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An exploration of the relationship between spirituality, religion and mental health among youth who identify as LGBT+: A systematic literature review

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Abstract

There is a growing interest in addressing spirituality in healthcare with evidence emerging that personal spiritual and religious practices, and support of these, can influence mental health in a positive way. However, there can be distinct challenges to spiritual expression and mental health issues for youth who identify as LGBT+. The goal of this paper was to undertake a systematic review of the available evidence to investigate the relationship between mental health, spirituality and religion as experienced by LGBT+ youth. A comprehensive literature search was conducted using medical and psychological databases that focused on spirituality, mental health and LGBT+ youth. The search yielded a total of nine articles published in English between January 2008 and March 2018. The key findings highlighted issues around discriminatory attitudes, shame related to disclosure, spirituality as a supportive resource, internalised conflict and external factors around sexual orientation concerns. The psychological, social and health implications are presented and discussed.

Keywords:

Spirituality, religion, faith, mental health, sexuality, LGBT+, youth

Background

There is a growing interest in addressing spirituality in healthcare, with evidence emerging that personal spiritual and religious practices, and support of these by practitioners, can influence mental health in a positive way. Spirituality is understood, in this context, as a search for connectedness and meaning, transcendence and belonging. Being religious is conceptualised as the outward practice of spiritual beliefs situated in a particular organised religion (. For youth who identify as *lesbian, gay, bisexual, transgendered/transsexual plus* [plus-other minority sexual groups] (LGBT+), there are distinct challenges to spiritual and religious expression (Liboro 2015). Negative thoughts or experiences arising from LGBT+ youths' personal religious beliefs (Hamblin and Gross 2013), attitudes from others or cultural experiences of historical religious beliefs can affect the youth's self-perception in a negative way leading to mental health issues (Liboro 2015). Conversely, there is the potential for religious and/or spiritual beliefs to provide both personal and community support in a positive manner (Tenner 2015). Given a young LGBT+ person's vulnerability at this time of their life, developing an understanding of the implications of spirituality and religion for this group is essential. The success of healthcare agencies towards this population can therefore depend on their capacity to subscribe to a spiritual approach, routinely assessing spiritual needs or having a religious philosophy (Kralovec et al., 2014).

There is growing evidence that the expression of spirituality and religion can have a positive impact upon people's lives, with some studies supporting the assertion that having a faith can lead to better mental health outcomes (Ream and Savin-Williams 2005, Rodriguez 2010). In a review of the literature addressing the relationship between the incidence of mental disorders and religion/spirituality in the general population, for

example, a significant number of studies (72.1%) reported positive outcomes between spiritual or religious involvement and mental illness including depression, substance use and suicide; far less (4.7%), showed negative results (Bonelli and Koenig 2013). However, the potential positive influence of religion and spirituality on mental health has been the subject of debate. King (2014), concluded that those who described themselves as spiritual (but not religious) appeared to be more vulnerable to psychological issues suggesting that ‘those with a spiritual view of life appeared to be vulnerable to mental and substance misuse disorders’ (King 2014:109).

There has been a major about turn in attitudes towards people with same-sex attractions and a greater acknowledgement of the religious and spiritual lives of people who identify as LGBT+ (Gibbs 2015, Gincola et al. 2016). Still, LGBT+ youth can face significant challenges in establishing a sense of identity in a predominately heterosexual and transphobic world (Mathews and Salazar 2012). Many LGBT+ youth have to face many challenges alone without the support of family and peers and often in hostile and unsupportive environments (Levy et al. 2014, McCann et al. 2017).

Support from religious organisations may be helpful in challenging and stressful times. However, non-affirming societal beliefs around same-sex intimacy or gender identity can exacerbate minority stress and internalized homophobia (Meyer 2003, Rostosky and Riggle 2017). The minority stress model demonstrates the potential psychosocial stressors related to being LGBT+ and the damaging effects on health and well-being. Negative societal responses can lead to feelings of guilt, shame, demoralisation, low self-esteem and social exclusion (Meyer 2003, Lease et al. 2005, Rosario 2006). This phenomenon has been associated with a significant increase in depression, anxiety and suicidal thoughts and behaviours. There are also strong links with substance use and eating disorders (Barnes and Meyer 2012).

Despite these mental health challenges, affirming religious beliefs have been shown to be a protective factor in counteracting harmful stressors among sexual minority youth (Wilkinson and Pearson 2009, Barnes and Meyer 2012, Foster et al. 2011). *Coming out*, a significant time for LGBT+ youth, may lead to rejection from their spiritual or religious community. The resultant existential conflict can lead to increased anxiety and depression (Gibbs and Goldbach 2015). Young people may become more distant from their family of origin through moving away from their spiritual faith thus limiting access to emotional support during times of need (Barnes and Meyer 2012). By re-examining spirituality, youth may develop coping strategies and resilience through a renewed sense of faith and finding affirmative people and spiritual communities that are open, supportive and can validate expressions of sexuality and gender identity and encourage good mental health (Koenig 2009, Gincola et al. 2016). However, the picture remains incomplete, hence the current systematic review that focuses on the subjective experiences of LGBT+ youth regarding spirituality and religiosity that may guide and inform future mental health service developments.

Methods

The aim of this review was to synthesize current evidence regarding the experiences and perceptions LGBT+ youth regarding the expression of their sexuality and their mental health needs. Therefore, the questions of this review are:

1. What are the experiences and mental health needs of youth who identify as LGBT+ regarding the expression of their spirituality?
2. What are the implications for mental health services in relation to the spirituality needs of youth who identify as LGBT+?

Search and selection strategy

A subject Librarian was enlisted to assist with the literature search strategy. The databases used in the search were CINHAL, MEDLINE, PsychINFO and Sociological Abstracts. The search terms used were: spiritual*, relig* sacred, transcendent, GBLT, gay, lesbian, bisex*, trans*, intersex, queer, mental health, psychosocial, well-being, self-esteem, homonegativity. The inclusive dates were 31 January 2008 to 1 March 2018 to best capture contemporary mental health practices and individual experiences in the changing socio-political climate for youth who identify as LGBT+.

Insert Table 1 about here

The search yielded 131 hits in total. Following the removal of duplicates and a check for relevance 43 papers remained. Reasons for exclusion included, wrong population, wrong subject or failed to address the research questions. Full text of papers were screened leaving 9 papers suitable for the review. To be included in this review studies had to be empirical peer reviewed research in English and focus on mental health and spirituality or religious experiences of youth up to the age of 25 years who identify as LGBT+. Studies not meeting the criteria were excluded.

Insert Figure 1 about here

Quality assessment

A recognized quality assessment tool was used to review the papers (Appraisal Skills Programme, 2018). Specific questions were consistently applied to each of the selected studies (Table 2). Each question was scored zero, one or two out of a possible score of 20 points. A score of zero was assigned if the paper contained no information, one if

there was a moderate amount, and a score of two indicated that the question was fully addressed (Rushbrooke, Murray & Townsend 2014). A score of 17 and above, indicating a high-quality study, was achieved by 2 of the studies (Gattis et al. 2014, Quinn et al. 2016). A total of 5 studies scored between 14 and 16, indicating shortcomings in relation to clarity of aims, data collection methods, research relationships considered, and ethics considerations (Eick et al. 2016, Gold & Stewart 2011, Jeffries et al. 2014, Kubicek et al. 2009, Lauricella et al. 2017). The remaining 2 studies received scores of below 14, due to limited information that impacted on the overall quality and were related to the aims, ethics, and clarity and detail of findings (Hatzenbuehler & Pachankis, 2012, Nielson 2017). All of the studies were considered suitable for the review as they met the study inclusion criteria.

Insert Table 2 about here

Characteristics of the selected studies

The 9 studies that addressed the review questions are presented in Table 3. The majority of studies (n=8) were conducted in the United States of America (USA), with the remaining study carried out in Israel. The studies had sample sizes ranging from 1 to 1413 participants. The age of youth participants ranged from 12 to 25 years (n=7). Five of the studies used quantitative methods, two studies used qualitative methods and two were mixed methods studies.

Insert Table 3 about here

Data extraction and analysis

The process of data analysis and synthesis involved the extrapolation of themes that addressed the aims of the research. These were coded from the results of the included studies, organised according to concepts and verified and agreed by the research team (Caldwell et al. 2011).

Findings

The aim of this systematic review was to consider empirical studies regarding the spirituality and religious experiences of LGBT+ youth regarding the expression of their sexuality and their mental health needs. Following data analysis, three main themes emerged. These were (i) attitudes and beliefs; (ii) individual sexuality experiences and (iii) spirituality as coping and support.

Attitudes and beliefs [discrimination, gender differences and shame]

Adolescence is a crucial time in the formation and development of a person's sexual and religious/spiritual identity. It is often a period of experimentation and of testing one's own beliefs and ideas and engaging in critical reflection on life's possibilities and future directions. The situations where these experiences may be carried out can present challenges, particularly in perceived heterosexist environments. Some of the studies included in the review identified schools as potentially discriminatory and stressful environments where homophobia, biphobia and transphobia often exists (Eick et al. 2016, Gattis et al. 2014). Victimization experiences, including bullying, shaming and violence, can lead to poor academic performance, motivation and attendance. The challenges faced by LGBT+ youth can also lead to higher rates of anxiety, depression, suicidality, substance use and prostitution than in the heterosexual population (Gattis et al. 2014).

In one study, addressing prejudice and stereotyping towards homosexual students in Israeli schools using contact interventions (Allport 1954), there were improvements in student emotional, cognitive and behavioral attitudes (Eick et al. 2016). This study by Eick was a mixed student population of straight and LGB youth and the improvements concerned this whole sample. Studies that examined the relationship between religion, mental health and internalized homophobia in LGBT+ youth found that belonging to a religious denomination that was gay affirming can act as a protective factor for discrimination and depression. Conversely, where homonegativity prevails, in the form of discrimination, stigma and persecution, there can be a disintegration/dissonance between religiosity and sexuality. Tensions can often exist creating feelings of incompatibility, imbalance and doubt. Individuals may feel alienated, isolated and marginalized through the discrimination displayed by some religious organizations (Gattis et al. 2014, Quinn et al. 2016). Further conflict can exist between religion, spirituality and sexual identity (e.g. 'reparative therapy'). As a result, LGBT+ youths can be wary of 'organized' or established religious groups (Gattis et al. 2014). In the Black Church, where the dominant position was non-LGBT+ affirming, LGBT+ people tended to be 'closeted' and sexually secretive to cope with the challenges of homonegativity. However, due to social, political and family centrality, Black LGBT+ members often remained active in the church. Religion and spirituality remained prominent in young Black men's lives despite heteronormativity. Some study respondents thought that challenging the negative views of clergy towards LGBT+ congregation members was futile. Although some commentators agree that stigma reduction strategies can reduce internalized homophobia, increase self-esteem and reduce depression and isolation in LGBT+ youth, many felt let down and had to eventually leave faith communities (Gattis et al. 2014, Quinn et al. 2016).

Individual spirituality experiences [conflict, oppression, identity formation]

A conflict was found to exist between sexual and spiritual identity and religious teachings about LGBT+ concerns. This tension appeared to lead to the LGBT+ community becoming increasingly marginalized from many faith based communities. Approximately 90% of more than a dozen nationally representative survey respondents described present day Christianity as anti-homosexual (Barnes and Meyer 2012). Perhaps as a reaction to this, or as a means of coping, many youth who identify as LGBT+ have dissociated from non-affirming religious institutions. The conflict between religion and sexuality is strongly associated with internalized homo-negativity and poor mental health (Lauricella et al. 2017). Early on in a person's sexual development, LGBT+ youth are often not able to clarify their sexual orientation, may have little or no contact with the LGBT+ community and often get involved in religious activities as a way of suppressing their own desires (Lauricella 2017). Later in their development, some of these individuals may still hold on to feelings of shame concerning their sexual identity and try to eliminate their urges through prayer and other means. Some people however may go on to find a more accepting spiritual community or find other ways of reconciling their sexuality with their childhood religion (Lauricella 2017).

Oppression is a social construct that creates the closet in which LGBT+ people reside either partially or fully (Rhodes 1994). It is recognised as the place between self-identifying as gay and disclosing one's sexual orientation to others. In a web based survey of 47 respondents, Gold and Stewart (2011) explored how LGB undergraduate students negotiated and defined their spiritual identities during this coming-out process. When attempting to navigate their burgeoning sexual identity with that of their spiritual

identity, students spoke of experiences of irreconciliation, progressive development, arrested development, completed development and reconciliation. The authors considered that it was through these processes, that the individuals were able to begin to negotiate and in turn construct their own new internal identities (Gold and Stewart, 2011).

Spirituality as coping and support

Spirituality has been described as acceptance and 'loving kindness.' It can involve personal relationships with a powerful essence, a strong connection to nature and a respect for all forms of life. It has to do with love, understanding and compassion. There may be a closeness to a higher being or 'god' (Gold and Stewart 2011). Although there is the beginnings of a sea change in the psychology of religion, with an increased acknowledgement of the religious and spiritual lives of people who identify as LGBT+, there still persists a need for more evidence-based research for young people coming to terms with their sexuality and exploring their religious beliefs (Ream and Rodriguez 2014). The anti-homosexual stance previously held by organised religious groups however may be changing, since a 2011 survey found that 58% of respondents believed that society should accept homosexuality (Pew Research Center 2011).

Hatzenbaur et al. (2012), exploring religion and health risk behaviours, identified that religious climate amongst youth who identify as LGB was a predictor in excessive alcohol use and risky sexual behaviour. The study demonstrated that LGB youths living in countries with more supportive religious climates showed fewer health risk behaviours, meaning religion can also be protective factor for LGB youths. The authors

highlighted the need to develop prevention intervention programmes for LGB youth living in high-risk environments, in particular, youth living in unsupportive religious climates. Similarly Jeffries et al. (2014) advocated the need to consider factors involving religion, spirituality in young HIV-infected men as a way to help tailor appropriate interventions for this population and help enhance faith-based practice developments.

In another study investigating individual resilience experiences, Kubicek et al (2009) explored the role of religion and spirituality in the lives of a sample of young gay men and looked specifically at how homophobic messages taken from religious contexts were internalised by this group. This unique mixed methods study looked at how these young men attempted to resolve the conflict between these messages and their sexual identity and discovered how they had made a number of important conscious choices about their lives, including religious and spiritual beliefs in an effort to solidify their identity. The study describes their experiences and processes in identifying the positive and nurturing aspects of religion such as feeling a sense of acceptance and support from a higher power. The group at times had to reframe or simply reject the negative messages they had heard whilst growing up which had the effect of incorporating a stronger sense of spirituality into their lives. It is important to note that for the participants of this study, they relied on the belief that sexual orientation as an innate and unchangeable aspect of their selves.

Discussion

The development of a LGBT+ sexual identity is a complex and often difficult process. This review has demonstrated both the positive and negative experiences of LGBT+ youth in relation to faith-based or spiritual upbringing. Important issues have been

raised and will now be discussed further through the implications for practice, education and future research.

Implications for practice

The *World Psychiatric Association* proposes that full consideration should be given to spirituality in holistic assessments, that is, the biopsychosocial, cultural and spiritual elements (Moreira-Almeida 2016). Despite this, there is no evidence of formal training about spiritual elements in the education and training of mental health practitioners (Castaldelli-Maia and Bhugra 2014, Schuck and Liddle 2001), or any formalised, recognised way of going about this. The underlying principles should be person-centred approaches to care, supports and treatment including respect, sensitivity and curiosity for spirituality experiences. Practitioners should be able to demonstrate awareness, respect and sensitivity to peoples' spiritual experiences and beliefs. Furthermore, clinicians should be aware of the potential benefits and the harm of religious, spiritual and secular world views. Also, there need to be more collaborative work with faith leaders to support LGBT+ youth and families (Moreira-Almeida et al. 2016, Rodriguez 2010). Given that spirituality and religion can be sensitive issues, there needs to be training and education to underpin any such practice (Lease et al. 2005).

Implications for education

Schools are important places to address discrimination, prejudice and victimization. The review has revealed that through positive and supportive environments, where negative attitudes and beliefs were challenged, knowledge, beliefs and attitudes improved (Eick et al. 2016). Non-LGBT+ affirming religions have been associated with greater internalized homonegativity (Barnes 2012), emotional distress (Wilkinson and Pearson 2009), and poorer self-esteem (Ream and Savin-Williams 2005). There is also a strong association between religion, mental health and minority stress (Newcomb and

Mustanski 2010). There is a need for more evidence-based research into young people coming to terms with their sexuality and exploring their religious beliefs (Ream and Rodriguez 2014), and greater exploration of potential for tolerance and acceptance among religious communities (Park et al 2016). There needs to be a recognition and development of multicultural competencies. Educational and training initiatives should contain sexuality and spirituality components for holistic practitioners (McCann and Brown 2018). Raising awareness and increasing knowledge of the ways that social identities can influence students' searches for meaning and purpose in their lives. Reflection and increased dialogue around acceptance and tolerance should be supported and encouraged (Park et al 2016). There should be appropriate spaces in campus for exercising spiritual activities such as meditation, prayer and reflection.

Implications for future research

While empirical research has identified significant links between spirituality, religion and health, there needs to be more LGBT+ specific research establishing needs and evaluating potential interventions (Hill and Pargament 2003, Castaldelli-Maia and Bhugra 2014, Yip 2008), and also the potential pitfalls related to youths' experiences of religion and spirituality and how this might have a negative influence. Some of the emerging issues that require further investigation are the prevalence of depression and substance use among LGBT+, and the relationship of spirituality and religion to the manifestation of these issues. Spiritual understandings and experiences also need to be taken into account during diagnosis, so that accurate account of spiritual and religious views, or effects from these are clearly articulated and understood, rather than being categorised as a constituent element of mental disorder. Spiritual distress for example, which manifests in a feeling of a lack of meaning in life, could be mistaken for depression. Spiritual distress has been classified as a nursing diagnosis in NANDA

International (NANDA-I) since 1978. It is defined as a “state of suffering related to the impaired ability to experience meaning in life through connectedness with self, others, world or a Superior Being ” (Herdman et al 2014: 372). More needs to be known about suggested interventions and treatments that may have a spiritual element such as self-help groups; religious communities; talking therapies; mindfulness; tai chi, etc. Overall more needs to know about the potential of addressing and supporting LGBT+ youths’ spiritual needs and its effect on their overall outcome (recovery and staying well if they are diagnosed with mental health issues) and also prevention of mental health issues. If there is potential for spiritual interventions to improve quality of life and well-being, then more needs to be done to explore this possibility in this cohort. At the moment very little is known about the psychosocial experiences of LGBT+ people with regard to spirituality.

Strengths and limitations

More religious needed

Conclusion

Practitioners need to be aware of and sensitive to individual religious and spirituality issues. Negative experiences of religious institutions may affect self-perceptions and a willingness to engage in healthy behaviors. Religious and spiritual activities may help with negative coping behaviours such as drug use, risky sex and prostitution. Spiritual coping may promote better mental health and increase self-esteem. It may support healthy living and help motivate people to make positive changes in their lives. Support for marginalized groups should be a pivotal point for all churches and religious institutions that are open, non-judgemental and accepting of all, and given the potential (positive or negative)

influence of spirituality on the LGBT+ youth, particularly in relation to their mental health (Kralovec et al., 2014), it is important that health researchers lead the way in promoting this support and providing a distinct evidence base to support it.

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Figure 1: PRISMA flowchart of search strategy and outcome

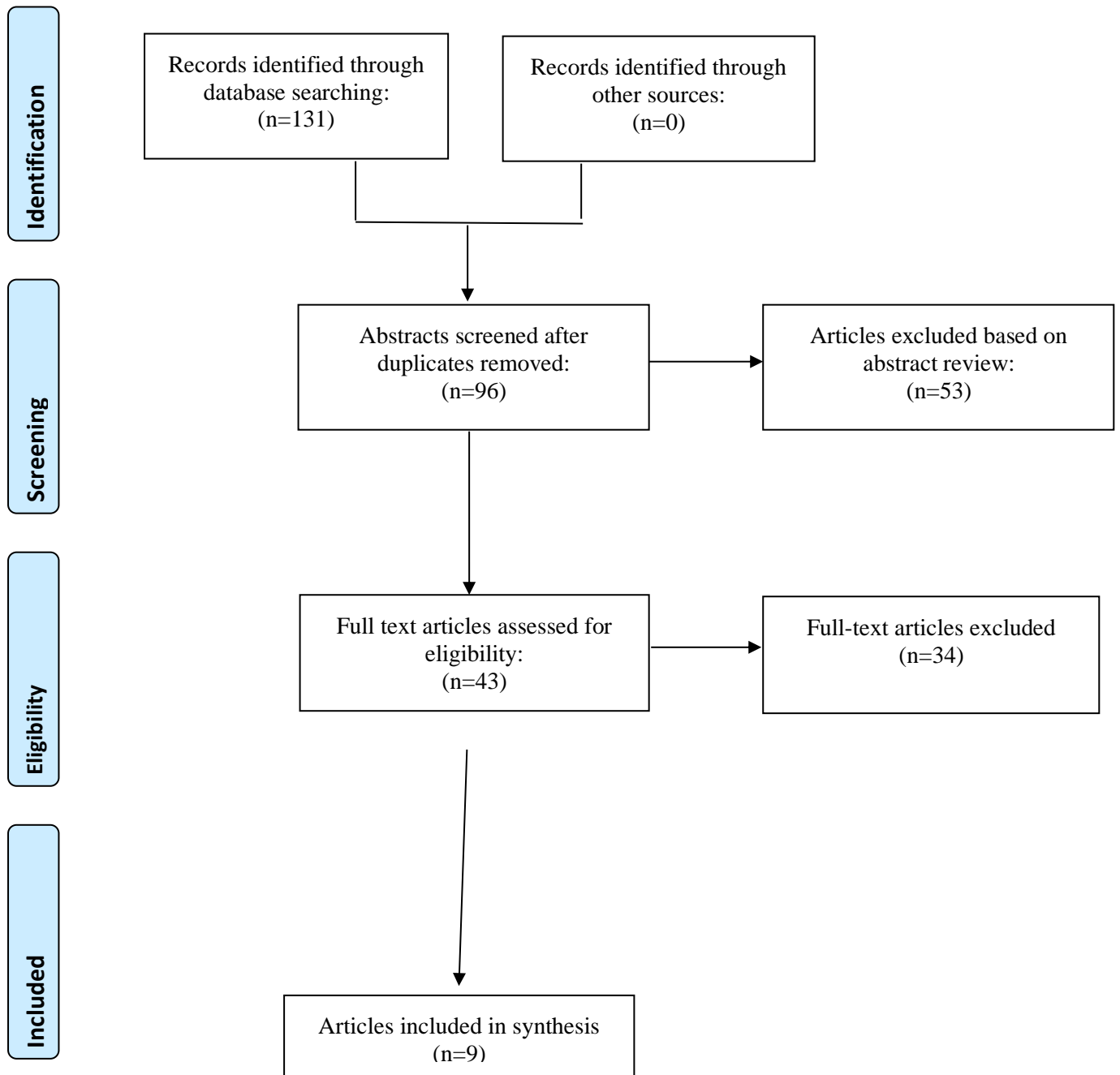


Table 1: CINAHL search strategy used

Search code	Query
S1	Spiritual*
S2	Relig* OR sacred OR transcendent
S3	GLBT
S4	Gay
S5	Lesbian
S6	Bisex*
S7	Trans*
S8	Intersex
S9	Queer
S10	Mental health OR psychosocial OR well-being OR self-esteem
S11	Homonegativity
S12	S1 OR S2
S13	S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9
S14	S10 OR S11
S15	S12 AND S13 AND S14
	Limiters: English, academic papers, years 2008-2018

Table 2: Quality assessment scores (n=9)

	Eick et al. (2016)	Gattis et al. (2014)	Gold & Stewart (2011)	Hatzenbuehler & Pachankis (2012)	Jeffries et al. (2014)	Kubicek et al. (2009)	Laricella et al. (2017)	Nielson (2017)	Quinn et al. (2016)
1. Clear statement of aims	2	1	1	1	1	1	1	0	2
2. Appropriate methodology	2	2	1	2	2	1	2	1	2
3. Appropriate research design	2	2	1	2	2	2	2	1	2
4. Appropriate recruitment strategy	2	2	2	2	1	2	2	1	2
5. Appropriate data collection methods	2	2	2	2	2	2	2	2	2
6. Research relationships considered	0	0	1	0	0	0	0	2	0
7. Consider ethical issues	0	2	2	0	1	2	2	0	2
8. Rigorous analysis	2	2	1	1	2	2	2	1	2
9. Clear findings	2	2	2	1	2	2	1	2	2
10. Value of the research	2	2	2	1	2	2	1	1	2
Total scores out of 20	16	17	15	12	15	16	15	11	18

Table 3: Papers included in the review (n=9)					
Citation and country	Aim	Sample	Methods	Key findings	CASP scores
Eick et al. (2016) Israel	Examine school students' attitudes to homosexuality in Israel	Male and female students (n=272) in 3 high schools	Questionnaires: Attitudes Toward Homosexuality (ATH) (Kite and Deux (1986)	Improvements in emotional, cognitive and behavioral attitudes. Men were more accepting than women. Religiosity and locale affected attitudes	16
Gattis et al. (2014) USA	Investigate gay-affirming religious affiliation as a protective factor for depression among sexual minority youth	Sexual minority youth (n=393) and heterosexual youth (n=1727)	Survey	Religions not supporting same-sex marriage had harmful discrimination effect on minority youth	17
Gold & Stewart (2011) USA	Explore LGB students coming out experiences and spirituality	LGB Students (n=47)	Online questionnaires: The Outness Inventory (Mohr & Fassinger, 2000)	Students recognized spirituality as acceptance, relationships with a powerful essence and connections to nature. Different experiences of sexuality and spirituality are presented	15
Hatzenbuehler & Pachankis (2012) USA	Examine health-risk behaviours and religious climate in sexual minority youth	LGB students (n=1413) from non-LGB students (n=31,852)	Surveys from the Oregon Health Teens Study	LGB youths living in climate supportive of their sexuality had fewer alcohol related issues and fewer sexual partners.	12
Jeffries et al (2014) USA	Explore religion and spirituality among HIV-infected gay and bisexual men	Gay men surveyed (n=44) and interviewed (n=28)	Surveys and individual interviews	66% attended church. 16% could disclose sexuality. 37% thought homosexuality as sinful. Many discussed negative experiences in religious settings. Some used prayer as a coping strategy.	15
Kubicek et al. (2009) USA	Explore religiosity, homophobia and resilience among young men who have sex with men (YMSM)	YMSM (n=526) Aged 18-24 years	Questionnaires and interviews	Religious messages were internalized. Conflict often occurs between religious messages and sexual identity.	17
Laricella et al. (2017) USA	Assess sexual stigma and religious coping in youth with same sex attraction	People with same sex attraction (PSSA) (n=260). Average age 20.68 years (SD =2.07)	Measures: 1. Religious 2. Psychological adjustment 3. Sexual identity development	Most rarely used religious coping to deal with sexual stigma. Positive religious coping (connecting with God) had better outcomes. Negative religious coping (issues with spiritual community) related to poorer adjustment to sexual stigma.	15
Nielson (2017) USA	Explore what happens when a Mormon child comes out as gay	Mormon parents as case (n=1)	Case study	The findings suggest, despite the Church's stand on same-sex love and marriage, it is possible to provide love and support to their gay child.	11
Quinn et al. (2016) USA	Explore homonegativity in the Black Church towards young black men who have sex with men (MSM)	Pastors (n=21) Black MSM (n=30)	Semi-structured interviews	Despite homonegativity religion and spirituality remains important to the young Black MSM who continue to attend non-affirming churches. Participants hide their sexuality to avoid shame	18

