# A systematic review of qualitative studies capturing the subjective experiences of Gay and Lesbian individuals' of faith or religious affiliation.

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27    **Abstract**

28    Individuals identifying as religious tend to report better health and happiness

29    regardless of affiliation, work and family social support or financial status.

30    Evidence suggests that cultural factors are intertwined with these concepts.

31    Exploration of sexual minorities' experiences has been neglected in previous

32    years. Recently, a body of evidence is developing concerning this population,

33    with theoretical speculation for changes of 'stressors' for future generations and

34    implications, particularly, on mental health outcomes.   Lesbian and Gay

35    individuals of faith (or spirituality), are susceptible to unique 'stressors', whilst

36    others suggest religion can provide a support network providing protective

37    health benefits.   This review systematically explores the existing published

38    evidence for the subjective experiences and accounts of LG people of faith.

39    Sexual minority individuals who follow a religion or faith can experience good

40    social support, reducing the risk of negative health outcomes, while for others,

41    potentially serious, negative mental and physical health consequences are

42    experienced (e.g., internalised homophobia, anxiety, rejection and suicidal

43    ideation).

44

45  In recent years, LGBT+ issues and experiences have received more attention (Foster, Bowland,
46  & Vosler, 2015; Vaughan, Miles, Parent, Lee, & Tilghman, 2014) with studies exploring a range
47  of factors including demographic differences and the unique intersections of identities,
48  psychological health, mental health and wellbeing, as well as relational factors unique to the
49  population (Foster et al., 2015; Herek et al., 2010; Meyer & Northridge, 2007; Zinnabauer et
50  al., 1997).  Whilst a better understanding is being established regarding LGBT+ issues, limited
51  research has explored the subjective psychological experiences of LGBT+ individuals of
52  spirituality or religious affiliation.

53  The terms religion and spirituality can have different meanings. *Religion* usually incorporates
54  aspects of common, shared beliefs by a group of people, accompanied by practice and rituals
55  (Pargament & Raita, 2007). *Spirituality* involves discovering the meaning of life events that
56  are deeply personal to an individual (Sink, 2004) and has been strongly linked with well-being
57  and identity development (McQueeney, 2009; Powers, Cramer, & Grubka, 2007). However,
58  due to the lack of clarity between the terms religion and spirituality, research has often
59  discussed these constructs side by side and, therefore, this review will explore both within
60  the Lesbian and Gay community. Moreover, fewer studies exist to provide the accounts of
61  bisexual or transgender individuals, and no studies exist that capture the subjective
62  psychological experiences, in their own words, for these individuals.

63  Homosexuality has been subjected to religiously infused debate and conflict (Hunter, 2013).
64  Western religious cultures take the position of condemning homosexual behaviour and
65  labelling it as 'deviant' and 'wrong' (Heerman et al., 2007). Any sexual act conducted in a
66  same-sex relationship is deemed a sin by many traditional Jews (Mahl, 2008); punishable with
67  church discipline within a Mormon community (Heermann et al., 2007) and punishable by the
68  death penalty in Islam (Hamdi, lachheb, & Anderson, 2015).  However, in some cases, there
69  has been evidence of the 'homosexual person' being separated from their 'homosexual
70  behaviour', with these religious communities claiming to accept the person but reject the
71  'sexual act' (Rosik, Griffith, & Cruz, 2007).  Geary et al., (2018) notes that sexuality is three-
72  dimensional, including sexual attraction (or interest), sexual behaviour and sexual identity.
73  Moser (2016) describes sexual identity as how the individual defines themselves; sexual
74  interest/attraction as what individuals want to do regardless of whether they do it; and sexual
75  behaviour as what individuals do regardless of their sexual interest or sexual identity.  Sexual
76  orientation, therefore, describes a distinct type of intense sexual interest (Moser, 2016).

77  Whilst it is more widely accepted that two sexual orientations exist (homosexuality and
78  heterosexuality), it has been suggested that these may be classified as identities (Moser,
79  2016) and other proposed sexual orientations have been widely debated (Moser, 2016).
80  Elsewhere, it is argued, that sexual orientation is more fluid and less 'fixed' (Epstein,
81  McKinney, Fox, & Garcia, 2012; Ross, Daneback, & Mansson, 2012).

82  Accepting the person but rejecting their sexual behaviour (Rosile, Griffith, & Cruz, 2007), may
83  have a more detrimental impact on the person if they try to change their sexual orientation
84  to 'feel accepted' (Itzhaky & Kissil, 2015). Such actions have been supported by some religious
85  groups who advocate conversion therapy (Dehlin et al., 2015) with a recent report claiming

86    fifty-one per cent of LGBT individuals received conversion therapy by faith groups (GEO,
87    2019). Despite support from religious groups, mental health organisations have suggested
88    reorientation therapies (e.g., conversion therapy) can cause more harm than good and should
89    be avoided by mental health practitioners (APA, 2009). Subsequently, religious teachings have
90    contributed to the formation of a heteronormative social and political order (Bowers et al.,
91    2010), further marginalising LGBT communities in an already heterosexist society.  This lack
92    of belonging and marginalisation heightens the risk of dissonance between two critical parts
93    of one's identity: the religious and the sexual (Rodriguez & Ouellette, 2000), which can lead
94    to emotional distress, depression and suicidality (Evans & Barker, 2010). Despite efforts by
95    the UK government to ensure equality for the LGBT community (e.g. same-sex marriage,
96    turning pardons), barriers, particularly when dealing with religious beliefs, continue to exist.
97    For example, there have been recent protests at faith-based schools in the UK for introducing
98    'no outsider programmes' which looks at LGBT relationships (Parvean & Weale, 2019). Such
99    protests highlight the continued tension between religion and sexuality that LGBT
100   communities are experiencing.

101   It is evident that the connection between religion (and or spirituality) and wellbeing (and or
102   psychological health) is complex and can come with an array of challenges for the LGBT
103   communities (Meyer, 2016). However, it is unclear if religion and/or spirituality acts as a
104   'protective factor' or a 'risk factor'. Religion has been associated with psychological and social
105   resources, for example, support communities (Weber & Pargament, 2014), when coping with
106   stress or associated conditions (Koenig, 2009). Therefore, it could be argued that
107   religion/spirituality is a 'protective factor' providing a supportive resource when experiencing
108   depression, suicide or anxiety (Weber & Pargament, 2014). However, the extent of the
109   protective, as opposed to the detrimental, nature, is debated (Meltzer et al., 2011),
110   particularly when the focus is placed upon minority groups, such as LGBT.  Homosexual youths
111   have reported feelings of rejection from religious groups (Page, Lindahl, & Malik, 2013;
112   Hamblin & Gross, 2013) which is not reflective of a supportive tool and rather, elevates levels
113   of stress contributing to minority stress (Meyer, 2016). Moreover, some LGBT individuals,
114   who mature in a religious context, are at an increased risk of experiencing internalised
115   homophobia and consequently, increased suicidal thoughts and behaviours (Gibbs &
116   Goldbach, 2015).  This is further complicated by 'gay-related stresses', associated with
117   negative reactions from family and friends, and consequential victimisation experiences
118   (Page, Lindahl, & Malik, 2013).  On the other hand, Lesbian and Gay Christians' experience of
119   the process of integration of sexuality and faith can lead to resilience-building (Foster,
120   Bowland, & Vosler, 2015) in individuals through a transformation of theological meaning,
121   when an individual finds a 'safe enough' and 'affirming' congregation. However, others
122   discard their religious identity as a resolution strategy if they are unable to reconcile it with
123   their sexual identity (Yip, 2007). Additionally, research has indicated that LGBT turn to religion
124   to persevere against the challenges brought about by the oppression and social injustice that
125   religious indoctrination brings to their lives (Foster et al., 2011; Jeffries et al., 2008; McCarthy
126   & das Nair, 2018), suggesting that although they acknowledge the challenges they face, LGBT
127   individuals want to see changes made in such religious communities.

128 Whilst there is some debate as to the nature of the 'protective' or 'risk' association with
129 religion, particularly for LGBT individuals of faith, there is recognition of differences between
130 generations. Meyer (2016) notes observed changes in current young people and teenagers,
131 referred to as generation Z or iGen by Twenge (2017). Generation Z appears to be more
132 accepting of difference, including sexuality differences, and more willing to explore their
133 sexuality and sexual preference (Meyer, 2016; Twenge, 2017). However, generation Z also
134 seems less interested in religion (Lukianoff & Haidt, 2018; Twenge, 2017).

135 Although religion can be hugely beneficial for individuals, it can also create confusion, blame
136 and rejection for an individual discovering his or her sexual orientation (Halkitis, 2019; Sherry,
137 Adelman, Whilde, & Quick, 2010). In sum, LGBT of faith or religious affiliation is a vulnerable
138 group, with a plethora of needs that are often overlooked because of other related issues
139 (e.g. suicidal behaviours, depression, and hate crime). There is a need to explore the
140 subjective experiences and reflections of LGBTQ+ individuals of spirituality or religious
141 affiliation.

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143 **Purpose and Aims**

144 This review adopts a specific focus on research evidence that captures the subjective
145 experiences of individuals who identify as LGBTQ+ or non-heterosexual and of
146 faith/spirituality. Therefore, research evidence that captures and theorises on the process of
147 'identity' formation has been eliminated from this review unless it captures an aspect of
148 individual's explanation of their experiences of the 'psychological consequence(s)'. The
149 current debates around conversion therapy and religion, highlight the timely nature of a
150 review of the current literature on this topic specifically focussing on wellbeing and mental
151 health consequences of religion/religious belief in sexual minority groups. In addition, this
152 review focusses on the qualitative studies of the given topic area, the quantitative studies
153 having been reviewed separately in a related paper. This rationale for this decision was based
154 on the type of data collected from these differing methodological approaches (quantitative
155 vs. qualitative). The quantitative studies have captured, mainly, self-reported but direct
156 measures of psychological components and religious affiliation or spirituality. The qualitative
157 studies, considered in this review, have captured subjective experiences, reflections and
158 accounts of individuals whilst negotiating their religious or spiritual identity alongside their
159 sexual identity.

160 **Research Question:**

161    1) What are the subjective experiences of lesbian and gay individuals of faith or
162       religious affiliation?

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**Method**

The research team agreed on a protocol, which was informed and based on the updated PRISMA-P checklist for the reporting of systematic reviews (Shamseer et al., 2015), following extensive discussion regarding appropriate search terms and relevant databases. Three databases were searched: PubMed, Scorpus and PsychINFO during September and October 2018 using a combination of search terms (see Table 1 below).

Research articles published in peer-reviewed journals, as well as ongoing and in press studies were included – theses, case studies and editorials were excluded, along with position articles and literature reviews. The intervention (or phenomena of interest) was all religions, religious beliefs and spiritualties specifically concerning studies that captured sexuality or sexual orientation of their recruited population, alongside the psychological health consequences. Publications needed to be in English.

To attain specificity, the PECOS framework (NICE, 2014) as used by Marwa and Davies (2017) was adopted as outlined below.

*Population:* this review considered all studies that included individuals identifying as LGBTQ+ and non-heterosexual.

*Exposures:* all studies that assessed religion, religious belief, beliefs, spirituality, affiliations were considered.

*Control:* where possible, the review considered studies that included heterosexual individuals as a control/comparison group.

*Outcomes:* the review considered the studies that captured the psychological consequences (whether positive or negative) of being LGBTQ+ of faith/belief/affiliation.

*Study Design:* Qualitative studies were considered for this review. Quantitative studies (included in a linked review paper), anecdotal information, expert opinion, editorials and commentaries were excluded.

**Quality assessment and data extraction**

The appraisal of studies was organised in four distinct stages: (1) records identification; (2) records title screening; (3) records abstract screening; (4) full-text assessment and the final decision for inclusion. Fifty-five papers were screened by abstract and 6 were retained using the following inclusion and exclusion criteria.

*Eligibility criteria and study selection*

1. Excluded papers that capture/measure the opinion of / attitudes towards sexual minorities of faith – only interested in sexual minorities' personal experiences
2. Excluded clergy / religious leader samples – different group?

201     **3.** Excluded literature reviews

202     **4.** Excluded opinion papers/ position papers

203     **5.** Excluded quantitative studies (appears in separate review as they contribute to a

204        different research question)

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206 A quality assessment tool (Tracy, 2010) using eight 'big tent' criteria for excellent qualitative

207 research was used to screen papers for quality rating based on their methodological rigour

208 and data relevance. The quality assessment tool (Tracy, 2010) consists of eight items or areas

209 of assessment and can be used to assess qualitative studies.  The quality assessment was

210 conducted by two reviewers and decisions were made through discussion.

211 **Data analysis and synthesis**

212 The results were analysed and synthesised drawing on an approach similar to that proposed

213 by Whittemore and Knafl (2005) of data reduction, data display, data comparison and

214 verification of conclusions.  This approach was deemed most appropriate given the ethos of

215 a review method that is inclusive of combining diverse methodologies (e.g. Interviews, focus

216 groups and survey research with qualitative data).  This procedure allowed for the process of

217 identifying patterns and themes, which were then grouped to form the overarching

218 categories.

219

220 *Table 1: List of search terms used during database searches*

| | Search Topic | Search Terms | Search Field |
|---|---|---|---|
| 1 | Identity, role | Identi* OR self OR role | Abstract |
| | Consequences | OR connection OR cognition OR homonegativity OR | Abstract |
| | | internalized homophobia OR shame OR homofear | |
| 2 | Risk AND/OR | | All text |
| | Protective | | |
| | factors | | |
| 3 | Mental health | AND well-being OR wellbeing OR predictor OR | All text |
| | | emotion* OR mental health OR mental disorder OR | |
| | | stress OR mental depression OR burnout OR | |

| | | psychological Health OR Depression OR social wellbeing OR Psychological Wellbeing OR wellness OR *wellness OR Cognitive dissonance OR attachment*? | |
|---|---|---|---|
| 4 | Health | AND Health* AND Physical Health AND *Health | All text |
| 5 | Religion | AND Christian* OR Jewish OR Judaism OR Muslim OR Islam OR Buddhist OR Buddhism OR Sikh OR Sikhism OR Hinduism Religi* OR Faith OR Belief OR Spirituality | |
| 6 | Sexuality | AND Sexuality OR sexual orientation OR LGBTQ+ OR Gay OR Lesbian OR Bisexual OR Queer OR Spirit* OR Questioning OR Curios | |

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223 **Results**

224 Summaries of the papers included in this review are presented in table 2 below.

225

226 *Table 2 Summary of studies included in the analysis of this systematic review.*

| Citation | Participants | Method | Findings |
|---|---|---|---|
| Began and Hattie (2015). | N=35 LGBTQ adults from a range of backgrounds (Canadian). Ages 20-68. 19 women and 11 men. | In-depth interviews | Themes around:<br>**Conflict between LGBTQ identity, religion and spirituality**<br>1. Delayed sexual activity<br>2. Denial of self<br>3. Losses: community; friends; family<br>4. Negative effects on emotional wellbeing<br>**Resolving conflicts between LGBTQ identity and religion/spirituality**<br>1. Separating religion church and spirituality<br>2. Remaining with the faith tradition of upbring<br>3. Adopting a new path or tradition<br>4. Creating an individual relationship to spirituality<br><br>**The place of spirituality in LGBTQ communities** |
| Ganzevoort,Van der Laan and Olsman (2011). | N=10 young adults (21-30, 5 males, 5 females). From evangelical/ charismatic/Pentecostal churches and from conservative/orthodox protestant churches and from more urban and more rural areas. | Open narrative interviews (2 hours each). | Narrative models cover six dimensions: structure, perspective, role division, tone, relational positioning, and audience.<br><br>** mental health consequences are an important reason and aspect of the study** whilst the study didn't set out to capture this, it tried to understand these important issues in the context of identity formation,<br><br>e.g. dissatisfaction and unhappiness of not coping with Gay 'identity' and with religious view of being a failure. |

| | | | |
|---|---|---|---|
| Ho and Hu(2016). | N= 28 participants. All LGBT, apart from one heterosexual – pro-gay rights activist individual. | Ethnographic fieldwork. 18 from individual interviews and 11 from focus groups. | Specific to Hong Kong but focus on the wellbeing of sexual minorities.<br>Themes<br>**Intimate discrimination in personal life**<br>1. Misrepresentation and misrecognition<br>2. Deprivation of opportunities<br>3. Harassment disguised as caring<br>4. Intimate exclusion<br>**Dealing with identity conflicts: conformity and resistance**<br>1. Concealment of sexual orientation<br>2. Life compartmentalisation<br>3. Individual confrontation<br>4. Findings new spaces |
| Itzhaky and Kissil (2015). | N= 22 gay men; orthodox Jewish | Individual in-depth Interviews<br><br>Content analysis of interview data. | Themes around<br>1. Emotional turmoil<br>2. Ways of coping<br>3. Impact on family relationships<br>4. Important context |
| Jacobsen and Wright (2014). | N= 33 Mormon women | Semi-structured interviews about experiences with same-sex sexuality and LDS church (the Church of the Latter-day Saints). How this affected their mental health and treatment they engaged in during their reconciliation. | Themes around:<br>1. Experience with mood disorders<br>2. Self-worth<br>3. Suicidality<br>4. Treatment attempts<br>5. Reparative therapy<br>6. Counsellors agenda<br>7. Impact on family and community<br>Mental health recovery |

| | | Data analysed using phenomenological methodology. | |
|---|---|---|---|
| Subhi and Geelan (2012). | N= 20 homosexual (10 males and 10 females); Brisbane city area and surrounding suburbs. 20 – 51 years old (mean 36.5). | Each participant participated in two in-depth Interviews. | Thematic analysis themes:<br>1. Small percentage experienced no conflict between Christianity and homosexuality (either due to abandoning faith before 'coming out'; or continued identifying as Christian but didn't practise)<br>2. Majority of the same faced intrapersonal conflict – believing that Christianity condemns homosexuality considering it sinful (and immoral).<br>3. Conflict amplified by significant other.<br>KEY CONSEQUENCES OF CONFLICT<br>1. Depression<br>2. Self-blame/guilt<br>3. Anxiety<br>4. Alienation<br>5. Suicidal ideation |

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228 *Table 3 Demographics and themes mapped against studies included in this systematic*
229 *review*

| | Began and Hattie (2015) | Ganzevoort, Van der Laan and Olsman (2011) | Ho and Hu (2016) | Itzhaky and Kissil (2015) | Jacobsen and Wright (2014) | Subhi and Geelan (2012) |
|---|---|---|---|---|---|---|
| Lesbian | X (11) | X (5) | X (?) | | X (23) | X (10) |
| Gay | X (10) | X (5) | X (?) | X (22) | | X (10) |
| Bisexual | X (4) | | X (?) | | | |
| Transexual? | X (4) | | X (?) | | | |
| Heterosexual | X (1) | | X (1) | | | |
| Conflict | x | x | x | x | x | x |
| Discrimination | | | x | | | x |
| Resolution | x | | x | x | x | x |
| Bereavement | x | | x | x | x | |
| Mental Health outcomes: depression; suicidal ideation; suicide attempt; | x | x | | | x | x |
| Psychological Consequences: anxiety; well being | x | x | x | x | x | x |
| Coping / Religious Coping | x | x | x | x | x | x |
| Hong Kong | | | x | | | |
| Canada | X (east coast) | | | | | |
| Australia (Brisbane) | | | | | | x |
| | | | | | | |
| Morman LDS | | | | | x | |
| Christian | X (22) | X evangelical/ Charismatic/ Pentecostal churches and conservative / orthodox churches | x | | | x |
| Jewish | X (5) | | | x | | |
| other | X (8) | | | | | |

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234 *Psychological and Mental health states*

235 The six studies included in the analysis of this review captured, directly and indirectly, the
236 subjective experiences of non-heterosexual individuals and their religion and/or spirituality.
237 In most cases, the experiences were characterised by conflict between religious or spirituality
238 beliefs and aspects of their sexuality.  Three main themes of conflict, resolution, and
239 bereavement emerged across the included studies representing the main points expressed
240 by individuals. An overarching theme of *psychological* and *mental health* needs emerged from
241 the papers.  Three of the papers reported on the accounts of suicidal ideation (Itzhaky &
242 Kissil, 2015; Jacobsen & Wright, 2014; Subhi & Geelan, 2012), which is consistent with statistical
243 evidence (Gibbs & Goldbach, 2015; Kralovec, Fartacek & Plöderl, 2014) that notes the
244 increased risk in this population.  Relatedly, aspects of depression were discussed (Itzhaky &
245 Kissil, 2015; Jacobsen & Wright, 2014; Subhi & Geelan, 2012). Four of the included papers
246 captured accounts of 'emotional turmoil' (Began & Hattie, 2015; Ganzevoort, Van der Laan &
247 Olsman, 2011; Itzhaky & Kissil, 2015; Jacobsen & Wright, 2014; Subhi & Geelan, 2012),
248 including the negative effects on emotional wellbeing.  Consistently, arguments around self-
249 worth (Jacobsen & Wright, 2014), self-blame/guilt and anxiety (Subhi & Geelan, 2012)
250 featured as issues for this population.  All experiences included in the six studies led to
251 negative psychological states.

252 *Conflict*

253 The first consistent finding, which features explicitly in four papers and implicitly in another
254 two papers, relates to individuals' accounts of their experience of conflict.  This theme
255 captures both external conflicts between people (e.g. with friends and family) and internal
256 conflict in terms of psychological adjustment and processing relating to their beliefs about
257 their sexuality and religion or spirituality.  The most prominent conflict was between religious
258 beliefs, teachings and practices with sexual orientation desires and/or behaviours (Began &
259 Hattie, 2015), where individuals report facing intrapersonal conflict through the belief that
260 religion (e.g., Christianity) condemns homosexuality and considers it sinful or immoral (Subhi
261 & Geelan, 2012).  This has secondary implications, such as, delayed sexual activity (Began &
262 Hattie, 2015) which may relate to the psychological development of sexuality or a sexualised
263 identity (Began & Hattie, 2015). Interestingly, individuals in one study reported that they did
264 not feel that there was a conflict between themselves and God and that conflict emerged
265 from religious members (Behan & Hattie, 2015). Additionally, findings revealed that tensions
266 raised between their sexuality and religious beliefs led them to develop conflicts between
267 their bodies and minds (i.e., body and sexual orientation are separate entities). Whilst many
268 of the findings focused on tensions within a religious community, it was noted by some studies
269 that there was also conflict within the LGBT community when individuals expressed their
270 spirituality (Ho & Hu, 2016). Such conflicts had risen from LGBTQ 'mistrust' of religious
271 communities and associations with negative past experiences (i.e., non-acceptance and 'an
272 unsafe place'). Therefore, the main finding within this theme is a conflict with identity within
273 either community which has been associated with poor psychological health.

274 Another aspect considered was *discrimination.* Ho and Hu (2016) found that individuals
275 experienced intimate discrimination in their personal lives through misrepresentation and

276  misrecognition. The experience of inaccurate representation and negative stereotypes being
277  frequently used (Ho & Hu, 2016), and connectively, the experience of deprivation of
278  opportunities mentioned (Ho & Hu, 2016).  In some cultures, countries and organisations,
279  openly Gay individuals are prohibited from certain roles, rituals and activities (Ho & Hu, 2016).
280  This sometimes is referred to as the issue of harassment disguised by caring in Christian
281  fellowships (Ho & Hu, 2016). 'Role models' within educational programmes such as 'Sunday
282  schools' had an impact on many adolescents growing up (e.g., 'fix the problem', 'fight the
283  urge', 'inherently defective') associated with a focus on 'punishment'. Such quotations
284  capture a medical discourse; referring to homosexuality as an illness that can be 'fixed'.
285  Moreover, many participants have referred to the homonegative discourses such as,
286  'homosexuality is a sin'. Such homonegative attitudes were reported as having a detrimental
287  impact on individuals' self-esteem, shame, guilt and raised internalised homophobia that
288  often led to acts of self-harm and attempts to take one's life (Jacobsen & Wright, 2014).

289  *Resolution*

290  Three of the papers captured individuals' accounts of their experiences whilst resolving
291  conflicts.  Subhi and Geelan (2012) reported that in their study a small percentage of
292  individuals experienced no conflict between sexuality and faith because they either
293  "abandoned" their faith prior to 'coming out' or continued identifying as a Christian but did
294  not practise or attend church. This is consistent with other papers in this review that note
295  individuals' responses around 'separating religion, church and spirituality' (Began & Hattie,
296  2015) and 'concealment of sexual orientation' (Ho & Hu, 2016).  Resolution, for some,
297  required 'compartmentalisation' of their life (Ho & Hu, 2016) or finding a 'new path' (Began
298  & Hattie, 2015) or 'new space' (Ho & Hu, 2016).  For others, an individualised relationship to
299  spirituality is developed (Began & Hattie, 2015).  In addition, individuals drew upon their own
300  interpretation of the Bible and ignored societal beliefs about what the Bible implies (e.g.
301  'Homosexuality is a sin'). When individuals focus on their interpretations, their accounts
302  suggest they are more accepting of who they are, resulting in better mental wellbeing
303  (Lassister, 2015).

304  Four papers highlighted the need to 'belong' and to be 'accepted' in society (Ho & Hu, 2016;
305  Itzhaky & Kissil, 2015; Jacombsen & Wright, 2013; Kocet, Sanabria & Smith, 2011). The
306  findings indicated that LGBT individuals are seeking to find a community who accept them for
307  who they are. However, many individuals reported 'attempts' to address their 'illness',
308  'condition' and rectify their 'sin' (Jacoben & Wright, 2014). Many individuals concentrated on
309  changing themselves rather than acceptance and gave in to the 'pressure' and 'harassment'
310  of attending conversion therapy and faith-based programmes. However, many reported a
311  further feeling of rejection (Ho & Hu, 2016). For some, this had a negative impact on their
312  wellbeing but for others, it changed their view and they started to see that teaching
313  condemning homosexuality as flawed human interpretations of biblical teachings (Lassister,
314  2015; Beagain & Hattie, 2015). Some noted that they had learnt to 'love' and 'accept' who
315  they were which gave them the confidence to move on (Beagan & Hattie, 2015).

316

317    *Bereavement*

318    Consistent with statistical studies (Itzhaky & Kissil, 2015), loss of family relationships
319    contributed to feelings of alienation (Subhi & Geelan, 2012), which in turn contributed to a
320    breakdown of social and support networks for individuals. For some, moving away and
321    providing distance between themselves and family was the only pathway to reduce the sense
322    of rejection and familial loss (Lassiter, 2015). Additionally, individuals reported a 'profound
323    loss' when their duties as part of their religion had been restricted which in turn, heightened
324    their sense of 'hopelessness' and 'loneliness'. Losing such responsibilities isolated them
325    further from their religious communities and church which threw some into profound despair
326    and questioning their self-worth and purpose of living (Began & Hattie, 2015; Subhi & Geelan,
327    2012). Moreover, the extrinsic aspect of conflict occurs between people, when an individual's
328    sexual preference conflicts with other individuals' beliefs. This could account for, or impact
329    on, relationships within the family (Itzhaky & Kissil, 2015; Ho & Hu, 2016), as well as friends
330    and peers, resulting in a loss of community and support (Began & Hattie, 2015). For many,
331    the grieving process was prolonged due to the struggles of finding something to replace the
332    'intense connection' they had formed with their community but also with God, from whom
333    they would often seek solace in times of need (Beagan & Hattie, 2016). One profound
334    commonality between papers is that of bereavement for their own identity. Although not
335    explicitly referred to as grief, many individuals reported having to 'hide' who they are and to
336    'live a secret life'. However, this became more complex with the realisation that the LGBT
337    community often do not accept those who are religious due to the stigma many of them have
338    received from such communities (Beagan & Hattie, 2016), leaving many to feel they are only
339    ever 'half' their true self and long to be able to be themselves in full (Kocet, Sanabria & Smith,
340    2012).

341    **Discussion**

342    This review has identified a range of subjective experiences highlighted consistently across
343    the included papers.  These experiences exist in relation to Lesbian and Gay individuals that
344    have a spirituality or religious affiliation.

345

346    It is evident from the overall findings, that despite progress towards a more inclusive and
347    equal society, there are still accounts of negative experience for Lesbian and Gay individuals
348    of faith or religious affiliation. The experiential evidence considered and embedded in this
349    review has highlighted personal accounts of conflict and bereavement, highlighting the reality
350    of resolution that Lesbian and Gay individuals often face, improving and, in some instances,
351    saving their lives (Beagan & Hattie, 2015; Lassiter, 2015).  A consistent message of 'wanting
352    to belong somewhere' and the need for having a 'purpose' was prevalent in the literature
353    considered. Such findings align with previous research that highlights the conflict of identity
354    and dissonance between religious beliefs and sexual orientation (Rodriguez, 2010). Although
355    many reported that tensions between intersections of identity arose in their adolescence,
356    there was a strong sense that through fear of rejection and abandonment, ideas of sexual
357    orientation were suppressed from a young age and favoured for ideas that 'fit' into a

358  heterosexist world. These findings support the need for educational programmes for parents,
359  particularly of religious backgrounds, to explore their beliefs and attitudes towards LGBT
360  communities and to consider implications on wellbeing and mental health. Such programmes
361  could help alleviate the pressure on children and adolescents, lowering the risk of negative
362  psychological consequences.

363  The above themes were embedded in individuals' accounts of mental health and wellbeing
364  as they negotiated religious beliefs and sexuality. Serious mental health risks were discussed,
365  including depression, suicide risk, suicidal ideation, and negative self-worth. This provides
366  initial evidence for the required provision and support to be available to individuals, in
367  addition to the education programmes mentioned above.

368  Studies within this review focused on past experiences rather than present ones and
369  therefore, findings were based on memories and experiences of previous generations (e.g.,
370  Generation X and Y: Twenge, 2017). Given the evidence for differences for generation Z, or
371  IGen, compared with generation X and Y (Lukianoff & Haidt, 2018; Twenge, 2017), future
372  research might explore the experience of religion and sexuality specifically for IGen. Some
373  Lesbian and Gay individuals seek solace in 'conversion therapy'. With controversial and
374  conflicting evidence, some consider conversion to be dangerous and ineffective (Jacob, 2015)
375  whilst other have explored the potential benefits for some individuals in some cultures
376  (Couzens, Mahony, & Wilkinson, 2017). Individuals have reported wanting to be 'cured' and
377  'their illness treated' (Beagan & Hattie, 2015), highlighting the sense of desperation and
378  helplessness that such communities experience.

379  The themes of conflict, resolution and bereavement associated with individuals' faith
380  experiences were overcome often through resilience. This review highlights the lack of
381  research capturing experiences, generally, in this area, whilst the experience of bisexuals,
382  transgender and other sexual minority groups remains absent. The transgender community
383  have unique and different experiences to that of Lesbian and Gay. As such, future research is
384  needed to explore the experience of transgender individuals who identify with religious
385  beliefs. Although LGBT individuals are seen to be a minority and an at-risk population, studies
386  included in this review often ignored culture and race in their analysis, also recognised their
387  minority status and victimisation of hate crime. Subsequently, Lesbian and Gay individuals
388  have a triad of needs; race, sexual orientation and religious beliefs and further research is
389  needed to explore these specific needs so robust health programmes can be formed.
390  Additionally, a population that has been ignored is that of asylum seekers and refugees who
391  seek safety from their native countries for fear of death as a result of their sexual orientation.

392

393  *Limitations*

394  This study, and accompanying synthesis, is limited by the quality, breadth and representation
395  of the existing research evidence in this field. Whilst some progress has been made to begin
396  to understand some of the issues and the subjective experiences for sexual minorities, these
397  findings are limited due to the population representation as often recruitment is targeted and
398  studies lack representation from individuals identifying as bisexual or transgender. There are

399     some indications that different religious groups, denominations or faiths lead to differing
400     experiences for individuals who are LGB, however, direct comparisons of differences across
401     religious groups are not currently possible given the studies available for analysis.  In addition,
402     the lack of representation of bisexual and transgender in the current research limits the
403     reasonable conclusions that can be made about their experiences of sexuality and religious
404     belief.  The studies included in this review were representative of Jewish, Mormon & Christian
405     beliefs, with a small representation of other religious groups.  This highlights the need for
406     future work that includes a broad presentation of religions and spiritualities to better
407     understand the relationship and connections in terms of psychological consequences,
408     whether 'protective' and supportive or 'risk' and disruptive for individuals.

409     Equally, many of the published work and evidence, in this field, come from data gathered in
410     the United States, with very few studies from European samples.  Given the differences in the
411     implementations of religious practices, even within the same religious beliefs, in different
412     countries, a European or UK based study is required to understand individuals' experiences in
413     the EU.

414     Despite these limitations, it is clear from the existing literature that there are complexities
415     and experiences that LGB(TQ+) individuals of faith are having that require support and in
416     some cases interventions where conflict, discrimination and minority stressors have been
417     severe to the extent of impacting on wellbeing and mental health. Future research should
418     plan to inform the type and nature of interventions and support services, therefore shaping
419     the previsions for these individuals.

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575

**PRISMA 2009 Flow Diagram**



| Identification | |
|---|---|
| Records identified through database searching (n = 16,540) | Additional records identified through other sources (n = 7) |

Records after duplicates removed (duplicates removed after screening)

**Screening**

Records screened (n = 14541)

Records excluded (n = 14486)

**Eligibility**

Full-text articles assessed for eligibility (n = 55)

Full-text articles excluded, with reasons (n = 49)

(n=2) literature reviews

(n=4) did not include psychological consequence, but rather explored attitudes towards LGBT populations

(n=34) Quantitative studies that measures of psychological consequence rather than accounts of experiences.

(n=6) mixed methods

(n=3) sample were religious leaders

**Included**

Studies included in qualitative synthesis (meta-analysis) (n = 6)