Psychotherapy has sometimes been seen as incongruent with religion and spirituality. This fact is even more pronounced when counseling lesbian, gay, and bisexual (LGB) clients, who feel as if their sexual orientation places them at odds with religious doctrine that is experienced as antigay. Postmodern theory provides a context for understanding socially constructed identities that may be in conflict with one another and may also provide some insight into how therapists may approach religious issues with LGB clients. The current study uses a mixed method design to investigate the relation between religious and sexuality variables in a sample of 422 LGB respondents. Quantitative results indicated that conservative religious beliefs were related to higher levels of shame, guilt, and internalized homophobia. Qualitative results appeared to highlight eight themes, the more dominant of which indicated that issues around sexual orientation were the catalyst for questioning or changing religious affiliation or beliefs.

**Keywords**: gay, lesbian, homosexual, religion, spirituality

The concept of socially constructed identities has been largely focused on single dimensions of identity such as racial identity (e.g., Cross, 1995; Helms, 1990, 1995), ethnic identity (e.g., Phinney, 1990, 1992), gender identity (e.g., Martin, Ruble, & Szrybalo, 2002), and sexual identity (e.g., Cass, 1979; McCarn & Fassinger, 1996). These models, while substantial contributions to the scholarly literature, have generally not addressed *intersecting* social identities. Other models have attempted to integrate intersecting social aspects of the self (Jones & McEwen, 2000; Sue & Sue, 1990). However, these models rely on traditional views of the ideal self as unitary or integrated (Hoskins & Lesheo, 1996). Such models cannot fully capture the dynamic that occurs when aspects of the self are in competition. Postmodern theory provides an alternative to the concept of the unitary or integrated self, providing a theoretical backdrop for instances where aspects of the self may be in competition. The postmodern position depicts the self as a “fluid, evolving character that is in a continual process of becoming” (Hoskins & Lesheo, 1996, p. 245). This study explores the evolving postmodern self in an investigation of people who identify as lesbian, gay, or bisexual (LGB) and their evolving spiritual identities.

Understanding the intersection between sexual and spiritual identity has important treatment implications. LGB men and women are more likely than their heterosexual counterparts to present for mental health treatment (Cochran, Sullivan, & Mays, 2003). This may in part be due to findings that suggest that LGB people are significantly more likely to attempt suicide (McDaniel, Purcell, & D’Augelli, 2001) and are at increased risk for major depression, eating disorders, generalized anxiety disorder, panic disorder, poor self-esteem, alcohol dependency, drug dependency, and comorbid diagnoses (Cochran et al., 2003; Cole, Kemeny, Taylor, & Visscher, 1996; Diamant & Wold, 2003; Jacobs & Tedford, 1980; Matthews, Hughes, Johnson, Razzano, & Cassidy, 2002; Remafedi, French, Story, Resnick, & Blum, 1998; Russell & Joyner, 2001; van Heeringen & Vincke, 2000). This increased risk is often attributed to the stress stemming from social stigma and discrimination (Fife & Wright, 2000; Matthews et al., 2002; Mays & Cochran, 2001; Otis & Skinner, 1996) that are created in homophobic environments.

**Alissa Sherry** received her PhD in Counseling Psychology from the University of Southern Mississippi. She is an Associate Professor in the Department of Educational Psychology and the Associate Director for the Center for Women’s and Gender Studies at the University of Texas at Austin. Her areas of research are in attachment, identity issues, and professional training.

**Andrew Adelman** received his MA from the University of Maryland, College Park and is currently pursuing a doctoral degree in Counseling Psychology at the University of Texas at Austin. His research interests focus on the intersection of multiple identities, specifically dealing with race/ethnicity, sexual orientation, gender, and gender identity. Drew’s other research interests include counseling LGBT clients and focusing on the psychological issues that face LGBT people.

**Margaret R. Whilde** has a Master of Arts degree in Counseling Psychology from the University of Texas at Austin, where she is currently a doctoral candidate. She has published and presented on topics related to gender, sexuality, race, ethnicity, and national identity. She is particularly interested in the relationship between political activism and mental health.

**Daniel Quick** is a doctoral candidate in Educational Psychology at the University of Texas at Austin. He earned his BA from the University of California at Los Angeles and his Masters of Education from New York University. His research interests include human sexuality and the use of digital media in psychology and education.

**Correspondence Concerning this Article** should be addressed to Alissa Sherry, The University of Texas at Austin, Educational Psychology, 1 University Station D5800, Austin, TX 78712. E-mail: alissa.sherry@mail.utexas.edu
Religious culture often creates homophobic environments resulting in a struggle to integrate spiritual and sexual identities for LGB. Individuals often leave or feel left by their faith in the process of securing an LGB identity (Lease, Horne, Noffsinger-Frazier, 2005; Davidson, 2000; Robinson, 1999), and conflict between religious and sexual identities has been associated with distress, including shame, internalized homophobia, depression, and suicidal ideation (Lease et al., 2005; Schuck & Liddle, 2001; Mahaffy, 1996). Most Protestant, Judaic, Islamic, and Catholic doctrines regard homosexuality as aberrant and view the expression of same-gender attraction as sinful or immoral. The Christian community is currently divided over issues like the acceptance of LGB worshippers and the affirmation of same-sex marriage (Higgins, 2002; Mahoney, 2001). This debate has been described as the most controversial issue facing the church today (Davis, 2001).

Gay Jews find themselves left struggling to negotiate ethnonreligious and sexual identities not wanting to be considered “less-than” Jews (Schnoor, 2006; DuBowsk, 2001). The Vatican of the Catholic church issued a statement by then Cardinal Ratzinger, now known as Pope Benedict the XVI, that homosexuals are objectively disordered and inclined towards evil (Ratzinger, 1986). Finally, literature found in American mosques urges followers of Islam “to rob and inflict violence on Muslims who engage in homosexual acts” (Doughat, Henry, & Poe, 2005). The psychological effect of antigay doctrine can be devastating to LGB people (Haldeman, 2002). Helminiaiak (1986, 1995) asserts that spiritual challenges are at the forefront of the gay and lesbian experience.

However, spiritual/religious involvement can also be among the most salient (Miranti, 1996). In fact, one survey suggested that 72% of those surveyed described religion as the most influential aspect of their lives. For some, its significance to the self takes place even before an awareness of gender (Bergin & Jensen, 1990). Sexual identity can develop while religious identity is also taking shape, and this codevelopment creates a potential conflict with competing claims about identity and behavior (Yarhouse & Tan, 2005). Conversely, Barret and Barzan (1996) suggest that rejecting traditional religious institutions allows LGBT people the freedom to reflect and construct an individualized spiritual self. Developing a sense of spirituality separate from formal institutionalized religious experiences can mediate the effects of negative religious experiences on the psychological health of LGB individuals (Lease et al., 2005; Davidson, 2000). However, the dissonance between religious and LGBT identities can be a catch-22 for some clients (Bartoli & Gillem, 2008). For these clients, the spiritual self serves as a central organizing aspect of identity, which cannot be relinquished or shifted, even if it means sacrificing an affirming, representative sexual identity (Haldeman, 1996). Some of the most prejudicial attitudes toward gay Christians are expressed within the LGB community (Maynard & Gursch, 2001). For these reasons, it can be easier for some LGBT people to come out as gay in their religious communities than it can be to come out as religious in their gay communities (Haldeman, 2002). As a result, they may find themselves not only unwelcome in church because of their sexual orientation (Tubbs, 2001), but they are also viewed as antithetical to the gay movement because they are religious (Swanson, 2004).

Overall, the available survey research suggests that most LGBT individuals place an importance on both their spiritual and sexual identities (Rodriguez & Ouellette, 2000). However, evidence suggests the relation between sexual identity and spiritual identity is not a linear process that easily captures how LGBT people organize these potentially competing aspects of the self. While discussion continues about the impact of antigay sentiments in religious communities, the extent to which this conflict impacts LGBT people negatively, particularly to the point of warranting mental health treatment, is less clear. Taken from a postmodern perspective, a mixed-method approach to inquiry is required. Because research is limited in this area, broad areas of religion/spirituality and its possible effects on LGBT individuals were investigated in the quantitative portion of the study. How much religion was emphasized in one’s childhood, one’s level of spiritual and religious well-being, and how conservative or liberal one experienced their church of origin, were chosen as predictors of shame, guilt, and internalized homophobia. Qualitative inquiry was then used to put the quantitative findings into a broader context of personal narrative and individual experience.

**Method**

**Participants**

Participants were part of a nationwide sample who responded to requests posted on online LGBT list serves and Web sites. Online research participants have been shown to have greater sample diversity (Gosling, Vazire, Srivastava, & John, 2004) and greater likelihood of honest responding (Locke & Gilbert, 1995; Turner et al., 1998). A total of 373 respondents completed the quantitative measures, and 422 respondents completed the qualitative question. Both the quantitative and qualitative questions were provided in the same questionnaire posted online. The current study is a mixed-method study in which one method was not meant to be predictive of the other. Therefore, all data were preserved, even if there were more respondents opting to complete the qualitative question than the quantitative question. Forty-one percent were identified as male, 58.2% as female, and .8% as intersexed. Responding to the demographic of gender, 40.9% were identified as male, 57.25% as female, and 1.9% as transgender. The average age of the sample was 31.9 (SD = 12; range 16–83). The sample was predominately Euro-American (84.6%), followed by Latino/Latino-American (5.9%), Asian/Pacific Islander/Asian-American (3.8%), African/African American (2.7%), Native American (1.9%), and Middle Eastern/Middle Eastern American (1.1%). Participants were encouraged to identify their partner status as they defined it, regardless of whether the status was legally recognized by their state. As such, 43.7% identified as single, 15% married, 20.1% cohabitating, 15% not cohabitating but in a committed relationship, 2.1% in more than one relationship, 2.7% divorced, 1.1% widowed, and .3% separated.

**Instruments**

**Demographic and qualitative information.** A number of demographic questions were of interest in this study. Participants were asked about their past and current religious practices and how accepting, tolerant, or hostile they perceived those religions to be. The same questions were asked of their current chosen religion, as well as several questions addressing if and why participants changed religions since becoming an adult. One question included...
in the analysis read: “Regarding the religion with which you were affiliated growing up, on a scale of 1 to 7, how conservative or liberal do you think it was?” This was scored on a 7-point Likert scale from 1 (very conservative) to 7 (very liberal). If participants did not have a childhood religion, this item was left blank. Finally, participants were asked to write a narrative answer to the question “Briefly describe your experience regarding religion and your sexual orientation.”

The Religious Emphasis Scale (RES; Altemeyer, 1988). The RES is a 10-item measure intended to measure the extent to which one’s parent emphasized the family religion as one was growing up. Reponses are made on a 6-point, Likert-type scale. An example question asks a respondent to rate how much emphasis was placed on “Praying before meals” or “Discussing moral “do’s” and “don’ts” in religious terms.” The internal consistency coefficient alpha estimate for the current sample was .94.

Quest Scale (Batson & Schoenrade, 1991a, 1991b). The Quest Scale is a 12-item measure intended to assess three distinct aspects of religious orientation: the readiness to face existential questions, the experience of self-criticism and religious doubts as positive, and an openness to change. Respondents rate each question on a 9-point Likert type scale. The internal consistency alpha coefficient estimates were .62 for the existential scale, .70 for the doubling as positive scale, and .20 for the openness to change scale. Due to the low alpha coefficient estimate for the openness scale, this scale was deleted from interpretation. Interestingly, the item reading, “There aren’t many religious issues on which my views are still changing” was primarily responsible for the low alpha coefficient on this scale. It is possible that this scale does not measure the same construct in LGBT samples.

Spiritual Well-Being Scale (SWBS; Ellison, 1983). The 20-item SWBS asks people to rate on a 6-point scale (strongly agree to strongly disagree) both their religious and existential (nonreligious) well-being. All items are summed to form three scale scores: one score for religious well-being (RWB), one score for existential well-being (EWB), and one score for total spiritual well-being (SWB). Because existential well-being was assessed using the Quest, only the RWB subscale was used for the current analysis. This particular subscale assesses the degree to which an individual perceives the well-being of their spiritual life as it is expressed in relation to God. Higher scores are indicative of greater well-being. The internal consistency alpha coefficient estimate for the current sample was .94.

Internalizing Outcomes

Harder Personal Feelings Questionnaire (PFQ2; Harder & Zalma, 1990). The PFQ2 is a 22-item instrument designed to assess proneness to shame and guilt. The scale consists of a list of feelings and respondents are asked to endorse how common the feeling is to them on a 5-point Likert-type scale. The internal consistency alpha coefficient estimate for the current sample on the shame scale was .86 and for the guilt scale was .84.

Internalized Homophobia Scale (IHS; Ross & Rosser, 1996). The IHS is a 26-item instrument designed to assess internalized homophobia in LGBT samples. Internalized homophobia is defined as the reaction to the stigmas associated with a LGBT sexual orientation. The IHS has four subscales as well as an overall scale. For the purposes of the current research, the overall mean score was used. Participants are asked to rate items on a 7-point Likert-type scale. Because the language of some of the items were outdated (use of the word “homosexual” rather than “gay” or “queer”) and because some of the items were specific for men (i.e., I do not feel confident about making an advance to another man), some of the language was changed to more current queer-affirming language that also incorporated women’s experiences. The internal consistency alpha coefficient estimate for the current sample was .75.

Results

Quantitative Results

Demographically, a total of 29.3% of respondents said they converted from a nonaffirming or affirming religion, 10.5% said their beliefs were already affirming, 10.5% said they rejected God/religion, and 12.4% said they continued their beliefs but felt shame/guilt. About 20% of participants stated concepts of God/religion were dealt with before coming out, 20% were always comfortable, and 10% said they still struggled although they were out.

From a statistical perspective the researchers were interested in the extent to which religious variables predicted internalized outcomes for LGBT participants. A canonical correlation analysis was conducted using the religion variables (Quest-existential, Quest-self-criticism, and religious doubts as positive, RWB, RES, and a single-item measure of whether the participants’ childhood religion was rated as conservative or liberal on a 7-point scale) as predictors of the internalizing outcome variables (shame, guilt, internalized homophobia) in order to analyze the multivariate shared relationship between the two variable sets. Collectively, the full model across all functions was statistically significant using the Wilks’ lambda (λ) criterion, $F(15, 839.61) = 2.84, p < .001$ yielding an effect size of .128. Model 2 to 3 was also statistically significant, $F(8, 610) = 2.30, p = .02$, yielding an effect size of .058.

Table 1 provides a list of the standardized canonical coefficients for functions 1 and 2. Results indicated that the more one experienced religious doubts as positive, viewed the church in which they were raised as liberal minded, and the less ready they were to face existential questions, the less shame and internalized homophobia those participants experienced. Additionally, the more participants experienced religious well-being and the more ready they were to face existential questions, the more shame and guilt they reported experiencing.

It should be noted that while both of these findings are interesting, functions 1 and 2 accounted for only 12.8% and 5.8% of the variance, respectively. In other words, while there was statistical significance, the practical or clinical significance of these findings is tentative at best. Therefore, a mixed method design sheds further light on the research questions of interest.

Qualitative Results

One qualitative question was asked of participants: “Briefly describe your experience regarding religion and your sexual orientation.” This was answered by 422 respondents. Because these were not interviews, the researchers were more interested in what stories people chose to tell with no prompts aside from the original
question. Religious and spiritual orientations are closely linked to the totality of a person’s identity, interpersonal experience, and cultural background. Briefly, it is important to define what is meant by the terms religion and spirituality for the purposes of the current study. The two terms are often used interchangeably, although they connote very different aspects of a person’s relationship with the divine (Bartoli & Gillem, 2008). Spirituality has been described in more personal or experiential terms (Hill, Thompson, & Williams, 2000) where religion, in contrast, is now more often identified with both personal beliefs (God or higher power) and organizational or institutional beliefs (Zinnbauer et al., 1997).

Data was analyzed consistent with a postmodern, constructivist approach to inquiry using a consensual qualitative approach (Hill et al., 2000). Respondents were provided the open-ended question, three judges from three different religious and sexual orientation perspectives (Female/Lesbian/Spiritual; Female/Straight/Catholic; Male/Gay/Catholic-Jewish) read the data independently and coded for themes. Initially, 21 themes were identified. The team conducted further analysis and was able to reach consensus on eight final themes to capture the responses. These are as follows:

**Sexuality issues made me question my religious beliefs.** Sexual identity as the catalyst for questioning, and subsequently shifting, religious beliefs was indicated in 170 responses. Often, people cited Episcopal, Pagan, or more liberal sects of their own religion, as ways they were able to reconcile the desire to maintain a religious identity while also being in an affirming religious environment. Others rejected religion or became more spiritual without needing to be associated with an organized religion. In all of these responses, sexual identity was cited as the reason for the questioning or change in religion. One participant wrote about his religion’s stance against homosexuality stating, “religion denies my own existence!” Another writes, “I started avoiding it and then looked for a gay and lesbian temple.” Not all responses reflected total reconciliation with the process. Some reflected on the sense of loss they felt in the process. One participant wrote that although she and her partner attended LGBT-affirming Unitarian services she wrote, “I regret that I cannot experience group activities that I celebrated as a Jew.” Finally, another wrote “I always told people that if I were straight, I never would have questioned what I believed, been a FANTASTIC Christian, and maybe even become a pastor.” This supports previous research that indicated 69% of gay male participants said they had turned away from organized religion, choosing instead to accept their sexual identity (Wagner, Serafini, Rabkin, Remien, & Williams, 1994) and that this strategy of reorganization is often associated with grief and loss (Ritter & O’Neill, 1989; Bartoli & Gillem, 2008; Davidson, 2000; Halkeman, 2001).

**Spiritual, but not religious.** The second largest group talked about being spiritual, rather than religious, and discussed God as a loving and accepting being. Some of these 75 responses discussed organized religion’s stance on homosexuality. One participant wrote, “I have learned ‘to believe’ that God is very beautiful and wonderful. God cannot condemn or hate his children. At least, that is not the kind of God I was raised to believe in. No one will ever change my mind about that, even though my church may not see it that way.” Finally, another wrote, “I feel it is very possible to be homosexual and have a healthy spiritual life. I personally do not identify as religious, but I do identify as spiritual.”

**It was never an issue.** The third group indicated that the intersect of religion and sexual identity was never an issue for them. For these 71 responses, participants tended to fall into two different subgroups. The much larger subgroup had either never been exposed to religion or never felt dissonance between the two. One person wrote, “My father would never allow me to go to church. He did not want church members to ‘brainwash’ me and influence me in any way.” Another simply wrote, “Religion, when I did take part in it as an adolescent, had nothing to do with sexual identity.” A few people constituted a second subgroup who believed either their religion was affirming of their sexual identity from the beginning, or the issues were so small they were negligible. One person wrote, “They really didn’t affect each other; religion was open to my sexual orientation.” Another talked briefly about her church’s stance on homosexuality and concluded, “Regardless of the church’s official decisions, I am still totally convinced that it is possible to live as both a lesbian and a faithful Christian.”

**Rejected religion for other reasons besides my sexual identity.** The fourth group of 48 participants indicated they rejected religion for other reasons. Other reasons often cited were hypocrisy, feeling religion-restricted growth, or they indicated they just never liked religion in general. For example, one person wrote, “I don’t think I dumped religion because I was gay. I think it had more to do with getting educated in general and casting a more

Table 1
**Canonical Solution for Religion Variables Predicting Internalizing Variables (N = 312 Cases)**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coef.</th>
<th>$r_s$</th>
<th>$r^2_s$</th>
<th>Coef.</th>
<th>$r_s$</th>
<th>$r^2_s$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existential</td>
<td>.351</td>
<td>.079</td>
<td>0.62%</td>
<td>-.368</td>
<td>-.405</td>
<td>16.40%</td>
</tr>
<tr>
<td>Doubting as positive</td>
<td>-.804</td>
<td>-.730</td>
<td>53.29%</td>
<td>-.183</td>
<td>-.357</td>
<td>12.75%</td>
</tr>
<tr>
<td>Religious emphasis</td>
<td>.008</td>
<td>.199</td>
<td>03.96%</td>
<td>-.185</td>
<td>-.010</td>
<td>00.01%</td>
</tr>
<tr>
<td>Religious well-being</td>
<td>.288</td>
<td>.260</td>
<td>06.76%</td>
<td>-.872</td>
<td>-.840</td>
<td>70.56%</td>
</tr>
<tr>
<td>Conservative/liberal</td>
<td>-.511</td>
<td>-.604</td>
<td>36.48%</td>
<td>-.262</td>
<td>-.191</td>
<td>03.65%</td>
</tr>
<tr>
<td>Guilt</td>
<td>.423</td>
<td>.560</td>
<td>31.36%</td>
<td>-.798</td>
<td>-.824</td>
<td>67.90%</td>
</tr>
<tr>
<td>Shame</td>
<td>-.290</td>
<td>.279</td>
<td>07.78%</td>
<td>-.340</td>
<td>-.772</td>
<td>59.60%</td>
</tr>
<tr>
<td>Religious well-being</td>
<td>.876</td>
<td>.963</td>
<td>92.74%</td>
<td>.563</td>
<td>.142</td>
<td>02.02%</td>
</tr>
</tbody>
</table>

Note. Coef. = Standardized canonical coefficients; $r_s$ = structure coefficient; $r^2_s$ = structure coefficient squared or variance explain.
critical eye on religion in the process.” A second wrote, “I really lost a lot of respect for my religion (Catholic) while in middle school/high school. Long before even recognizing my sexual orientation.”

Still searching or struggling. These 43 respondents indicated they are still searching for a religious identity or spiritual belief system that feels congruent to them. These respondents noted feeling closeted by their religion and struggling with the decision to find an alternative. One wrote, “Continue to participate in weekly services but do not participate in social functions at church. There is nothing to attract gay or even single people. Do a few volunteer activities, but feel that if the others knew I am gay, that I would not be accepted and in fact thrown out and never invited back. We sing a song at church, which says, ‘All are welcome in this place,’ but I do not feel this applies to any who would come across as gay.” Another wrote, “It’s something I struggle with daily as religion had been my main support for the first 19 years of my life and I feel like my own personal foundation has been shattered because of the rejection.”

Oppression. Forty-one participants indicated that the religion they had been most closely affiliated with in the past felt oppressive to women, used for political or minority oppression, and served only as a tool to control the masses. Feeling closeted and having a parent side with religion over their LGBT children were also common narratives in this theme. For most, this led to a decision to no longer affiliate with a specific religion. One respondent wrote, “But my disaffection with religion has less to do with their typically anti-homosexual bias than with its subtle efforts to gain inordinate power over people’s freedom.” Another wrote, “I had a ‘falling out’ with religion due to many factors, not one of which was sexual orientation. It bothered me that they were intolerant of gays and said that they would go to hell, but I was more concerned by the blatant sexist attitude and the way they all but condescended violence against women.”

Trauma and rejection. A total of 25 responses had themes of trauma, blatant cruel rejection, sexual abuse by priests, being disowned by family, sent to conversion therapy, or otherwise banned from their church or childhood homes. One wrote, “The Catholic Church is full of perverted child molesters and sick abusive bastards.” Another wrote, “My parents turned to our religion, South Baptist, for ‘help’ to ‘fix’ me after I came out to them. This led to therapy with Christian psychologists, false literature about homosexuals, and conferences on homosexuality put on by the Christian Coalition. This led me to hate my religion and all those associated with it, as my experiences were very negative and emotionally degrading.”

Themes for further exploration. Three other themes were present in the data, but at relatively low numbers. However, these are worthy of discussion because they could represent important subsamples of the population that may present for treatment. The first is that one’s culture, ethnicity, or nationality can intersect with sexual orientation to create an additional pressure. For example, one respondent wrote, “It wasn’t religion that condemns me and makes me lie to my family, but rather cultural factors. Born and raised in Russia, homosexuality was condemned and persecuted, but not for religious reasons.” The second theme dealt with suicidality. Four responses indicated suicidal thoughts or attempts as a direct result of an inability to reconcile the dissonance between religion and sexual identity. One man wrote, “When I realized that I was ultimately going to fail being heterosexual, and sleep with a man, I tried to kill myself by smashing my car into a bridge pylon. No one figured it was a suicide attempt I guess, because I was let right out of the hospital as soon as they decided I didn’t have a concussion. I then decided I could not be homosexual AND Christian, and dropped out of all church services.” This highlights the possibility that religion and sexuality may feel completely irreconcilable to some people. Considering that people who identify as LGBT are significantly more likely to attempt suicide than those who identify as straight, this highlights one potential reason. The third theme is the transgender experience. While only two responses alluded to being transgender, the overall impression was that this is a different experience than being gay, lesbian, or bisexual. One respondent wrote, “I would tell my mother that God made a mistake with me and that I should have been a boy not a girl. She would just laugh it off and say God doesn’t make mistakes. Well, now that I’m a lesbian she accepts me for who I am even though I still feel that God has made a mistake.” While many of the LGBT responses talked frankly about their struggles with God and religion, none of them believed that their sexual identity was a mistake.

Discussion

The current study addresses the conflict between spiritual identity and LGBT sexual identity. Using a mixed method design, results indicate that higher levels of shame, guilt, and internalized heteronormativity were associated with the view that doubting one’s religion was not okay, an overall feeling of religious well-being, and a history of perceivably conservative one’s religion in childhood. Those with higher levels of shame and doubt also felt more ready to face existential questions, possibly because of this variable’s positive relationship to variables that tended to measure more traditional beliefs in God and a grounding in religious doctrine. While statistically significant, the practical significance is attenuated by the modest effect sizes. Qualitative data provided additional information and a context from which to interpret the quantitative findings. Responses indicated that most LGBT individuals believed their sexuality was the catalyst for questioning their religious identity and making religious shifts. The demographic information supports this data where almost 40% of the respondents either rejected religion or God or converted to a religious view more affirming of their sexual orientation.

The small effect size plus the qualitative finding may suggest that most LGBT individuals are able to resolve the conflict of these competing identities and reorganize these identities in ways that work for them. One way this occurs is by turning to places of worship that welcome them with open arms. Worthington (2004) notes that affirming religious organizations in some LGBT communities surpass political action organizations and that almost all denominations have an LGBT counterpart committed to reconciling faith traditions with a positive sense of LGBT identity. Although these institutions are limited in number, their congregations are among the fastest growing in the nation (Lukenbill, 1998). Some organizations, such as the United Church of Christ or the Unitarian Universalists, are religious institutions which explicitly welcome people of all sexual orientations and honor their relationships. Other institutions such as the Metropolitan Community Church (MCC) were created by members of the gay community to fill this
niches and are comprised of not only predominantly gay congregations, but are also presided over by LGB people. Finally, many LGB people have turned to ancient religious traditions, such as Native-American (Kaufman & Raphael, 1996) and Pagan (Palmer, 1994; Neitz, 2000; Griffin, 1999) faiths, as a source of spiritual comfort. The current study supports research suggesting that gay-affirming church involvement enables LGB people to alleviate the conflict between sexual and religious identities (Lukenbill, 1998; Perry, 1990; Piazza, 1994; White, 1994).

Limitations

Like all self-report, point-in-time studies, causal relationships cannot be implied and participants’ answers are vulnerable to response bias, reactivity, and random responding. This study intended to look at within-group constructs rather than using a straight comparison sample. The qualitative responses relied on one question rather than several and because the participants wrote responses independently, there was no opportunity for clarification by the examiner, potentially leading to error in the classification of qualitative responses. Finally, the current sample was largely White, Euro-American, and was limited to people with internet access and a desire to answer internet surveys. Participants may have self-selected somewhat, based on their interest in the research topic. Therefore, the generalizability to people who do not meet these criteria is limited.

Implications for Treatment

Psychotherapy is too frequently at odds with religion and spirituality, especially where they intersect with sexual orientation, but their collisions need not be damaging for spiritual LGB clients. Some scholars have debated whether depolarizing the debate between spirituality and sexuality is even possible or appropriate (Morrow, Beckstead, Hayes, & Haldeman, 2004). There is a clear body of evidence showing that therapy is value-laden and that counselors and clients often share different value systems. This counselor-client value dissonance is nowhere more apparent than when dealing with issues of spirituality and sexuality (Zinnbauer & Pargament, 2000). Postmodern cognitive theory provides a theoretical basis for developing skill sets to negotiate these values by proposing that personal identities are relationally and socially constituted (Cox & Lyddon, 1997). In other words, the social constructs of what it means to be “gay” or what it means to be a “Christian” permeate the person construct of one’s understanding of his or her sexual identity. Therapy then becomes a process of investigation into the meaning making behind social and person constructs of the self, couched in a highly affirming therapeutic relationship. Such a therapeutic stance relies less on disordered thinking and diagnosis (adjustment disorder, gender dysphoria, personality disorders) and more on understanding the individual meaning making process around social constructs that appear to be impeding adjustment.

For those whose spiritual self feels more salient, the renegotiation of one’s sexual self may be considered. This is accomplished by either refraining from sexual behavior (acknowledging a LGBT orientation, but not acting on it) or by attempting to change one’s sexual orientation through conversion therapy (Brooke, 1993; Malloy, 1981). Research suggests that conversion therapy is largely unsuccessful and has been shown to be detrimental to the mental health of clients (Shildo & Schroeder, 2002) due to increased feelings of guilt, depression, difficulties in forming relationships with other men, and a generalized sense of de-masculinization (Haldeman, 2001). Although the American Psychological Association (APA, 1999) and other mainstream mental health organizations have issued policy statements affirming that homosexuality is not a mental disorder and disavowing treatments based on this premise, conversion therapy is still encouraged through some religious organizations.

This is particularly important since people from diverse backgrounds are routinely pathologized from a dominant-culture perspective. A clear practical implication is the development of psychotherapy approaches that do not pathologize or raise client spiritual or religious beliefs, or client sexual orientation without clear empirical or clinical justification (Zinnbauer & Pargament, 2000). The current data suggest that multiple selves do not necessarily become fragmented or overly conflicted. A therapist should not, as the authors initially did, make assumptions that a client who identifies as both spiritual or religious, as well as LGB is necessarily dealing with a conflict in negotiating their identities. As the current study has shown, many LGB people have successfully negotiated the integration of these two aspects of identity in a way that allows them to feel congruent and free from identity conflict. People are effectively able to adjust aspects of the self in useful and adaptive ways. Therefore, when LGB clients present for mental health treatment, therapists should discuss these identities with their client before dedicating time in therapy to deal with an issue that is not a problem for their client. However, it is likely that those who are unable to make these adaptive adjustments are the ones who come to psychotherapy for help.

However, for those individuals who are not able to reconcile their sexual and spiritual identities, the conflict is particularly strong. As noted in the current study, a significant number of respondents continued to report struggles in reconciling spiritual and sexual identity constructs. Since research suggests that the ability to integrate spirituality and sexuality increases one’s mental health (Wagner et al, 1994), the ability of counselors to help clients negotiate such conflicts becomes an essential skill set. As discussed earlier, because LGB people are more susceptible to a number of psychological disorders due to exposure to discrimination, therapists should exercise more oversight over LGB clients dealing with this identity conflict, as they may be especially vulnerable. Therapists should assist these clients to find ways to continue to follow their chosen religion in a way that does not exacerbate psychological trauma, or to create meaningful spiritual communities that accept their dual identities. The ultimate goal is renegotiation through a dynamic and complex self-reorganization process, taking place in a safe environment that allows the client to explore the conflict (Bartoli & Gillem, 2008).

It is also necessary to address the practical implications for the therapist who will experience countertransference to the material presented by the client. The reality is that there are professionals who hold religious beliefs that are not affirming to the LGB orientation. Those responsible for culturally sensitive training may not always know when to intervene when the cultural diversity of one’s mindset (i.e., conservative religious) impedes the cultural diversity of another’s (i.e., LGB). Counselors who are informed by self-reflection, an understanding of a variety of spiritual and reli-
gious beliefs, and an awareness of their own feelings around the spectrum of sexual orientation are those best equipped to provide effective mental health services to religious and spiritual LGB clients. Anything less, and counselors risk acting as unethical and subversive moral agents (Zinnbauer & Pargament, 2000).

References


