Religious Sexual Minorities and Suicide Risk: The Moderating Role of LGBQ and Religious Belongingness

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RELIGIOUS SEXUAL MINORITIES AND SUICIDE RISK: THE MODERATING
ROLE OF
LGBQ AND RELIGIOUS BELONGINGNESS

by
Samuel Skidmore

A thesis submitted in partial fulfillment
of the requirements for the degree
of
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in
Psychology

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ABSTRACT

Religious Sexual Minorities and Suicide Risk: The Moderating Role of LGBQ and Religious Belongingness

by

Samuel Skidmore, Master of Science
Utah State University, 2021

Major Professor: Dr. G. Tyler Lefevor
Department: Psychology

Sexual minorities experience a unique set of stressors as a result of their minority status that can lead to adverse mental health outcomes, including increased suicidal ideation. A sense of belongingness has been linked to decreased suicidal ideation among sexual minorities generally and may help counteract the negative effects of minority stressors. Sexual minorities raised in nonaffirming religions often encounter a pull for belongingness in their religious community or the sexual minority community, and little research exists examining how such sexual minorities experience health outcomes due to feelings of belonging in either community. As such, the aim of the present study was to test whether minority stressors and religiousness are related to suicidal ideation for sexual minorities in the Church of Jesus Christ of Latter-day Saints (CJCLDS; “Mormon” church), as well as to elucidate the potential moderating effects of belongingness in the CJCLDS or LGBQ community. Data from 910 sexual minority members of the CJCLDS across two separate studies indicated that CJCLDS belongingness was related to less suicidal ideation, whereas LGBQ belongingness was not. Additionally, both minority
stressors and religiousness were related to increased suicidal ideation, suggesting that sexual minorities engaged in nonaffirming religions may not benefit from religiousness as those engaged in other religions. The presence of belongingness in either community weakened the relationship between internalized homonegativity on suicidal ideation. Conversely, belongingness in either community strengthened the effects of concealment on suicidal ideation, and LGBQ belongingness strengthened the effects of service attendance on suicidal ideation. Findings suggest that in most cases, the presence of religious belongingness is beneficial in decreasing suicidal ideation among sexual minority members of the CJCLDS. Implications of these findings for future research and clinical practice are discussed.
Religious Sexual Minorities and Suicide Risk: The Moderating Role of LGBQ and Religious Belongingness

Samuel Skidmore

This study aimed to provide insights into the experiences of lesbian, gay, bisexual, or queer/questioning (LGBQ) people within the Church of Jesus Christ of Latter-day Saints (CJCLDS), and to explore how aspects of sexuality and religiousness relate to suicidal ideation. Through survey data from 910 participants across two separate studies, several conclusions were drawn. Feelings of belongingness in the CJCLDS may predict decreased suicidal ideation. LGBQ belongingness led CJCLDS service attendance to be more strongly predictive of suicidal ideation, whereas it decreased the negative effects of feeling negatively toward one’s sexual identity. More generally, concealing one’s sexual identity, feeling negatively toward one’s sexual identity, and frequently attending CJCLDS services predicted increased suicidal ideation. However, when participants felt they belonged in the CJCLDS or LGBQ communities, concealing one’s sexual orientation became more strongly related to suicidal ideation. These findings may be due to internal conflict experienced when concealing one’s identity from people and a community with whom one feels they belong. I suggest that clinicians working with religious LGBQ individuals should encourage clients who wish to remain in the CJCLDS to seek a deeper sense of belongingness to the CJCLDS, which can help protect against suicidal ideation and decrease the adverse effects of feeling negatively toward one’s sexual identity.
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Samuel Skidmore
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Suicide is a health crisis with roughly one million people dying by suicide worldwide each year (World Health Organization [WHO], 2020). It is well-established that sexual minorities (individuals identifying as lesbian, gay, bisexual, or queer; who experience some degree of same-sex attraction; or who consistently engage in some degree of same-sex sexual behavior; Lefevor, Sorrell et al., 2019) have an especially high risk of suicide ideation and behavior relative to their heterosexual counterparts (Chang et al., 2020; Fish et al., 2019; Johns et al., 2018; Peter et al., 2017). These disparities range in magnitude, with studies finding that sexual minorities experience up to four times the frequency of suicidal thoughts and six times the lifetime prevalence of suicide attempts relative to heterosexual individuals (McGraw et al., 2020). These trends remain even after controlling for presence of mental disorders (Bolton et al., 2011).

Such disparities may best be understood through the lens of minority stress. Sexual minorities are exposed to more forms of stress than their heterosexual counterparts due to their sexual orientation, thereby increasing the risk of suicidal ideation and behaviors (Meyer, 2003; Yildiz, 2018). In addition to the general stressors such as moving, losing a job, or getting divorce experienced by many people, sexual minorities experience unique stressors because of their minority status including discrimination and sexual identity concealment. These minority stressors have been consistently linked with adverse health outcomes, including suicidal ideation (e.g., Lefevor, Beckstead et al., 2019; Meyer, 2003; Shilo & Savaya, 2012).
Where minority stress appears to contribute to suicidal ideation, religiousness typically appears to buffer suicidal ideation. *Religiousness* refers to “ritual, institutional, or codified spirituality that is culturally sanctioned” (Harris et al., 2018, p. 1) and has been consistently related to lower rates of suicidal ideation in both adolescents (Rew et al., 2001) and adults (Taliaferro et al., 2009). Among sexual minorities, however, this relationship is much less clear (Lefevor, Davis et al., under review; Lytle et al., 2018). Many sexual minorities report religious places or people increase their exposure to various stressors such as internalized homonegativity and discrimination (Lefevor, Huffman et al., 2020), which may lead to depression and increased suicide ideation and behaviors (Barnes & Meyer, 2012; Gibbs, 2015; Shilo & Savaya, 2012). However, other sexual minorities report religiousness to be health-protective (Lefevor, Sorrell et al., 2019) or to make no difference in their overall health (Lefevor, Skidmore et al., under review).

Belongingness may explain both the relationship between minority stress and health and between religiousness and health among sexual minorities. Belongingness and social support typically act as protective factors against a myriad of adverse mental health outcomes, including suicidal ideation and behaviors (Barr et al., 2016; Yen-jui & Israel, 2012). For sexual minorities, feelings of belonging with other LGBQ people are associated with decreased depression and suicidal ideation (Conner et al., 2007; Joiner, 2005). Among religious people, feelings of belonging in religious communities are also associated with decreased depressive symptomology and heightened well-being (Taliaferro et al., 2009; Wong et al., 2006). However, for sexual minorities from nonaffirming religious backgrounds (religions that prohibit individuals in same-sex
relationships from engaging in church leadership or fully participating in religious functions; Jeffries et al., 2008), it is unclear, how belongingness with LGBQ or religious people may relate to health. On the one hand, experiencing belongingness in either community may positively relate to health in a similar way for sexual minorities as it does for heterosexual individuals. On the other, belonging in one community may enhance feelings of conflict, making it less health protective.

**The Study**

The present study addresses this gap by exploring if and how minority stress and religiousness relate to suicidal ideation among sexual minorities from a nonaffirming religion. The present study will expand on the existing frameworks put forward by the interpersonal theory of suicidal behavior (Van Orden et al., 2010), causal pathways theory (Koenig, 2012), and minority stress theory (Meyer, 2003) to more fully elucidate how minority stressors and religion may be contributing to suicidal ideation among sexual minority LDS. To accomplish this, the present study asks the following question: does belongingness (in religious and/or LGBQ communities) moderate the association of minority stress processes (internalized homonegativity and concealment) and religiousness (religious commitment and service attendance) on suicidal ideation for sexual minority members of the Church of Jesus Christ of Latter-day Saints (CJCLDS)? To explore this question, the following four hypotheses will be tested: (a) belongingness will be negatively associated with suicidal ideation, (b) minority stressors (i.e., internalized homonegativity and concealment) will be positively associated with suicidal ideation, (c) religiousness (i.e., religious commitment and service attendance) will be negatively associated with suicidal ideation, and (d) belongingness will moderate the
association between minority stressors and religiousness with suicidal ideation; for participants experiencing little belongingness in the LGBQ and/or CJCLDS communities, the relationship between minority stressors and religiousness on suicidal ideation will strengthen, and for participants experiencing a higher degree of belongingness, minority stressors and religiousness will have less of an effect on suicidal ideation, as illustrated by minority stress theory (Meyer, 2003).
CHAPTER II
LITERATURE REVIEW

This review of the literature is divided into five sections. These are (a) a review of the interpersonal theory of suicidal behavior; (b) a review of minority stress theory; (c) a review of causal pathways theory; (d) an introduction to sexual minority LDS experience; and (e) the rationale and objectives for the current study.

Belongingness and Suicidal Ideation

Heightened suicidal ideation among people generally and sexual minorities specifically may be best understood through the interpersonal theory of suicidal behavior (ITSB; Van Orden et al., 2010). The ITSB posits that suicide is most likely to occur when three factors are present: perceived burdensomeness, thwarted belongingness, and acquired ability to enact lethal self-injury. Perceived burdensomeness refers to the belief that one’s death is worth more than their life (Joiner, 2005) and includes perceptions of self-hate and liability (Van Orden et al., 2010). Thwarted belongingness refers to an individual’s experience of social isolation and includes feelings of loneliness and the absence of reciprocal care (Chu et al., 2017). Finally, the acquired ability to enact lethal self-injury refers to both the physical capability for completing suicide (i.e., having access to means for acting on suicidal ideas), as well as the mental capability or capacity to act on suicidal thoughts, which is often a result of repeated exposures to painful and provocative events (Smith et al., 2012). When an individual feels that they do not belong and they are a burden to others, then suicidal ideation becomes more likely; once these
feelings are coupled with capability to engage in suicidal behavior, the likelihood of dying by suicide increases (Van Orden et al., 2010).

Of the factors of the ITSB, belongingness may be particularly relevant for understanding suicidal ideation among sexual minorities generally and sexual minorities from nonaffirming religions specifically. Social alienation is arguably the strongest and most reliable predictor of suicidal ideation, attempts, and behavior (Dervic et al., 2008; Joiner & Van Orden, 2008; Van Orden, 2010), which is counteracted by feelings of social support and belongingness. Given sexual minorities’ risk for discrimination, rejection, violence, and stigma (i.e., minority stress), it is conceivable that they would be more likely to experience feelings of social disconnection (Wolford-Clevenger et al., 2018; Woodward et al., 2014). Belongingness may further be difficult to achieve for sexual minorities who participate in nonaffirming religions—defined here as a community that does not support the full expression of a sexual minority’s sexuality (Skidmore et al., under review). Therefore, sexual minorities in nonaffirming religions’ risk for suicidal ideation may be due in part to their predisposition toward feelings of thwarted belongingness.

**Minority Stressors and Suicidal Ideation**

Sexual minorities face unique stressors due to their minority status (Meyer, 2003). Meyer’s (2003) minority stress theory suggests that such minority stressors, in addition to everyday stressors, lead sexual minorities to experience an elevated risk for poor health outcomes, including suicidal ideation. These minority stressors can be divided into distal (i.e., “objective events and conditions”; Meyer, 2003, p. 681) and proximal stressors (“personal processes, which are by definition subjective”; Meyer, 2003, p. 681). Meyer’s
model also specifies that social support and coping influence the relationship between minority stress and related distress, with increased belongingness and coping being associated with better mental health outcomes and less suicidal ideation (Dervic et al., 2008; Meyer, 2003; Postuvan et al., 2019).

One of the most insidious sexual minority stressors, internalized homonegativity is a potent predictor of social alienation and suicidal ideation (Gibbs, 2015; Meyer, 2003; Wolford-Clevenger et al., 2018). Internalized homonegativity (IH) refers to the process whereby sexual minorities internalize negative messages regarding same-sex sexuality as part of their own self-image, leading to devaluation of the self (Meyer & Dean, 1998). This process is highly associated with self-hatred and social alienation, increasing the risk for suicidal ideation by contributing to thwarted belongingness (Dehlin et al., 2015; Frost & Meyer, 2009; Katz-Wise et al., 2016; Pereira & Rodrigues, 2014; Wolford-Clevenger et al., 2018). IH is thought to largely be a result of sociocultural factors, as illustrated by the higher rates of IH among sexual minorities who are affiliated with nonaffirming religions (Gibbs, 2015; Shilo & Savaya, 2012). Regardless of religious involvement, the presence of IH is consistently associated with thwarted belongingness and increased suicidal ideation.

Concealing a sexual minority identity is also associated with increased psychological distress and suicidal ideation (Meyer, 2003). Sexual minority-based victimization and violence predicts elevated suicide risk among sexual minorities; to cope with this, many sexual minorities opt to conceal their sexual orientation from others (Livingston et al., 2015). Sexual minorities’ concealment efforts may paradoxically act as protective factors for a time, as more visible sexual minorities have a higher likelihood of
being victims of violence and discrimination due to their minority status (Hoy-Ellis, 2016). In the long-term, however, concealment most frequently becomes effortful and stressful, ultimately leading to increased anxiety and depression, both of which are associated with suicidal ideation (Meyer, 2003). There remains some debate as to whether concealment is truly related to adverse mental health outcomes (Balsam & Mohr, 2007; Fredriksen-Goldsen et al., 2013). However, minority stress theory and numerous subsequent studies suggest that concealment is a powerful stressor that may lead to more suicidal ideation (Meyer, 2003).

Belongingness may exert a main effect on suicidal ideation as well as moderate the relationship between IH or concealment and suicidal ideation. For sexual minorities, a high sense of belonging in the LGBQ community can directly bolster mental health outcomes, while a low sense of belonging is associated with increased depressive symptoms, including suicidal ideation (Conner et al., 2007; Joiner, 2005). Additionally, belongingness may moderate the relationship between concealment and IH on suicidal ideation, such that the presence of belongingness can weaken the effects of concealment or IH on suicidal ideation (Baams et al., 2015). Indeed, belongingness affects the health outcomes connected to minority stressors, with the presence or lack of belongingness influencing the strength of minority stressors on suicidal ideation (Baams et al., 2015; Meyer, 2003). Altogether, findings are univocal in showing that connectedness and feelings of belongingness with the LGBQ community is related to better mental health outcomes.

However, there remains some uncertainty regarding the effects of belongingness, particularly for sexual minorities who have competing claims for affiliation and
belongingness. For example, among members of the Church of Jesus Christ of Latter-day Saints (CJCLDS), a historically nonaffirming religion, experiencing belonging in both the CJCLDS and in the LGBQ community was associated with heightened rates of depression, including increased suicidal ideation (Skidmore et al., under review). Such seemingly paradoxical findings suggest that, while belongingness may act as a protective factor against suicidal ideation, these processes may be acting differently for sexual minorities in nonaffirming religions. Therefore, although belongingness may be related to more positive health outcomes and less suicidal ideation, having competing or conflicting claims for affiliation may lead to additional distress and adverse outcomes (Festinger, 1957; Skidmore et al., under review). Further research is necessary to better understand how belongingness may be acting as a moderator between minority stressors and suicidal ideation among sexual minorities, particularly among members of nonaffirming religions.

**Religiousness and Suicidal Ideation**

Whereas religiousness is consistently shown to be linked to health among the general population (Pargament, 2013), the association is more complex for sexual minorities (Lefevor, Blaber et al., 2020; Lytle et al., 2018). Some studies suggest that religiousness is negatively linked to health among sexual minorities, finding that religiousness is positively related to homonegativity (Lefevor, Sorrell et al., 2019; Rowatt et al., 2009), and that sexual minorities have suffered at the hand of religion (e.g., Etengoff & Lefevor, 2020; Lefevor, Blaber et al., 2020). As a result, many sexual minorities who mature in a religious community—particularly within a nonaffirming religion—report increased discrimination and IH, both of which are strongly correlated with increased depression, anxiety, and suicidal ideation (Barnes & Meyer, 2012;
Kralovec et al., 2012; Shilo & Savaya, 2012). However, other studies suggest that religious involvement may be associated with increased social support, belongingness, and well-being among sexual minorities (Rodriguez, 2009). A meta-analysis looking at religion and health among sexual minorities indicated that there is a small but positive relationship between religiousness and health among sexual minorities (Lefevor, Davis et al., under review). Overall, there is substantial variability in the relationship between religiousness and health for sexual minorities (Lefevor, Davis et al., under review; Lytle et al., 2018).

Causal pathways theory (Koenig, 2012) provides a framework for understanding the various ways in which religiousness may promote health, including reducing suicidal ideation. Causal pathways theory posits that religiousness relates to health via three key pathways: psychological, behavioral, and social. Psychological pathways include the ways in which religion affects strategies individuals use to cope with stress (Bockrath et al., 2020), the emotions people experience as they practice religiousness (Tsai et al., 2013), and the views religious individuals take to the world and those around them (Rowatt et al., 2013). These psychological pathways show how religion affects health outcomes of religious individuals, as they may enhance emotional regulation as well as coping mechanisms (either positive or negative). For example, a religious person who learns to cope with depressive symptoms by giving their burdens to a higher power may experience a decrease in such symptomology. Behavioral pathways include the ways in which religiousness typically encourage prosocial behaviors such as forgiveness and compassion (Koenig, 2012), as well as discouraging harmful behaviors such as substance misuse (ref?). Additionally, behavioral pathways include religious behaviors such as
attending religious services, which is associated with increased life satisfaction (Li et al., 2016). Finally, social pathways include the ways in which religion may act as a source of social support and belongingness (Debnam et al., 2012; Krause & Wulff, 2005), including individual and community connection (Driskell et al., 2008). Indeed, commitment to a religion has been associated with decreased suicide ideation among both adults and adolescents (Hilton, 2002; Lotfi et al., 2012). Looking at religiousness through all three pathways allows for a broader view of how religiousness is associated with both belongingness and health outcomes such as suicidal ideation.

Whereas religiousness may promote health for the general population, the three causal pathways highlight some ways in which nonaffirming religions may also reduce health among sexual minorities. For example, via psychological pathways, increased commitment to religion among sexual minorities may be related to increased suicidal ideation for individuals in nonaffirming religions, likely due to the increased dissonance and conflict experienced between competing religious and sexuality identities (Barnes & Meyer, 2012). Via behavioral pathways, service attendance may be negatively related to health, as attendance may center homonegative messaging, which may enhance a sexual minority’s perception of thwarted belongingness. Finally, via social pathways, harmful interactions with other individuals may lead to a thwarted sense of belongingness within a nonaffirming religion, which has been suggested as one of the most potent predictors of suicidal ideation (Joiner, 2005). Overall, belonging to nonaffirming religions has the potential to increase suicidal ideation for sexual minorities through all three pathways.

In addition to exerting a main effect on suicidal ideation, belongingness may also moderate the association between religiousness and suicidal ideation among sexual
minorities in nonaffirming religions, as suggested by the social pathway of causal pathway theory. For example, it is possible that the negative outcomes of service attendance may be buffered by feelings of belongingness, such that those who feel they belong in their religious community have a more positive experience of service attendance than those who do not feel such belongingness (Shilo & Savaya, 2012). Additionally, the effects of religious commitment on suicidal ideation may be particularly buffered by religious belongingness, such that sexual minorities who remain committed to their chosen religion experience less suicidal ideation the more they feel a sense of belongingness within their chosen religious community (Krause & Bastida, 2011; Meyer, 2003; Skidmore et al., under review).

**Sexual Minority LDS as a Case Study**

The relation between minority stressors or religiousness and suicidal ideation among sexual minorities in nonaffirming religions may be particularly illustrated among sexual minority members of the Church of Jesus Christ of Latter-day Saints (CJCLDS). The CJCLDS, known colloquially as the “Mormon” church, has requested that they be referred to by the church’s full name (ref?). As such, this paper will utilize CJCLDS when referring to the religion and latter-day saints (LDS) when referring to both its current members and those who were raised in the CJCLDS and are no longer affiliated but continue to consider themselves culturally aligned with the CJCLDS. The CJCLDS has clearly defined doctrine and practices discouraging same-sex behaviors that are taught and applied in all of its congregations (CJCLDS, 2017). This practice is closely tied to the CJCLDS’ unique beliefs regarding sexuality, marriage, and the afterlife, which see heterosexual marriage as a necessary precursor for salvation and eternal progeny
These doctrines and beliefs make it difficult for sexual minority LDS to fully participate in or feel that they fully belong to the faith (ref?).

Sexual minority LDS often experience belongingness in LGBQ and religious communities as competing calls. Within the U.S., most sexual minorities report perceiving the CJCLDS as unfriendly toward sexual minorities (Pew Research Center, 2013). Due to the CJCLDS’s strong stance on same-sex sexuality (McGraw et al., 2020; Wolff et al., 2016), sexual minority LDS often report a conflict between their religious and sexual identities, which can result in internalizing and externalizing symptoms such as difficulties in finding community support and belongingness, as well as increased IH and concealment (Beckstead & Morrow, 2004; Dehlin et al., 2014; Lefevor, Blaber et al., 2019; Lefevor, Sorrell et al., 2019). Many such individuals also report feeling mistreated and alienated for their sexuality in religious spaces (Beckstead & Morrow, 2004).

Consequently, sexual minority LDS may also feel uncomfortable in LGBQ spaces if they are still aligned with the CJCLDS. As sexual minority LDS report heightened rates of minority stressors and religiousness, they are an ideal population to study to analyze the effects of religiousness, minority stressors, and belongingness in religious and LGBQ communities on suicidal ideation. By examining these processes among a population that experiences ties to both religion and sexuality, we may better elucidate the risk and protective factors associated with a sexual minority status in a historically nonaffirming religion.

**Current Study**

Given that minority stressors, engagement with nonaffirming religions, and thwarted belongingness all contribute to the heightened suicidal ideation rates among
sexual minorities, additional insight is necessary to explore the relationship between minority stress, engagement with nonaffirming religions, belongingness, and suicidal ideation (Lefevor, Beckstead et al., 2019). In order to more reliably determine the potential moderating effects of belongingness on minority stress processes and religiousness, the present study examines two unique datasets (hereafter referred to as Study 1 and Study 2). In both studies, sexual minority current and former members of the CJCLDS were surveyed regarding their religiousness, sexuality, and mental health. Study 1 contained a smaller sample and a more thorough measure of both LGBQ and CJCLDS belongingness. This study will be used to initially test hypotheses. Study 2 will seek to validate the findings of Study 1 using a sample with more participants and a more robust measure of suicidal ideation.
CHAPTER III

METHODS

Method 1

Participants and Procedure

Data were collected from May to June 2020, after obtaining Institutional Review Board approval from Arizona State University. Participants had to meet the following criteria in order to participate: (a) be over the age of 18, (b) identify as gay, lesbian, bisexual, or currently experience some degree of same-sex attraction, and (c) be a baptized member of the Church of Jesus Christ of Latter-day Saints (CJCLDS, 2016, 2017). In total, 360 people accessed the survey but 52 did not meet criteria. The final sample included 308 participants that met the criteria and completed the survey. Power analysis based on an effect size of $f^2 = .15$, a power of .80, and an alpha of .05 indicated that at least 119 participants are necessary to detect significant results using a hierarchical multiple regression with the four main study variables (Faul et al., 2009). Participants were primarily men (50.6%) with some degree of college experience (55.8%), White (82.5%), currently a participating member of the CJCLDS (42.9%), and between ages 20-40 ($M = 29.96, SD = 12.54$). Demographic information is presented in Table 1.

Table 1

Demographic Frequencies – Study 1

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian/Asian American</td>
<td>2</td>
<td>0.6%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td>13</td>
<td>4.2%</td>
</tr>
<tr>
<td>Category</td>
<td>Count</td>
<td>Percentage</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>254</td>
<td>82.5%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>15</td>
<td>4.9%</td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
<td>7.4%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school or less</td>
<td>22</td>
<td>7.1%</td>
</tr>
<tr>
<td>Professional program</td>
<td>7</td>
<td>2.3%</td>
</tr>
<tr>
<td>Some college</td>
<td>107</td>
<td>34.7%</td>
</tr>
<tr>
<td>Undergraduate degree</td>
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<td>37.7%</td>
</tr>
<tr>
<td>Graduate degree</td>
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<td>18.2%</td>
</tr>
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<td><strong>Annual Income</strong></td>
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<td></td>
</tr>
<tr>
<td>$0-$24,999</td>
<td>139</td>
<td>45.1%</td>
</tr>
<tr>
<td>$25,000-$49,999</td>
<td>66</td>
<td>21.4%</td>
</tr>
<tr>
<td>$50,000-$74,999</td>
<td>45</td>
<td>14.6%</td>
</tr>
<tr>
<td>$75,000-$99,999</td>
<td>26</td>
<td>8.4%</td>
</tr>
<tr>
<td>$100,000-$149,999</td>
<td>18</td>
<td>5.8%</td>
</tr>
<tr>
<td>$150,000 or more</td>
<td>14</td>
<td>4.5%</td>
</tr>
<tr>
<td><strong>Birth Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>175</td>
<td>56.8%</td>
</tr>
<tr>
<td>Female</td>
<td>132</td>
<td>42.9%</td>
</tr>
<tr>
<td>Intersex</td>
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</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Man</td>
<td>156</td>
<td>50.6%</td>
</tr>
<tr>
<td>Woman</td>
<td>117</td>
<td>38.0%</td>
</tr>
<tr>
<td>Transman</td>
<td>3</td>
<td>1.0%</td>
</tr>
<tr>
<td>Transwoman</td>
<td>2</td>
<td>0.6%</td>
</tr>
<tr>
<td>Gender non-binary/Genderqueer</td>
<td>27</td>
<td>8.8%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>1.0%</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gay/Lesbian</td>
<td>158</td>
<td>51.3%</td>
</tr>
<tr>
<td>Queer</td>
<td>23</td>
<td>7.5%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>88</td>
<td>28.6%</td>
</tr>
<tr>
<td>Pansexual</td>
<td>17</td>
<td>5.5%</td>
</tr>
<tr>
<td>Same-sex/Same-gender attracted</td>
<td>17</td>
<td>5.5%</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>1.6%</td>
</tr>
<tr>
<td><strong>Current Religious Affiliation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Church of Jesus Christ of Latter-day Saints</td>
<td>132</td>
<td>42.9%</td>
</tr>
<tr>
<td>None</td>
<td>55</td>
<td>17.9%</td>
</tr>
<tr>
<td>Agnostic</td>
<td>53</td>
<td>17.2%</td>
</tr>
<tr>
<td>Atheist</td>
<td>48</td>
<td>15.6%</td>
</tr>
<tr>
<td>Other</td>
<td>20</td>
<td>6.5%</td>
</tr>
<tr>
<td><strong>Birth Religious Affiliation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Church of Jesus Christ of Latter-day Saints</td>
<td>282</td>
<td>91.6%</td>
</tr>
<tr>
<td>Agnostic</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>None</td>
<td>4</td>
<td>1.3%</td>
</tr>
</tbody>
</table>
Participants were recruited through online religious support groups (e.g., Mormons Building Bridges, Mama Dragons, Instagram pages of prominent church members and sexual minorities such as Ben Schilaty, Richard Ostler, and Tom Christofferson) and online flyers emailed to willing church members and sexual minority groups (e.g., Affirmation, Exmormon Reddit, Family Fellowship, Encircle, and North Star). Interested participants took the survey through the link provided on the online advertisements. The survey—administered through Qualtrics—began with a consent form and screening questions to ensure all participants meet the eligibility requirements (see Appendix A). Participants who met criteria were automatically directed to the remainder of the survey. Participants’ median completion time was 11.01 min. Finally, participants were asked upon completion to share the study on their social media sites and through word-of-mouth.

**Measures**

**Screening.** Interested participants completed an initial screening questionnaire to determine their eligibility before accessing the remainder of the survey (see Appendix A).

**Demographic Information.** Participants answered standard demographic questions that assessed characteristics such as age, race, education, income, gender, sexual orientation, relationship status, and current religious affiliation. See Appendix B for a full list of the demographic questions.

**Suicidal Ideation.** Suicidal ideation was assessed using the suicidal ideation question from the Patient Health Questionnaire 9-item scale (PHQ-9), which asked
participants to rate how often in the last two weeks they had “thoughts that [they] would be better off dead, or thoughts of hurting [themselves] in some way” (Kroenke et al., 2001). Responses were recorded on a 4-point Likert scale from not at all (0) to nearly every day (3). Kroenke and colleagues (2001) reported good concurrent validity with the Short Form-20 (SF-20) and the diagnosis of major depressive disorder.

**Belongingness.** Belongingness in both LGBQ and CJCLDS communities was assessed separately using adaptations of Frost and Meyer’s (2012) LGBT Community Connectedness scale (see Appendices C & D). Participants indicated their agreement on a 4-point Likert-type scale ranging from disagree strongly (1) to agree strongly (4). The scale includes seven statements referring to LGBQ community and another seven parallel statements referring to the CJCLDS community. Examples include, “You feel you’re a part of your local LGBQ (CJCLDS) community,” and “Participating in your local LGBQ (CJCLDS) community is a positive thing for you.” Responses were averaged to determine an overall LGBQ community belongingness score and an overall CJCLDS belongingness score. The authors reported good internal consistency for the scale across genders and races, as well as good convergent, discriminant, and predictive validity. Cronbach’s alphas were .86 for LGBQ Belongingness and .93 for CJCLDS Belongingness.

**Internalized Homonegativity.** The Internalized Homonegativity subscale of the Lesbian, Gay, and Bisexual Identity Scale (LGBIS; Mohr & Kendra, 2011) was utilized to measure IH. Participants indicated their agreement to three items: “I wish I were heterosexual,” “If it were possible, I would choose to be straight,” and “I believe it is unfair that I am attracted to people of the same sex.” Participants responded using a 6-
point Likert-type scale that ranged from disagree strongly (1) to agree strongly (6).
Responses are calculated as a mean of items and higher scores indicate more internalized homonegativity. The authors reported adequate internal consistency for each subscale of the LGBIS, as well as supportive validity. Cronbach’s alpha for the present study was .87.

**Concealment.** The Concealment Motivation subscale of the LGBIS assessed concealment efforts for this sample (Mohr & Kendra, 2011). Participants indicated their agreement to three items: “I prefer to keep my same-sex romantic relationships rather private,” “I keep careful control over who knows about my same-sex romantic relationships,” and “My sexual orientation is a very personal and private matter.” Participants responded using a 6-point Likert scale ranging from disagree strongly (1) to agree strongly (6), with higher scores indicating more concealment behaviors. The authors reported good validity and reliability for the subscale. Cronbach’s alpha for the present study was .83.

**Religiousness.** Religiousness was measured using the service attendance and intrinsic religiousness items from the Duke University Religiousness Index (DUREL; Koenig & Büssing, 2010). Participants indicated how frequently they attend religious services and spend time on private religious practices using a 9-point scale ranging from never (0) to several times a week (8). Questions also include a list of statements with which participants indicated their level of agreement on a 5-point Likert scale, with higher scores indicating more religious involvement. The authors of the scale reported high test-retest reliability, internal consistency, and convergent validity with other
measures of religiosity. Internal consistency in the present study was .74. See Appendix E for a full list of the items.

**Data Analysis Plan**

First, data was checked for missing values. Using SPSS (IBM Corp, 2019), skewness and kurtosis were assessed to test the assumptions underlying the use of regression. These values should be between -2 and 2 for each study variable as recommended by George and Mallery (2010). Means and standard deviations were then calculated for demographic, predictor, moderator, and dependent variables. The scores were then centered to better aid the plotting of potentially significant moderator effects. This also reduced the threat of multicollinearity between variables and provide clearer interpretations (Frazier et al., 2004).

Following preliminary analyses, associations were analyzed between study variables and demographics to identify any potential confounds (i.e., gender identity, current religious affiliation, sexual orientation, race/ethnicity). Correlations were utilized to identify any potential confounds. Preliminary ANOVAs and post-hoc analyses were then conducted as appropriate on identified confounds to determine which groups differed significantly from others. Correlations were run on suicidal ideation, belongingness, and the four predictor variables (IH, concealment, service attendance, and religious commitment) to ensure that, per the present study’s hypotheses, these predictors and moderators are related to suicidal ideation.

Four hierarchical multiple regressions were then conducted to determine the potential moderation effect of CJCLDS and/or LGBQ belongingness on the relationships between minority stress variables (IH and concealment) and religious variables (service
attendance and religious commitment) on suicidal ideation. To assess for moderation, previously found confounds were first entered into Model 1 of a hierarchical multiple regression to account for their effect on suicidal ideation. The main predictor variables (IH and concealment for the first regression; service attendance and religious commitment for the second regression) and one belongingness variable (either CJCLDS belongingness or LGBQ belongingness) were entered into Model 2 to examine the main effects of minority stressors or religiousness and belongingness on suicide ideation. The interaction terms between each potential moderator and the predictor variables were included into Model 3 to determine potential moderating effects on the association between minority stressors and religiousness on suicidal ideation.

Following analysis of Study 1, data from Study 2 was analyzed to replicate effects observed in Study 1. Study 2 extended the results of Study 1 by using more rigorous scales for IH, concealment, religious commitment, and suicidal ideation, as well as determining if results from Study 1 are generalizable to a larger sample of sexual minority LDS.

**Method 2**

**Participants and Procedure**

A research team of six socio-politically diverse researchers was formed to participate in survey construction and recruitment. These individuals endorse a diverse set of identities and perspectives across sexual orientation (e.g., heterosexual, gay, bisexual, queer) and religious affiliation (e.g., active LDS, former LDS, agnostic,
Christian). All members of the research team uphold the APA’s position on working with sexual minorities and respecting religious practices (APA, 2009).

Sexual minority current and former LDS participants were recruited from March to July 2020 through comprehensive community sampling. First, participants were recruited through various forums for LGBQ LDS including North Star, Affirmation, and Understanding Same Gender Attraction at Brigham Young University. These forums were both electronic (e.g., Facebook groups) and in person (e.g., the annual conference of North Star). Next, participants were recruited through therapist and therapeutic organizations including the LGBTQ Therapist Guild of Utah and the Alliance for Therapeutic Choice and Scientific Integrity. Finally, participants were recruited through snowball sampling and word of mouth. All participants accessed the survey through the research team’s website and were offered $10 for participating. The present study was funded through startup funds from Utah State University and Rhodes College.

Participants must have been at least 18 years old, identify as a sexual minority (e.g., gay, lesbian, bisexual, queer), be a current or former member of the CJCLDS, and have completed the entirety of the survey. In total, 602 participants met these criteria. These participants were part of a larger study (Four Options Survey; Lefevor, Skidmore et al., under review). Participants were primarily men (68.6%) with a bachelor’s degrees (47.7%), White (78.9%), currently a participating member of the CJCLDS (65.9%), and between ages 18–40 ($M = 30.83, SD = 9.15$). Demographic information is presented in Table 2.

Table 2

*Demographic Frequencies – Study 2*
<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian/Asian American</td>
<td>16</td>
<td>2.7%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>17</td>
<td>2.8%</td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td>36</td>
<td>6.0%</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>475</td>
<td>78.9%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>14</td>
<td>2.3%</td>
</tr>
<tr>
<td>Other</td>
<td>44</td>
<td>7.3%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school or less</td>
<td>44</td>
<td>7.3%</td>
</tr>
<tr>
<td>Some college</td>
<td>164</td>
<td>27.2%</td>
</tr>
<tr>
<td>Undergraduate degree</td>
<td>287</td>
<td>47.7%</td>
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<tr>
<td>Graduate degree</td>
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<td><strong>Birth Sex</strong></td>
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</tr>
<tr>
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<td>426</td>
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<tr>
<td>Female</td>
<td>176</td>
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<td><strong>Gender</strong></td>
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<td></td>
</tr>
<tr>
<td>Man</td>
<td>413</td>
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<tr>
<td>Woman</td>
<td>162</td>
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<tr>
<td>Transman</td>
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<td>0.3%</td>
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<tr>
<td>Transwoman</td>
<td>4</td>
<td>0.7%</td>
</tr>
<tr>
<td>Gender non-binary/Genderqueer</td>
<td>19</td>
<td>3.2%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0.3%</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
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<td></td>
</tr>
<tr>
<td>Gay/Lesbian</td>
<td>214</td>
<td>35.5%</td>
</tr>
<tr>
<td>Queer</td>
<td>19</td>
<td>3.2%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>82</td>
<td>13.6%</td>
</tr>
<tr>
<td>Pansexual</td>
<td>124</td>
<td>20.6%</td>
</tr>
<tr>
<td>Same-sex/Same-gender attracted</td>
<td>61</td>
<td>10.1%</td>
</tr>
<tr>
<td>Other</td>
<td>28</td>
<td>4.6%</td>
</tr>
<tr>
<td><strong>Current Religious Affiliation</strong></td>
<td></td>
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</tr>
<tr>
<td>Church of Jesus Christ of Latter-day Saints</td>
<td>397</td>
<td>65.9%</td>
</tr>
<tr>
<td>Buddhist</td>
<td>9</td>
<td>1.5%</td>
</tr>
<tr>
<td>Catholic</td>
<td>22</td>
<td>3.7%</td>
</tr>
<tr>
<td>Christian - Protestant</td>
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<td>5.3%</td>
</tr>
<tr>
<td>Christian - Pentecostal</td>
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<td>3.3%</td>
</tr>
<tr>
<td>None</td>
<td>98</td>
<td>16.3%</td>
</tr>
<tr>
<td>Other</td>
<td>24</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

**Measures**
Demographic Information. Participants were asked standard demographic questions that assessed characteristics such as age, race, education, income, gender identity, sexual orientation, relationship status, and current religious affiliation (if any). See Appendix F for a full list of the demographic questions.

Suicidal Ideation. Suicidal ideation was assessed using two suicide ideation questions: “Over the past few weeks, have you thought of the possibility that you might do away with yourself?” and “Over the past few weeks, have you found the idea of taking your own life kept coming into your mind?” Responses were assessed on a scale ranging from definitely not (0) to definitely have (3). Responses are calculated as a mean of items and higher scores indicate higher suicidal ideation. Cronbach’s alpha for the suicide ideation questions was .84. All participants were given suicide risk resources (e.g., National Suicide Hotline, 911), urging those who experienced any suicidal ideation to seek help as needed.

Belongingness. As in study 1, belongingness in the LGBQ community was also assessed using Frost and Meyer’s (2012) LGBT Community Connectedness scale. In Study 2, Cronbach’s alpha was $\alpha = .83$ for LGBQ Belongingness. Religious belongingness was assessed using the four-item interpersonal religious commitment subscale of the Religious Commitment Inventory (RCI; Worthington et al., 2003). Participants indicated how true a variety of statements are of them. Questions included “I make financial contributions to my religious organizations,” “I enjoy spending time with others of my religious affiliation,” “I enjoy working in the activities of my religious organization,” and “I keep well informed about my local religious group and have some influence in its decisions.” Responses are calculated as a mean of items and higher scores
indicate higher belongingness. The authors reported good reliability for the subscale and showed evidence for the validity of the scale. The RCI uses a 5-point Likert-type scale ranging from *not at all true of me* (1) to *totally true of me* (5), and the interpersonal subscale had good internal consistency for the present study: $\alpha = .85$. See Appendix G for a full version of the RCI.

**Internalized Homonegativity.** IH was measured using the 23-item Internalized Homonegativity Inventory (Mayfield, 2001; Appendix H). Participants indicated their agreement with statements on a scale ranging from *strongly disagree* (1) to *strongly agree* (6). The scale includes items such as “I get disturbed when people can tell I’m gay.” Responses are calculated as a sum of items and higher scores indicate higher internalized homonegativity. This scale has evidence acceptable internal consistency, convergent, discriminant, and construct validity (Mayfield, 2001). For the present study, the scale had good internal consistency: $\alpha = .93$.

**Concealment.** Concealment was measured using the 6-item Concealment Behavior Scale (Jackson & Mohr, 2016; Appendix I). Participants indicated the frequency with which they have engaged in various concealing behaviors throughout the last two weeks, using a scale that ranges from *not at all* (1) to *all the time* (5). Questions included behaviors such as avoiding contact with other LGB individuals or allowing them to assume they are straight. Responses are calculated as a mean of items and higher scores indicate higher concealment behaviors. The authors of the scale reported good reliability and validity for the scale. These items evidenced good internal consistency in the present study: $\alpha = .89$. 
**Service Attendance.** As with Study 1, service attendance was measured using the Organizational Religious Activity item from the DUREL (Koenig & Bussing, 2010). Participants indicated how frequently they attend church or religious meetings using a scale ranging from *never* (1) to *more than once a week* (6).

**Religious Commitment.** Religious commitment was measured using the six-item intrapersonal religious commitment subscale of the RCI (Worthington et al., 2003). Participants indicated how true a variety of statements are of them (e.g., spending time trying to grow in their faith, having religious beliefs influence all their dealings in life). The RCI uses a 5-point Likert-type scale ranging from *not at all true of me* (1) to *totally true of me* (5), and has evidenced strong internal consistency, construct validity, and discriminant validity. Responses are calculated as a mean of items and higher scores indicate higher religious commitment. The scale had good internal consistency for the present study: $\alpha = .85$. See Appendix G for a full version of the scale.

**Proposed Data Analysis**

Data analysis for Study 2 mirrored the process of Study 1, with the exception of incorporating different scales for suicidal ideation, religious commitment, IH, and concealment. Study 2 also contained a larger sample size, increasing the likelihood that its results will be generalizable to a broader sexual minority LDS population.
CHAPTER IV

FINDINGS

Study 1

Characteristics of Sexual Minority LDS

The descriptive data from the present sample may be instructive to those seeking to understand the characteristics of sexual minority LDS, particularly as so few samples have examined the demographic information of this population (e.g., Dehlin et al., 2014; Lefevor, Beckstead et al., 2019). Many participants reported suicidal ideation ($M = 1.52, SD = 0.83$), with roughly a third of sexual minority LDS experiencing some suicidal ideation (compared to the national average of approximately 3.9%; CDC, 2015).

Additionally, participants reported little Internalized Homonegativity ($M = 2.38, SD = 1.30$), suggesting that the average sexual minority LDS does not experience much IH. Participants also reported “disagreeing” that they experienced CJCLDS Belongingness ($M = 1.97, SD = 0.85$) and “agreeing” that they experienced LGBQ Belongingness ($M = 2.75, SD = 0.60$). Additionally, the sample reported moderate Religious Commitment ($M = 2.89, SD = 1.39$) and Service Attendance ($M = 3.16, SD = 1.76$), as well as high levels of Concealment ($M = 3.89, SD = 1.41$), suggesting that sexual minority LDS may engage both internally and externally in religion, and may frequently attend to conceal their sexual identity.

Preliminary Analyses
Before running the primary analyses, data were checked for normalcy and missing values. All skewness and kurtosis values fell within an acceptable range of -2 to 2 across study variables and there were no missing values among initial results. Relationships between suicidal ideation and demographic variables were examined next to determine potential confounding variables for the sample. Overall, participant age, education and birth sex (0 = male) were significantly correlated with suicidal ideation. Bivariate correlations indicated that age \( r = -.13, p = .02 \), education \( r = -.18, p < .01 \), and being assigned male at birth were negatively related to suicidal ideation \( 0 = \text{male}; r = .19, p < .01 \); see Table 3). Racial identity and current religious affiliation were both entered into subsequent regression models as binary variables (White [0], non-White [1]; LDS [0], other [1]), as preliminary ANOVA and post-hoc analyses of study variables indicated that only White and current LDS participants differed significantly from other groups.

<table>
<thead>
<tr>
<th>Correlations Between Participant Demographics and Suicidal Ideation – Study 1</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td><strong>1. suicidal ideation</strong></td>
</tr>
<tr>
<td>2. Age</td>
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<tr>
<td>3. Education</td>
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<tr>
<td>4. Race/Ethnicity</td>
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<tr>
<td>5. Birth Sex</td>
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<tr>
<td>6. Current Religious Affiliation</td>
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<tr>
<td></td>
</tr>
<tr>
<td>1. Suicidal Ideation                                          -</td>
</tr>
<tr>
<td>2. Age - .13*                                                 -</td>
</tr>
<tr>
<td>3. Education -.18** .36**                                     -</td>
</tr>
<tr>
<td>4. Race/Ethnicity -.08 .03 -.04                               -</td>
</tr>
<tr>
<td>5. Birth Sex .19** -.32** -.16** -.12*                        -</td>
</tr>
<tr>
<td>6. Current Religious Affiliation .09 -.03 .05 -.06 .14*       -</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Note. * = p &lt; .05; ** = p &lt; .01</td>
</tr>
</tbody>
</table>

Minority Stress, Religiousness, Belongingness, and Suicidal Ideation
Correlational analyses demonstrated that, as expected, CJCLDS Belongingness was negatively associated with Suicidal ideation \((r = -.17, p < .01)\), though Suicidal ideation was not associated with LGBQ Belongingness \((r = .01, p = .91)\). As expected, minority stressors were positively associated with increased Suicidal ideation, with Concealment \((r = .20, p < .01)\) demonstrating a slightly larger effect size with Suicidal ideation than Internalized Homonegativity \((r = .15, p < .01)\). Finally, Religious Commitment was negatively associated with Suicidal ideation as expected \((r = -.15, p = .01)\), whereas Service Attendance was not significantly related to Suicidal ideation \((r = -.04, p = .45)\).

Correlational analyses also indicated that both CJCLDS and LGBQ Belongingness are associated with both religiousness and minority stress variables. As expected, CJCLDS Belongingness was strongly associated with Religious Commitment \((r = .71, p < .01)\) and Service Attendance \((r = .75, p < .01)\), such that increased sense of belongingness in the CJCLDS was associated with increased religious commitment and increased service attendance. However, CJCLDS Belongingness was also associated with Internalized Homonegativity \((r = .37, p < .01)\), suggesting that those who felt they belonged in the CJCLDS might also experience some level of IH. LGBQ Belongingness was associated with minority stressors, suggesting that those who felt a sense of belongingness to the LGBQ community might also experience less Internalized Homonegativity \((r = -.40, p < .01)\) and attempted to conceal their sexual identity less frequently \((r = -.28, p < .01)\). LGBQ Belongingness was also associated with religious variables, suggesting that those who experienced belongingness within the LGBQ community might also be less likely to feel committed to the CJCLDS \((r = -.25, p < .01)\)
or attend services \( (r = -0.21, p < 0.01) \). Therefore, it appears that a sense of belongingness in both communities may be associated with experiences both within minority stress and religious realms. See Table 4 for a complete correlation matrix of study variables.

**Table 4**

*Correlations among Study Variables – Study 1*

<table>
<thead>
<tr>
<th></th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
<th>7.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Suicidal Ideation</td>
<td>-</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. CJCLDS Belongingness</td>
<td>-0.17**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3. LGBQ Belongingness</td>
<td>0.01</td>
<td>-0.20**</td>
<td>-</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4. Religious Commitment</td>
<td>-0.15*</td>
<td>0.71**</td>
<td>-0.25**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Service Attendance</td>
<td>-0.04</td>
<td>0.75**</td>
<td>-0.21**</td>
<td>0.64**</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Concealment</td>
<td>0.20**</td>
<td>0.10</td>
<td>-0.28**</td>
<td>0.08</td>
<td>0.12*</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>7. Internalized Homonegativity</td>
<td>0.16**</td>
<td>0.37**</td>
<td>-0.40**</td>
<td>0.31**</td>
<td>0.37**</td>
<td>0.37**</td>
<td>-</td>
</tr>
</tbody>
</table>

*Note. n = 308. * = p < .05; ** = p < .01*

**The Moderating Effects of Belongingness**

Four moderation models were used to evaluate the association between both types of belongingness (CJCLDS and LGBQ) with minority stressors and religiousness. These relationships were tested using four independent hierarchical multiple regressions: two examining minority stressors (one including LGBQ belongingness and one including CJCLDS belongingness), and two examining religiousness (one including LGBQ belongingness and one including CJCLDS belongingness).

The regression examining the influence of minority stress variables and CJCLDS Belongingness on Suicidal ideation was significant, \( F(9, 298) = 8.98, p < .01, R^2 = .15 \), and indicated that both CJCLDS Belongingness (b = -0.24, \( SE = 0.06, p < .01 \)) and
Internalized Homonegativity (b = 0.14, SE = 0.04, p < .01) predicted Suicidal ideation. The regression revealed that CJCLDS Belongingness did not significantly interact with Concealment (b = -.05, SE = 0.04, p = .18) or Internalized Homonegativity (b < -.01, SE = 0.04, p = .95) and thus did not act as a moderator. Examination of the standardized betas of significant predictors indicated that CJCLDS Belongingness was the most potent predictor of Suicidal ideation.

The model examining the influence of minority stress variables and LGBQ Belongingness (rather than CJCLDS Belongingness) accounted for a significant amount of variance in Suicidal ideation, F(9, 298) = 5.72, p < .01, R² = .10. Concealment (b = .08, SE = 0.04, p < .01) and Internalized Homonegativity (b = .10, SE = 0.04, p < .05) were significant predictors of Suicidal ideation, whereas LGBQ Belongingness was not (b = .08, SE = .09, p = .36). Additionally, the regression demonstrated that LGBQ Belongingness did not significantly interact with Concealment (b = .02, SE = 0.06, p = .76) or Internalized Homonegativity (b = -.07, SE = 0.06, p = .22). This suggests that, although the presence of Concealment and Internalized Homonegativity helped predict Suicidal ideation among sexual minority LDS, feelings of belongingness in the LGBQ community may not influence this relationship either directly or in combination with minority stress variables. See Table 5 for the complete regression output.

Table 5

* CJCLDS/ LGBQ Belongingness and Minority Stressors on Suicidal Ideation – Study 1 *

<table>
<thead>
<tr>
<th></th>
<th>CJCLDS Belongingness</th>
<th>LGBQ Belongingness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b(SE)</td>
<td>β</td>
</tr>
<tr>
<td><strong>Control</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-.03 (0.05)</td>
<td>-.03 (0.05)</td>
</tr>
<tr>
<td>Education</td>
<td>-.12* (0.05)</td>
<td>-.12* (0.05)</td>
</tr>
<tr>
<td>Sex Assigned at Birth</td>
<td>-.24* (1.00)</td>
<td>-.24* (1.00)</td>
</tr>
<tr>
<td><strong>Main Effect</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CJCLDS Belonging</td>
<td>-.24* (0.06)</td>
<td>-.25</td>
</tr>
<tr>
<td>Con</td>
<td>.07 (0.04)</td>
<td>.25</td>
</tr>
<tr>
<td>IH</td>
<td>.14* (0.04)</td>
<td>.23</td>
</tr>
</tbody>
</table>
The model examining the influence of CJCLDS Belongingness and religiousness variables on Suicidal ideation was significant, $F(9, 298) = 5.18, p < .01, R^2 = .09$. Additionally, both CJCLDS Belongingness ($b = -.26, SE = 0.09, p < .01$) and Service Attendance ($b = -.09, SE = 0.04, p < .01$) each individually predicted Suicidal ideation, with higher CJCLDS Belongingness predicting lower Suicidal ideation and higher Service Attendance predicting more Suicidal ideation. However, contrary to expectations, the interaction between CJCLDS Belongingness and Religious Commitment was not significant ($b = -.01, SE = 0.02, p = .88$), nor was the interaction between CJCLDS Belongingness and Service Attendance ($b = .01, SE = 0.06, p = .84$). This lack of interaction finding suggests that CJCLDS Belongingness does not moderate the relationship between religiousness and Suicidal ideation among this sample.

When LGBQ Belongingness was included instead of CJCLDS Belongingness, religiousness variables and LGBQ Belongingness together accounted for a significant amount of the variance in Suicidal ideation, $F(9, 298) = 4.04, p < .01, R^2 = .07$. Among these variables, only Religious Commitment alone significantly predicted Suicidal ideation ($b = -.10, SE = 0.04, p < .01$), such that increased Religious Commitment predicted lower Suicidal ideation. Again, contrary to expected results, LGBQ Belongingness did not significantly interact with either Religious Commitment ($b = .06, SE = 0.07, p = .37$) or Service Attendance ($b = -.01, SE = 0.06, p = .90$), suggesting that neither type of belongingness moderates the relationship between these religiousness
variables and Suicidal ideation. It appears that neither type of belongingness acts as a moderator for minority stress or religiousness variables among this sample. See Table 6 for the complete regression output.

**Table 6**

*CJCLDS/ LGBQ Belonging and Religiousness on Suicidal Ideation – Study 1*

<table>
<thead>
<tr>
<th></th>
<th>CJCLDS Belonging</th>
<th>LGBQ Belonging</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b(SE)</td>
<td>β</td>
</tr>
<tr>
<td><strong>Control</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-.03 (0.05)</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>-.12* (0.05)</td>
<td>-.15</td>
</tr>
<tr>
<td>Sex Assigned at Birth</td>
<td>-.24* (1.00)</td>
<td>-.14</td>
</tr>
<tr>
<td><strong>Main Effects</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CJCLDS Belonging</td>
<td>-.26* (0.09)</td>
<td>-.26</td>
</tr>
<tr>
<td>Rel C</td>
<td>-.03 (0.05)</td>
<td></td>
</tr>
<tr>
<td>Serv A</td>
<td>.09** (0.04)</td>
<td>.20</td>
</tr>
<tr>
<td><strong>Interaction Effects</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CJCLDS Belonging x Rel C</td>
<td>-.01 (0.02)</td>
<td></td>
</tr>
<tr>
<td>CJCLDS Belonging x Serv A</td>
<td>.01 (0.06)</td>
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</tr>
</tbody>
</table>

*Note. n = 308. CJCLDS = Church of Jesus Christ of Latter-day Saints; Rel C = Religious Commitment; Serv A = Service Attendance; * = p < .05; ** = p < .01

**Results of Study 2**

**Characteristics of Sexual Minority LDS**

For Study 2, the overall sample reported some degree of Suicidal ideation (*M* = 2.00, *SD* = 0.95) and little Concealment (*M* = 2.20, *SD* = 1.06), suggesting that the average sexual minority LDS in this sample experienced some suicidal ideation (51% of participants reported suicidal ideation), and that many participants did not attempt to conceal their sexual identity. Participants also reported “agreeing” that they experienced both CJCLDS Belongingness (*M* = 3.03, *SD* = 1.17) and LGBQ Belongingness (*M* = 2.90, *SD* = 0.67). Additionally, the sample reported moderate Religious Commitment (*M* = 3.28, *SD* = 1.01), Service Attendance (*M* = 3.71, *SD* = 1.45), and Internalized
Homonegativity ($M = 2.71, SD = 1.00$), suggesting that sexual minority LDS may participate both internally and externally in religion, and may likely experience feelings of IH.

**Preliminary Analyses**

Data were checked for missing values and normalcy (skewness and kurtosis) before running further analyses. All skewness and kurtosis values fell within an acceptable range (-2 to 2) for all study variables, and there were no missing values. Following this, a correlation matrix was run with suicidal ideation and demographic information to identify potential confounding variables. Participant age, education, racial identity, birth sex, and sexual identity were identified as being significantly associated with suicidal ideation. Racial identity and sexual identity were both entered into subsequent regression models as binary variables (White [0], non-White [1]; gay/lesbian [0], other sexual orientation/label [1]), as preliminary ANOVA and post-hoc analyses of study variables indicated that only White and gay/lesbian participants differed significantly from other groups. Correlations and post-hoc analyses demonstrated that participants who are younger, female, non-White, less educated, and identify gay/lesbian experience more suicidal ideation (see Table 7).

**Table 7**

*Correlations among Participant Demographics – Study 2*

<table>
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<tr>
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<th>2.</th>
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<tbody>
<tr>
<td>1. Suicidal Ideation</td>
<td></td>
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<tr>
<td>2. Age</td>
<td>-15**</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. Education</td>
<td>-14**</td>
<td>.37**</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4. Race/Ethnicity</td>
<td>.25**</td>
<td>.22**</td>
<td>.29**</td>
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</table>
Correlational analyses demonstrated that several study variables were associated with Suicidal ideation. Contrary to study hypotheses, Suicidal ideation was not associated with either CJCLDS Belongingness \( (r = .07, p = .10) \) or LGBQ Belongingness \( (r = .04, p = .39) \). However, as expected, both minority stress variables were positively associated with increased Suicidal ideation, with Concealment \( (r = .55, p < .01) \) being slightly more strongly correlated with Suicidal ideation than Internalized Homonegativity \( (r = .51, p < .01) \). In contrast to Study 1, Service Attendance was positively associated with Suicidal ideation \( (r = .10, p = .02) \), suggesting that as service attendance increases, suicidal ideation also increases. Religious Commitment and Suicidal ideation were not significantly related among this sample \( (r = .01, p = .83) \).

Correlational analyses also demonstrated that both CJCLDS Belongingness and LGBQ Belongingness were associated with each other as well as with minority stressor and religiousness variables. CJCLDS Belongingness was positively associated with LGBQ Belongingness \( (r = .09, p = .03) \), such that increased belongingness in one community is related to increased belonging in the other. Additionally, CJCLDS Belongingness was associated with increased Religious Commitment \( (r = .80, p < .01) \), Service Attendance \( (r = .65, p < .01) \), Concealment \( (r = .19, p < .01) \), and Internalized Homonegativity \( (r = .38, p < .01) \). Conversely, LGBQ Belongingness was negatively associated with Service Attendance \( (r = -.12, p < .01) \) and Internalized Homonegativity \( (r \)
= -.23, \( p < .01 \), such that a higher sense of belonging in the LGBQ community was related to less frequent service attendance and less experience IH. Furthermore, both religiousness variables were also related to heightened experiences in minority stressors, such that increased internal and external religiousness was associated with increased IH and concealment efforts. See Table 8 for the complete correlation analyses of study variables.

**Table 8**

*Correlations among Study Variables – Study 2*

<table>
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<td>1. Suicidal Ideation</td>
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<td>2. CJCLDS Belongingness</td>
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<td>3. LGBQ Belongingness</td>
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<td>4. Religious Commitment</td>
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<td>.80**</td>
<td>.01</td>
<td>-</td>
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<td></td>
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<td>5. Service Attendance</td>
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<td>.65**</td>
<td>-.12**</td>
<td>.6**</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Concealment</td>
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<td>.19**</td>
<td>-.02</td>
<td>.14**</td>
<td>.14**</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>7. Internalized Homonegativity</td>
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<td>.38**</td>
<td>-.23**</td>
<td>.32**</td>
<td>.32**</td>
<td>.78**</td>
<td>-</td>
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</tbody>
</table>

*Note. n = 602. * = \( p < .05 \); ** = \( p < .01 \)*

**The Moderating Effects of Belongingness**

Mirroring Study 1, four moderation models were used to assess the interactions of both types of belongingness (CJCLDS and LGBQ) on minority stressors and religiousness. Two regressions examined minority stressors (one including LGBQ belongingness and one including CJCLDS belongingness), and the other two examined religiousness (one including LGBQ belongingness and one including CJCLDS belongingness).
The first hierarchical multiple regression indicated that minority stress variables and CJCLDS Belongingness together accounted for a substantial portion of variance in Suicidal ideation, $F(10, 591) = 38.39, p < .01, R^2 = .34$. Additionally, CJCLDS Belongingness ($b = -0.09, SE = 0.04, p < .01$), Concealment ($b = 0.31, SE = 0.05, p < .01$), and Internalized Homonegativity ($b = 0.28, SE = 0.06, p < .01$) each significantly predicted Suicidal ideation, with higher rates of Concealment or Internalized Homonegativity predicting more Suicidal ideation and a higher sense of CJCLDS Belongingness predicting less Suicidal ideation. CJCLDS Belongingness was also a significant moderator for the relationship between both Concealment ($b = 0.16, SE = 0.05, p < .01$) and Internalized Homonegativity ($b = -0.15, SE = 0.05, p < .01$) and Suicidal ideation.

Simple slopes analyses indicated that when CJCLDS Belongingness was high (+1 SD), Concealment was more strongly related to Suicidal ideation ($\beta = 0.41$) than when CJCLDS Belongingness was low (-1 SD; $\beta = -0.07$; see Figure 1). In contrast, when CJCLDS Belongingness was high, Internalized Homonegativity was less strongly related to Suicidal ideation ($\beta = 0.04$) than when CJCLDS Belongingness was low ($\beta = -0.36$; see Figure 2). These effects suggest that concealment may be a more important predictor of suicidal ideation and internalized homonegativity a less important predictor of suicidal ideation when individuals feel like they belong in the CJCLDS.

**Figure 1**

*The Interaction Between CJCLDS Belongingness and Concealment in Predicting Suicidal Ideation.*
Figure 2

*The Interaction Between CJCLDS Belongingness and Internalized Homonegativity in Predicting Suicidal Ideation.*

*Note.* CJCLDS = Church of Jesus Christ of Latter-day Saints; Con = Concealment.

*Note.* CJCLDS = Church of Jesus Christ of Latter-day Saints; IH = Internalized Homonegativity.
The second regression indicated that minority stress variables and LGBQ Belongingness accounted for a significant amount of variance in Suicidal ideation, $F(10, 591) = 39.43, p < .01, R^2 = .35$. Additionally, results indicated that LGBQ Belongingness ($b = .12, SE = 0.03, p < .01$), Concealment ($b = .28, SE = 0.05, p < .01$), and Internalized Homonegativity ($b = .30, SE = 0.06, p < .01$) were each significant predictors of Suicidal ideation. The interaction between LGBQ Belongingness and Concealment was also significant ($b = .23, SE = 0.05, p < .01$). Simple slopes analyses suggested that when LGBQ Belongingness was high (+1 SD), Concealment was more strongly related to Suicidal ideation ($\beta = .65$) than when LGBQ Belongingness was low (-1 SD; $\beta = -.17$; see Figure 3). The interaction between LGBQ Belongingness and Internalized Homonegativity was not significant ($b = -.05, SE = 0.05, p = .29$). Taken together, the results of the first two regressions suggest that when individuals experience a stronger sense of belongingness in either community, concealment becomes a more potent predictor of suicidal ideation. See Table 9 for the complete regression results.
Figure 3

*The Interaction Between LGBQ Belongingness and Concealment in Predicting Suicidal Ideation.*

![Diagram showing the interaction between LGBQ Belongingness and Concealment in predicting suicidal ideation.](image)

*Note.* LGBQ = LGBQ Belongingness; Con = Concealment.

Table 9

*CJCLDS/ LGBQ Belongingness and Minority Stressors on Suicidal Ideation – Study 2*

<table>
<thead>
<tr>
<th></th>
<th>CJCLDS Belongingness</th>
<th>LGBQ Belongingness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b(SE)</td>
<td>β</td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-0.07(0.04)</td>
<td>-0.07(0.04)</td>
</tr>
<tr>
<td>Education</td>
<td>-0.06(0.04)</td>
<td>-0.06(0.04)</td>
</tr>
<tr>
<td>Sex Assigned at Birth</td>
<td>0.26** (0.09)</td>
<td>0.12</td>
</tr>
<tr>
<td>Race</td>
<td>-0.37** (0.10)</td>
<td>-0.16</td>
</tr>
<tr>
<td>Sexual Identity</td>
<td>-0.06 (0.08)</td>
<td>-0.06</td>
</tr>
<tr>
<td>Main Effect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CJCLDS Belonging</td>
<td>-0.09** (0.04)</td>
<td>-0.09</td>
</tr>
<tr>
<td>Con</td>
<td>0.31** (0.05)</td>
<td>0.33</td>
</tr>
<tr>
<td>IH</td>
<td>0.28** (0.06)</td>
<td>0.29</td>
</tr>
<tr>
<td>Interaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CJCLDS Belonging x Con</td>
<td>0.16** (0.05)</td>
<td>0.17</td>
</tr>
<tr>
<td>CJCLDS Belonging x IH</td>
<td>-0.15** (0.05)</td>
<td>-0.16</td>
</tr>
</tbody>
</table>

*Note:* n = 602. IH = Internalized Homonegativity; Con = Concealment; * = p < .05; ** = p < .01

The third regression suggested that CJCLDS Belongingness, alongside religiousness variables, accounted for a significant amount of variance in Suicidal
ideation among the sample, $F(10, 591) = 8.02, p < .01, R^2 = .10$. Contrary to Study 1, it appears that among religiousness variables, only Service Attendance significantly predicted Suicidal ideation ($b = .10, SE = 0.04, p < .01$), whereas CJCLDS Belongingness ($b = .10, SE = 0.07, p = .13$) and Religious Commitment ($b = -.12, SE = 0.07, p = .07$) did not. However, results indicated that the interaction between CJCLDS Belongingness and Religious Commitment was significant ($b = -.19, SE = 0.04, p < .01$). Simple slopes analyses indicated that when CJCLDS Belongingness and Religious Commitment were both high (+1 $SD$) or low (-1 $SD$), then Religious Commitment was less strongly related to Suicidal ideation ($\beta = -.21$). If either CJCLDS Belongingness or Religious Commitment was high while the other was low, then Religious Commitment was more strongly related to Suicidal ideation ($\beta = .21$; see Figure 4). Despite Service Attendance being a significant predictor of Suicidal ideation by itself, CJCLDS Belongingness did not moderate the relationship between Service Attendance and Suicidal ideation among this sample ($b = .01, SE = 0.06, p = .73$).

**Figure 4**

*The Interaction Between CJCLDS Belongingness and Religious Commitment in Predicting Suicidal Ideation.*
The final regression indicated that LGBQ Belongingness, alongside religiousness variables, accounted for a significant amount of the variance in Suicidal ideation, $F(10, 591) = 7.98, p < .01, R^2 = .10$. Only Service Attendance predicted Suicidal ideation ($b = .13, SE = 0.03, p < .01$), whereas LGBQ Belongingness ($b = .06, SE = 0.04, p = .16$) and Religious Commitment ($b = -.06, SE = 0.05, p = .22$) did not. However, LGBQ Belongingness significantly interacted with Service Attendance ($b = -.06, SE = 0.05, p = .22$) did not. However, LGBQ Belongingness significantly interacted with Service Attendance ($b = .10, SE = 0.04, p < .01$). Contrary to the study hypothesis, this interaction was positive, suggesting that the presence of LGBQ Belongingness strengthens the effect of Service Attendance on Suicidal ideation. Simple slopes analyses indicated that when LGBQ Belongingness was high, Service Attendance was more strongly related to Suicidal ideation ($\beta = .62$), whereas when LGBQ Belongingness was low, Service Attendance was negatively and less strongly related to Suicidal ideation ($\beta = -.24$; see Figure 5). Conversely, LGBQ

*Note. CJCLDS = Church of Jesus Christ of Latter-day Saints; Rel C = Religious Commitment.*
Belongingness did not significantly interact with Religious Commitment ($b = -0.02$, $SE = 0.05$, $p = .70$). See Table 10 for the complete regression output.

**Figure 5**

*The Interaction Between LGBQ Belongingness and Service Attendance in Predicting Suicidal Ideation.*

![Graph showing the interaction between LGBQ Belongingness and Service Attendance in predicting suicidal ideation.](image)

*Note.* LGBQ = LGBQ Belongingness; SA = Service Attendance.

**Table 10**

*CJCLDS/ LGBQ Belonging and Religiousness on Suicidal Ideation – Study 2*

<table>
<thead>
<tr>
<th></th>
<th>CJCLDS Belonging</th>
<th>LGBQ Belonging</th>
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<tr>
<td></td>
<td>$b$($SE$)</td>
<td>$\beta$</td>
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<tr>
<td><strong>Control</strong></td>
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<td></td>
</tr>
<tr>
<td>Age</td>
<td>-.07 (.04)</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>-.06 (.04)</td>
<td></td>
</tr>
<tr>
<td>Sex Assigned at Birth</td>
<td>.26** (.09)</td>
<td>.12</td>
</tr>
<tr>
<td>Race</td>
<td>-.37** (.10)</td>
<td>-.16</td>
</tr>
<tr>
<td>Sexual Identity</td>
<td>-.06 (.08)</td>
<td></td>
</tr>
<tr>
<td><strong>Main Effect</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CJCLDS Belonging</td>
<td>.10 (.07)</td>
<td></td>
</tr>
<tr>
<td>Rel C</td>
<td>-.12 (.07)</td>
<td></td>
</tr>
<tr>
<td>Ser A</td>
<td>.10** (.04)</td>
<td>.15</td>
</tr>
<tr>
<td><strong>Interaction</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CJCLDS Belonging x Rel C</td>
<td>-.19** (.04)</td>
<td>-.21</td>
</tr>
<tr>
<td>CJCLDS Belonging x Ser A</td>
<td>.01 (.06)</td>
<td></td>
</tr>
</tbody>
</table>
Note. $n = 602$. Rel C = Religious Commitment; Ser A = Service Attendance; $* = p < .05$;

$** = p < .01$
CHAPTER V
DISCUSSION

Discussion of Study 1

Drawing from a sample of 308 sexual minority current and former LDS, results indicated that CJCLDS but not LGBQ belongingness predicted less suicidal ideation. Both IH and concealment predicted increased suicidal ideation, as expected, and religious commitment predicted less suicidal ideation.

Within this sample, older participants reported less suicidal ideation than younger participants, supporting research that suicidal ideation may decrease with age (Rothermund & Brandtstadter, 2003). Following previous research, participants with more completed education reported less suicidal ideation, and participants born female experienced more suicidal ideation than those born male (Bridges et al., 2019; Lefevor, Boyd-Rogers et al., 2019). Overall, younger men were most likely to report CJCLDS belongingness, which may be due in part to the elevated importance of the male role in the CJCLDS and the additional conflict typically placed on younger adults as they first navigate their conflicting religious and sexual orientation identities (Bridges et al., 2019; Ream, 2019). Many sexual minority LDS also self-reported mild suicidal ideation, with one third of participants reporting any presence of suicidal ideation compared to the national average of 2% of individuals reporting any suicidal ideation (CDC, 2015). On average, participants disagreed with experiencing feelings of belongingness in the CJCLDS, whereas they largely agreed that they experienced LGBQ belongingness.
Results from the present study partially supported study hypotheses. CJCLDS belongingness was associated with suicidal ideation, suggesting that sexual minority LDS who feel they belong in the CJCLDS report less suicidal ideation than those who do not. CJCLDS belongingness was also related to religiousness variables and IH; sexual minority LDS who feel they belong in the CJCLDS may therefore be more likely to attend services and feel committed to the religion, as well as experience heightened rates of IH. Contrary to my hypothesis, LGBQ belongingness was not related to suicidal ideation, suggesting that CJCLDS belongingness may be doing more to alleviate suicidal ideation among sexual minorities in the religion than LGBQ belongingness. However, LGBQ belongingness was associated with decreased minority stressors and religiousness, suggesting that those who experience a sense of community with other LGBQ people are less likely to conceal or dislike their sexuality and are less likely to participate in the CJCLDS. Both concealment and IH predicted increased suicidal ideation, supporting the literature and the present study hypothesis that minority stressors are contributing to overall suicidal ideation for sexual minority LDS. In addition, CJCLDS religious commitment was negatively associated with suicidal ideation, suggesting that those who feel more committed to the CJCLDS are less likely to report suicidal ideation.

Contrary to hypotheses, neither form of belonging moderated the interaction between either minority stress variables or religiousness variables and suicidal ideation. It is possible that the sample was not large enough to detect a significant moderating effect. Additional participants may have led to a detection of a smaller overall moderation effect. Additionally, the overall sample was homogenous, which may have made it more difficult to detect a moderating effect.
Discussion of Study 2

Drawing from a sample of 602 sexual minority current and former LDS, results from study 2 indicated that neither CJCLDS nor LGBQ belongingness were associated with suicidal ideation. Service attendance, IH and concealment all predicted increased suicidal ideation.

Similar to the study one sample, older participants reported less suicidal ideation than younger participants, supporting research that suicidal ideation may decrease with age (Rothermund & Brandtstadter, 2003). Following previous research, participants with more completed education reported less suicidal ideation, and participants born female experienced more suicidal ideation than those born male (Bridges et al., 2019; Lefevor, Boyd-Rogers et al., 2019). Additionally, non-white participants were more likely to report suicidal ideation, which aligns with existing research suggesting that individuals with minority racial/ethnic identities tend to experience more adverse mental health outcomes (Carbado et al., 2013). Although most participants reported SI on the less severe end of the scale, the fact that 49% of participants reported some level of SI is very problematic. As 3.9% of the general population report suicidal ideation (CDC, 2015), this finding supports literature stating that religious sexual minorities experience suicidal ideation at a higher rate than the general population (Chang et al., 2020; Fish et al., 2019; McGraw et al., 2020). On average, participants agreed with experiencing feelings of belongingness to the CJCLDS and the LGBQ communities. They also reported low levels of concealment and moderate levels of IH and religiousness (religious commitment and service attendance).
Results from the present study partially supported study hypotheses. CJCLDS belongingness was related to lower suicidal ideation, but only when minority stressors were controlled for. However, similar to study one, CJCLDS belongingness is related to increased religious commitment, service attendance, and minority stressors. Sexual minority LDS who feel that they belong in the CJCLDS may therefore be more likely to attend services and feel committed to the religion, as well as experience heightened rates of IH and concealment behaviors.

Partially supporting the first hypothesis, LGBQ belongingness was related to lower suicidal ideation only when minority stressors were controlled for. However, LGBQ belongingness also predicted less CJCLDS service attendance and less feelings of IH, coinciding with current literature. Surprisingly, LGBQ belongingness was not associated with concealment, suggesting that feelings of belongingness in the LGBQ community may not influence the decision of sexual minority LDS to disclose their sexual identity.

Supporting the second hypothesis, both concealment and IH predicted increased suicidal ideation. This coincides with previous research suggesting that minority stressors are contributing to overall suicidal ideation for sexual minority LDS. Indeed, minority stressors were the most potent predictors of suicidal ideation among all study variables in this sample. Contrary to the third study hypothesis, CJCLDS service attendance was positively associated with suicidal ideation and religious commitment had no correlation to suicidal ideation.

Partially supporting the fourth hypothesis, both CJCLDS and LGBQ belongingness moderated the relationship between certain minority stress or religiousness
variables and suicidal ideation. CJCLDS belongingness strengthened the relationship between concealment and suicidal ideation. Concealment efforts, when CJCLDS belongingness is present, are more acutely predictive of suicidal ideation. CJCLDS belongingness also weakens the predictive power of IH on suicidal ideation; when IH is present alongside feelings of belongingness to the CJCLDS, the power of IH to predict suicidal ideation is lessened, suggesting that CJCLDS belongingness may weaken the adverse mental health outcomes associated with IH. CJCLDS belongingness also moderated the interaction between religious commitment and suicidal ideation. When both CJCLDS belongingness and religious commitment are present or absent, religious commitment is less strongly related to suicidal ideation than when just one or the other is experienced. LGBQ belongingness also acts as a moderator for both concealment and service attendance. In both cases, when LGBQ belongingness is present, concealment and service attendance are more potently predictive of increased suicidal ideation. Despite IH being predictive of increased suicidal ideation, LGBQ belongingness did not moderate this interaction.

**General Discussion**

Using a combined sample of 910 sexual minority LDS, I found that CJCLDs belongingness predicted less suicidal ideation, while LGBQ belongingness was largely unrelated to suicidal ideation among the samples studied. Regressions evidenced main effects of religiousness and minority stressors on suicidal ideation, such that religious commitment predicted less suicidal ideation, whereas service attendance, concealment, and internalized homonegativity predicted increased suicidal ideation for sexual minority LDS. Regressions also indicated that belongingness sometimes moderated the effects of
religiousness and minority stressors with suicidal ideation. In particular, CJCLDS belongingness buffered the adverse effects of IH, whereas CJCLDS belongingness strengthened the adverse effects of service attendance, and both LGBQ and CJCLDS belongingness strengthened the adverse effects of concealment in predicting suicidal ideation.

**Belongingness and Suicidal Ideation**

Consistent with prior research, sexual minorities reported high rates of suicidal ideation (Chang et al., 2020; McGraw et al., 2020). This finding is likely due to sexual minorities’ report of moderate rates of minority stressors, which have been consistently associated with adverse mental health outcomes (e.g., Barnes et al., 2014; Lefevor, Skidmore et al., under review; Meyer, 2003). It may be that some participants did not report suicidal ideation due in part to the presence of CJCLDS belongingness, which may help counteract the adverse effects of minority stressors and predict lower overall suicidal ideation (Meyer, 2003; Shilo & Savaya, 2012).

On average, participants across both studies experienced a mild to moderate sense of belonging to the CJCLDS and a higher sense of belonging to the LGBQ community, suggesting that sexual minority LDS may find it more difficult to feel they truly belong within their religion and instead look to the LGBQ community for a sense of belonging, although at least some appear to feel a sense of belonging within both communities. This finding coincides with previous literature that suggests it is not uncommon for sexual minorities to leave religion (Dehlin et al., 2015; Gibbs, 2015).

Though it may be more difficult to experience, when sexual minority LDS experienced CJCLDS belongingness, they tended to report less suicidal ideation.
CJCLDS belongingness leading to less suicidal ideation supports existing research and theories suggesting that belongingness is a protective factor against suicidal ideation (Rodriguez, 2009; Skidmore et al., under review; Van Orden et al., 2010). However, this finding was inconsistent between studies, suggesting further research is needed.

In both studies, bivariate correlations suggested that LGBQ belongingness alone was not related to suicidal ideation, contrary to the ITSB (Van Orden et al., 2010). Perhaps the best explanation for this phenomenon is rooted in understanding that sexual minority LDS may experience competing calls for belongingness from two seemingly contradictory communities, which may lead to feelings of conflict and distress (Beckstead & Morrow, 2004; Dehlin et al., 2014; Lefevor, Blaber et al., 2019; Lefevor, Sorrell et al., 2019). As such, the benefits of LGBQ belongingness may be outweighed by the resulting conflict and dissonance from the competing calls for belongingness. Overall, findings suggest that CJCLDS belongingness may provide some protection against suicidal ideation, whereas LGBQ belongingness may not provide the same benefits, possibly due to the resulting conflict of feeling a sense of belonging to the LGBQ community while simultaneously participating in a nonaffirming religion.

**Minority Stressors and Religiousness Among Sexual Minority LDS**

Among both studies conducted, minority stressors were the strongest predictors of suicidal ideation, which is unsurprising considering the plethora of evidence that minority stressors are directly linked to depression and suicidal ideation (e.g., Meyer, 2003; Newcomb & Mustanski, 2011, etc.). Additionally, LGBQ belongingness was related to a decrease in minority stressors while CJCLDS belongingness was associated with an increase in minority stressors. These findings suggest that feeling a sense of
belongingness among other sexual minorities leads to less IH and concealment efforts (Shilo & Savaya, 2012), while feeling a stronger connection to a nonaffirming religion could heighten these experiences. It may be CJCLDS belongingness does not increase suicidal ideation because the benefits of belongingness outweigh the subsequent experiences of minority stress (Skidmore et al., under review). It is also possible that experiences of minority stressors do not produce the same adverse effects when coming from a community with which one feels they belong. Further research is needed to better understand the full ramifications of this phenomenon. Taken together, sexual minority LDS follow the trends expected by minority stress theory of experiencing adverse mental health outcomes when minority stressors are present (Meyer, 2003).

Contrary to causal pathway theory (Koenig, 2012), religiousness variables were not consistently related to decreased suicidal ideation. Service attendance was identified as a potent predictor of suicidal ideation, such that sexual minority LDS who attended CJCLDS services more frequently experienced more suicidal ideation. This finding, while in opposition to the suggested benefits of service attendance in causal pathway theory, may make sense when viewed through the lens of identity conflict. By increasing participation in the CJCLDS, a historically nonaffirming religion, sexual minority LDS may experience dissonance between their sexual minority identity and their religious identity, thus leading to distress and conflict (Dehlin et al., 2014; Lefevor, Blaber et al., 2019). Additionally, service attendance in a nonaffirming religion may increase likelihood of hearing homonegative messages and experiencing discrimination and judgment, thereby increasing exposure to minority stressors and leading to more adverse mental health outcomes (Joiner, 2005; Rodriguez, 2009). Therefore, while service
attendance may be health-promoting among the general population (Koenig, 2012), it is likely that such outcomes differ for sexual minority LDS due to resulting identity conflict and exposure to minority stressors.

**Moderating Effect of Belongingness for Sexual Minority LDS**

As findings from study one did not include any moderating effects, this section will focus primarily on the results from study two. I found that CJCLDS belongingness moderated the relationship between both minority stressors and suicidal ideation, suggesting that CJCLDS belongingness weakens the predictive power of IH on suicidal ideation. When CJCLDS belongingness is present alongside IH, the predictive power of IH on suicidal ideation is lessened, suggesting that feelings of belongingness may counteract some of the negative effects of homonegativity (Baams et al., 2015). However, LGBQ belongingness did not moderate the relationship between IH and suicidal ideation, suggesting that IH predicts suicidal ideation just as much among those who feel LGBQ belongingness as those who do not. This lack of moderating effect may be due in part to the negative relationship between LGBQ belongingness and IH; it is more uncommon for sexual minorities to experience IH when they also feel a sense of belonging to the LGBQ community (Barnes & Meyer, 2012; Skidmore et al., under review).

Both CJCLDS belongingness and LGBQ belongingness strengthened the relationship between concealment and suicidal ideation, such that concealment efforts, when belongingness was present, were more acutely predictive of suicidal ideation. These moderating effects are likely due to innate dissonance experienced when concealing one’s identity from people and a community with whom one feels they belong (Livingston et al., 2015; Meyer, 2003; Schrimshaw et al., 2013).
CJCLDS belongingness also moderated the relationship between religious commitment and suicidal ideation. When just CJCLDS belongingness or just religious commitment was experienced, religious commitment more strongly related to increased suicidal ideation. This moderating effect may be due to the correlated nature of religious belongingness and religious commitment; when one feels a sense of belonging to the CJCLDS but is not committed to it, then the resulting dissonance and conflict may lead to increased risk of suicidal ideation (Barnes & Meyer, 2012; Gibbs, 2015; Lefevor, Sorrell et al., 2019). As such, sexual minority LDS only experience a benefit from being committed to the CJCLDS if they simultaneously feel that they belong to the religion and community.

Although LGBQ belongingness was not related to religious commitment, LGBQ belongingness moderated the relationship between CJCLDS service attendance and suicidal ideation, suggesting that the presence of belongingness increases the predictive power of service attendance on suicidal ideation. Service attendance may be a more negative experience for individuals who feel they belong to the LGBQ community and may also lead to the resulting conflict of potentially hearing homonegative messages at religious functions or being subject to various forms of discrimination (Lefevor, Huffman et al., 2020; Shilo & Savaya, 2012). For sexual minorities, attending services at a nonaffirming religion when experiencing feelings of LGBQ belongingness may serve to increase dissonance and exposure to minority stressors and ultimately lead to more suicidal ideation.

Implications
The findings of this research have implications for both research and clinical practice. The current study adds to a growing body of literature demonstrating that, while minority stressors and religiousness are associated with mental health outcomes among sexual minorities, there may be additional processes at play for sexual minorities in nonaffirming religions. Notably, service attendance was a potent and consistent predictor of suicidal ideation for sexual minority LDS, contrary to other sexual minority religious experiences and likely due to service attendance in a nonaffirming religious setting leading to increased exposure to minority stressors. Additionally, LGBQ belongingness may not be linked to suicidal ideation for sexual minority LDS as it is with other religious sexual minorities, as my results did not align with existing research suggesting that LGBQ belongingness is a potent protective factor against suicidal ideation (McLaren et al., 2008). As such, further research is needed to better elucidate these potential trends.

The current study also has implications for clinical practice. Mental health professionals may see the importance of encouraging sexual minority LDS clients to foster a sense of belonging with the CJCLDS to facilitate a deeper sense of connection that could help alleviate some of the adverse effects of minority stressors such as IH. However, it ought to be noted that some sexual minority LDS may not experience such positive outcomes from a sense of belonging, particularly in the LGBQ community; mental health providers should use their clinical judgment when making recommendations. Intervention efforts may be the most needed among sexual minority LDS and individuals from similarly nonaffirming religious backgrounds who are younger, less educated, female, and are racial minorities, as these individuals may be at a heightened risk of experiencing suicidal ideation. Additionally, interventions aimed at
reducing the experiences of minority stressors among sexual minority LDS may help reduce suicidal ideation.

Clinicians may also see the importance in recommending caution to clients who are attending CJCLDS services and those who seek to conceal their sexual orientation. As CJCLDS service attendance is linked with increased suicidal ideation, sexual minority LDS clients may not benefit from attending services, particularly if they feel a sense of belonging to the LGBQ community. Additionally, among clients who feel they belong to either the CJCLDS or LGBQ community, efforts to conceal their sexual orientation from others is more likely to result in increased suicidal ideation. Clinicians could benefit from educating sexual minority LDS clients concerning these unintended effects and work with them to develop healthier methods of coping.

Limitations

The present study was limited by several factors relating to sampling and measures. Both studies used a relatively homogenous sample which included predominantly White-identified and highly educated participants. Such a sample is not representative of the larger U.S. population or the general sexual minority population, although it is demographically similar to the larger CJCLDS population (Pew, 2015). Self-report measures inherently rely of perceptions of each participant and are therefore susceptible to bias. Although efforts were made to recruit participants with varying views toward the CJCLDS and LGBQ community, convenience sampling procedures were utilized and were biased toward the inclusion of individuals who were affiliated with either affinity groups around sexuality and religion, or groups of sexual minorities who were previously involved with the CJCLDS. As such, biased responses from individuals
on either side of the CJCLDS participation spectrum is likely, with fully active LDS reporting high rates of religiousness, and former LDS reporting low rates of religiousness, resulting in few participants reporting moderate rates of religiousness. Additional research is needed in order to analyze these variables among a less biased group of sexual minority LDS to better understand the potential associations and interactions of study variables. Finally, the generalizability of results between the two studies is limited, as the studies used several measures that varied between studies, which could jeopardize reliability of conclusions drawn. Future research using a larger sample and consistent, validated measures of constructs would allow for more generalizable conclusions.

**Conclusion**

Using two samples of sexual minority LDS, I examined associations between minority stressors and religiousness on suicidal ideation, using belonging in the CJCLDS and LGBQ communities as moderators. Building off of minority stress theory, causal pathways theory, and the interpersonal theory of suicidal behavior, results indicated that CJCLDS belongingness and religious commitment predict decreased suicidal ideation, whereas minority stressors and CJCLDS service attendance predict increased suicidal ideation. Results also indicated that belongingness may moderate these relationships under certain conditions, such that CJCLDS belongingness can alleviate the adverse mental health outcomes of IH, whereas the predictive power of service attendance and concealment on suicidal ideation is exacerbated when belongingness is present. In contrast to previous research, I failed to find a protective effect for belongingness in the LGBQ community. Findings can be applicable for mental health providers working with
sexual minorities in nonaffirming religions such as the CJCLDS to provide resources that encourage clients to increase their feelings of belonging. Additional research is necessary to better elucidate how they variables interrelate in various contexts.
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prejudice against lesbians, gay men, and bisexual (p. 160-186). Sage Publications, Inc. https://doi.org/10.4135/9781452243818.n8


![](https://via.placeholder.com/150)


Appendix A
Screening Questionnaire
1. Are you at least 18 years of age? Y/N

2. Do you identify as gay, lesbian, bisexual, or same-sex/gender-attracted? Y/N

3. Are/were you a baptized member of the Church of Jesus Christ of Latter-day Saints (Mormon)?

*If participants indicated “No” on questions 1-3, they were ineligible.
Appendix B
Demographic Information – Study 1
1. How old are you? ___Years

2. Which label best describes your racial background?
   a) Asian/Asian American
   b) Black/African American
   c) Hispanic/Latinx
   d) Middle Eastern/North African
   e) Native American/American Indian
   f) Native Hawaiian/Pacific Islander
   g) Non-Hispanic White
   h) Multiracial
   i) Other

3. What is the highest level of education you have completed?
   a) Less than high school
   b) High school
   c) Professional program
   d) Some college
   e) Undergraduate degree
   f) Graduate degree

4. What is your typical yearly individual income before taxes?
   a) $0-$24,999
   b) $25,000-$49,999
   c) $50,000-$74,999
   d) $75,000-$99,999
5. What is your sex assigned at birth?
   a) Male
   b) Female
   c) Intersex

6. With which gender do you currently identify?
   a) Male
   b) Female
   c) Bigender
   d) Agender
   e) Transgender
   f) Other, namely ___

7. Which best describes your sexual orientation?
   a) Heterosexual
   b) Gay/Lesbian
   c) Queer
   d) Bisexual
   e) Pansexual
   f) Asexual
   g) Same Sex/Gender Attracted
   h) Other, namely

8. How would you describe your relationship status?
a) Single
b) In a committed relationship - not living together
c) In a committed relationship - living together
d) Engaged
e) Married
f) Other, namely

9. Which of the following best describes your current religious affiliation?
   a) Church of Jesus Christ of Latter-day Saints
   b) Protestant
c) Roman Catholic
d) Orthodox (Greek, Russian, etc.)
e) Jewish
f) Muslim
g) Buddhist
h) Hindu
i) Atheist
j) Agnostic
k) Other, namely
l) Nothing in particular

10. Which of the following best describes the religion into which you were born?
    a) Church of Jesus Christ of Latter-day Saints
    b) Protestant
c) Roman Catholic
d) Orthodox (Greek, Russian, etc.)

e) Jewish

f) Muslim

g) Buddhist

h) Hindu

i) Atheist

j) Agnostic

k) Other, namely

l) Nothing in particular
Appendix C

Belonging in Religious Community Scale
Belonging in Religious Community (BIRC; Frost & Meyer, 2012)

**Directions:** Indicate to what extent you agree with the following statements:

1. You feel you’re a part of your local Church of Jesus Christ of Latter-day Saints community.

2. Participating in your local Church of Jesus Christ of Latter-day Saints community is a positive thing for you.

3. You feel a bond with the Church of Jesus Christ of Latter-day Saints community.

4. You are proud of your local Church of Jesus Christ of Latter-day Saints community.

5. It is important for you to be politically active in your local Church of Jesus Christ of Latter-day Saints community.

6. If we work together, the Church of Jesus Christ of Latter-day Saints can solve problems in your local community.

7. You really feel that any problems faced by your local Church of Jesus Christ of Latter-day Saints community are your own problems.

**Scaling:** 1 (disagree strongly); 2 (disagree); 3 (agree); 4 (agree strongly).

**Scoring:** Total scores are calculated based on the average value of items 1-7.
Appendix D

Belonging in the LGBQ Community Scale
Belonging in the LGBQ Community (Frost & Meyer, 2012)

Directions: Indicate to what extent you agree with the following statements:

1. You feel you’re a part of your local LGBQ community.

2. Participating in your local LGBQ community is a positive thing for you.

3. You feel a bond with the LGBQ community.

4. You are proud of your local LGBQ community.

5. It is important for you to be politically active in your local LGBQ community.

6. If we work together, gay, bisexual, and lesbian people can solve problems in your local LGBQ community.

7. You really feel that any problems faced by your local LGBQ community are your own problems.

Scaling: 1 (disagree strongly); 2 (disagree); 3 (agree); 4 (agree strongly).

Scoring: Total scores are calculated based on the average value of items 1-7.
Appendix E

Duke University Religion Index
Duke University Religion Index (DUREL; Koenig & Bussing, 2010)

**Directions:** Please indicate how often you participate in the following:

1. How often do you attend church or other religious meetings?

2. How often do you spend time in private religious activities, such as prayer, meditation or Bible study?

   Scaling: 1 (never); 2 (once a year); 3 (a few times a year); 4 (a few times a month); 5 (once a week); 6 (more than once a week).

3. In my life, I experience the presence of the Divine (i.e., God).

4. My religious beliefs are what really lie behind my whole approach to life.

5. I try hard to carry my religion over into all other dealings in life.

   Scaling: 1 (definitely not true); 2 (tends not to be true); 3 (unsure); 4 (tends to be true); 5 (definitely true of me).

Scoring: Total scores are calculated based on the summed values of items 1-5.
Appendix F
Demographic Information – Study 2
1. What is your age? __

2. What is your gender?
   a) Woman
   b) Man
   c) Trans woman
   d) Trans man
   e) Non-binary/genderqueer
   f) You don’t have an option that applies to me. I identify as (please specify) ___.

3. Which sex were you assigned at birth?
   a) Female
   b) Male
   c) Intersex
   d) You don’t have an option that applies to me (please specify).

4. What is your race/ethnicity?
   a) Asian/Asian American
   b) Black/African American
   c) Latina(o)/Hispanic American
   d) Middle Eastern/Middle Eastern American
   e) Native American/American Indian/Alaskan Native
   f) Native Hawaiian/Pacific Islander
   g) White/Caucasian/European American
   h) Multi-ethnic/Other, please specify.

5. What is your current religious affiliation?
6. In what religious tradition were you raised, if any?
   a) None/unaffiliated
   b) Buddhist
   c) Catholic
   d) Christian-Mainline Protestant
   e) Christian-Evangelical or Pentecostal
   f) Hindu
   g) Jewish
   h) Latter-day Saint/Mormon
   i) Muslim
   j) Other, please specify

7. If you indicated that you are currently or were raised LDS, what is your current status?
a) I am not and never was LDS
b) Full member holding temple recommend
c) Full member not holding temple recommend
d) Lapsed member ("inactive")
e) Probation/disfellowshipped/excommunicated/resigned

8. What is the primary way you currently describe or label your sexual identity to others?
   a) Heterosexual/straight
   b) Mostly straight
   c) Bisexual
   d) Mostly gay/lesbian
   e) Lesbian or gay
   f) Queer
   g) Questioning/Unsure
   h) Pansexual
   i) Fluid
   j) Asexual
   k) Heterosexual with same-sex attraction
   l) Same-sex attracted or same-gender attracted
   m) Ex-gay/lesbian
   n) I do not use a label

9. Which best describes your current single or relationship status?
   a) Single and celibate
b) Single and not celibate

c) In a heterosexual, mixed-orientation relationship or marriage

d) In a same-sex relationship
Appendix G

Religious Commitment Inventory
Religious Commitment Inventory (Worthington et al., 2003)

Directions: Please indicate how truthful the following statements are for you:

1. I often read books and magazines about my faith.
2. I make financial contributions to my religious organization.
3. I spend time trying to grow in understanding of my faith.
4. Religion is especially important to me because it answers many questions about the meaning of life.
5. My religious beliefs lie behind my whole approach to life.
6. I enjoy spending time with others of my religious affiliation.
7. Religious beliefs influence all my dealings in life.
8. It is important to me to spend periods of time in private religious thought and reflection.
9. I enjoy working in the activities of my religious organization.
10. I keep well informed about my local religious group and have some influence in its decisions.

Scaling: 1 (not at all true of me); 2 (somewhat true of me); 3 (moderately true of me); 4 (mostly true of me); 5 (totally true of me).

Subscales: Items 1, 3, 4, 5, 7, and 8 constitute the intrapersonal religious commitment subscale. Items 2, 6, 9, and constitute the interpersonal religious commitment subscale.
Appendix H
Internalized Homonegativity Inventory
Internalized Homonegativity Inventory (Mayfield, 2001)

Directions: Please indicate your agreement with the following items:

1. I believe experiencing same-sex attractions is an important part of me.
2. I believe it is OK for men to be attracted to other men in an emotional way, but it’s not OK for them to have sex with each other.
3. When I think of experiencing same-sex attractions, I feel depressed.
4. I believe that it is morally wrong for men to have sex with other men.
5. I feel ashamed of my same-sex attractions.
6. I am thankful for my sexual orientation.
7. When I think about my same, I feel unhappy.
8. I believe that more gay men should be shown in TV shows, movies, and commercials.
9. I see my same-sex attractions as a gift.
10. When people around me talk about same-sex attractions, I get nervous.
11. I wish I could control my feelings of attraction toward other men.
12. In general, I believe that homosexuality is as fulfilling as heterosexuality.
13. I am disturbed when people can tell I’m gay.
14. In general, I believe that gay men are more immoral than straight men.
15. Sometimes I get upset when I think about being attracted to men.
16. In my opinion, homosexuality is harmful to the order of society.
17. Sometimes I feel that I might be better off dead than gay.
18. I sometimes resent my sexual orientation.
19. I believe it is morally wrong for men to be attracted to each other.
20. I sometimes feel that my same-sex attractions are embarrassing.

21. I am proud to be gay.

22. I believe that public schools should teach that homosexuality is normal.

23. I believe it is unfair that I am attracted to same-sex individuals instead of other-sex individuals.

Scaling: 1 (strongly disagree); 2 (disagree); 3 (somewhat disagree); 4 (somewhat agree); 5 (agree); 6 (strongly agree).
Appendix I

Concealment Behavior Scale
Concealment Behavior Scale (Jackson & Mohr, 2016)

**Directions:** In the last 2 weeks, I have…

1. Concealed my sexual orientation by telling someone that I was straight or denying that I was LGB.
2. Concealed my sexual orientation by avoiding contact with other LGB individuals.
3. Avoided the subjects of sex, love, attraction, or relationships to conceal my sexual orientation.
4. Allowed others to assume I am straight without correcting them.
5. Altered my appearance, mannerisms, or activities in an attempt to “pass” as straight.
6. Remained silent while witnessing anti-gay remarks, jokes, or activities because I did not want to be labeled as LGB by those involved.

Scaling: 1 (not at all); 2 (a little bit); 3 (somewhat); 4 (very much); 5 (all the time).