will examine experiences regarding gender identity specifically.

If you'd like to participate, please follow the link! If you have more questions, feel free to message me via Facebook or my email address: jmcgra@bgsu.edu

https://bgsu.az1.qualtrics.com/jfe/form/SV_ex5QujR3iISSM8B...

BOWLING GREEN STATE UNIVERSITY


BGSU



Four-Month Longitudinal Study
on how Religious/Spiritual
Beliefs and Family Relationships
Influence Mental Health
Adjustment for Current and
Former Latter-day Saint
LGBQ/SSA Individuals

  6

2 Comments 6 Shares

 Like  Comment  Share 

APPENDIX G. IRB APPROVAL LETTER

IRB Approval



DATE: April 20, 2020

TO: James McGraw, BS
FROM: Bowling Green State University Institutional Review Board

PROJECT TITLE: [1410501-2] An Online, Four-Month Longitudinal Study on how Religious/Spiritual Beliefs and Family Relationships Influence Mental Health Adjustment for Current and Former Latter-day Saint LGBTQ/SSA Individuals

SUBMISSION TYPE: Revision

ACTION: APPROVED

APPROVAL DATE: April 16, 2020

EXPIRATION DATE: April 7, 2021

REVIEW TYPE: Expedited Review

REVIEW CATEGORY: Expedited review category #7

Thank you for your submission of Revision materials for this project. The Bowling Green State University Institutional Review Board has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

The final approved version of the consent document(s) is available as a published Board Document in the Review Details page. You must use the approved version of the consent document when obtaining consent from participants. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that you are responsible to conduct the study as approved by the IRB. If you seek to make any changes in your project activities or procedures, those modifications must be approved by this committee prior to initiation. Please use the modification request form for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. All NON-COMPLIANCE issues or COMPLAINTS regarding this project must also be reported promptly to this office.

This approval expires on April 7, 2021. You will receive a continuing review notice before your project expires. If you wish to continue your work after the expiration date, your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date.

Good luck with your work. If you have any questions, please contact the Office of Research Compliance at 419-372-7716 or orc@bgsu.edu. Please include your project title and reference number in all correspondence regarding this project.