Psychological well-being among religious and spiritual-identified young gay and bisexual men

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Abstract

Religiosity and spirituality are often integral facets of human development. Young gay and bisexual men (YGBM), however, may find themselves at odds when attempting to reconcile potentially conflicting identities like religion and their sexual orientation. We sought to explore how different components of religiosity (participation, commitment, spiritual coping) are linked to different markers of psychological well-being (life purpose, self-esteem, and internalized homophobia). Using data collected in Metro Detroit ($N = 351$ ages 18–29 years; 47% African American, 29% Non-Latino White, 8% Latino, 16% Other Race), we examined how components of religiosity/spirituality were associated with psychological well-being among religious/spiritual-identified participants. An overwhelming majority (79.5%) identified as religious/spiritual, with most YGBM (91.0%) reporting spirituality as a coping source. Over three quarters of our religious/spiritual sample (77.7%) reported attending a religious service in the past year. Religious participation and commitment were negatively associated with psychological well-being. Conversely, spiritual coping was positively associated with YGBM's psychological well-being. Programs assisting YGBM navigate multiple/conflicting identities through sexuality-affirming resources may aid improve of their psychological well-being. We discuss the public health potential of increasing sensitivity to the religious/spiritual needs of YGBM across social service organizations.

Keywords

Mental health; sexual minority; religiosity; emerging adulthood

Psychological well-being is often defined as a multidimensional state based on positive psychological functioning and measured by constructs including self-acceptance (i.e., positive evaluations of oneself), purpose in life, and self-worth (i.e., self-esteem; Ryff & Keyes, 1995). Each of these constructs has been linked to positive mental and physical health outcomes in prior studies (Thoits, 2013). For many, religiosity (i.e., the extrinsic, behavioral dimension of religion) and spirituality (i.e., the intrinsic, functional dimension of religion) have been recognized as key facets of the human experience (Marler & Hadaway,

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2002), with a large body of literature highlighting their importance to individuals' psychological well-being, as well as their physical, mental and social well-being across the lifecourse (Krause, 2003; Park, 2007; Powell, Shahabi & Thoresen, 2003). In our study, we focus on the role of religiosity and spirituality in the psychological well-being of young gay and bisexual men (YGBM). However, given the increased attention on sexual minorities' mental health disparities and the need to develop ecological interventions across the life course for this population (IOM 2011), we recognize the different facets of religiosity and spirituality (Hall, Meador & Koenig, 2008; Marler & Hadaway, 2002) and seek to examine how distinct components (i.e., religious participation, religious commitment, spiritual coping) are associated with psychological well-being domains (i.e., self-esteem, purpose in life, and low internalized homophobia) among YGBM.

Social Identity Theory posits that identification with certain groups such as religious institutions affords in-group membership with social benefits that promote mental and physical health (Tajfel & Turner, 1979). Scholars have previously shown how religious affiliation has influenced health behavior in the general population by reducing risk behaviors such as smoking (Soweid, Khawaja, & Salem 2004; Sinha, Cnaan, & Gilles 2007; Ysseldyk, Matheson, and Anisman 2010). Ysseldyk, Matheson, and Anisman (2010), for example, noted that individuals who highly identify with religious groups utilize this affiliation as a central aspect in developing self-concept, bonding to others with the same affiliation, and gaining self-esteem. Specifically, aligning oneself with the beliefs and values of a larger entity enhances self-concept by satisfying a need for belonging (Ysseldyk, Matheson, & Anisman 2010).

Although researchers have noted that religious/spiritual adolescents and young adults largely maintain their beliefs as an integral part of the developmental transition into adulthood (Arnett, 2000; Ream & Rodriguez, 2014), researchers examining the role of religiosity/ spirituality among sexual minorities have observed incompatibilities between sexuality and religious and spiritual affiliations (Crawford, Allison, Zamboni & Soto, 2002; Dahl & Galliher, 2009; Kubicek, McDavitt, Weiss, Iverson, & Kipke, 2009; Page, Lindahl, & Malik, 2013; Rodriguez, 2010; Sullivan & Wodarski, 2002). These incompatibilities may evoke a fear of social isolation, instilling potential threats to individuals' connections to that group as well as access to social support (Mann, 2013). This conflict may also lead sexual minorities to incorporate society's homophobic and heterosexist attitudes into their evaluation of self (Feinstein, Davila, & Yoneda 2011; Sullivan & Wodarski, 2002). Ream and Savin-Williams (2005), for example, observed that participants affiliated with religious organizations had greater difficulty accepting their sexuality due to internalized homophobia. Consequently, overcoming these perceived and experienced socio-environmental prejudices is an important part of maintaining psychological well-being (Feinstein, Davila, & Yoneda 2011). Furthermore, because psychological distress is a correlate of engaging in health risk behaviors among sexual minority youth and young adults, it is vital to examine the contribution of religious and spiritual beliefs to YGBM's psychological well-being. We therefore examine how religious/spiritual experiences are associated with constructs that are salient to young sexual minority men's psychological well-being, both among all participants and specifically among religious and/or spiritual-identified YGBM.

In a recent review, Rodriguez (2010) noted that most of the psychological literature has propagated the assumption that YGBM, at some point in their developmental process, experience conflict between religious beliefs and sexual orientation. YGBM may in fact attempt to integrate their religious and sexual identities through reconciliation, compartmentalization, rejection, or adoption of new religious belief systems (Gold & Stewart, 2011; Rodriguez, 2010; Rodriguez & Ouelette, 2000). Most studies ascertaining the reconciliation of these experiences among YGBM have been largely qualitative in design (Gold & Stewart, 2011; Kubicek et al., 2009; Rodriguez & Ouelette, 2000) and emphasized the process through which YGBM make sense of their religious and sexual identities, placing less attention to how these processes may predict health. In these qualitative studies, researchers have underscored the importance of acknowledging that personal growth may arise when sexual minorities successfully reconcile the tensions between religion and sexuality (Rodriguez & Vaughan, 2013; Kubicek et al., 2009). However, most quantitative studies examining YGBM's religious experiences have focused on psychological distress (e.g., depression symptoms) and sexual risk behavior outcomes (Barnes & Meyer, 2012; Hatzenbuehler, Pachankis, & Woff, 2012; Kubicek, 2009). Therefore, we employ a positive psychology perspective and examine the relationship between religiosity/spirituality and three psychological well-being domains: self-esteem, low internalized homophobia, and life purpose.

When conceptualizing religiosity, researchers have measured participation with religious institutions as a proxy for exposure to non-affirming messages regarding their sexuality – in part because most studies have focused on YGBM attending politically conservative Christian churches (Barnes & Meyer 2012; Hatzenbuehler, Pachankis, & Wolff 2012; Kubicek et al. 2009). The extent to which sexual minorities hold and value their religious beliefs has been argued to be molded by one's engagement with religion (Sullivan & Wodarski 2002). High attendance at religious events within non-affirming institutions is often hypothesized to catalyze and reinforce internalizations of negative same-sex sexuality teachings, values, and beliefs (Buchanan, Dzelme, Harris, & Hecker, 2001). However, the reliance on religious participation as a sole indicator assumes that there is no heterogeneity regarding tolerance towards same-sex sexualities within the Christian tradition or across non-Christian religious doctrines. Furthermore, while religious/spiritual YGBM may attend religious services in faith-based institutions, they may also disagree or reject certain aspects of these institutions. Consequently, although religious participation is a useful measure, it may be insufficient to understand the role of religiosity and spirituality in the lives of YGBM.

Idler and colleagues (2003) note that there are social (e.g., internalization of beliefs) and psychological (e.g., salience of a spiritual identity; spiritual coping) ways in which an individual engages with one's religious and spiritual beliefs that are not captured by behavioral indicators such as religious participation. For example, psychological commitment to one's religious/spiritual identity has been expressed as purposeful in maintaining social relationships (Seul, 1999), and creates opportunities for social and moral platforms to be developed and expressed. Prior research has noted that sexual minorities may consider their religious identity as an essential component of their self (Bozard, Jr. & Sanders, 2011; Rodriguez & Follins, 2012); therefore, understanding how the degree of

religious/spiritual commitment is associated with psychological well-being, above and beyond their religious participation is warranted. Similarly, reliance on faith may provide resources for dealing with stressful events, bringing individuals to accept situations that cannot be altered such as serious illness or family deaths, and aid in helping individuals cope (Idler et al., 2003). Consequently, sexual minorities may engage in spiritual coping even if they experience tensions with particular faith-based traditions (Bozard, Jr. & Sanders, 2011). This is particularly noteworthy because inner strength has been suggested as a resource that promotes well-being and healing (Lundman et al., 2009). To our knowledge, however, no research has explored whether YGBM tap into spirituality as a source for inner strength and how this process might be associated with their psychological well-being.

Goals, Objectives, & Hypotheses

To date, most of the literature examining the relationship between religiosity and the self among sexual minority populations has often focused on a religiosity as a single construct (e.g., religious participation or religious commitment), and often measured as an overall construct (e.g., religiosity) when examining its associations and influences on health outcomes (Cotton, Zebracki, Rosenthal, Tsevat, & Drotar, 2006). Ascertaining health outcomes through such broad measures is problematic as specific areas for recommendations and intervention development are hindered and become inconclusive at best. Prior studies with adolescents have also largely focused on assessing behavioral characteristics (e.g., religious participation) rather than functional factors (e.g., spiritual), even though these domains may play unique roles in health promotion (Cotton, Zebracki, Rosenthal, Tsevat, & Drotar, 2006; Vaughan & Rodriguez, 2014). Therefore, encapsulating one's religious experience without examining the behavioral and functional domains simultaneously may be a disservice to our understanding of religiosity/spirituality in the lives of YGBM and the potential to develop religious and spiritual interventions for this population. Therefore, building on Cotton et al.'s (2006) recommendation, we examined how salient religiosity/spirituality components (religious participation, religious/spiritual commitment, and spiritual coping) are associated with psychological well-being.

Our study had two main objectives. First, we sought to examine how psychological well-being-related constructs manifest among religious/spiritual-affiliated versus unaffiliated YGBM. Using the rationale that many religious/spiritual institutions continue to hold conservative and/or hostile attitudes toward same-sex behaviors, we hypothesized that non-religiously/spiritually affiliated YGBM would report higher purpose in life and self-esteem, and lower internalized homophobia compared to those who maintained an affiliation. Second, we explored the facets of participants' religiosity/spirituality and how they were associated with psychological well-being among religious/spiritually-identified participants. This approach allowed us to underscore the importance of deconstructing how religious and spiritual components may be associated differentially in the lives of YGBM. We expected that high participation in a religious institution and high commitment to one's religious/ spiritual beliefs would have detrimental associations to psychological well-being variables, whereas a high value of holding spirituality as a source of strength would counteract against hostile/homophobic experiences within religious contexts. Based on our findings, we discuss how social service organizations and sexuality-affirming religious institutions may serve in a

capacity that promotes positive health behavior and health outcomes among religious and spiritual-identified YGBM.

METHODS

Data for this paper come from a cross-sectional observational study examining the structural and psychosocial vulnerabilities experienced by sexual minority young men in the Detroit Metro Area. To be eligible for participation, recruits had to be between the ages of 18 and 29; identify as male or transgender; report currently residing in the Detroit Metropolitan Area (as verified by zip code and IP address), and report ever having had sex with men.

Participants were recruited online and in-person. On the Internet, advertisements were posted on Black Gay Chat Live (BGC Live) and Facebook. In-person recruitment occurred across gay bars, clubs, and community events frequented by the target population, as well as by staff from community partner agencies, clinics, and other agencies in the DMA working with YGBM (i.e., LGBT organizations, AIDS Service Organizations, and community and university health clinics). Advertisements displayed brief information about the survey, a mention of a $30 VISA e-gift card incentive upon completion, and the survey's website.

We recorded a total of 1,183 entries between May and September 2012. We used best practices to identify duplicates and falsified entries (N = 341; 28.8% of all recorded entries) by manually examining participants' online presence, email and IP addresses, operating system and browser information, irregular answer patterns, and time taken to complete survey (Bauermeister et al., 2012). Of the remaining 842 recorded screeners, we found 381 entries were ineligible to participate in our survey based on study criteria. For this analysis, we concluded with an analytic sample of $N = 397$ sexual minority cis-gender youth.

Procedures

We developed our web-survey using best practices (Couper, 2008), including various iterations of pilot testing prior to data collection. Study data were protected with a 128-bit SSL encryption and kept within our university's firewalled server. Upon entering the study site, participants were asked to enter a valid and private email address, which served as their username. This allowed participants to save their answers and, if unable to complete the questionnaire in one sitting, continue the questionnaire at a later time. Upon completing an eligibility screener, eligible youth were presented with a detailed consent form that explained the purpose of the study and their rights as participants, and were asked to acknowledge that they read and understood each section of the consent form.

Consented participants then answered a 45–60 minute questionnaire that covered assessments regarding their socio-demographic characteristics, HIV status, individual-level characteristics (i.e. sexual and substance use behaviors), perceptions and experiences with community (e.g. social networks, neighborhood, stigma, participation in minority communities), general mood over the last few months, and their hopes and dreams. Participants were compensated via e-mail upon completion of the questionnaire. We acquired a Certificate of Confidentiality to protect study data. Our Institutional Review Board approved all study procedures.

For those questionnaires that were incomplete, participants were sent two reminder emails that encouraged them to complete the questionnaire; one email was sent a week after they had started the questionnaire and another was sent a week before the questionnaire was scheduled to close.

Measures

Descriptive statistics for our variables of interest are included in Table 1 of this report.

Religious Commitment—Participants were asked two similarly worded items: "To what extent do you consider yourself a spiritual person" and "To what extent do you consider yourself a religious person?" Both items were assessed on a 4-point Likert scale (1=Not at all; 4 =Very). We created a sum score using these two items (Cronbach's α = .80). Higher scores indicate greater salience of a religious/spiritual identity.

Religious Participation—Religious participation was measured by asking, "In the past year, how often have you attended religious services?" and used a 7-point ordinal response scale (1 = Never; 2 = Once or Twice; 3 = Several Times; 4 = Once a Month; 5 = 2 to 3 Times a Month; 6 – Every Week; 7 = Several Times a Week).

Religious Coping—Participants were offered two items ascertaining the extent to which their spiritual beliefs serve as a source of inner strength: "My spiritual beliefs help me to get through hard times," and "My spiritual beliefs are a source of strength." Items were offered with a 4-level True/False scale (1 = False; 2 = Somewhat False; 3 = Somewhat True; 4 = True) and aggregated into a mean score (Cronbach's α = .93). Higher scores indicate greater reliance on spirituality as a source of strength.

Self-Esteem—We used Rosenberg's (1965) 10-item self-esteem scale. Participants answered these 10 statements assessing positive and negative feelings about the self (e.g. "I have a positive attitude toward myself" and "I wish I could have more respect for myself."). Once negatively worded items were reverse coded, we created a mean composite score (Cronbach's α = .87), with higher scores indicating greater self-esteem.

Life Purpose—Six items examining participants' understanding of self-purpose and meaning were assessed from an adapted version of Steger and colleagues' (2006) Meaning in Life Scale. Participants answered items including, "I understand my life's meaning" and "I have a purpose in my life that says a lot about who I am." using a 4-point Likert scale (1 = Strongly Disagree; 4 = Strongly Agree). We created a mean composite score (Cronbach's α = .88), where greater scores indicated greater purpose in life.

Internalized Homophobia—We used Herek's (1995) adapted *Ego-Dystonic Homosexuality scale* (9 items) to measure participants' internalized homophobia on a 4-point scale (1 = Strongly Disagree; 4 = Strongly Agree). Given participants' diverse sexual orientations, we programmed the web-survey to embed their sexual orientation onto those statements where a sexual identity was listed (e.g., "I wish I weren't [gay/bisexual/etc.]") We then created a mean score for internalized homophobia (Cronbach's α = .92), with greater scores indicating more negative feelings towards their same-sex attractions.

Local Community Stigma—Acknowledging that social environments could influence participants' psychological well-being and confound some of our results, we decided to include an index of community stigma as a covariate in our analyses. Using Herek's (1995) Perceptions of Local Stigma scale, we asked participants to answer 7 items on 4-point scale (1 = Strongly Disagree; 4 = Strongly Agree). Items in the positive direction (e.g. "Most people in the Detroit Metropolitan Area think men who have sex with men are just as trustworthy as the average heterosexual citizen.") were recoded to align with items ascertaining negative attitudes toward the MSM community (e.g. "Most people in the Detroit Metro Area feel that a man having sex with a man is a sign of personal failure.") Our mean local community stigma scale yielded high reliability (Cronbach's α = .82), with greater scores indicating greater perceptions of sexuality-related stigma.

Demographic Characteristics—Participants were asked to report their age (in years) and highest level of educational attainment (1 = Less than HS/GED, 2 = HS/GED, 3 = Technical School/Associate's Degree, 4 = Some College, 5 = College or More). We measured race/ethnicity using the following categories: Black/African American, White/Caucasian, Hispanic/Latino, American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, and Other Race. Given the limited number of observations, American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, and Other Race participants were collapsed into one "Other Race/Ethnicity" category. Sexual identities were offered using the following categories: Gay/Homosexual, Bisexual, Straight/Heterosexual, Same Gender Loving, MSM, or Other. Like race/ethnicity, sexual identity was collapsed into a 3-level comparison (0 = Gay, 1 = Bisexual, and 2 = Other Sexual Identity). In our multivariate analyses, White gay participants served as our referent groups.

Data Analytic Strategy

To address our first objective, we separated participants into religious categories, namely participants who identified as having no religiosity/spirituality and participants reporting any religiosity/spirituality. We used bivariate (t-tests, chi-square) tests to examine differences between these two groups and socio-demographic characteristics, local community stigma, religious participation, and psychological well-being outcomes. Participants who did not identify as religious/spiritual were not offered items on spiritual coping or denomination. Our second aim was to further understand the experiences of religious/spiritual participants through multivariate regression analyses. These models allowed us to examine the facets of participants' religiosity/spirituality (participation, commitment, and coping) that are associated with their psychological well-being. White gay participants served as the referent groups in multivariate analyses.

RESULTS

Study Sample

Over three-quarters of our total sample (N = 279; 79.5%) identified as religious and/or spiritual. Among the religious/spiritual sample, over three quarters (N = 215; 77.1%) reported attending a religious service in the past year and an overwhelming majority (N = 254; 91.0%) expressed spirituality as a source of strength to varying degrees. Comparing

participants who identified as religious/spiritual versus those who did not (See Table 1), our Black sample reported a significantly higher percentage of religiosity/spirituality compared to their racial/ethnic counterparts. Additionally, religious/spiritual participants ($m = 1.65$, $sd = .66$, $p < .01$) exhibited higher mean scores for internalized homophobia than non-religious/spiritual participants ($m = 1.43$, $sd = .57$).

As shown in Table 1, among religious/spiritual-identified SMY, *Other Race* participants reported the lowest percentage of religious/spiritual commitment ($n = 36$, 64.3%) of religiosity/spirituality compared to Black participants ($n = 140$, 85.4%) and Latino participants ($n = 24$, 82.8%, $X^2_{(3, 348)} = 11.86$, $p < .01$). As expected, religious participation was observed to be higher among participants who reported any religiosity/spirituality ($m = 2.81$, $sd = 1.65$) compared to those who reported no religiosity/spirituality ($m = 1.32$, $sd = 1.02$, $p < .001$). No significant between group differences were observed by sexual identity, age, educational attainment, local community stigma, life purpose, and self-esteem. Bivariate correlations between the religious/spirituality indicators and psychological well-being variables are included in Table 2.

Multivariate Model

Purpose in Life—In our multivariate regression model ($F_{(11, 267)} = 4.81$, $p < .001$), purpose in life was negatively associated with Latino identity (b = −.29, se = .14; β = −.13, $p < .05$) religious participation (b = −.07, se = .03; β = −.18, $p < .05$) and with local community stigma (b = −.17, se = .06; β = −.16, $p < .01$), respectively. Spiritual coping had a positive association (b = .13, se = .02; β = .38, $p < .001$) with purpose. We found no association between purpose in life and religious/spiritual commitment, sexual identity, age or education (see Table 3).

Self-Esteem—In our multivariate regression model ($F_{(11, 267)} = 3.59$, $p < .001$), self-esteem was negatively associated with Latino (b = −.46, se = .13; β = −.23, $p < .001$) and Other Race identities (b = −.27, se = .11; β = −.16, $p < .05$), local community stigma (b = −.12, se = .06; β = −.12, $p < .05$), and religious commitment (b = −.06, se = .03; β = −.16, $p < .05$). On the other hand, educational attainment (b = .05, se = .02; β = .18, $p < .01$) and spiritual coping (b = .09, se = .02; β = .30, $p < .001$) were positively associated with self-esteem. We found no association between self-esteem and age, sexual identity, and religious participation (see Table 3).

Internalized Homophobia—In our multivariate regression model ($F_{(11, 267)} = 5.47$, $p < .001$), we found positive relationships between internalized homophobia and religious participation (b = .06, se = .03; β = .15, $p < .05$), religious commitment (b = .07, se = .03; β = .18, $p < .05$), and community stigma (b = .14, se = .07; β = .13, $p < .05$). Bisexual participants also reported greater internalized homophobia than gay-identified counterparts (b = .51, se = .13; β = .23, $p < .001$). Furthermore, as compared to White counterparts, internalized homophobia was higher among Black (b = .24, se = .10; β = .18, $p < .05$) and Latino (b = .44, se = .15; β = .19, $p < .01$) participants. Associations between internalized homophobia and age and education level and spiritual coping were not observed (see Table 3).

DISCUSSION

Sexual minority youth, particularly young men who have sex with men continue to exhibit mental health disparities compared to their heterosexual counterparts (IOM 2011). In the United States, this disparity has been credited to a number of social and cultural contexts that complicate sexual minorities' ability to express themselves openly and without social adversity (Mohr & Fassinger, 2003). Our study supports recent findings on the role of religiosity and spirituality in the lives of young gay and bisexual men in the United States. A recent survey conducted by the Pew Research Center (2013) found that 40% of LGBT adults between the ages of 18 and 29 were affiliated to a religion. Furthermore, 52% and 51% of all gay and bisexual men surveyed, respectively, affiliated themselves with a religion. Our study underscores the variation in prevalence of religious-affiliation in the United States among this community with nearly 80% of our sample (from the Detroit Metropolitan Area) reporting a religious/spiritual commitment, further justifying the examination of their relationship to psychological well-being. Our findings also echo the Pew Research Center's findings regarding low attendance to services among gay and bisexual men (71% and 64%, respectively, reporting seldom or never attend).

In our analysis, we sought to examine the relationships between religion/spirituality and psychological well-being among YGBM living in the Detroit Metro Area. People find meaning in their social communities, yet their sense of purpose, value, and self-worth may be threatened when socially excluded (Stillman, Baumeister, Lambert, Crescioni, DeWall, & Finchman, 2009). We observed differences in well-being outcomes when participants who reported any religious/spiritual identity were compared to those who identified as non-religious/spiritual. Specifically, we noted that YGBM who noted being religious/spiritual reported higher internalized homonegativity scores than their non-religious counterparts. Though internalized homophobia has been observed to be a salient mental health issue among religious/spiritual YGBM (Harris, Cook & Kashubeck-West, 2008; Tozer & Hayes, 2004), to our knowledge, no other research has utilized a non-religious YGBM comparison group to identify this relationship. Furthermore, we observed no statistical differences between the two groups with respect to life purpose or self-esteem scores. Taken together, these findings bolster prior research suggesting that greater exposure to sexuality-related stigma within sociocultural contexts is detrimental to YGBM's perceptions of their sexual identity, particularly if these contexts promote social isolation/rejection due to a specific component of self (Mann, 2013), without affecting other evaluations of self (e.g., life purpose, self-esteem). If understood from a social identity theoretical framework (Tajfel & Turner, 1979), it is plausible that religious/spiritual identified YGBM may be more likely to be exposed to non-affirming messages regarding their sexuality which may in turn limit some of the social and spiritual benefits of in-group membership as a result of not conforming to the mores (e.g., sexual) of one's religious/spiritual institution. Thus, consistent with Bozard and Sanders' (2011) study, our findings support the notion that many religious/spiritual YGBM continue their engagement with non-affirming institutions and ideologies, despite conflicting salient identities. This continued engagement may, in turn, negatively affect YGBM's psychological well-being.

Acknowledging the challenges in operationalizing spirituality and religiosity in survey research (Hall, Meador, & Koenig, 2008; Marler & Hadaway, 2002), we argued that a unilateral examination of YGBM's experiences with their religion or spirituality might yield an inadequate or incomprehensive snapshot of how their experiences are related to different aspects of their psychological well-being. We contribute to the existing literature by underscoring how behavioral and functional facets of YGBM's religiosity and spirituality are connected to life purpose, self-esteem, and internalized homophobia (Cotton et al., 2006). This is in contrast to prior literature by which religious participation served as proxy for religious/spiritual experience (Buchanan, Dzelme, Harris, & Hecker, 2001). Interestingly, the multifaceted contribution of religion/spirituality in predicting YGBM's psychological well-being varied across each outcome (*life purpose*: religious participation and spiritual coping; *self-esteem*: religious/spiritual commitment and spiritual coping; *internalized homophobia*: religious participation and religious/spiritual commitment). Therefore, it is vital that researchers consider all of these domains concurrently when examining the well-being of religious/spiritual YGBM.

Greater religious participation and/or religious/spiritual commitment were negatively associated to our psychological well-being outcomes. In prior work, researchers have noted that increased participation may simultaneously instill a sense of social connectedness and provide a platform for castigating deviations from the religious institution's social norms (e.g., heteronormativity) (Katz, Joiner, & Kwon, 2002; Seul, 1999; Schuck & Liddle, 2001). Consistent with this perspective, we noted that religious participation was negatively associated with YGBM's purpose in life and greater feelings of homonegativity. After controlling for religious participation, we also found that religious commitment was associated with lower self-esteem and higher internalized homophobia. These findings may reflect how YGBM's commitment to maintaining an affiliation to a religious/spiritual institution or ideology may provide a sense of structure by which one lives, yet also create conflicts between two potentially inflexible, salient identities (Ream & Rodriguez, 2014).

Though religious commitment and institutional participation were observed as negative correlates of psychological well-being development, youth should not be discouraged from engagement given the health benefitting aspects that religiosity and spirituality afford (Cotton et al. 2006; Furrow, King, & White 2004). Rather, we suggest providers and organizations foster an empowering environment to discuss and work through issues experienced as a result of religion-sexuality conflicts, whether in one-on-one or group-level social supportive therapeutic avenues. We also recommend mental health and other sexual minority-serving community organizations develop and maintain relationships with sexual identity-affirming religious leaders, institutions, and communities that may serve as potential references for YGBM's religious and spiritual needs. Cross-institutional collaborations may assist in further catalyzing the positive attitudinal trends toward sexual minorities across local religious communities. In fact, Yakushko (2005) noted that gay-affirming religious groups provide community-level intervention platforms for community-based support groups and education resources that could work to decrease homophobia in the community at large.

An important strength of our analyses is that we were able to contribute to the dearth of literature on the health-promoting relationships for religious/spiritual YGBM (Yakushko, 2005). In our multivariate models, we observed spiritual coping had a protective association on life purpose and self-esteem outcomes, suggesting that tapping into one's spirituality as a source of strength fosters resilience. These findings are consistent with Bozard and Sanders's (2011) *GRACE* model of working with sexual minority Christians on religious/ spiritual identity integration, where they suggested that many clients' chief concern is maintaining one's relationship with God. Spiritually empowering sexual minority individuals to endure and work through life's difficulties/adversities may be aided through re-envisioning a divine being as loving, accepting, and forgiving, and that they are worthy of the spiritual benefits afforded by their ideologies (Bozard & Sanders, 2011; Lundman et al., 2009).

Tapping into sexual minority youth's religion and spirituality as a coping resource for identity development and integration has largely been ignored in professional settings, yet in general, there is a widespread acknowledgement that religion and sexuality are both influential facets of sexual minority youths' lives (Bozard, Jr. & Sanders 2011). Our study aligns with previous literature documenting that a significant percentage of YGBM identify as religious and/or spiritual (García, Gray-Stanley, & Ramirez-Valles, 2008). Therefore, mental health providers and community organizations serving these youth should be more cognizant of youths' relationships with their belief systems, and assist with positive integration into their sexuality as necessary.

Limitations

Our study was not without its share of limitations. Our findings represent a sample of the YGBM community from the Detroit Metropolitan Area; therefore, replication of our methods would be necessary to assert suggestions that are generalizable to other areas of the country. Furthermore, we were unable to measure YGBM's experiences of sexual identity affirmation or stigmatization within religious/spiritual environments, which may be the primary drivers of mental health disparities among religious/spiritual YGBM and non-religious/spiritual YGBM. Further research may capitalize on experiences and frequencies of overt versus assumed sexual minority affirmation or rejection. At present, we were unable to examine whether specific faith-based institutions or religious denominations implicated poor psychological well-being given the limited variability and lack of specificity in our religious denomination variable (See Table 1). We argue that resilience factors in the context of affirming versus non-affirming institutions may warrant further observation. Future research multilevel model that allows for nesting of participants within specific faith-based institutions and examines how faith-based institution indicators (e.g., each institution's political viewpoint and sexual prejudice) influence participants' psychological well-being may be warranted. Furthermore, our findings speak solely to the experiences of *cis*-identified young sexual minority men. Though we do not necessarily see this as a limitation, we acknowledge the complexity and importance of understanding the religious/spiritual experiences of trans* populations and sexual minority women. We argue that the unique experiences and psychological development of these populations warrant separate scrutiny (Reisner et al., 2015). Lastly, although we were able to ascertain different facets of YGBM's

religious and spiritual experiences, the cross-sectional nature of our study limits our ability to make causal inference on the relationship between religious/spiritual experiences and psychological well-being.

Our findings shed light on the mental health disparities experienced by religious-spiritual-identified YGBM compared to their non-religious/spiritual counterparts. Furthermore, our findings support the notion that psychological well-being among this vulnerable population is contingent upon a positive and healthy integration of identities that have historically been in conflict with one another – religious and sexual minority identities (Kubicek, McDavitt, Weiss, Iverson, & Kipke 2009; Feinstein, Davila, & Yoneda 2011; Rodriguez, 2010; Sullivan & Wodarski, 2002). Despite this mental health disparity, casting religion and spiritual experiences in a purely negative or detrimental light incorrectly implies a lack of health-promoting qualities afforded by religious/spiritual affiliations for YGBM (Tan, 2005; Vaughan & Rodriguez, 2014). In light of positively growing attitudinal trends within religious communities in respect to the acceptance, tolerance, and integration of sexual minorities into their communities, mental health professionals and community organizations that serve sexual minorities should explore how religious/spiritual YGBM can positive integrate their identities as a mental health-promoting strategy. By focusing on health-promoting qualities like spiritual coping, service providers may aid in nurturing positive psychological adjustment.

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Table 1

Descriptive statistics of variables by whether YGBM identify as religious/spiritual

	Religious/Spiritual n = 279	95% CI	Not Religious/Spiritual n = 72	95% CI	Total Sample N=351	95% CI	χ²/t/F
Race/Ethnicity, N (%)							11.86**
Black	140 (85.4)		24 (14.6)		164 (46.7)		
White	79 (77.5)		23 (22.5)		102 (29.1)		
Latino	24 (82.8)		5 (17.2)		29 (8.3)		
Other	36 (64.3)		20 (35.7)		54 (15.9)		
Age, M (SD)	23.15 (2.95)	[22.81, 23.50]	22.76 (2.49)	[22.18, 23.35]	23.07 (2.86)	[22.77, 23.37]	−1.03
Education Level, M (SD)	5.28 (1.89)	[3.35, 3.64]	4.90 (2.13)	[2.83, 3.50]	5.21 (1.94)	[3.29, 3.56]	−1.45
Sexual Identity, N (%)							1.04
Gay	227 (78.8)		61 (21.2)		288 (82.1)		
Bisexual	26 (86.7)		4 (13.3)		30 (8.5)		
Other	26 (78.8)		7 (21.2)		33 (9.4)		
Local Community Stigma, M (SD)	2.58 (.58)	[2.51, 2.65]	2.52 (.70)	[2.36, 2.69]	2.56 (.61)	[2.51, 2.63]	−.71
Religious Participation, M (SD)	2.81 (1.65)	[2.62, 3.00]	1.32 (1.02)	[1.08, 1.56]	2.50 (1.66)	[2.33, 2.68]	−7.30***
Spiritual Commitment, M (SD)	5.17 (1.62)	[4.98, 5.36]					
Religious/Spiritual Coping	6.23 (1.89)	[6.01, 6.45]					
Religious Affiliation, N (%)							
Protestantism	71 (25.4%)						
Catholicism	43 (15.4%)						
Judaism	2 (0.7%)						
Islam	2 (0.7%)						
Buddhism	3 (1.1%)						
Interfaith/Denominational	7 (2.5%)						
Spiritual	57 (20.4%)						
Agnosticism	5 (1.8%)						
Other	6 (2.2%)						

	Religious/ Spiritual n = 279	95% CI	Not Religious/ Spiritual n = 72	95% CI	Total Sample N=351	95% CI	$\chi^2/t/F$
	83 (29.7%)						
Life Purpose, M(SD)	3.04 (.62)	[2.97, 3.11]	3.03 (.61)	[2.89, 3.17]	3.04 (.62)	[2.97, 3.10]	−.13
Self-Esteem, M(SD)	3.10 (.56)	[3.03, 3.16]	2.96 (.58)	[2.83, 3.10]	3.07 (.57)	[3.01, 3.13]	−1.80
Internalized Homophobia M(SD)	1.65 (.66)	[1.57, 1.73]	1.43 (.57)	[1.29, 1.55]	1.61 (.64)	[1.54, 1.67]	−2.67**

Notes

*
$p < .05$;

**
$p < .01$;

***
$p < .001$

Table 2

Correlation matrix between religious indicators and psychological well-being among religious/spiritual-identified young sexual minority men (N=279).

	1	2	3	4	5	6
1 Religious Participation	1					
2 Religious/Spiritual Commitment	.56***	1				
3 Spiritual Coping	.39***	.51***	1			
4 Local Community Stigma	−.02	−.03	.15**	1		
5 Self-Esteem	−.06	−.04	.12*	−.08	1	
6 Purpose in Life	−.001	.15*	.28***	−.11	.57***	1
7 Internalized Homophobia	.25***	.23***	.13*	.13*	−.23***	−.13*

Notes

*
p < .05;

**
p < .01;

***
p < .001

Table 3

Psychological Well-being among Religious/Spiritual-Identified Young Sexual Minority Men (N=279)

	Purpose in Life			Self-Esteem			Internalized Homophobia		
	b(SE)	95% CI	β	b(SE)	95% CI	β	b(SE)	95% CI	β
Intercept	2.56(.35)***	[1.84,3.23]		3.60(.33)***	[2.94,4.23]		.78(.37)*	[.04,1.50]	
Age	.00(.01)	[-.02,.03]	.02	-.02(.01)	[-.04,.002]	-.12	-.01(.01)	[-.03,.02]	-.03
Race/Ethnicity									
Black	.01(.09)	[-.17,.19]	.01	-.09(.09)	[-.26,.08]	.08	.24(.10)*	[.05,.43]	.18
Latino	-.29(.14)*	[-.57,-.03]	-.13	-.46(.13)***	[-.73,-.22]	-.23	.44(.15)**	[.15,.72]	.19
Other Race	-.06(.12)	[-.29,.18]	-.03	-.27(.11)*	[-.49,-.04]	-.16	-.03(.13)	[-.28,.22]	-.02
Sexual Identity									
Bisexual	-.10(.12)	[-.34,.14]	-.05	.03(.12)	[-.20,.25]	.02	.49(.13)***	[.24,.75]	.22
Other Sexual Identity	-.19(.13)	[-.43,.06]	-.09	.03(.12)	[-.20,.26]	.02	.13(.13)	[-.13,.39]	.06
Educational Attainment	.04(.02)	[-.004,.12]	.11	.05(.02)**	[.02,.13]	.18	.03(.02)	[-.03,.11]	.07
Local Community Stigma	-.17(.06)**	[-.29,-.04]	-.16	-.12(.06)*	[-.23,-.001]	-.12	.16(.07)*	[.03,.29]	.14
Spirituality Subcomponents									
Religious Participation	-.07(.03)*	[-.12,-.02]	-.18	-.04(.02)	[-.09,-.001]	-.12	.06(.03)*	[.001,.11]	.14
Spiritual Commitment	.01(.03)	[-.05,.07]	.04	-.06(.03)*	[-.11,-.005]	-.16	.07(.03)*	[.01,.13]	.17
Spiritual Coping	.13(.02)***	[.08,.18]	.39	.09(.02)***	[.05,.13]	.30	-.04(.03)	[-.09,.01]	-.11

Notes

*
$p < .05$;

**
$p < .01$;

***
$p < .001$