CAUGHT IN THE CROSSFIRE: AN EXPLORATION OF RELIGIOSITY AND EMOTIONAL WELL-BEING AMONG LGBTQ ADULTS

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The following faculty members have examined the final copy of this thesis for form and content, and recommend that it be accepted in partial fulfillment of the requirement for the degree of Master of Arts with a major in Sociology.

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DEDICATION

To those who made me start thinking about this topic a decade ago, and introduced a world of color beyond a black and white dichotomy;

To friends who have stayed longer than I thought possible, and whose support has been invaluable;

To family, and those who might as well be family

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ABSTRACT

In American society, LGBTQ issues have been a frequent topic of conversation. Almost inevitably, the discussion turns to religious or moral concerns. Previous literature has shown religious involvement to be a protective factor for emotional well-being, but for many LGBTQ people, negative experiences have outweighed the positives. Using the Social Justice Sexuality Survey 2010 (SJSP), this study analyzes associations between religious involvement, LGBTQ involvement, and emotional well-being, as well as how interactions between religious and LGBTQ involvement could be associated with emotional well-being. Despite biases and discrimination LGBTQ individuals face in society, results indicate that religious involvement can carry benefits for emotional well-being. Beyond religion, involvement in LGBTQ communities also seems to have a positive relationship with emotional well-being. In addition, religious involvement and LGBTQ involvement interact, so that when religion has a negative influence on coming to terms with LGBTQ identities, connection to the LGBTQ community is more important for emotional well-being.

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CHAPTER ONE

INTRODUCTION

Over the past few decades, the relationship between rights for lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) people and religion has been fraught with tension. In the United States, specifically, many sects of Christianity have waged a culture war with LGBTQ-affirming ideologies, putting acquaintances, neighbors, friends, or family members in the center of the conflict. Two groups, specifically, which have engaged in these disputes are Focus on the Family, and the Council on Biblical Manhood and Womanhood (CBMW). The Nashville Statement, written by the latter and signed by multiple prominent conservative Christian leaders, described Western society as a whole as "post-Christian", and reiterated stances about human sexuality. These beliefs included marriage as a monogamous, lifelong commitment between one man and one woman, and gender as an immutable state of being (CBMW, 2017). Some Christian denominations, such as the Southern Baptist Convention (SBC) and the Assemblies of God (AG), explicitly include statements on same-sex marriage in their doctrinal beliefs; they have called societal acceptance of marriage equality an "erosion of moral sanity" that could lead to "sinfulness…destruction and decay" (Kapinus, Kraus, & Flowers 2010, 13-14). These viewpoints can have detrimental effects.

In the past fifteen years, the United States as a whole has experienced a cultural shift on LGBTQ acceptance in society. In 2003, Massachusetts became the first U.S. state to issue marriage licenses to same-sex couples, though civil unions had been legal prior to *Goodridge & Others vs. Department of Public Health* (Burge 2003, Anon 2003). In 2012, public approval of

same-sex marriage was polled at 39% (Roberts & Yamane 2012). By 2015, all 50 states recognized same-sex marriages, as ruled in *Obergefell v. Hodges* (2015); in 2017, another poll found approval of same-sex marriage at 62% (Mitchell 2017).

Despite the progress made in the last six years, 2018 has brought cultural dissent to the surface again. Twenty-one senators co-sponsored the First Amendment Defense Act (FADA), which is "designed to prevent the federal government from discriminating against individuals or institutions based on their beliefs about marriage…or premarital sex" (Lee 2018). The bill's sponsors frame it as protection from governmental discrimination based on religious beliefs for people or groups; those on the opposing side see it as sanctioned discrimination against LGBTQ people (Lee 2018; Okma 2018).

While politicians and pundits engage in ideological debates, those caught in the middle of the culture wars often find their humanity forgotten. From adoption laws to restroom usage, the personal lives of LGBTQ people become public discourse. The ongoing attention to marriage equality and transgender rights can create backlash in the form of prejudice, stigma, and discrimination. Sometimes the biases against LGBTQ individuals are subtle – jibes or jokes others can pass off as harmless teasing – but in other cases, they can face loss of employment, housing discrimination, or physical violence. In the current political climate, particularly, capitalizing on assumptions and stereotypes about people is acceptable. For LGBTQ people, heightened attention can increase stress in the forms of internalized homophobia or feeling the need to constantly be on guard (Meyer 2003). Stress, whether internal or external, can be detrimental to health. The effects of the heightened tension and anxiety on subjective well-being, and by extension, mental and physical health, are substantial.

In the general population, religion often serves as a protective factor, meaning that religiosity is often associated with better health and well-being outcomes for individuals (Marks 2005). Religious observances, dogmas, and communities can collaborate to create a sense of support that benefits all aspects of a person's life (Koenig 2012). Shared values and beliefs can foster the sense of community found in religious groups. However, for the LGBTQ population, religion may not carry the same benefits. A recent study examined the relationship between sexual minority identities and suicidal ideation and attempts; it found that rates of suicidal ideation are higher among queer and questioning youth who viewed their religion as important – a combined 17.9% for LGB individuals, and 16.4% for questioning youth (Lytle, Blosnich, De Luca, & Brownson 2018). In addition, LGBTQ youth who reported higher levels of religiosity were 38% more likely to have had recent thoughts of suicide (Lytle et al. 2018). In comparison, the rate of suicidal ideation among heterosexual youth rate was 3.9%, and an increase in the importance of religion for that group led to a 17% decrease in attempted suicide (Lytle et al. 2018). For LGBTQ people, it seems religion does not carry the positive effects often observed in the general population.

While some sects of Christianity have doubled down on exclusionary rhetoric, other groups – usually mainline protestant – have welcomed LGBTQ members, even allowing them to serve visibly in the church, whether as Sunday School volunteers, as musicians, or even as clergy. Some of those denominations include Metropolitan Community Church (MCC), Episcopalian, United Church of Christ (UCC), the Evangelical Lutheran Church in America (ELCA), and Unitarian Universalist (UU) (Barton 2010, 478). The UCC, specifically, called for recognition of stable unions other than "traditional marriage" (Kapinus et al. 2010, 10). Other groups, such as the Presbyterian Church (USA) [PC(USA)] and the United Methodist Church

(UMC), have adopted a more "wait and see" approach, saying they wanted "the dialogue to continue" while recognizing their "limited understanding" of the issue's complexity (Kapinus et al. 2010, 10).

Considering the ubiquity and influence of Christianity in American society, it is important to understand the interaction between sexual minorities, religion, and health. This study of emotional well-being for LGBTQ people examines relationships and interactions between religious involvement, LGBTQ community involvement, and health. Ideally, it will encourage dialogue that could diminish some of the health and well-being disparities for LGBTQ people.

CHAPTER TWO

LITERATURE REVIEW

2.1 Religiosity, Health, and Well-Being

Previous literature indicates a significant positive relationship between religiosity, spirituality, or religious practice and a subjective sense of well-being in the general population (Son & Wilson 2011; Koenig 2012; Yeary, Ounpraseuth, Moore, Bursac, & Greene 2012; Lim 2015; Van Cappellen, Toth-Gauthier, Saroglou, & Fredrickson 2014). Recent studies focus on three aspects of religiosity, including attitudes and philosophies, traditions and practices, and group or organizational participation (Marks 2005, 175-176). Associations with religious communities, in particular, provide members with group connections that promote health (Meanley, Pingel, & Bauermeister. 2016, 35). Membership in religious groups often carries social benefits, including decreasing risky behaviors, gaining a stronger sense of oneself, and finding a sense of belonging (Meanley et al. 2016).

Durkheim described religion as a social institution that has provided sacred myths that engage and unite people; the myths, in turn, inspire rituals that can help facilitate one's exploration of a world that is not solely terrestrial (Emirbayer 2003). Engaging in spiritual or sacred experiences, alone or in a group, can help perpetuate a cycle of positive outcomes (Son & Wilson 2011; Ellison & Levin 1998; Yeary et al. 2012). Those shared spiritual experiences further bond the group, contributing to the sense of belonging the members feel (Roberts & Yamane 2012, 69-84). A shared a worldview or moral code within a group can augment and affirm members' beliefs, which can then strengthen social bonds within the group. Durkheimian theory suggests the positive association between religiosity and health or well-

being could be related to social integration (Berkman, Glass, Brissette, & Seeman 2000; Greenfield et al. 2009); a mark of religious communities is often strong social integration of their members through shared beliefs. Durkheim theorized that the groups' beliefs become internalized as part of the individual (Emirbayer 2003); if the beliefs are ones that foster good feelings, they could protect the individual's mental health. The combination of strong social ties and positive beliefs could support Durkheim's theory that fewer suicides occur when the sense of community is stronger (Emirbayer 2003).

In addition, Bourdieu's theories propose religion as an institution as a creator and promoter of social capital (Maselko, Hughes, & Cheney 2011; Yeary et al. 2012, 332). Membership in religious groups provides social standing and a social network (Richardson 1986), both of which provide support to those affiliated with the organization. Maselko et al. viewed religious social capital as "social resources available to individuals and groups through their social connections with a religious community" such as social bonding, common beliefs, trust, and social support (2011, 4-5). Behaviors and attitudes promoted by religious beliefs, including being content, forgiving, or caring toward others, can encourage positive feelings which can lead to lower rates of depression (Ellison & Levin 1998). The acquired social capital could be leveraged for the protective health factors religiosity affords. These effects could be from accumulated social capital from group integration, or from community structures that control aspects of lifestyle, encourage self-esteem, and offer social support when needed (Ellison & Levin 1998, 703).

Studies have illustrated that the social support found in religiosity is generally linked to positive effects on mental health (Barnes & Meyer 2012, 505; Page, Lindahl, & Malik 2013). Those who are religious have been found to have better mental health overall, including those in

groups prone to higher stress levels (Son & Wilson 2011). For many LGBTQ people, religious involvement might not provide social capital; in fact, it could contribute to minority stress, which involves the negative effects of biases and bigotry within a society that are directed at a particular group (Meyer 2003). Those in minority populations often expect to face rejection from others, as well as microaggressions in daily interactions that can be detrimental to one's emotional well-being and general health (Frost, Lehavot, & Meyer 2015).

2.2 Religious and LGBTQ Identities, and Implications for Health

Though cultural views are shifting, religiosity in the United States has been associated with judgmental views on homosexuality (Page et al. 2013; Gibbs 2015). When religious and LGBTQ identities overlap, outcomes for well-being can be mixed. For Christian LGBTQ individuals, specifically, religiosity does not necessarily carry the well-being benefits found in the general population (Schuck & Liddle 2001; Dahl & Galliher 2012[a]; Dahl & Galliher 2012[b]; Dunbar 2014; Higa, Hoppe, Lindhorst, Mincer, Beadnell, Morrison, Wells, Todd, & Mountz 2014; Lytle et al. 2018). Those who are in both religious and LGBTQ circles often experience internalized homophobia and higher levels of discrimination, which decreases well-being (Gibbs 2015; Lytle et al. 2018).

While religious – specifically Christian – views on LGBTQ identities often seem to be a dichotomy between sexual orientation and gender identity being either inherent or a choice, attitudes reflected in these circles tend to be a bit more nuanced. In a way similar to current understandings of gender identity and sexual orientation, Christian perspectives on homosexuality tend to fall along a spectrum ranging from homonegativity ("God Hates Fags") to homopositivity ("Godly Calling") (Moon 2014, 1215). On one end is a full rejection of LGBTQ people, and on the other is full inclusivity. The mid-range, which Moon ranked as "Love the

Sinner, Hate the Sin", "We Don't Talk About That", "They Can't Help It", and "God's Good Gift", illustrates the spread of possibilities (2014, 1217-1218).

A study conducted in the late 1990s found that many "liberal mainline participants" often approached the debate from a biological standpoint, which falls on the homopositivity side of Moon's proposed spectrum; they argued that sexual orientation is a state in which one is born, which means attraction to members of one's own sex is "ordained by God" (Sullivan-Blum 2006, 203). In 2003, the UCC affirmed that "God has brought forth human beings as creatures who are male, female, and sometimes dramatically or subtly a complex mix of male and female in their bodies" (1). This view takes the pressure off the individual because God planned their sexual orientation and/or gender identity; they are simply to live the way God intended. LGBTQ individuals in affirming religious communities experienced positive effects including better relationships with others, a sense of purpose, and inner strength (Rosenkrantz, Rostosky, Riggle, & Cook 2016).

In contrast to liberal mainline Christians, Evangelicals were found to view gender and sexual orientation as much more static conditions; gender identity is immutable and innate, and heterosexual marriage is the only union that is legitimate (CBMW; Sullivan-Blum 2006). Any variation in sexual orientation or gender identity is perceived as the individual's choice – which makes accepting one's LGBTQ identity a sin. For LGBTQ people from these types of religious communities, being ostracized from family and community members was a common experience (Rostosky, Riggle, Brodnicki, & Olson 2008). In religious communities that hold these views, rejecting those who are variant is morally justifiable; to not do so would be condoning sin.

In several studies, participants often found themselves in the middle of those viewpoints: on one side, reducing sexual orientation to biology removed an aspect of their free will; on the

other, describing it as biological or natural made it part of God's plan and therefore morally acceptable, leaving them guilt-free (Sullivan-Blum 2006, 211-212). For an LGBTQ person steeped in this culture, the range of perspectives could lead to a variety of results. Some felt as though they should leave religion entirely, believing all groups were like the ones they had departed, but others found the sense of religious community vitally important (Rostosky et al. 2008). Others experienced interactions with "fundamentalist Christianity in the Bible Belt" that led to negative outcomes, partially because Christianity in that area is not simply a belief system; it is a way of life (Barton 2010, 466). LGBTQ people in more conservative areas have faced public prejudice and dehumanizing legislative debates, prompting more internal conflict about identities (Rostosky et al. 2008; Barton 2010). That internal struggle seems especially pronounced in fundamentalist circles, where same-sex attraction is almost a guaranteed one-way ticket to hell. When someone entrenched in that sort of community is unable to "pray away the gay", the spiral into depression, self-harm, or suicide can seem inevitable.

In a study on young gay and bisexual men who identified as religious or spiritual, researchers found similar results (Meanley et al. 2016). If those surveyed were more devout, or reported higher levels of participation in religious communities, their levels of mental well-being were lower. However, Meanley et al. do not call for total disengagement from spiritual communities, citing the beneficial aspects of religion; they simply advise caution when finding and selecting groups in which one should participate. Research suggests that a synthesis of formerly conflicting identities – namely LGBTQ and Christian ones – can provide higher levels of wellbeing (Rodriguez & Ouellette 2000; Page et al. 2013; Higa et al. 2014; Meanley et al. 2016; Rosenkrantz et al. 2016). Viewing LGBTQ identities as designed by God affirms LGBTQ people as having a gift, or having been called by God (Moon 2014, 1228-1235), and

congregations holding this view of LGBTQ individuals can help them cope with previous rejection (Barton 2010, 477-478). If groups can evolve to adapt to these seemingly irreconcilable identities, they could provide the positive effects of religion without the ostracizing factors often found in religious communities.

2.3 LGBTQ Health, Identity, and Community Involvement

In contrast to heterosexual, cisgender religious people, the LGBTQ population often has less positive physical and mental health outcomes (Institute of Medicine 2011). For LGBTQ-identified individuals, especially youth, previous studies have shown higher rates of suicidality and risk-taking behaviors than among their straight, cisgender counterparts (McDermott, Roen, & Scourfield 2008; Lytle et al. 2018). In recent years, though, changes in society, such as nationwide marriage equality and shifting cultural opinions, have improved conditions for LGBTQ people. A decrease in societal stigma against LGBTQ people over the last few years has increased access to health care, which in turn increases well-being (Gates 2013). However, LGBTQ people often face discrimination when they require treatment from medical professionals; they are questioned about their sexual practices, and their familial status is put into question (Wahlert & Fiester 2014). Facing bias and judgment from medical facilities can keep some from accessing insurance and healthcare, which limits the potential for preventive services (Owens, Riggle, & Rostosky 2007).

Despite some of the recent improvements, discrimination in society in general is also a problem for LGBTQ individuals. Misunderstandings of gender identity and sexual orientation often fuel biases. A person's gender identity affects how they see themselves, whereas their sexual orientation determines who they find attractive. The two are easily conflated, especially when discussing LGBTQ people as a whole. For example, one study detailed instances of

homophobia LGBTQ individuals experienced. Almost all of the street harassment directed toward lesbians or gay men related to others' perceptions of their gender identity, as there was no outward indication of their sexual orientation (McDermott et al. 2008, 820-821). Being faced with homophobia often spurs individuals to adjust their behaviors. Some change how they present themselves publicly, routes they take to work or school, or how they react to harassment. In many cases, these changes do not resolve emotional or mental distress (McDermott et al. 2008); in fact, research has shown that just the potential for experiencing prejudice or discrimination causes minority stress, which can lead poorer mental health (Meyer 2003; Page et al. 2013). However, when individuals make their gender identities or sexual orientations a point of pride, it provides them with a sense of strength or fortitude (McDermott et al. 2008, 825). Cultivating that feeling could correspond with a higher sense of well-being.

Another way well-being could increase for LGBTQ individuals involves having a solid support system. While religious communities can provide substantial benefits for members, they are not something in which everyone fits or wants to be involved. As previously mentioned, there are several prominent religious groups such as the CBMW, or denominations such as the SBC or AG churches, that make their exclusionary stances clear. Despite the discriminatory views of some religious organizations, LGBTQ people who are unaffiliated with religious groups are not necessarily lacking in community support. Previous research has shown that LGBTQ individuals often create their own communities by necessity if or when their biological families have ostracized them. These networks are, in many ways, a surrogate family (Denney, Gorman, & Barrera 2013). They are formed through "varying degrees of adversity", and are intentional and ritualized (Oswald 2002, 374-378). The social bonds created in surrogate families provide a sense of structure for members of the group, and the groups themselves are often in flux or fluid,

embracing variation within them (Oswald 2002, 380). Further, the constructed communities furnish vital support, both materially and socially, which "promotes resilience of the entire group" (Oswald 2002, 378). In that way, a constructed LGBTQ group can have some of the positive effects of a religious group, such as a sense of belonging and structure.

The familial aspect of community is important, but involvement in the larger community is also vital. Within the larger community, members can pool physical and informational resources, and band together to change heteronormative policies in society (Oswald 2002). As those in the group participate in political, social, or cultural events, they are visible to other communities, which fosters acceptance into society at large. Sometimes, the group members work to reconcile religious doctrine to their lives, which has the potential to alleviate some of the internal struggles they could be facing (Barton 2010, 466; Oswald 2002, 380). Some of the well-being disparities faced by those who are LGBTQ can be nearly eliminated when supportive communities exist (Denney et al. 2013; McDermott et al. 2008).

2.4 Current Study

The current study expands upon previous research by examining differences in emotional well-being for LGBTQ adults based on religiosity, religious attendance, connection to the LGBTQ community, and involvement with LGBTQ events, taking into account age, gender identity, education, race, and income. Specifically, this study seeks to answer the following questions:

1) How is religious involvement associated with emotional well-being within the LGBTQ population?
2) How is involvement in LGBTQ groups and connection to a larger community, associated with emotional well-being for LGBTQ people?

3) Does religiosity moderate the association between LGBTQ involvement and emotional well-being for LGBTQ individuals?

CHAPTER THREE

CONCEPTUAL MODEL AND HYPOTHESES

3.1 Conceptual Model

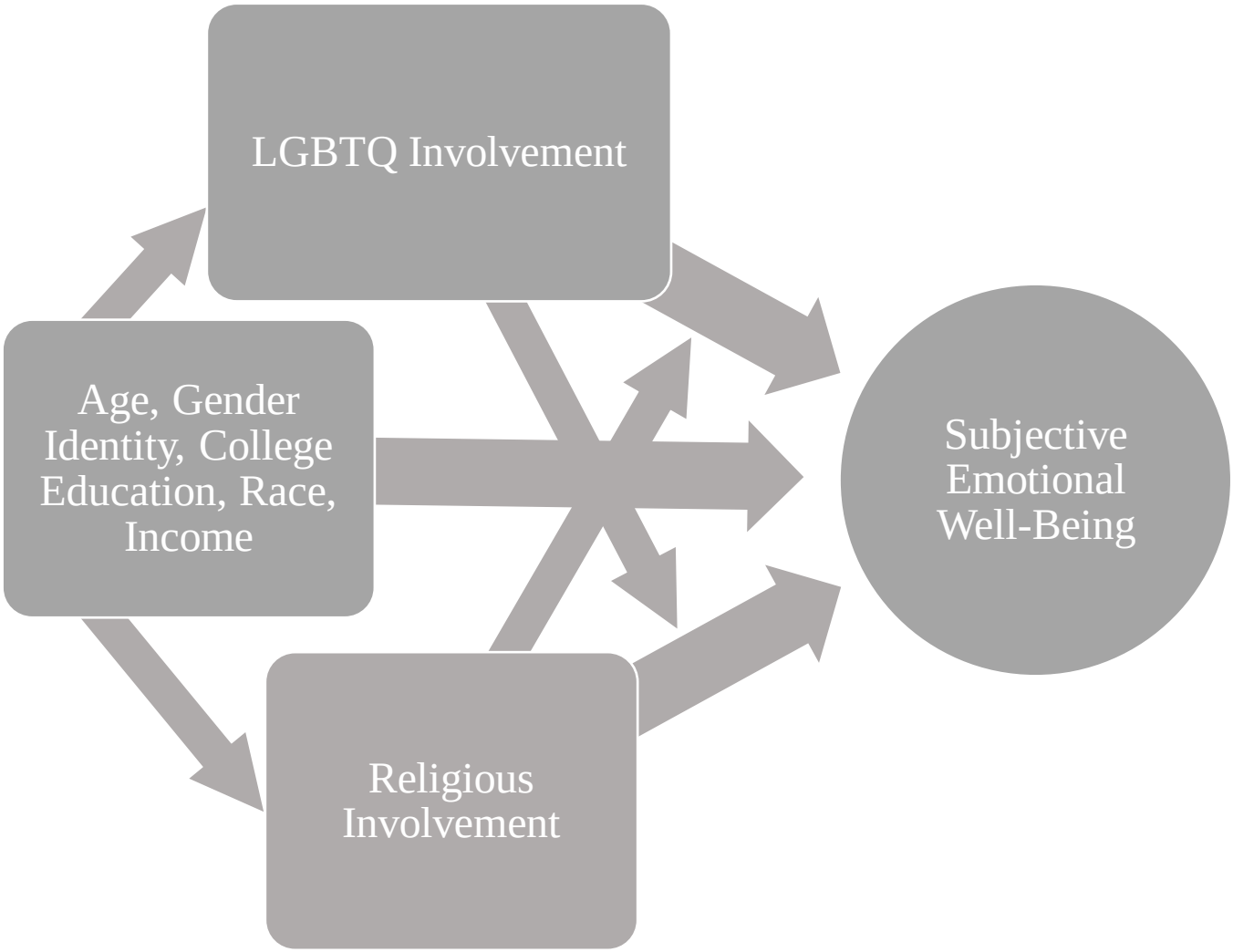

Figure 1

The conceptual model illustrates the hypothesized relationships between religious involvement and subjective emotional well-being; LGBTQ involvement and emotional well-being; how religious involvement may moderate the relationship between LGBTQ involvement and emotional well-being; and how LGBTQ involvement could moderate the relationship

between religious involvement and subjective emotional well-being. Further, it examines the relationships between control variables, religious involvement, LGBTQ involvement, and subjective emotional well-being, controlling for individual demographic factors.

3.2 Research Question 1

The first question explores associations between religious involvement and emotional well-being for LGBTQ people, net of control factors. Prior research suggests there is a positive relationship between these variables for the general population, because religion provides community structure and support and is often associated with better health and well-being overall (Son & Wilson 2011). However, as previously discussed, minority stress may diminish the positive effects of religiosity for the LGBTQ population (Meyer 2003; Frost et al. 2015). Based on those intersecting factors, the following is suggested:

Hypothesis 1: In the LGBTQ population, religious involvement – including religiosity and attendance – will have a negative association with emotional well-being when controlling for other factors.

3.3 Research Question 2

The second question examines relationships between involvement in LGBTQ-related activities, sense of connection to the LGBTQ community, and emotional well-being, net of other factors. Previously mentioned research connects structures of social support with emotional well-being (McDermott et al. 2008; Denney et al. 2013); therefore, building from that association:

Hypothesis 2: LGBTQ community engagement and connection to the LGBTQ community will have a positive relationship with emotional well-being for LGBTQ individuals, net of other factors.

3.4 Research Question 3

The third question assesses religious involvement in conjunction with LGBTQ involvement to examine how they could interact to influence emotional well-being outcomes for LGBTQ individuals. Past research stressed the importance of both religious involvement and LGBTQ involvement in relation to emotional well-being (McDermott et al. 2008; Son & Wilson 2011; Denney et al. 2013), and synthesizing those intersecting identities was found to be beneficial for individuals (Barton 2010; Moon 2014). Essentially, this means that if religion is a positive influence on LGBTQ identity for a person, their sense of emotional well-being will be better. The previous research suggests a relationship between those factors, therefore:

Hypothesis 3: If religion is a positive influence on LGBTQ identity, religious involvement and LGBTQ involvement will have a positive association with emotional well-being when controlling for other factors. However, if religion is a negative influence on LGBTQ identity, religious involvement could have a negative association with emotional well-being, while LGBTQ involvement would have a more positive association with emotional well-being.

CHAPTER FOUR

DATA AND METHODS

4.1 Data

The data set originated with the Social Justice Sexuality Project, 2010 (SJSP), which is a survey of multiracial lesbian, gay, bisexual, and transgender (LGBT) individuals, as well as straight respondents (SJSP 2010). The data were compiled by researchers at City University of New York – Graduate Center. The survey included over 5,000 respondents from all 50 states, Washington, D.C., and Puerto Rico. Participants were recruited from community events, snowball sampling, respondent-driven sampling, and from the internet. Those surveyed were from urban, suburban, and rural areas, and ranged in age from thirteen to ninety.

The SJSP is non-probability, so it is not representative of the population as a whole. A potential drawback is that those willing to answer surveys are more well-off socioeconomically, which narrows the potential field of representation because most do not fall into higher socioeconomic brackets (Gates 2013). However, diversity in LGBTQ representation is increasing as stigma decreases (Gates 2013, 73), which provides a broader spectrum of opinions and experiences. While the dataset does not necessarily accurately depict the LGBTQ population as a whole, it is useful for this particular study because it surveyed this population which is often underrepresented.

4.2 Sample

Cases missing data on any of the relevant measurements were excluded, as were any respondents who were heterosexual or under the age of eighteen. Around 200 cases were dropped when selecting only LGB participants, and close to 1,000 respondents were under

eighteen. About 1,600 cases were missing data for one or more questions. After those cases were removed, 2,939 remained.

4.3 Variables

4.3.1 Dependent Variable

The dependent variable is a measurement of emotional well-being. This is measured by respondents' answers to four questions, all of which started with "Over the past week, how often have you felt...", and were ranked on a Likert-type scale ranging from 1 "never" to 5 "most of the time": 1) "That you were just as good as other people", 2) "Hopeful about the future", 3) "Happy", and 4) "That you enjoyed life". A higher value indicates a better sense of well-being.

For these four questions, Cronbach's alpha was .879, indicating that these questions could combine reliably into a scale measurement of well-being. They were combined by taking the mean across items, and the resulting scale values ranged from 1-4.

4.3.2 Key Independent Variables

4.3.2.1 Religious Involvement

One independent variable is a measurement of religiosity, or one's involvement in various aspects of their religion, which came from a series of five questions: 1) "I pray daily", 2) "I look to my faith as providing meaning and purpose in my life", 3) "I consider myself active in my faith or religious institution", 4) "I enjoy being around others who share my faith", and 5) "My faith impacts many of my decisions". All of these variables were also ranked on a Likert-type scale on which 1 was "strongly disagree" and 4 was "strongly agree". Higher numbers indicated higher levels of religiosity. For these five questions, Cronbach's alpha was .936, which indicated that they could reliably combine into a scale measurement of religiosity. The questions

were combined across the means of the original variables, and the resulting scale values ranged from 1-4.

Religious service attendance comprised a second variable. The answers to the original question were on an 8-point scale, which included "Never", "Less than once a year", "Once or twice a year", "Several times per year", "About once a month", "2-3 times per month", "Nearly every week", and "Every Week". It was recoded to simplify analysis; the recoded variable was on a 5-point scale, and included "Never", "Rarely", "Sometimes", "Very Often", and "Always". Higher numbers indicated more frequent religious service attendance.

Finally, the third variable examined religion as a positive or negative influence on coming to terms with LGBTQ identities. It was a 7-point scale ranging from 1 "Negative influence" to 7 "Positive influence". Higher numbers indicated more positive experiences related to LGBT identities in religious environments.

4.3.2.2 LGBTQ Community Involvement

Another set of independent variables examined cultural engagement with the LGBTQ community, and connection to the LGBTQ community. LGBTQ cultural engagement was measured by six questions about participation with politics, groups, organizations, or activities on a 6-point scale ranging from 1 "Never" to 6 "More than once a week". These had a Cronbach's alpha of .742, so they could be combined reliably into a scale based on the mean across the six items. Some of the ways respondents could be engaged with the community were political events, cultural events, reading or browsing LGBT publications or websites, buying products, or donating money.

Connection to the LGBTQ community was measured by respondents' levels of agreement with three statements: 1) "I feel connected to my local LGBT community", 2) "I feel

that the problems faced by the LGBT community are also my problems", and 3) "I feel a bond with other LGBT people". These were scored on a 6-point scale ranging from 1 "Strongly disagree" to 6 "Strongly agree"; with a Cronbach's alpha of .729, they could be combined into a scale measure created using the mean across the original questions.

4.3.3 Control Variables

The control variables were chosen from demographics that are frequently used as controls, and measured religious affiliation, race, age cohort, reported gender identity, education level, and income. For religious affiliations, the original categories in the dataset were Catholic, Protestant, Jewish, Muslim or Islamic, Atheist, Agnostic, None, and Other. A few of the groups were too small to leave separated, so Muslim respondents were placed in the "Other" category. Atheists and Agnostics also made up a fairly small percentage, so they were combined into one category. When recoding was finished, six categories were left: Catholic, Protestant, Jewish, Atheist/Agnostic, None, and Other. These were made into dummy variables for analysis, and Protestant was used as the reference group.

Previous research indicated that racial identities play a role in multiple areas, including religious involvement and minority stress (Barnes & Meyer 2012). As noted earlier, minority stress can contribute to lower emotional well-being. Racial categories in the dataset originally included Only Black, Only Hispanic/Latina/o, Only Asian/Pacific Islander, Only White, Only Native American, Multiracial, or Other. The Native American category of respondents was small, so it was combined with Other. This left six racial categories, which were made into dummy variables. The reference group was Only White.

Gender identity has previously been associated with religiosity, particularly that women are generally more religious than men, at least in Christianity (Sullins 2006, 846). To compile

the dataset, the initial researchers asked respondents their gender identity, with the possible responses of male, female, male-to-female transgender, female-to-male transgender, or other. They recoded gender identity into a three-category variable: male, female, and gender variant. The variable with three categories was the one used for this analysis, but it was coded into binary variables (1 "Yes", 0 "No") for analysis, with male as the reference group.

Increases in age have been associated with higher levels of well-being (Nilsson, Leppert, Simonsson, & Starrin 2010). The age variable in this dataset was originally a continuous variable, ranging from 13 through 99. It was then restricted to adult respondents (eighteen and older). After removing minors from the cases to be examined, age was divided into generational cohorts: 1) "Millennial", 2 "Generation X", and 3) "Baby Boomer/Silent Generation". The millennial category included those born between 1980 and 1992, the Generation X group included those born between 1965 and 1979, and the Baby Boomers/Silent Generation category encompassed those born in 1964 or earlier.

Two measures of socioeconomic status were included: level of education and annual income. Higher educational attainment has been previously associated with higher levels of well-being (Reynolds & Baird 2010). Education was an ordinal scale in the data set, categorized as "Less than High School", "High School diploma or GED", "Some college, no degree", "Associates Degree", "Bachelor's Degree", "Some Graduate/Professional school", and "Graduate/Professional degree". For analysis, this was recoded into a binary variable reflecting whether respondents had graduated from college or not. Previous research has associated annual income with emotional well-being (Kahneman & Deaton 2010). This variable was recorded in twelve categories ranging from "less than $8,500" to "$100,000 and over", and was left continuous. No recoding was performed.

CHAPTER FIVE

RESULTS

5.1 Univariate Analysis

Means, standard deviations, and ranges for all ordinal and interval level variables, including scales, can be found on Table 1. Frequencies for all nominal level variables can be found on Table 2. The frequencies for nominal variables are expressed as proportions.

5.1.1 Dependent Variable – Emotional Well-Being

The dependent variable, a scale measure of respondents' emotional well-being, had a range from 1-4 (where 1 represented the lowest level of emotional well-being, and 4 represented the highest level of emotional well-being), and a mean score of 3.26 (SD = .72), which was closer to the high end of the range. This indicates, on average, those in the sample usually felt positive or optimistic about their lives.

5.1.2 Independent Variables

5.1.2.1 Religious Involvement

5.1.2.1.1 Religiosity

The first independent variable was a scale measure of respondents' level of religiosity, ranging from 1-4, where 1 indicated a low level of religiosity, and 4 indicated a high level of religiosity. It had a mean score of 2.59 (SD = 1.01). In general, respondents were moderately religious.

5.1.2.1.2 Religious Attendance

The second independent variable was a scale measurement of religious attendance. It had ranged from 1-5, where 1 indicated never attending services, and 5 indicated always attending

services. The mean score was 2.56 (SD = 1.32), so, on average, respondents attended services somewhere between rarely and sometimes.

5.1.2.1.3 Religious Influence on LGBT Identity

The third independent variable was a scale measure of whether religion was a positive or negative influence when respondents were coming to terms with their LGBT identities. It had a range from 1 to 7, with one being negative. It had a mean score of 3.64 (SD = 1.81). On average, religion was neither a positive nor a negative influence for respondents.

5.1.2.2 LGBTQ Involvement

5.1.2.2.1 LGBTQ Community Engagement

The fourth independent variable measured respondents' engagement with LGBTQ-related events and activities. It was a scale with a range of 1 to 6, in which a lower a number would indicate less engagement with LGBTQ events and activities, and a higher number would indicate more engagement in LGBTQ events and activities. The mean score was 3.29 (SD = .98), indicating a moderate level of engagement in LGBTQ community activities.

5.1.2.2.2 Connection to the LGBTQ Community

The final independent variable was a scale measure of respondents' connection to the LGBTQ community. Its range was between 1 and 6, where 1 indicates the weakest connection to the community, and a 6 indicates the strongest connection. With a mean score of 4.19 (SD = 1.23), respondents were fairly well-connected to the LGBTQ community.

5.1.3 Control Variables

Demographic variables included religious affiliation, race, age cohort, reported gender identity, college education, and income. A quarter of the sample was Christian – Catholic and Protestant each comprised 12.5% of the total. Those who identified their religious affiliation as

"Other" comprised 31.4% of the sample, and 26.3% of respondents had no religious affiliation. Atheists and agnostics comprised 11% of the sample, and Jewish respondents were 6.4%. According to the Pew Research Center, though, Catholics are about 21% of the population, Protestants comprise about 40%, and those who were religiously unaffiliated (including atheists and agnostics) are about 23% of the population (Pew Research Center 2018). This indicates that those who identify as traditionally Christian are underrepresented in the sample, and those who are otherwise affiliated or unaffiliated are overrepresented.

The largest racial category was those who were categorized as "Only Black" (32.4%). The "Only White" category was 24%, and LatinX respondents were 14.9% of the sample. Multiracial respondents comprised 13.5% of the sample, and the "Only Other" and "Only Asian/Pacific Islander" categories were both under 10% of the total. However, the racial distribution in the dataset does not reflect the actual U.S. population. In actuality, non-Hispanic Whites comprised about 61% of the population (Whites, including LatinX, comprised about 77% of the population) (United States Census Bureau 2010).

For age cohorts, Millennials were the largest group, containing 44.1% of the sample. Generation X respondents were 32.4% of the total, and Baby Boomers/Silent Generation were 23.5% of the sample. For gender identity, those who identified as male were the majority of the sample, at 53%. Those who identified as female comprised 44.3% of the total, and gender variant individuals were 2.6% of the sample. Overall, respondents were fairly well-educated; 51.6% had obtained a college degree. This does not reflect the actual distribution, however; in 2010, the Census Bureau reported fewer than 20% of respondents having bachelor's degrees for all age, gender, and race demographic groups, except those who were Asian (27.4%) (United States Census Bureau 2010).

Regarding income, the largest percentage of respondents made between $50,000 to $74,999 (19.1%). 35% of the respondents made less than $30,000 annually (comprising seven of the income categories). Nearly a quarter made between $30,000 to $49,999 per year, and 11.9% made over $100,000 annually.

5.2 Bivariate Analyses

5.2.1 Correlations Between Emotional Well-Being, Religious Involvement, and LGBTQ Involvement

A correlation test was conducted to assess how religiosity, religious attendance, religion as a positive or negative influence on coming to terms with LGBT identity, LGBTQ involvement, and connection to the LGBTQ community predicted emotional well-being (Table 3). Religiosity and emotional well-being had one of the strongest statistically significant correlation for the variables listed, but overall, it was a weak correlation ($r = .159$, $p < .01$). Religious attendance was weakly and positively correlated with emotional well-being ($r = .109$, $p < .01$). Religion as a positive or negative influence on coming to terms with LGBTQ identity was also weakly and positively correlated with emotional well-being ($r = .116$, $p < .01$), which means if religion had a more positive influence on LGBTQ identity, emotional well-being was better. Involvement with LGBTQ activities was weakly and positively correlated with emotional well-being ($r = .083$, $p < .01$). Connection to the LGBTQ community had a slightly stronger correlation to emotional well-being ($r = .141$, $p < .01$), meaning that a stronger connection to the LGBTQ community was associated with better emotional well-being, but the relationship was still weak.

When examining differences between independent variables, religiosity and religious attendance had a strong, statistically significant correlation ($r = .632$, $p < .01$). Religiosity and

religion as an influence on LGBTQ identity had a weak correlation ($r = .116$, $p < .01$). LGBTQ participation and connection to the LGBTQ community were also moderately correlated ($r = .310$, $p < .01$). LGBTQ cultural engagement was not statistically significantly correlated with religiosity or religious influence with a large enough effect size to be relevant. Connection to the LGBTQ community was also not statistically significantly correlated with religiosity, religious attendance, or religious influence with a large enough effect size to be relevant.

5.2.2 Control Variables as Associated with Dependent and Independent Variables

Several one-way analysis of variance (ANOVA) tests were conducted to assess relationships between individual control variables and emotional well-being, religious involvement, and LGBTQ involvement. The control variables included in the ANOVAs were religious affiliation, race, age cohort, and gender identity. To examine relationships between college education and emotional well-being, religious involvement, and LGBTQ involvement, several t-tests were conducted. To assess relationships between income and emotional well-being, religious involvement, and LGBTQ involvement, a correlation test was conducted.

5.2.2.1 Religious Affiliation

A one-way analysis of variance (ANOVA) was conducted to examine associations between religious affiliation and emotional well-being, religious involvement, and LGBTQ involvement (Table 4). For religious affiliations, Protestants had the highest means for emotional well-being, religiosity, religious attendance, and religion as a positive influence on LGBTQ identity. The means for Protestants were tied with ones for those who identified with the "Other" affiliation for LGBTQ cultural involvement, and Atheists/Agnostics had slightly higher means for connection to the LGBTQ community. There appears to be a strong

relationship between religious affiliation and emotional well-being ($F = 14.52$, $p < .001$). There also appears to be strong relationships between religious affiliation and religiosity ($F = 261.57$, $p < .001$), religious attendance ($F = 175.67$, $p < .001$), religious influence on LGBTQ identity ($F = 23.90$, $p < .001$), and connection to the LGBTQ community ($F = 3.61$, $p < .01$).

5.2.2.2 Race

Among the six racial categories, Black respondents had the highest means for emotional well-being, followed by LatinX, Multiracial, Other, and White (Table 5). Asian/Pacific Islander had the lowest means. There appears to be a significant relationship between race and emotional well-being ($F = 4.18$, $p < .01$). For religiosity, Black respondents also had the highest means, followed by Other, Multiracial, Latinx, White, and Asian Pacific Islander. There appears to be a strong relationship between race and religiosity ($F = 59.26$, $p < .001$). For religious attendance, Black respondents, again, had the highest means, followed by those who were Multiracial, identified as Other or LatinX – those two groups had the same mean – Whites, and Asian/Pacific Islanders. There appears to be a strong relationship between race and religious attendance as well ($F = 42.10$, $p < .001$), and between race and religious influence on LGBTQ identity ($F = 5.98$, $p. < .001$). There seems to be no significant relationship between race and LGBTQ cultural involvement, but there is a statistically significant relationship between race and connection to the LGBTQ community ($F = 2.78$, $p < .05$); for that relationship, White respondents had the highest mean.

5.2.2.3 Age Cohort

For age cohorts, those in the Baby Boomers/Silent Generation reported the highest means for both emotional well-being and religiosity (Table 6). On both measures, Generation X had the second highest means, and Millennials had the lowest means. There appears to be a strong

relationship between age cohort and emotional well-being ($F = 19.40$, $p < .001$). There also appears to be a strong relationship between age cohort and religiosity ($F = 58.44$, $p < .001$). For the other four areas examined, the Baby Boomers/Silent Generation group had the highest means; the only area in which Millennials did not have the lowest mean was connection to the LGBTQ community, where the mean was slightly higher for them than for Generation X. There appears to be strong relationships between age cohort and religious attendance ($F = 46.13$, $p <$. 001), religious influence on LGBTQ identity ($F = 19.94$, $p < .001$), LGBTQ cultural engagement ($F = 12.50$, $p < .001$), and connection to the LGBTQ community ($F = 9.89$, $p < .001$).

5.2.2.4 Gender Identity

For gender identity, those who identified as female had the highest means for well-being, and those who identified as gender variant had the lowest means (Table 7). There appears to be a strong relationship between gender identity and emotional well-being ($F = 11.99$, $p < .05$). For religiosity, means for those who identified as female were a little higher than means for those who identified as male. Those who identified as gender variant had the lowest means. There appears to be no relationship between religiosity and gender identity ($F = .03$, $p > .05$). Gender identity and religious attendance also appeared to have no relationship. There appears to be a relationship between religious influence on LGBTQ identity ($F = 3.01$, $p < .05$), and those who identified as gender variant had the highest mean. There seem to be stronger relationships between gender and LGBTQ cultural engagement ($F = 18.53$, $p < .001$), and connection to the LGBTQ community ($F = 8.16$, $p < .001$).

5.2.2.5 College Education

To compare means for those who had earned a bachelor's degree or higher with those who had not, six independent samples t-tests were conducted (Table 8). Those who had a

bachelor's degree or higher ($\bar{x} = 3.33$) had higher levels of emotional well-being than those who did not ($\bar{x} = 3.18$), and the difference was statistically significant (t = -5.593, p < .05). For religiosity, means for those without a bachelor's degree were higher than means for those with a bachelor's, but the difference was not statistically significant (t = 1.131, p > .05). Those with a four-year degree or higher ($\bar{x} = 2.59$) had higher rates of religious service attendance than those who did not ($\bar{x} = 2.51$), but this difference was also not statistically significant (t = -1.765, p > .05). As shown on Table 8, those without a bachelor's degree ($\bar{x} = 3.67$) saw religion as a positive influence in coming to terms with their LGBTQ identity more than their college-educated counterparts ($\bar{x} = 3.61$), but the difference in means was not statistically significant (t = .837, p >.05). Those with a four-year degree or higher ($\bar{x} = 3.35$) were more engaged in LGBTQ cultural events and activities than those without a bachelor's degree ($\bar{x} = 3.23$), and the difference was statistically significant (t = -3.351, p < .01). Finally, those with a bachelor's degree or higher ($\bar{x} = 4.23$) felt more connected to the LGBTQ community than those without a four-year degree ($\bar{x} = 4.15$), but the difference in means was not statistically significant (t = -1.749, p > .05).

5.2.2.6 Income

The relationships between income and emotional well-being, religiosity, religious attendance, religious influence on LGBTQ identity, LGBTQ cultural engagement, and connection to the LGBTQ community were examined in a correlations test (Table 3). Annual income was found to have the strongest, positive, statistically significant correlation to emotional well-being (r = .178, p < .01) as compared to the other variables on the table that were previously discussed in section 5.2.1, though it was still a fairly weak correlation. Income also had statistically significant correlations with religious attendance (r = .048, p < .01), and LGBTQ

cultural engagement (r = .075, p < .01), but in both cases, they were not particularly strong correlations.

5.3 Multivariate Analyses

5.3.1 Tests for Assumptions

The dependent variable was not normally distributed, but there were 2,939 cases. Also, the mean value of the residuals is zero, indicating the model is a good fit. None of the independent variables were correlated over .50 with any other independent variable. Tests for outliers were also conducted. The maximum found in the Mahalonobis distance test was 71, but the maximum for the Cook's distance test was less than 1. The number of outliers in the sample was less than 2% of the total sample, so the outliers were not removed.

Four ordinary least squares regression analyses were conducted to evaluate how well the variables for religiosity, religious attendance, religion as a positive or negative influence on accepting LGBTQ identity, LGBTQ cultural engagement, connection to the LGBTQ community, and religious affiliation predicted respondents' self-reported sense of emotional well-being, controlling for other factors (Table 7). The first two models were used to gauge how well the religious and LGBTQ variables predicted outcomes separately. Model 3 put religious variables and LGBTQ variables together for analysis, Model 4 added interactions between religiosity and LGBTQ factors.

5.3.2 Model 1 – Religious Involvement

In model 1, religiosity, religious attendance, and religion as an influence on LGBTQ identity were compared to emotional well-being, net of other factors. Religiosity and religion as an influence on LGBTQ identity both had a small, positive relationship with emotional well-being (b = .073 and b = .034, respectively) controlling for other factors. All religious affiliations,

when compared to Protestants, had lower emotional well-being. In comparison to Millennials, Generation X respondents had lower emotional well-being, but Baby Boomers/Silent Generation respondents had higher emotional well-being when controlling for other factors. Net of other factors, those who were gender variant had a lower sense of well-being as compared to those who identified as male (b = -.327); female respondents had a higher sense of well-being than those who identified as male (b = .016). Having a college degree had a small, positive relationship with emotional well-being (b = .088). Among racial groups, Asians/Pacific Islanders were the only ones to have significantly lower emotional well-being when compared to their White counterparts (b = -.070). The adjusted R-squared for this model was .080, which means about 8% of the variance can be explained by this model.

5.3.3 Model 2 – LGBTQ Involvement

In model 2, LGBTQ community connection, and LGBTQ cultural engagement variables, were examined in relation to well-being, controlling for other factors. An increase in engagement with LGBTQ events and activities was associated with an increase in emotional well-being (b = .015), net of other factors. Those with a stronger connection to the LGBTQ community reported higher levels of emotional well-being (b = .077). Four out of five of the religious groups still showed lower emotional well-being as compared to Protestants, net of other factors. Coefficients for other controls did not vary much from model 1. This model had an adjusted R-squared of .085, which is a small increase from model 1.

5.3.4 Model 3 – Religious Involvement and LGBTQ Involvement Combined

For model 3, measures of religiosity and LGBTQ community connection and engagement were considered simultaneously. The effect sizes for religiosity and LGBTQ community connection variables were slightly smaller in this model (b = .067 and b = .073, respectively)

than in the first and second ones. The coefficient for connection to the LGBTQ community was virtually the same size as the one in the previous model. Emotional well-being was lower for all religious affiliations in comparison to Protestants. The rest of the controls' coefficients were similar in size and directionality to the first two models. This model had an adjusted R-squared of .095 – approximately 9.5% of the variance can be explained by this model.

5.3.5 Model 4 – Religious and LGBTQ Involvement Combined, Plus Interactions

In the fourth model, all variables from the previous models were included, and six variables constructed to examine interactions between religious and LGBTQ variables were added. Coefficients for the control variables were similar in size and directionality to the other models. The coefficients for the variables created to examine interactions were quite small – none were greater than .013 in either direction (positive or negative). Only one of the variables created to examine the interactions between religious and LGBTQ factors provided a coefficient that was statistically significant. However, two of them had coefficients with similar effect sizes. The interaction for religion's influence on LGBTQ identity with connection to the LGBTQ community, shown in Figure 2 had an effect size of -.013. This means that when religion has a positive influence on LGBTQ identity, the effect of the connection to the LGBTQ community on emotional well-being was less important for emotional well-being; when religion has a negative influence, the effect of the connection to the LGBTQ community is more important for well-being. The interaction for religion's influence on LGBTQ identity with engagement with LGBTQ events or activities had an effect size of .013. This means that when religion has a positive influence on LGBTQ identity, the effect of the involvement in LGBTQ events on emotional well-being was larger. However, this interaction was not statistically significant. The adjusted R-squared for the fourth model is .091, which is slightly smaller than the R-squared for

model 3. This means that, of the four models, model 3 explains the largest percentage of the variance.

CHAPTER SIX

DISCUSSION

The intent of this study was to explore how religiosity is related to emotional well-being for LGBTQ people, and if other types of communities could provide similar benefits to those generally associated with religion. Further, this study examined interactions between religious and LGBTQ factors in predicting emotional well-being for LGBTQ individuals. Social integration theory and social capital theory both provide explanations for how religiosity and community involvement can both be protective factors for emotional well-being (Berkman et al. 2000; Greenfield et al. 2009; Maselko et al. 2011; Yeary et al. 2012), and minority stress theory contributed reasons why the generally protective facets of religion might not apply for LGBTQ individuals (Frost et al. 2015).

In all models, religious involvement and LGBTQ involvement were predictors of emotional well-being. Religiosity, religious influence on LGBTQ identity, and connection to the LGBTQ community were strong predictors of emotional well-being, indicating that connection to a community of some sort, religious or not, is beneficial for emotional well-being. As Oswald (2002) noted, having community structure is vitally important for emotional well-being because communities can provide a support system for members and create spaces to share ideas or find a greater sense of purpose.

6.1 Religious Involvement and Emotional Well-Being

As noted in the literature review, religious communities are marked by social integration of their members, and internalized beliefs could provide protective factors for emotional well-being (Berkman et al. 2000; Greenfield et al. 2009). The first research question focused on the

potential associations between religious involvement and emotional well-being for LGBTQ people. The hypothesis for this research question, that religious involvement would have a negative relationship with emotional well-being for LGBTQ individuals, was not supported. Findings indicated that both religiosity and religion's influence on coming to terms with LGBTQ identity were positively associated with emotional well-being. However, there was a negative relationship between religious attendance and emotional well-being, which would have partially supported the hypothesis, but it was not significant. As the numbers demonstrate, estimated effect sizes were small.

Based on previous research, which seemed to indicate the association between religiosity and emotional well-being would be negative for LGBTQ people (Rostosky et al. 2008; Barton 2010; Meanley et al. 2016), these results are a bit surprising. However, there has been evidence for religious involvement having a positive relationship with emotional well-being if religion had a positive influence on LGBTQ identity (Rodriguez & Oulette 2000; Page et al. 2013; Meanley et al. 2016; Rosenkrantz et al. 2016). In other words, if conflict between one's religious and LGBTQ identities are minimized, higher levels of emotional well-being are possible.

6.2 LGBTQ Involvement and Emotional Well-Being

Social integration theory applies to non-religious communities as well – alienation or isolation is lessened when one has a sense of community, and social ties seem to protect emotional well-being (Berkman et al. 2000; Denney et al. 2013). Engaging with and connecting to communities is especially important for the LGBTQ population because of the potential detrimental effects of minority stress in society at large (Meyer 2003). The second research question examined possible relationships between association and engagement with communities – outside of religion – and emotional well-being for LGBTQ people. The hypothesis for this

question, that engagement with and connection to LGBTQ communities would have a positive association with emotional well-being, was supported. Findings indicated that connection to the LGBTQ community had a positive, statistically significant relationship with emotional well-being, though the estimated effect size was small.

Despite the small effect sizes, the positive association between LGBTQ involvement and emotional well-being is important. As prior research indicated, social ties and support systems can greatly diminish well-being disparities for LGBTQ individuals (Oswald 2002; McDermott et al. 2008; Barton 2010; Denney et al. 2013). Considering cultural shifts toward LGBTQ acceptance in recent years, disparities could decrease further, lessening the effects of minority stress for this population.

6.3 Religious Involvement, LGBTQ Involvement, Interactions, and Emotional Well-Being

The final research question examined religious involvement, LGBTQ involvement, and how religious and LGBTQ involvement may interact to shape emotional well-being for LGBTQ individuals. The hypothesis was two-fold: if religion had a positive influence on coming to terms with LGBTQ identity, religious involvement and LGBTQ involvement could have a positive association with emotional well-being; however, if religion had a negative influence on coming to terms with LGBTQ identity, religious involvement could have a negative association with emotional well-being, while LGBTQ involvement would have a more positive association with emotional well-being. The fourth model partially supported this hypothesis; the interaction between religious influence and one LGBTQ involvement variable, connection to the LGBTQ community, had a positive, statistically significant relationship to emotional well-being, though the effect size was small. However, there was not a statistically significant relationship between religious influence on LGBTQ identity and engagement with the LGBTQ community. The other

variables measuring interactions between religious involvement and LGBTQ involvement did not have statistically significant associations with emotional well-being.

Much of the previous research conducted has illustrated how religious communities provide support and structure in society, but the results of this analysis seem to indicate other communities can have similar positive effects for their members. Regression models 2 and 3 showed connection to the LGBTQ community as the highest predictor for emotional well-being based on effect size. While model 2 did not include religious involvement, model 3 compared religious involvement and LGBTQ involvement and showed that LGBTQ involvement was a higher predictor than religious involvement for emotional well-being when they were in the same model.

6.4 Other Findings

Although religious affiliation was not the focus of this study, in all models other religious affiliations reported lower levels of emotional well-being when compared to Protestants. As the dominant religious group in American society, Protestants experience a level of social capital and privilege not afforded smaller groups.

An interesting finding was that income had the largest statistically significant correlation with well-being (Table 3), as well as the largest standardized betas in all four OLS regression models (Table 9). Income was included as a control variable but was not a focal point. From these results, however, it seems that an increase in income is one of the largest predictors of an increase in emotional well-being when controlling for other factors. Previous research supports these findings; Kahneman and Deaton found that levels of emotional well-being increase as annual income does (2010).

In addition, there were statistically significant associations between race/ethnicity and emotional well-being, with LatinX LGBTQ adults reporting higher levels of well-being than non-LatinX whites. This association could be related to "positive marginality" and "positive intersectionality" – accepting one minority status can make it easier to accept other minority statuses, which can protect emotional well-being (Ghabrial 2016, p. 52).

While Nilsson et al. (2010) found a positive association between increases in age and well-being, differences for age cohort groups were negligible. Only one model showed statistical significance, and the beta was small.

All four models showed statistically significant associations between gender and emotional well-being, with gender variant individuals reporting lower levels of well-being. Previous research found that those who are not cisgender often feel more distressed, and have higher rates of self-destructive behaviors, including substance abuse or suicidal ideation (McDermott et al. 2008; Lytle et al. 2018).

6.5 Limitations and Future Research

This study has some limitations. First, the dataset did not accurately represent some groups. For religious affiliation, Muslims, Atheists, and Agnostics were combined with other religious groups, which meant the results could not fully represent all of the respondents. Further, the sample did not include many gender non-conforming or transgender individuals, but the population is .06% (Hoffman 2016). Second, the dataset was not representative. LGBTQ people comprised the majority of those in the dataset but are not the majority population in the United States. White respondents only comprised 24% of the final sample selection, which does not represent the racial distribution of the United States – as mentioned previously, non-Hispanic Whites comprise around 61% of the U.S. population (U.S. Census Bureau 2010). In addition,

the distribution of religious groups was not representative; as previously stated, Protestants are about 40% of the U.S. population, and Catholics comprise 21%. In the sample from this dataset, those two categories together were 25% of the total.

While there are limitations in that results cannot be generalized to the population, the diversity represented in this study is a strength. The information provided in the dataset paints an intriguing image of the intersections between religiosity, LGBTQ community factors, and emotional well-being for the often-underrepresented LGBTQ demographic. The four regression models showed positive relationships between the variables, indicating that LGBTQ people are benefiting from some of the protective factors afforded by religiosity and community that the general population experience. Having those protective factors in place could improve overall health for this minority population over the next few decades.

Future research could include expansion of the data included in this dataset, or construction of one that is more representative of the population. Since this dataset was compiled in 2010, an update might show how societal changes like marriage equality and broader understandings of gender identities could relate to other factors, including emotional well-being. Some questions about intersecting identities and emotional well-being could be investigated further. The range of religious responses to LGBTQ people and issues shows a multifaceted issue with no simple solutions. Though resolution could be difficult to reach, it is vitally important for the health and emotional well-being of this minority population.

CHAPTER SEVEN

CONCLUSION

While this study's results cannot be generalized to the population, it does provide some encouraging findings for emotional well-being for LGBTQ people. Despite some of the negative stereotypes perpetuated through the culture war in the U.S. between some sects of Christianity and those with LGBTQ-affirming ideologies, the protective factors of religiosity still seem to apply for LGBTQ individuals. The positive relationship between religiosity and emotional well-being for LGBTQ participants was not large but still seems to indicate that some of the protective factors of religiosity are in place.

These implications are especially important when considering the previously referenced study about suicide rates for religious LGBTQ youth – those who viewed their religion as important were 38% more likely than their heterosexual, cisgender peers to have thought recently about suicide (Lytle et al. 2018). As Durkheimian theory suggests, social integration could play a role in the positive association between religious involvement and emotional well-being (Berkman et al. 2000; Greenfield et al. 2009). If some of the protective properties of religious involvement come from a sense of community and do, in fact, apply for LGBTQ people, these rates might begin to decrease over the next few years if society as a whole continues to progress toward inclusion and equality. Considering that several religious groups fully include LGBTQ members, with other groups leaning that direction (Barton 2010; Kapinus et al. 2010), it seems plausible that some of the aspects of minority stress – facing biases, microaggressions, or rejections – could occur less frequently and have less of a detrimental effect in the future.

Beyond religious circles, involvement in other communities also seems to have a positive relationship with emotional well-being for LGBTQ people. The coefficients for the effects of religiosity and connection to the LGBTQ community were similarly-sized in all models, indicating social integration is beneficial for individuals' health, regardless of the type of community. In addition, the social capital individuals obtain from group involvement can provide social standing and a social network (Richardson 1986), which can protect and benefit health.

The relationship between LGBTQ rights and religion often exhibits tension, but it is not as clearly divided as it may seem. Fuist, Stoll, & Kniss (2012) cautioned against painting any side of the issue as monolithic. Much of the information we currently hear about LGBTQ identities and Christianity approach the issue from a reconciliatory angle – the two are seen as dichotomous and requiring a bridge between them. People often assume Christianity as an institution is completely anti-LGBTQ, but there is a spectrum of beliefs regarding sexual orientation, gender identity, and religious belief. This issue is multifaceted and is much more complex than the images represented by county clerks or celebratory cakes.

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APPENDIX

TABLES

Univariate Tables

Table 1 - Descriptive Statistics for Dependent and Independent Variables

	Mean	SD	Range
Emotional Well-Being	3.26	0.72	1-4
Religiosity	2.59	1.01	1-4
Religious Attendance	2.56	1.32	1-5
Religious Influence on LGBTQ Identity	3.64	1.81	1-7
LGBTQ Cultural Engagement	3.29	0.98	1-6
Connection to LGBTQ Community	4.19	1.23	1-6

N=2,939

Table 2 - Descriptive Statistics for Control Variables

	N = 2,939	Percent
Religious Affiliation		
Catholic	366	12.5
Protestant	368	12.5
Jewish	187	6.4
Other	924	31.4
Atheist/Agnostic	322	11.0
None	772	26.3
Race		
Black	953	32.4
White	704	24.0
LatinX	439	14.9
Asian/Pacific Islander	178	6.1
Multiracial	397	13.5
Other	268	9.1
Generational Cohort		
Millennials (1980-1992)	1,296	44.1
Generation X (1965-1979)	951	32.4
Baby Boomers/Silent Generation (1964 and earlier)	692	23.5
Gender Identity		
Male	1,559	53.0
Female	1,303	44.3
Gender Variant	77	2.6
College Education		
No	1,423	48.4
Yes	1,516	51.6
Income		
Under $8,500	298	10.1
$8,500-$10,999	135	4.6
$11,000-$13,499	99	3.4
$13,500-$14,999	48	1.6
$15,000-$17,499	73	2.5
$17,500-$19,999	73	2.5
$20,000-$29,999	302	10.3
$30,000-$39,999	346	11.8
$40,000-$49,999	345	11.7
$50,000-$74,999	560	19.1
$75,000-$99,999	309	10.5
$100,000 and Over	351	11.9

Bivariate Tables

Table 3 - Correlations Between Dependent and Independent Variables

	Respondents' Sense of Well-Being	Religiosity	Religious Attendance	Religion +/- Influence on LGBTQ Identity	LGBTQ Cultural Engagement	Connection to LGBTQ Community
Respondents Sense of Well-Being	1					
Religiosity	.159**	1				
Religious Attendance	.109**	.632**	1			
Religious Influence on LGBTQ Identity	.116**	.267**	.226**	1		
LGBTQ Cultural Engagement	.083**	.078**	.115**	.070**	1	
Connection to LGBTQ Community	.141**	.059**	.061**	.077**	.310**	1
Annual Income	.178**	0.012	.048**	-0.029	.075**	0.028

**. Correlation is significant at the 0.01 level (1-tailed).

Table 4 – One-Way Analysis of Individual Statistics by Religious Affiliation

	Catholic (N=366)		Protestant (N=368)		Jewish (N=187)		Other (N=924)		Atheist/Agnostic (N=322)		None (N=772)			
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	F	df
Respondents Sense of Well-Being	3.31	0.74	3.42	0.65	3.05	0.75	3.30	0.72	3.03	0.76	3.26	0.70	14.52***	5
Religiosity	2.90	0.78	3.28	0.74	1.87	0.86	3.01	0.82	1.53	0.66	2.24	0.98	261.57***	5
Religious Attendance	2.92	1.14	3.53	1.14	1.78	0.83	2.95	1.33	1.54	0.75	2.06	1.16	175.67***	5
Religious Influence on LGBTQ Identity	3.58	1.71	4.02	1.87	3.13	1.65	4.00	1.90	3.03	1.67	3.42	1.69	23.90***	5
LGBTQ Cultural Engagement	3.23	1.05	3.33	1.02	3.14	0.82	3.33	1.03	3.28	0.81	3.29	0.97	1.56	5
Connection to LGBTQ Community	4.09	1.37	4.32	1.16	4.12	1.18	4.21	1.23	4.36	1.11	4.10	1.23	3.61**	5

Note: **p < .01, ***p < .001

Table 5 – One-Way Analysis of Individual Statistics by Race

	Black		LatinX		Asian/Pacific Islander		White		Multiracial		Other			
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	F	df
Respondents Sense of Well-Being	3.32	0.73	3.31	0.74	3.10	0.69	3.21	0.71	3.25	0.70	3.23	0.74	4.17**	5
Religiosity	3.00	0.90	2.50	0.98	2.10	0.90	2.28	1.00	2.53	1.01	2.57	1.01	59.22***	5
Religious Attendance	3.03	1.34	2.31	1.18	2.21	0.09	2.26	1.25	2.55	1.32	2.31	1.25	42.10***	5
Religious Influence on LGBTQ Identity	3.82	1.82	3.41	1.77	3.41	1.57	3.46	1.76	3.79	1.91	3.75	1.95	5.98***	5
LGBTQ Cultural Engagement	3.29	0.98	3.29	1	3.09	0.92	3.32	0.93	3.33	1.05	3.23	1.03	1.87	5
Connection to LGBTQ Community	4.09	1.29	4.18	1.3	4.19	1.15	4.31	1.11	4.23	1.21	4.18	1.21	2.78*	5

Note: *p < .05, **p < .01, ***p < .001

Table 6 – One-Way Analysis of Individual Statistics by Age Cohort

	Millennials (1980-1992)		Gen X (1965-1979)		Baby Boomers/Silent Generation (1964 and Older)			
	Mean	SD	Mean	SD	Mean	SD	F	df
Respondents Sense of Well-Being	3.18	0.74	3.28	0.71	3.38	0.69	19.40***	2
Religiosity	2.38	0.98	2.71	0.98	2.84	1.02	58.44***	2
Religious Attendance	2.34	1.2	2.59	1.36	2.92	1.38	46.13***	2
Religious Influence on LGBTQ Identity	3.44	1.69	3.67	1.86	3.97	1.93	19.94***	2
LGBTQ Cultural Engagement	3.22	0.99	3.26	0.95	3.45	0.98	12.50***	2
Connection to LGBTQ Community	4.15	1.22	4.12	1.25	4.37	1.2	9.89***	2

Note: ***p < .001

Table 7 – One-Way Analysis of Individual Statistics by Gender Identity

	Male		Female		Gender Variant			
	Mean	SD	Mean	SD	Mean	SD	F	df
Respondents' Sense of Well-Being	3.27	0.71	3.28	0.73	2.86	0.85	11.99***	2
Religiosity	2.59	1.02	2.60	1.00	2.57	1.01	0.03	2
Religious Attendance	2.60	1.32	2.51	1.32	2.41	1.32	2.03	2
Religious Influence on LGBTQ Identity	3.57	1.84	3.71	1.78	3.88	1.87	3.01*	2
LGBTQ Cultural Engagement	3.38	0.98	3.17	0.98	3.44	0.87	18.53***	2
Connection to LGBTQ Community	4.11	1.27	4.29	1.16	4.31	1.22	8.16***	2

Note: *p < .05, ***p < .001

Table 8 - Comparison of Individual Statistics by Educational Attainment

	College Degree	N	Mean	SD	t-test
Emotional Well-Being	No	1,423	3.18	0.76	-5.593*
	Yes	1,516	3.33	0.69	
Religiosity	No	1,423	2.61	1.00	1.131
	Yes	1,516	2.57	1.02	
Religious Attendance	No	1,423	2.51	1.33	-1.765
	Yes	1,516	2.59	1.31	
Religious Influence on LGBTQ Identity	No	1,423	3.67	1.83	0.837
	Yes	1,516	3.61	1.80	
LGBTQ Cultural Engagement	No	1,423	3.23	1.00	-3.351**
	Yes	1,516	3.35	0.97	
Connection to LGBTQ Community	No	1,423	4.15	1.29	-1.749
	Yes	1,516	4.23	1.16	

Note: *p < .05, **p < .01

Multivariate Table

Table 9 - Ordinary Least Squares (OLS) Regression for Self-Reported Emotional Well-Being Based on Other Factors

		Model 1 (Religious Variables)			Model 2 (LGBTQ Variables)			Model 3 (All Variables)			Model 4 (All Variables +		
		B	SE	β	B	SE	β	B	SE	β	B	SE	β
(Constant)		2.733	0.078		2.655	0.078		2.432	0.090		2.320	0.184	
Religious Involvement													
	Religiosity	0.073	0.018	0.102 ***				0.067	0.018	0.093 ***	0.134	0.070	0.186
	Religious Attendance	-0.016	0.013	-0.028				-0.019	0.013	0.078	-0.062	0.054	-0.114
	Religious Influence on LGBTQ Identity	0.034	0.007	0.086 ***				0.031	0.007	0.078 ***	0.045	0.032	0.113
LGBTQ Involvement													
	LGBTQ Cultural Engagement				0.015	0.014	0.021	0.012	0.014	0.016	-0.022	0.044	-0.030
	Connection to LGBTQ Community				0.077	0.011	0.131 ***	0.073	0.011	0.123 ***	0.126	0.034	0.213 ***
Religious Affiliation													
	Catholic	-0.054	0.054	-0.025	-0.055	0.053	-0.025	-0.039	0.053	-0.018	-0.038	0.053	-0.017
	Jewish	-0.263	0.067	-0.089 ***	-0.340	0.063	-0.115 ***	-0.262	0.066	-0.088 ***	-0.263	0.067	-0.089 ***
	Other	-0.089	0.044	-0.057 *	-0.090	0.043	-0.058 *	-0.084	0.043	-0.054	-0.085	0.043	-0.055 *
	Atheist/Agnostic	-0.206	0.060	-0.089 **	-0.321	0.054	-0.138 ***	-0.227	0.060	-0.098 ***	-0.229	0.060	-0.099 ***
	None	-0.080	0.048	-0.049	-0.127	0.045	-0.077 **	-0.076	0.048	-0.046	-0.077	0.048	-0.047
Age Cohort													
	Generation X	-0.025	0.032	-0.016	0.000	0.031	0.000	-0.021	0.032	-0.013	-0.019	0.032	-0.012
	Baby Boomers/Silent Generation	0.056	0.036	0.033	0.074	0.035	0.043 *	0.044	0.036	0.026	0.047	0.036	0.027
Gender Identity													
	Female	0.016	0.026	0.011	0.012	0.027	0.008	0.006	0.026	0.004	0.006	0.026	0.004
	Gender Variant	-0.327	0.082	-0.072 ***	-0.330	0.082	-0.073 ***	-0.341	0.081	-0.075 ***	-0.345	0.081	-0.076 ***
Education													
	College Degree	0.088	0.028	0.061 **	0.078	0.028	0.054 **	0.084	0.027	0.058 **	0.084	0.027	0.058 **
Race													
	Black	0.043	0.036	0.028	0.095	0.035	0.061 **	0.063	0.036	0.041	0.065	0.036	0.042
	LatinX	0.131	0.044	0.064 **	0.140	0.044	0.069 **	0.132	0.044	0.065 **	0.136	0.044	0.067 **
	Asian/Pacific Islander	-0.070	0.059	-0.023	-0.067	0.059	-0.022	-0.065	0.059	-0.021	-0.064	0.059	-0.021
	Multiracial	0.054	0.045	0.025	0.071	0.044	0.033	0.057	0.044	0.027	0.056	0.044	0.026
	Other	0.001	0.051	0.001	0.030	0.050	0.012	0.011	0.050	0.004	0.012	0.050	0.005
Income													
	Annual Income	0.033	0.004	0.158 ***	0.031	0.004	0.146 ***	0.032	0.040	0.154 ***	0.032	0.004	0.154 ***
Interactions													
	Religion/LGBTQ Involvement										-0.007	0.017	-0.047
	Religion/LGBTQ Connection										-0.010	0.014	-0.081
	Religious Attendance/LGBTQ Involvement										0.002	0.013	0.019
	Religious Attendance/LGBTQ Connection										0.008	0.010	0.077
	Religious Influence on LGBTQ Identity/LGBTQ Involvement										0.013	0.008	0.135
	Religious Influence on LGBTQ Identity/LGBTQ Connection										-0.013	0.006	-0.174 *
	R^2 - % of Variance Explained	0.080			0.085			0.095			0.091		
	Note: *p<.05, **p<.01, ***p<.001												
	N = 2,939												

Interactions

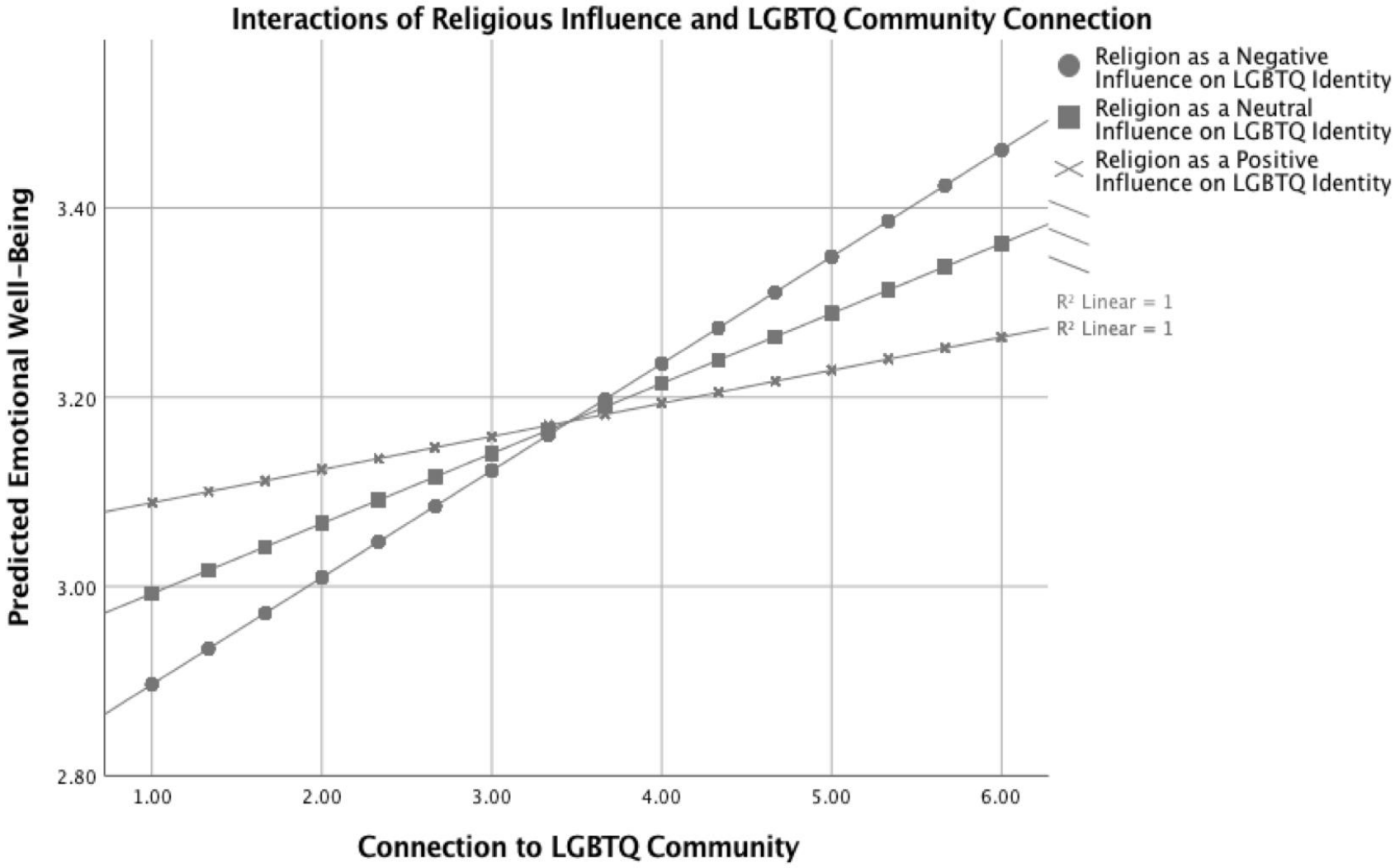

Figure 2