

Sexuality, religion, and mental health

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Since 2016 we've been following a cohort of youth as part of the Family Foundations of Youth Development project. We currently have over 2,000 participants from Utah, Arizona, and California with about half Latter-day Saints and the other half from other religions or no religion. We'll also be collecting data in the U.K. a little later this year. This is the most detailed survey of Latter-day Saint youth faith, family, and mental health in existence, and has the benefit of providing context and comparison with those of other religions or no religion.

We've also been mining other datasets for information about Latter-day Saint youth and adults, trying to determine mental health risk and protective factors. And we've been interested in understanding how LGBTQ+ individuals are faring.

In this discussion it is important to describe some terminology. When discussing those who are non-heterosexual, the letters "LGBQ" (lesbian, gay, bisexual, queer [sometimes "questioning"]) are sometimes used. For transgender individuals, a "T" is often used. A plus sign ("+") is sometimes added to include those of other sexual orientations and gender identities. The scope of the material we will cover will sometimes include all of these. Initially, we'll primarily use LGBTQ+ to refer to all the various sexual orientation and gender identity experiences. However, in order to be precise, when discussing research we'll only use those letters that denote the experiences a particular research study examined.

Unfortunately, the research literature on transgender individuals and religiosity is quite small, and therefore there is not much to review. When just referring to those of sexual orientations other than heterosexual, we will use the term “sexual minorities.” When looking specifically at various research studies, we will use the letters L, G, B, and/or Q to specify exactly what group the study examined. We want to make sure we’re as precise as possible as we review the research.

Why Are We Doing This?

- It is not an attempt at apologetics
- It is based in a desire to help
- You can't help if you do not understand

We believe in the qualitative concept of reflexivity which involves being honest and transparent about personal approaches and beliefs. We are BYU Religion professors who firmly believe in the restored gospel of Jesus Christ. This fact may cause concern that our findings are driven by our religious beliefs rather than the actual data. Though no one is perfectly free of bias—every individual has presuppositions and prior beliefs—we seek to do the same as every ethical researcher, by purposefully looking for explanations of our findings which may be contrary to our prior beliefs. Ultimately, we invite all to look closely at our research, our methods, findings, and conclusions, and judge them according to the most rigorous standards of science. Researchers who are not Latter-day Saints and who have a very different perspective than we do on many of these issues have come to many of the same conclusions we have. Our desire truly is to understand and be of the most help we can.

People Are Not Statistics

Sam – Identifies as gay

- Desires to live according to his sexual orientation
- Depressed, anxious, suicidal
- Blames the Church for his pain

Janie – Identifies as transgender

- Desires to live according to experienced gender identity
- Depressed, anxious, suicidal
- Plans on staying covenant connected

Suzie – Identifies as lesbian

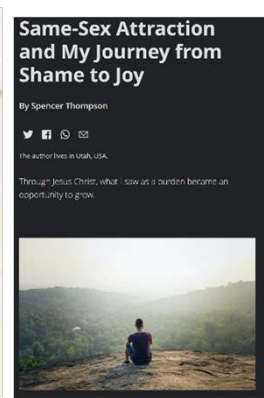
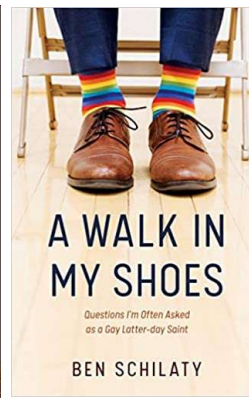
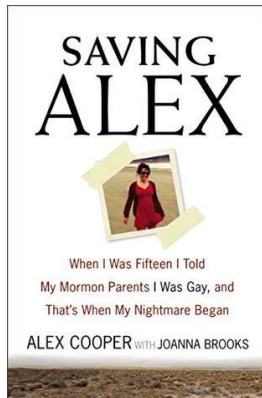
- Desires to live according to the restored gospel
- Depressed, anxious, suicidal
- Doesn't blame the Church for her pain

Jim – Identifies as bi-sexual

- Acknowledges his sexual orientation and wants to live according to the restored gospel
- Not depressed, anxious, or suicidal
- Wants to stay covenant connected but not sure how

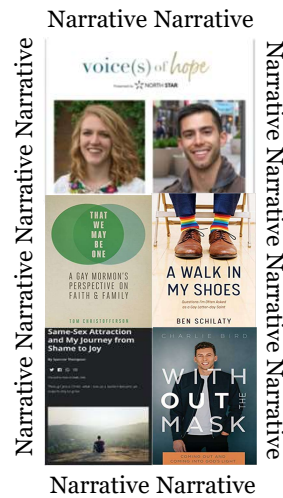
Though our presentation is data driven and often statistical in nature, we want to make clear that we understand that people are not statistics. Each person's lived experience is unique and important. It is crucial that research findings not be used to negate lived experiences or be used as a weapon to deny the challenges people face. As can be seen from the four vignettes above, individuals experience their sexual and religious identities differently and one person's experience does not negate another's. By allowing all voices a place at the table, and in our research, it disincentivizes the weaponizing of one narrative against another.

Popular Descriptions of LGBTQ+ Latter-day Saint Experiences



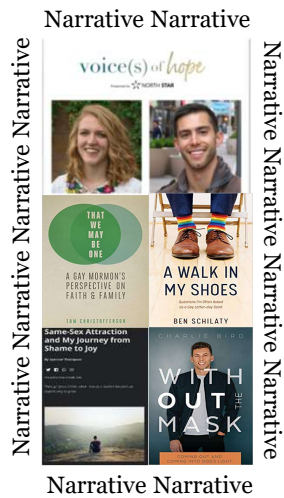
We live in a time when more and more Latter-day Saint LGBTQ+ individuals are sharing their story and their perspective. This provides a far richer tapestry of voices from which to better understand.

These individual stories begin to form narratives



These individual stories and the discussion surrounding them can coalesce into common narratives which some may take as representative of all Latter-day Saint LGBTQ+ individuals. Though each person's narrative is important, their experience may or may not be representative of many or most others. Quality research using population based / representative samples can help us understand how common a given experience is. Understanding various experiences allows us to ask better questions and get better answers.

Individual stories begin to form narratives

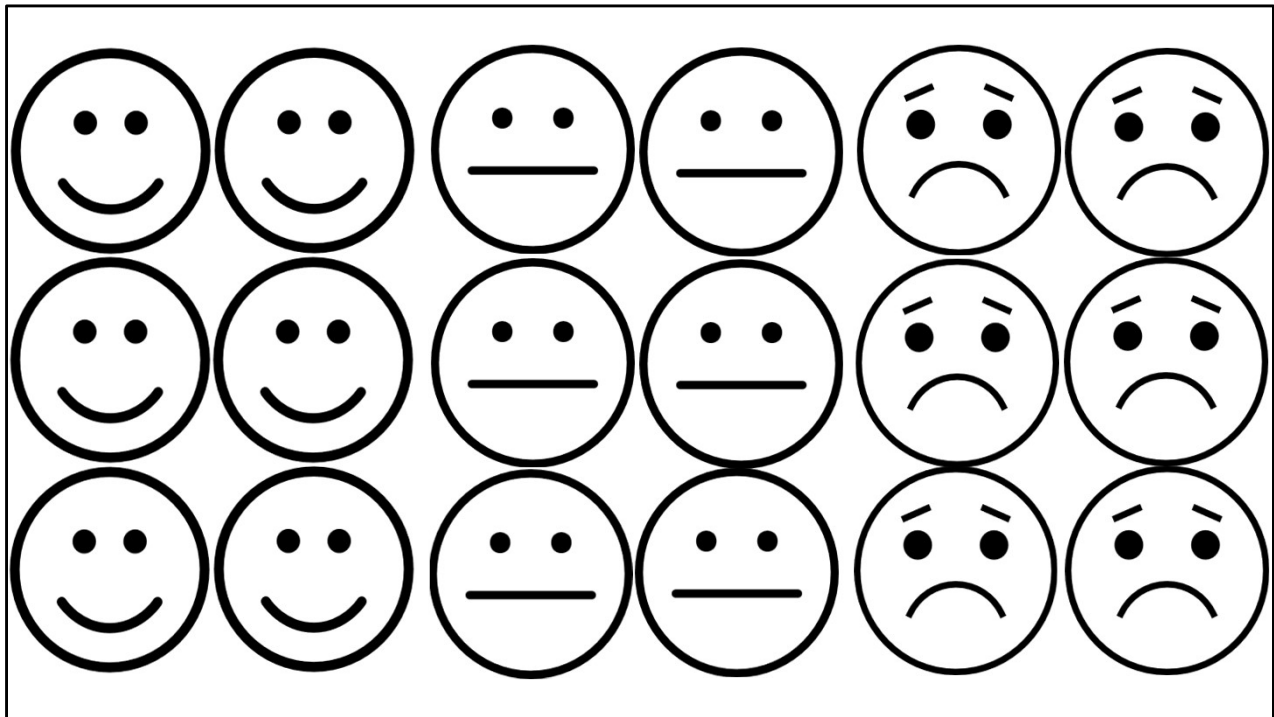


Research allows us to know how representative a given narrative is, which allows us ask better questions and get better answers.

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Why is it important to know
how representative a given
narrative is?

A Simple Illustration...



Life is rarely simple to the point where everyone has the same experience with any given issue. This is doubly true when the issue is sensitive and highly personal. When it comes to Latter-day Saint LGBTQ+ individuals, it would make people rightly concerned if research was only done with those who are thriving in the Church and then generalized that to all others. It would be equally problematic if research was only done with those whose church experience was painful and that was generalized to all others. But this is a temptation – especially by people who want to use the research to “prove” their views correct. We are always better served if we include all voices so we can not only understand what the majority of individuals are experiencing, but so that we can begin to understand why and how we can best love and support all.

De-weaponizing narrative and research

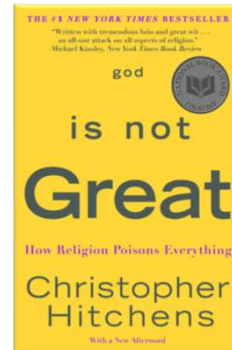
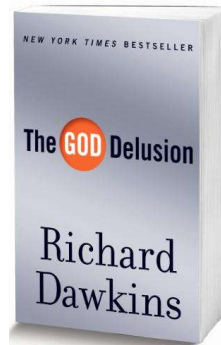
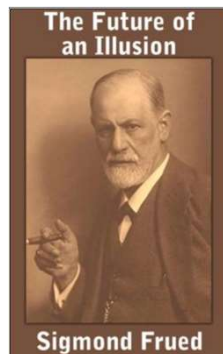
By attempting to see the whole picture, with all of its nuance and complexity, we minimize the likelihood of weaponizing narratives and research. We stop caricaturizing people and issues and instead seek understanding.

This can allow people of good will, who may not always agree, to work together for the benefit of all.

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Common Narratives about Religion and Mental Health



“Religion is comparable to a childhood neurosis.”

As an example of the power of accepting (or rejecting) a given narrative, this slide discusses a common narrative that many hold about religion. Freud said religion was comparable to a childhood neurosis. Dawkins talks about God as a delusion, and Hitchens says that religion “poisons everything” and has chapters such as “Religion kills,” “Is religion a form of child abuse?” and one about how religion can be hazardous to your health. This narrative would discourage individuals from taking part in religion and provide motivation to steer people away from religion.

Research about Religion and Mental Health

Handbook of the Sociology of Mental Health (2013)

“The broad consensus among researchers is that there are potential mental health benefits of public or organizational forms of religious involvement.”

Religion and Mental Health (2018)

“Recent prospective epidemiological studies suggest that those who are more involved in religious activities or say religion/spirituality is very important are less likely to become depressed over time.”

Weighing the Evidence: What Is Revealed by 100+ Meta-Analyses and Systematic Reviews of Religion/Spirituality and Health?(2018)

“The case for a causative relation between religion/spirituality and health has been enormously strengthened. On balance, we believe the case is compelling.”

The 2013 Handbook of the Sociology of Mental Health states that: “The broad consensus among researchers is that there are potential mental health benefits of public or organizational forms of religious involvement.” In other words, the majority of research in the area finds religion related to better mental health. And when we’re talking about “religion” this encapsulates studies on religious affiliation, private and public religious practices, and general connections with the transcendent.

Whether the relationship between religion and mental health is causal is something very difficult to demonstrate. One of the more prominent researchers in the area, Harold Koenig, said that: “Recent prospective epidemiological studies suggest that those who are more involved in religious activities or say [religion/spirituality] is very important are less likely to become depressed over time,” which suggests a causal connection.

Two Berkeley researchers who reviewed over 100 meta-analyses and systematic reviews concluded: “The case for a causative relation between religion/spirituality and health has been enormously strengthened. On balance, we believe the case is compelling.”

It should be acknowledged that most of this research is in Western countries. It should also be said that there is a lot of nuance to all of this and these statements here are summative. And, not every aspect of religiosity is related to every aspect of mental health. However,

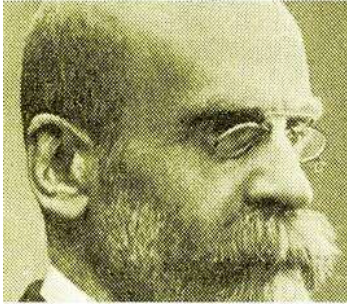
the research is rather overwhelming that those who are religious have, more often than not, better mental health than those who are not religious and the relationship likely has a causal component.

Therefore, if society based their approach to religion on the popular narrative, they would actually create more harm by discouraging religious involvement. Again, it is important to remember that “religion” isn’t a monolith – certain aspects and approaches to religion can be more or less beneficial. The best research looks into this nuance.

Research on Religion and Suicide – Starting in 1897

Le Suicide

Emile Durkheim



 FB Editions

Research “tend(s) to support the basic premise that religion provides protection against suicide risk.”

- 2016 International Handbook of Suicide Prevention

Some scholars suggest that “nearly 40% of the increase in the suicide rate could be attributed to the decline in religious service attendance.”

- VanderWeele and Kawachi, 2017

Since a large focus of our research on LGBTQ+ well-being revolves around suicidality, this slide briefly summarizes the scholarly consensus that religion is, in general, protective and discourages suicidality. This includes religious affiliation, private and public religious practices, and general connections with the transcendent. In fact, Professor VanderWeele from Harvard concluded that up to 40% of the increase in suicides over the last several years could be attributed to the decline in religious service attendance. So again, accepting a narrative that religion is harmful may have unintended, negative consequences. An important question is whether this same conclusion holds for LGBTQ+ individuals and in our case, for Latter-day Saint LGBTQ+ individuals.

Why lower suicide rates in religion?



- Social Networks
- Religious Integration (sense of belonging)
- Provides meaning in suffering and compensation for losses.
- Religions often teach that suicide is against God's will.

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Why is it that suicide rates are lower for the religious? Several reasons stand out in the literature. The first is that those who are religious often have more people around them to be aware of and concerned about them. In the Church young people have youth Sunday School teachers, Young Men and Young Women advisors, ministering sisters and brothers, and Bishoprics looking after them. You have youth class and quorum presidencies discussing the needs of those in their group, fostering awareness of those who may be on the margins and how to help them feel connected.

Religious people often experience feelings of integration—a place in which to belong. This sense of belongingness is an incredibly powerful protective factor against suicide.

Religion also provides deep and eternal meanings in loss and suffering. From a religious perspective our difficulties in life are often framed in terms of our purpose here on earth.

Religious beliefs also typically describe compensation for the most difficult losses of life. For example, no earthly means can compensate for the loss of a child. But by invoking deity, even such a loss may be compensated for in the next life

Religions also often teach that suicide is against God's will. That your life is in God's hands and that He wants you to live.

A Common Narrative Regarding the Restored Gospel and LGBTQ+ Members

- The Church and the teachings of the gospel are toxic to our LGBTQ+ brothers and sisters.
- Therefore, they only have two possibilities:
 - 1) remain faithful to the gospel and live a lonely, isolated, unhappy life **OR**
 - 2) organize life according to their sexual orientation or experienced gender identity and experience joy, peace, and love.

Some wonder whether LGBTQ+ individuals may derive benefits from religion or whether religion might actually be bad for LGBTQ+ individuals.

A very common narrative describes the church as toxic for LGBTQ+ individuals. As a result, many people wonder if they should actually recommend that their LGBTQ+ family and friends distance themselves from the Church or at a minimum prioritize their sexual orientation or gender identity above their religious faith or identity.

What nuance is provided in research that contextualizes Latter-day Saint LGBTQ+ individuals' lived experiences with non-Latter-day Saint LGBTQ+ individuals?

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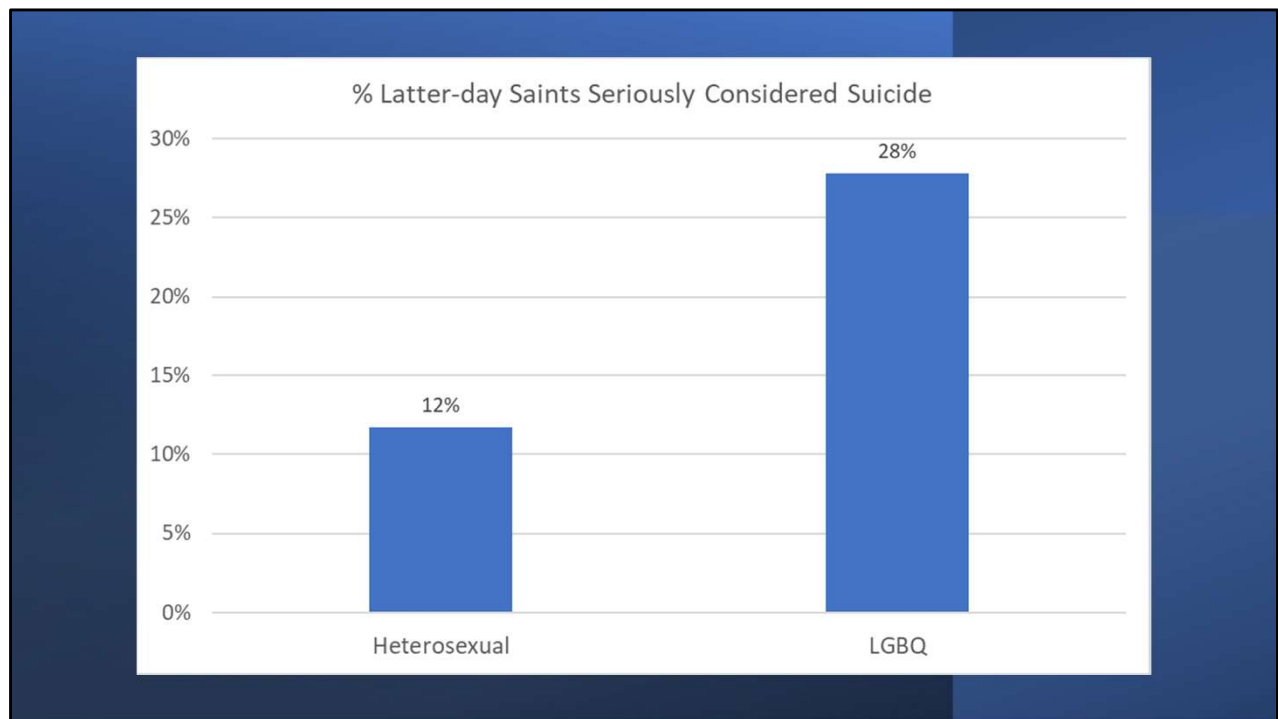
Suicidality of Latter-day Saint Youth

2021 Student Health and Risk Prevention (SHARP) Statewide Survey: 71,001 Utah youth in 6th, 8th, 10th, 12th grades

- 45,353 youth were asked about sexual orientation
 - 1.9% Lesbian/Gay (n=889)
 - 8.4% Bisexual (n=3,629)
 - 6.7% Questioning (n=3,188)

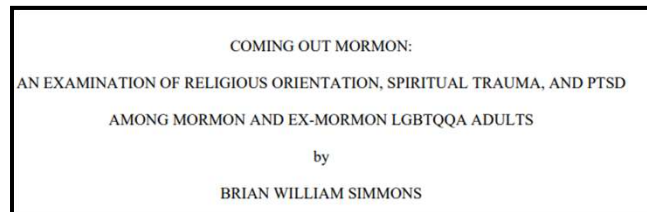
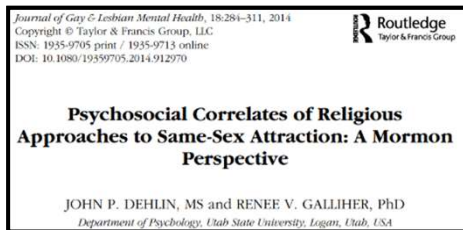
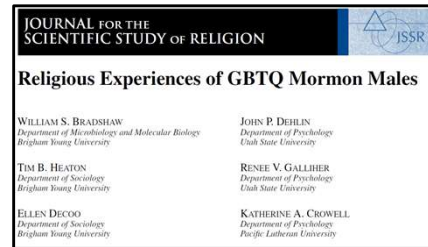
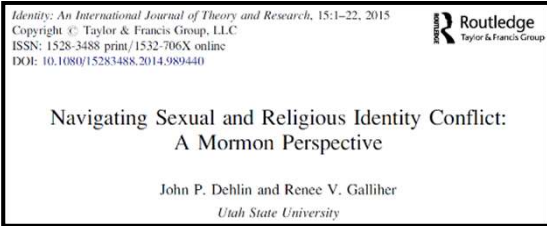
utah department of
human services
SUBSTANCE ABUSE AND MENTAL HEALTH

To begin describing the research on Latter-day Saint LGBTQ+ individuals' mental health (and specifically suicidality) we will use data from the Utah Department of Human Services. Every other year they collect data from tens of thousands of Utah youth. These data are representative of Utah youth in grades 6, 8, 10, and 12. In 2021, those in 8th, 10th, and 12th grades were asked questions about religion, sexual orientation, and mental health. You can see the breakdown of the different non-heterosexual orientations there.



This graph consists of Latter-day Saint adolescents who had seriously considered suicide in the last year. Heterosexuals are at 12% and LGBQ youth (the 'Q' is questioning) are more than double that at 28%. Now, it's important to acknowledge that these rates of suicidal thoughts are too high. Any suicide is a tragedy and if the rate isn't zero, we have work to do. The rate for LGBQs is incredibly high. When we show this data to our students and ask why they think Latter-day Saint LGBQ adolescents have such high suicidality rates, their answers largely mirror the common narrative above. They speak of LGBQ individuals feeling like they don't belong in Church or in the Plan of Salvation, that they are being rejected from their family, and so on.

Less Representative Research on Latter-day Saint Sexual Minority Experiences



Such conclusions seem so logical they are often simply assumed to be accurate. There are also some academic studies, such as the four listed above, that point to the struggles many LGBTQ+ individuals have in the church. They clearly (and accurately) show that some LGBTQ+ individuals do struggle in the church. The question becomes: how common is that experience? How representative are the findings to the majority of Latter-day Saint LGBTQ+ individuals?

One of the challenges in answering that question is getting representative samples of LGBTQ+ individuals (not to mention *Latter-day Saint* LGBTQ+ individuals) can be extremely challenging. As a result, most research on Latter-day Saint LGBTQ+ individuals has been conducted with convenience samples. Convenience sampling is a legitimate method with the caveat that the findings from such studies cannot be generalized to the overall population being studied. These studies are important – they help us understand the lived experience of those surveyed. But it is important to remember that they may or may not be representative of Latter-day Saint LGBTQ+ individuals in general. Comparing them to more population-based studies can help provide a baseline with which to judge how representative they are.

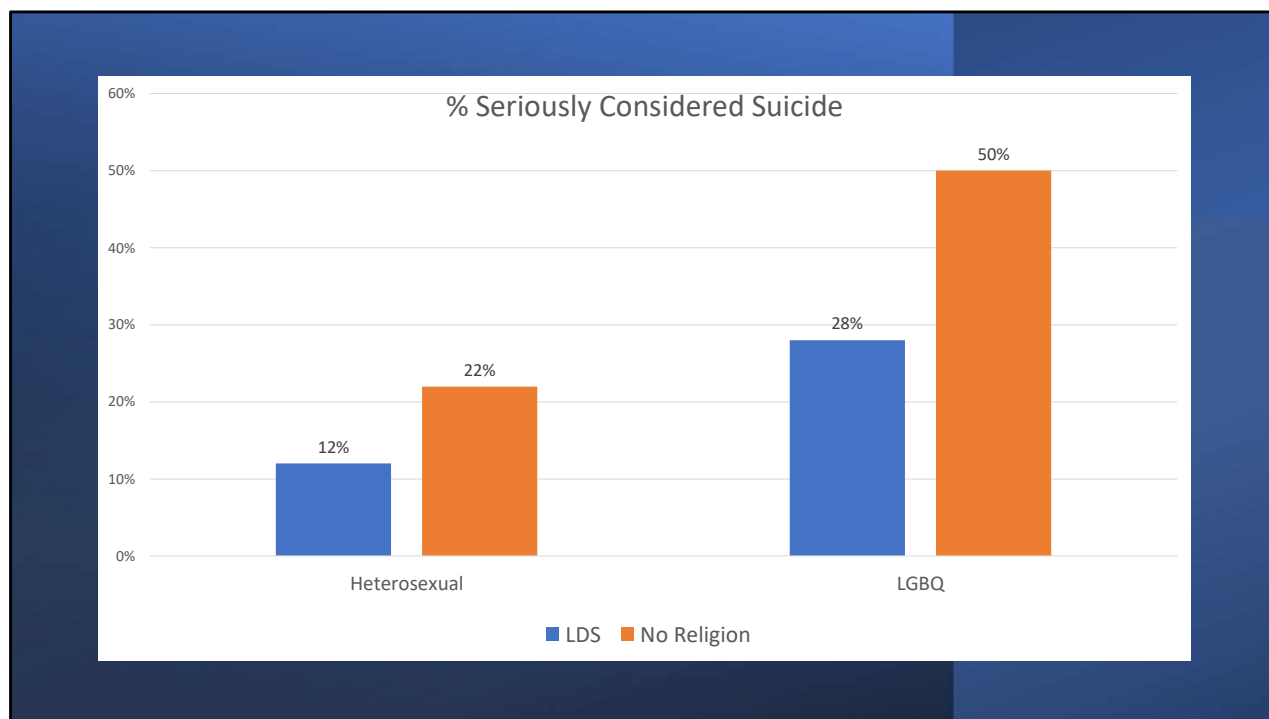
It's also important to note that none of these studies have a comparison group. That is, these studies only have current and former Latter-day Saints and therefore it is hard to know what

trends might look like for those of other religions or no religion.

More Representative Research on Latter-day Saint Sexual Minorities in context with Non-Latter-day Saint Sexual Minorities

The image displays three thumbnails of academic articles from the Journal of Homosexuality. The first article on the left is titled "Family, Faith, and Suicidal Thoughts and Behaviors (STBs) Among LGBTQ Youth in Utah" by James S. McGraw, Meagan Docherty, Jay R. Chinn, and Annette Mahoney. The middle article is "The LGB Mormon Paradox: Mental, Physical, and Self-Rated Health Among Mormon and Non-Mormon LGB Individuals in the Utah Behavioral Risk Factor Surveillance System" by Stephen Cranney, PhD. The article on the right is "Religion and Sexual Orientation as Predictors of Utah Youth Suicidality" by W. Justin Dyer, Michael A. Goodman, and David S. Wood. Each thumbnail includes the journal title, volume and issue information, the article title, author names, and a brief abstract or introduction.

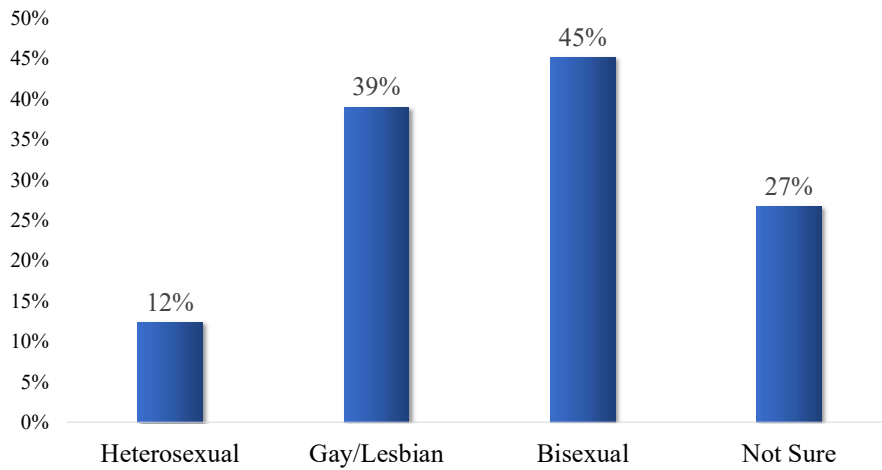
In the last few years, studies using population based or representative samples have begun to shed new light on the experience of Latter-day Saint LGBTQ+ individuals. This slide contains three examples. It includes research done at Bowling Green University, research done by Stephen Cranney, and a research article that we recently published. All three use representative, population-based samples and all three include non-Latter-day Saint LGBTQ+ individuals to help us place Latter-day Saint LGBTQ+ lived experiences into context with others.



You'll notice the blue bars are the exact same ones as the prior slide showing that Latter-day Saint LGBQ (the "Q" here is questioning) individuals have over double the suicidality as heterosexual Latter-day Saint adolescents. However, when we include data on those who are not associated with any particular religion, the picture changes dramatically. The percentage of unaffiliated LGBQ adolescents who have seriously considered suicide is almost double that of Latter-day Saint LGBQ adolescents. When we ask our students to explain how this can be based on the common narrative that the Church is toxic to LGBQ individuals, they are often at a loss. This illustrates the importance of contextualizing research findings. Based on this extremely large, representative sample of Utah adolescents, membership in the church is associated with significantly lower suicidality. This raises important questions regarding not only the accuracy (or inaccuracy) of the prevailing narrative, but what it is about Latter-day Saint membership that connects to lower suicidality. It is important to note that no claim is being made to causality – these data are not longitudinal so such claims cannot be made. But clearly Church membership is associated with lower suicidality, which raises certain questions.

Like many others, we wondered if this finding might be due to people who were Latter-day Saints having left the church or no longer claiming affiliation. We'll discuss more of that later, but analyses found that to be highly unlikely.

9th-12th Graders in San Francisco % Seriously Considered Suicide



<https://nccd.cdc.gov/Youthonline/App/>

When we look at sexual minority adolescents nationwide, we find their rates of suicidality are very high, particularly compared to heterosexuals. This phenomenon is not limited to Utah. Data on this graph comes from the CDC and shows suicidality rates for 9th through 12th graders in San Francisco – perhaps one of the most progressive, sexual minority affirming cities in the nation. Suicidality rates are frighteningly high for sexual minority adolescents. This pattern is found in every state in the nation as well as in all the cities surveyed by the CDC. This is a tragedy that needs to be addressed. But we cannot address it by making assumptions that turn out to be inaccurate; it will take the best information possible to understand and to be able to help.

Common Narratives about Utah Suicides and Sexual Minority Latter-day Saints

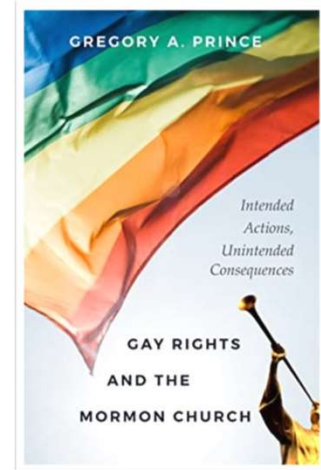


“What’s the cause [of Utah youth suicides]?...It was when the predominant religion within the state of Utah declares war on LGBT people.”

-John Dehlin 2018, *Believer*

“[Youth] suicide in Utah has increased 141 percent because of the shame they feel from the Mormon Church.”

Ellen Degeneres – June 6, 2018



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As we look specifically at Utah, there has been a lot said over the past 10 years about why Utah’s suicide rate might be quite high. Utah is often in the top 10 suicide rates in the U.S. Hopefully this signals to all of us that we have a lot of work to do here in Utah.

One narrative about this increase is captured by the HBO documentary *Believer* which linked the Utah suicide rate to sexual minorities dying of suicide because, as they say, of sexual minorities’ connection with the Church. In that documentary John Dehlin states: “What’s the cause [of Utah youth suicides]?...It was when the predominant religion within the state of Utah declares war on LGBT people.” Ellen Degeneres stated on her show: “[Youth] suicide in Utah has increased 141 percent because of the shame they feel from the Mormon Church.”

Greg Prince’s 2019 book has a chapter dedicated to implicating the Church in Utah’s suicide rate, framing suicide as an “unintended consequence” of the Church’s teachings on LGBTQ+ individuals.

How many studies compared the suicidality of sexual minority Latter-day Saints to the suicidality of sexual minorities of other religions?

0*

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When all of these claims were made, how many studies compared the suicidality of sexual minority Latter-day Saints to the suicidality of sexual minorities of other religions? The answer is that no studies had been conducted on this. Not any. There is an asterisk by the zero because that number has grown to 2 in the last few months (more about those later). But when all of this was being said, there was no research to help inform us.

How did we get the common narrative?

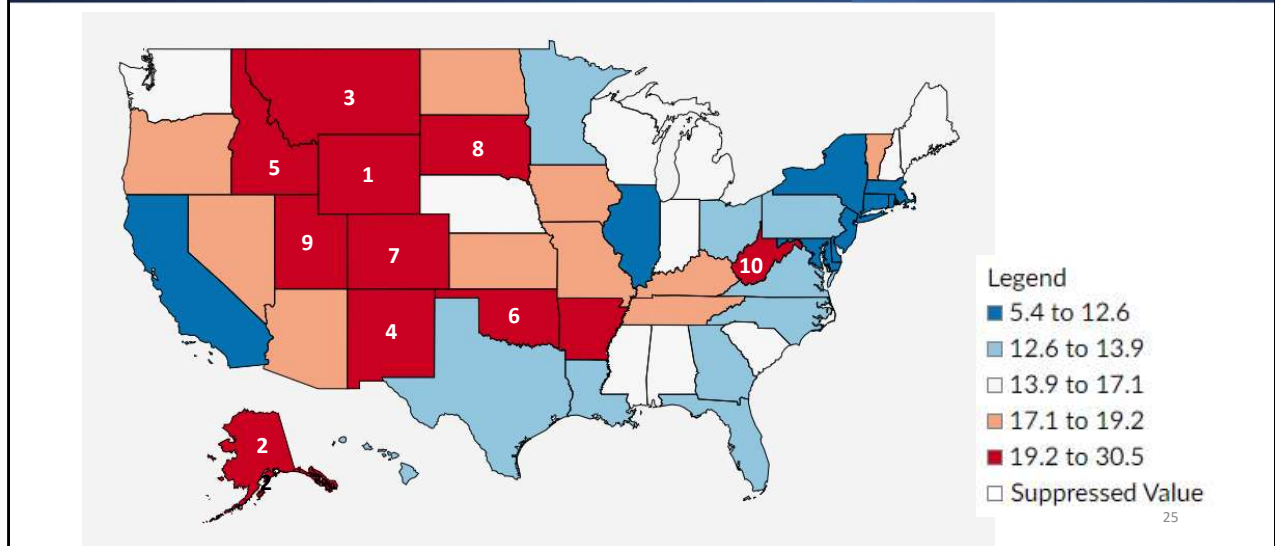
- Early 2000's: Move towards same-sex marriage and the Church's promotion of traditional marriage.
- 2007: Mental Health America placed Utah at the bottom of the "depression status" rankings.
- Popular press notes that Utah has a higher-than-average suicide rate.
- Sexual minority suicides are noted in the press.
- In 2016 a study in *Dialogue* correlated % Latter-day Saints within a state and the state's suicide rate.
- These have become intertwined into the common narrative.

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If there was no research, how did this narrative emerge? To give a brief history, in the early 2000s there was a push towards same-sex marriage with the Church vocally supporting traditional marriage. In 2007 a report that put Utah at the bottom of the depression rankings received a good deal of attention (discussion of that report would be for another presentation). The popular press began to report on Utah's higher-than-average suicide rate as well as higher-than-average increase in its suicide rate. Sexual minority suicides also became noted (which was important, as it helped draw attention to this more at-risk group). Then a *Dialogue* piece found a positive correlation between the percentage of Latter-day Saints in a state and that state's suicide rate (we'll see why that might have some issues a little later). Other things might also be added to this list.

All of these things combined in people's minds, translating into the idea that Utah's increasing suicide rate was due to sexual minority suicides when there was no research on that particular question.

Data from the CDC: 2020 Suicide Rates

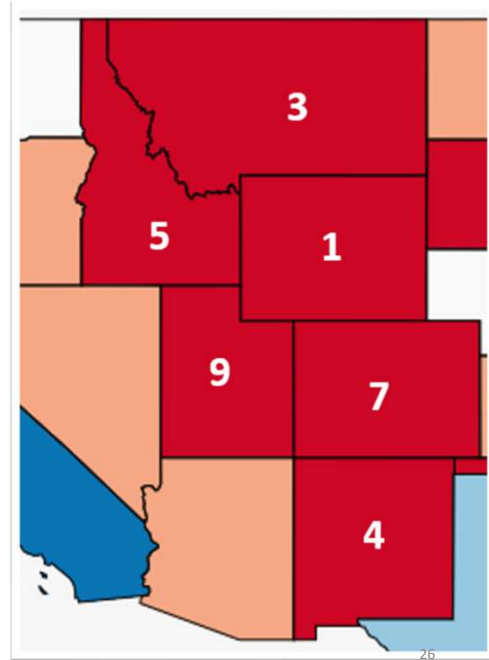


To start addressing Utah suicides, it will be helpful to contextualize Utah within the United States. The most recent CDC data is from 2020 and has Utah at the 9th highest suicide rate in the country. Again, hopefully we see this as a crucial area for us to engage in.

It is important to put Utah within its region, which is sometimes referred to as the “suicide belt.” I’ve here labeled the top 10 suicide rates in the country. All the top 10 except for two touch each other. The states with the top 10 suicide rates shifts a bit from year to year. West Virginia, for example, comes in and out of the top 10. But year after year you see the Intermountain West having most of the top 10 suicide rates. What is it about this region that creates these high rates?

Why the suicide belt? Likely the combination of:

1. Higher elevation
2. Race
 - White
 - Native American
3. High gun ownership
4. Rural

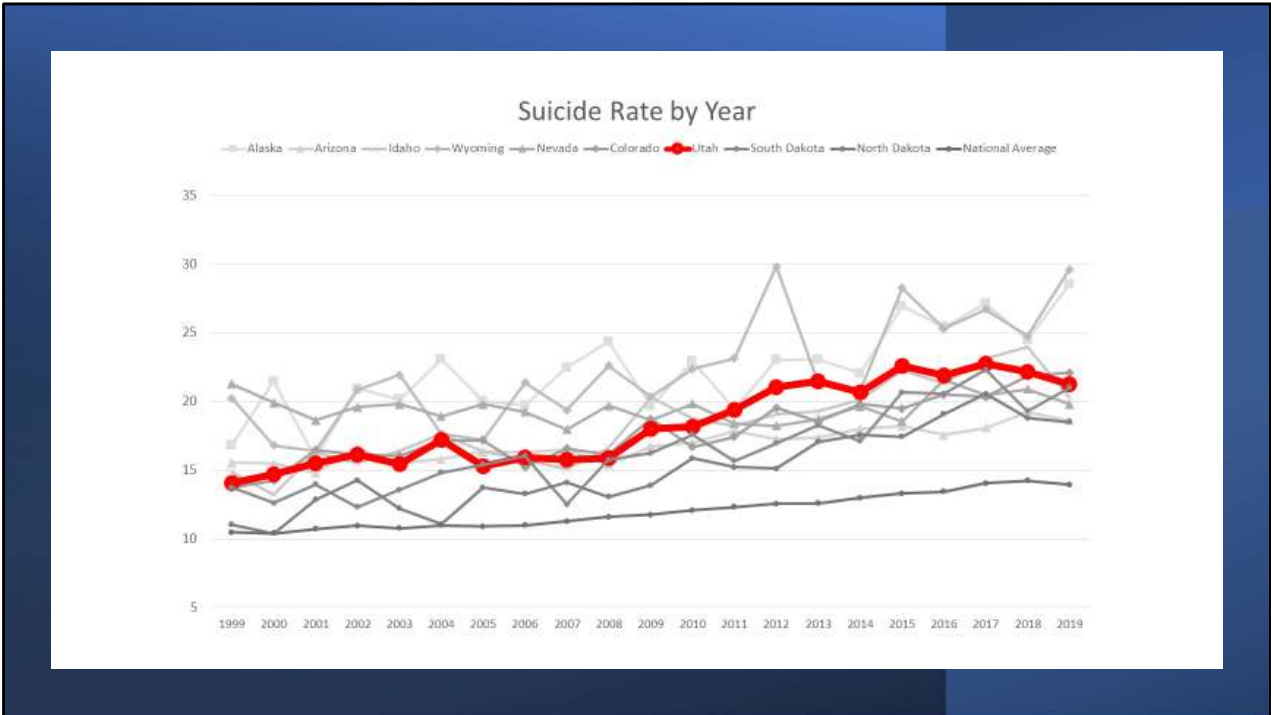


One you might have heard of is higher elevation. This is a very consistent finding. A recent study examining the mechanism found that higher elevations can create brain serotonin imbalances.¹ Now, the effect of this on suicide is going to be very small. But very small effects can have very large impacts on suicide rates. Suicide rates are out of 100,000. The 2020 national rate was 13.48, meaning 13.48 people out of every 100,000 died by suicide. The range in suicide rates for U.S. states in that year was 5.4 to 30.5. In other words, if elevation only affects one, two, or three people out of every one hundred thousand (a very small effect) you're actually talking about a large percent increase in the suicide rate. Again, small effects can make large differences in suicide rates.

Race also likely plays a role. This area is high in Whites and Native Americans, the two groups most likely to die by suicide.

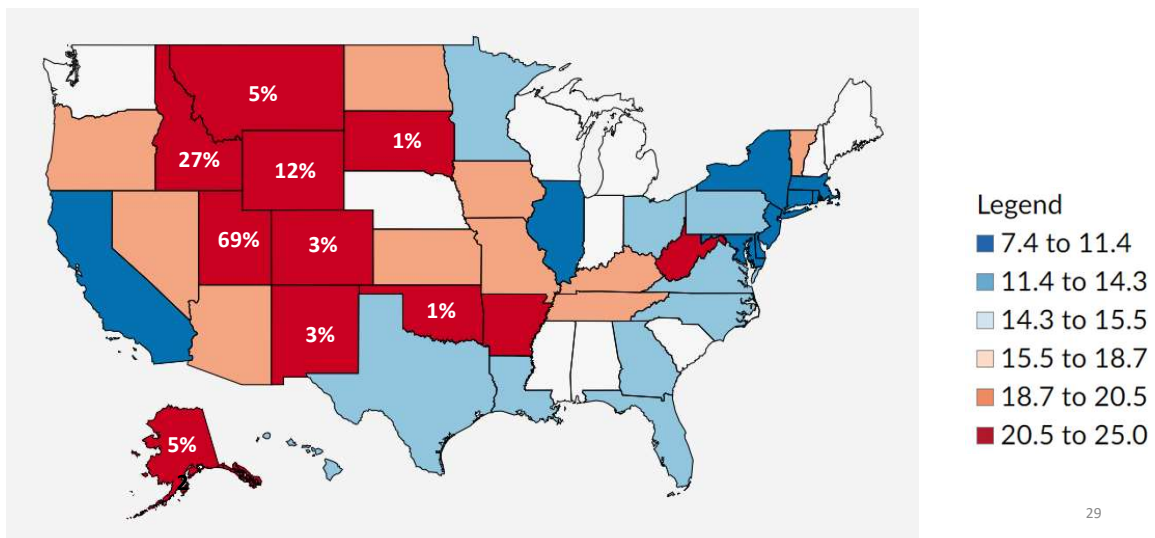
There are also more guns in this area; guns are an effective way to end one's life. And when guns are more prevalent within a population, those who desire to die are able to more easily access an effective means to end their life.

This area is also more rural. There are often fewer mental health services in these areas, with perhaps more economic difficulties and more social isolation.



Something that has also been reported is that Utah has experienced a higher-than-average increase in its suicide rate over the past several years. You can see here the line at the bottom is the suicide rate of the nation, which has steadily increased over the years. You can see Utah's rate in red which increased even more over the years. However, when you see it in context of the surrounding states, the increase in Utah's rate is right about average for its region. What appears to be going on is that there have been some added stressors over the last decade or so that have led to a general increase in suicide rates. However, when a stressor is added, it will likely have a greater effect in more vulnerable areas, such as the suicide belt, which is already at higher risk (a multiplicative, rather than simply additive effect).

% Latter-day Saint



This slide shows the percentage of residents who are Latter-day Saints in the suicide belt. Utah (by many, many times) has the highest percentage, yet has the lowest suicide rate of any others in the suicide belt in 2020.

So when we talk about Utah suicide rates, we should first acknowledge we have a lot of work to do. Again, the suicide rate needs to be addressed. We should also acknowledge the regional factors that are related to higher suicide rates and engage with the vulnerabilities those may create.

Research on religion, mental health, and sexual orientation in Utah

2019 SHARP Survey: 86,000+ Utah youth

- 1.4% Lesbian/Gay (n=896)
- 5.1% Bisexual (n=3,152)
- 4.3% Questioning (n=2,977)

Religion and Sexual Orientation as Predictors of Utah Youth Suicidality

W. Justin Dyer, Michael A. Goodman, and David S. Wood

Adolescent suicide rates have increased substantially over the last two decades; suicide has become the second leading cause of death for adolescents and young adults since 2017.¹ Some areas in the U.S. have experienced particularly large rises in suicide. For example, according to the Utah Department of Health, there was a 136.2 percent increase in suicides among Utah youth age 10–17 from 2011 to 2015, compared to an increase of 24 percent nationally.²

It is important to view Utah's suicide rates within the context of its region. Utah sits in the middle of a band of states with higher suicide rates sometimes called the "suicide belt."³ The states considered to make up the suicide belt varies, but it usually includes Montana, Idaho, Wyoming, Nevada, Utah, Colorado, Arizona, and New Mexico. These states all have higher rates of suicide than the nation and share characteristics that are related to greater suicide rates, including higher altitude, lower

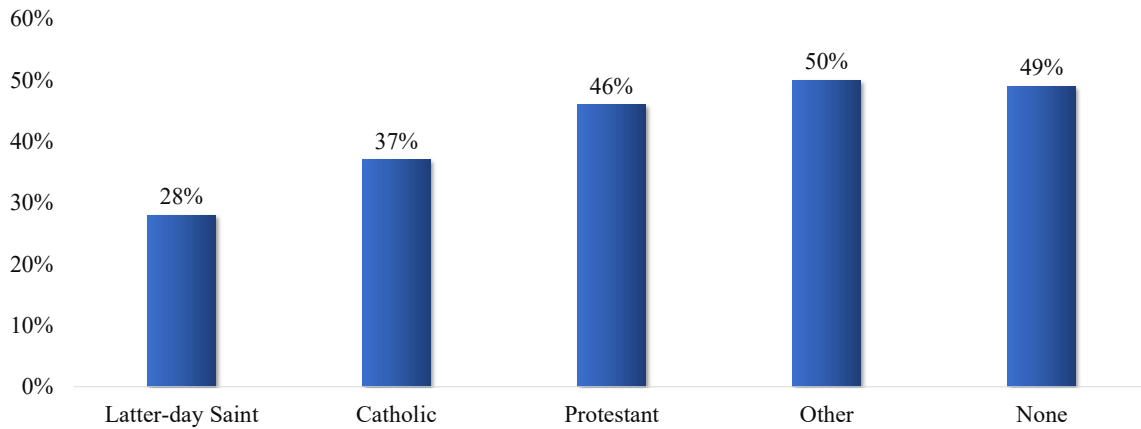
1. Melonie Heron, "Deaths: Leading Causes for 2017," *National Vital Statistics Reports* 68, no. 6 (June 24, 2019): 11.

2. Francis Annor, Amanda Wilkinson, and Marissa Zwald, "Epi-Aid #2017-019: Undetermined Risk Factors for Suicide among Youth Aged 10–17—Utah, 2017," 2017, 46, table 1.

3. Steven E. Barkan, Michael Rocque, and Jason Houle, "State and Regional Suicide Rates: A New Look at an Old Puzzle," *Sociological Perspectives* 56, no. 2 (Summer 2013): 287–97, <https://doi.org/10.1525/sop.2013.56.2.287>; Nathan Daniel Lucia Smith and Ichiro Kawachi, "State-Level Social Capital and Suicide Mortality in the 50 U.S. States," *Social Science & Medicine*, 120 (November 2014): 269–77, <https://www.sciencedirect.com/science/article/pii/S0277953614005747?via%3Dihub>.

In order to examine the suicidality in Utah by religion and sexual orientation, we used 2019 data from the Utah Department of Human services on over 86,000 Utah youth.

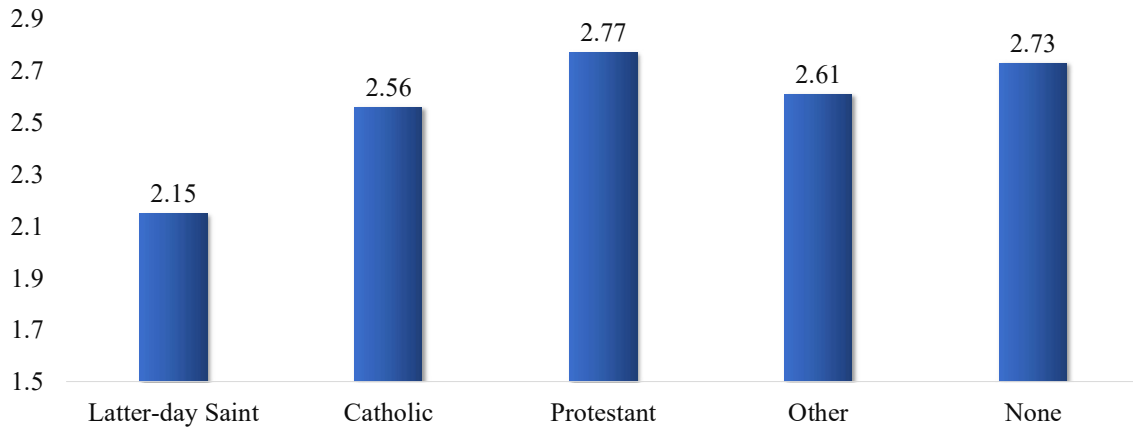
6th-12th Graders in Utah: % Suicide Ideation (LGBQ)



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What we found was that for LGBQ youth (with the “Q” meaning “questioning”), Latter-day Saint youth were significantly lower (both in terms of statistical and practical significance) than any other religious or non-religious group. Catholics were also particularly low compared to other religious or non-religious groups. Though again, hopefully we can acknowledge that all these rates are far too high and signal a lot of work to be done.

6th-12th Graders in Utah: Depression Level (LGBQ)

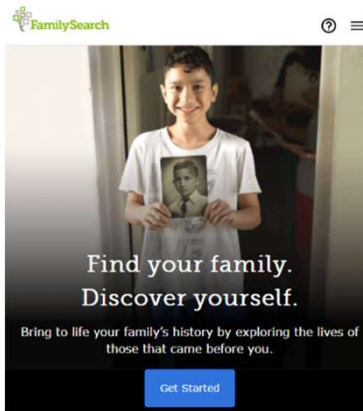


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This same pattern of lower rates for Latter-day Saint LGBQ youth also held for depression (the scale here is from about 1 to 4).

Why are Latter-day Saint LGBTQs at Lower Risk?

- Healthier family connections
- Lower drug/alcohol use



SECTION 89

Revelation given through Joseph Smith the Prophet, at Kirtland, Ohio, February 27, 1833. As a consequence of the early brethren using tobacco in their meetings, the Prophet was led to ponder upon the matter; consequently, he inquired of the Lord concerning it. This revelation, known as the Word of Wisdom, was the result.

1–9, The use of wine, strong drinks, tobacco, and hot drinks is proscribed; 10–17, Herbs, fruits, flesh, and grain are ordained for the use of man and of animals; 18–21, Obedience to gospel law, including the Word of Wisdom, brings temporal and spiritual blessings.

1 A ⁶WORD OF WISDOM, for the benefit of the council of high priests, assembled in Kirtland, and the church, and also the saints in Zion—

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In our analyses, we were able to explain these differences between Latter-day Saints and others. And the reasons for the differences were not particularly surprising.

In our statistical models, when we added family connections and drug use (drug use both by the youth and their family), most of the differences between Latter-day Saints and those of other religions or no religion were explained. In other words, the reason Latter-day Saints were lower in suicidality and depression appeared to be because they had more positive family connections and less drug use.

Most religions, and particularly the Church of Jesus Christ of Latter-day Saints, puts a good deal of emphasis on family connections as well as on not using drugs. Religious youth, and especially Latter-day Saints, have, on average, more healthy family connections and lower drug use.

We should also mention that using our Family Foundations data we were able to estimate the proportion of those of no religion who were *former* Latter-day Saints. With the SHARP data we could then conduct a sensitivity analysis to see how results may have changed if former Latter-day Saints were coded as current Latter-day Saints. Those analyses revealed that it is very unlikely that current Latter-day Saints are lower in their suicidality rate because those of high suicidality had left the Church. Though, this study was really

interested in how *current* affiliation was related to mental health.

We also just finished repeating these analyses with the 2021 SHARP data and found the exact same patterns. In other words, the patterns we report with the 2019 data are also found in the 2021 data.

Perhaps surprising that
this is not a surprise.

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It may be surprising to some that these findings are not a surprise given other research in the area.

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Psychology of Sexual Orientation and Gender Diversity

Family, Faith, and Suicidal Thoughts and Behaviors (STBs) Among LGBTQ Youth in Utah

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Department of Psychology, Bowling Green State University

Utah ranks fifth in the nation for suicide and has experienced a rapid increase in youth deaths by suicide over the last decade. Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) youth in Utah may be at heightened risk, given the major presence and stances of The Church of Jesus Christ of Latter-day Saints regarding LGBTQ identities and relationships. However, no research has yet examined the differences in or predictors of suicidal thoughts and behaviors (STBs; i.e., suicidal thoughts, plans, and attempts) among LGBTQ youth in Utah. Using a large representative sample of Utah middle and high schoolers ($n = 73,982$), we found that Latter-day Saint (LDS) and non-LDS LGBTQ groups reported greater levels of STBs than heterosexual/cisgender youth, with non-LDS LGBTQ youth reporting the highest levels of STBs, followed by LDS LGBTQ youth. Path-analyses demonstrated that LGBTQ participants' reports of higher family conflict and lower parental closeness were tied to higher depression, self-harm, and substance misuse, and these three factors were, in turn, associated with higher levels of STBs for LGBTQ youth in Utah. This path model did not differ significantly due to LDS versus non-LDS religious affiliation. Findings suggest that LGBTQ youth in Utah would be well served if clinicians and advocacy groups pay attention to the ways that religious affiliation and family dynamics might indirectly lead to STBs among adolescents.

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Routledge
Taylor & Francis Group

The LGB Mormon Paradox: Mental, Physical, and Self-Rated Health Among Mormon and Non-Mormon LGB Individuals in the Utah Behavioral Risk Factor Surveillance System

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ABSTRACT

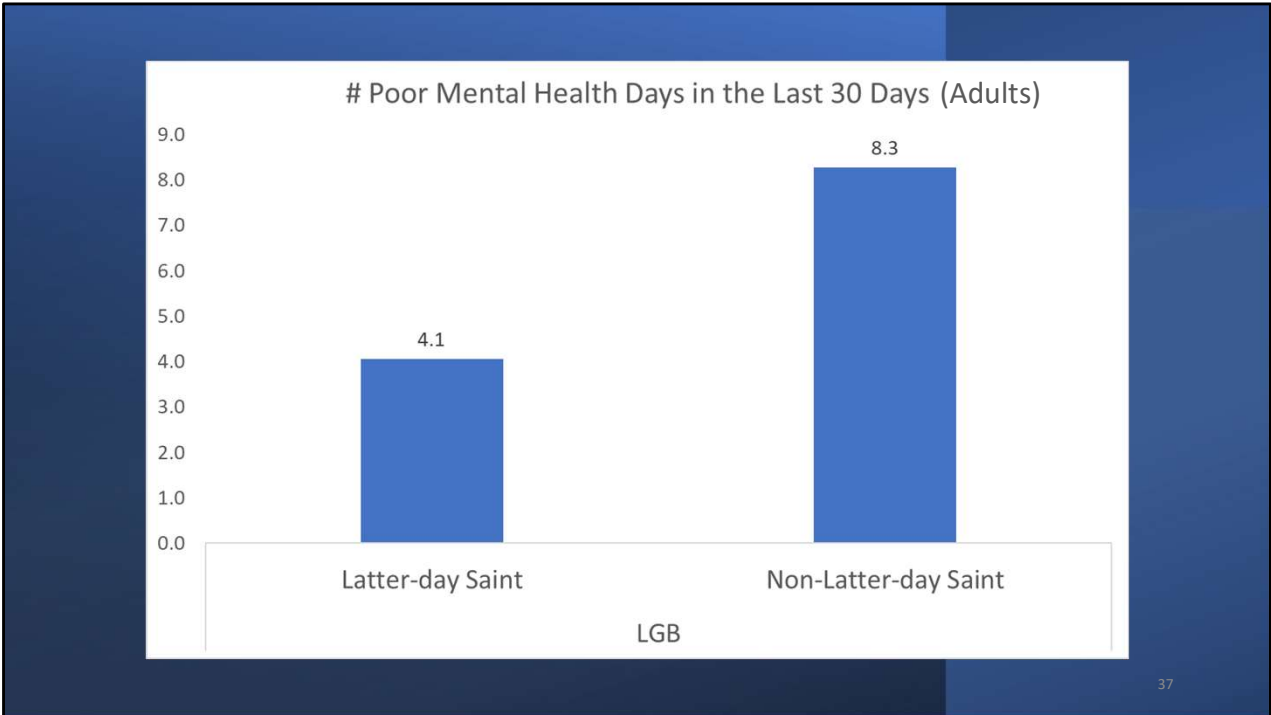
Much of the literature on mental and physical health among religious LGB individuals has relied on small-*N* convenience samples. This study takes advantage of a unique, large-*N*, population-based dataset to test the relationship between religious identity, religious activity, and health, with a specific emphasis on Utah Mormons. In a surprising finding, Mormon LGBs report better mental health than non-Mormon LGBs, while their self-rated and physical health is not significantly different. However, there is some evidence that Mormon LGBs derive fewer health benefits from church attendance than their non-LGB Mormon counterparts. These results may nuance the conventional wisdom regarding the health dynamics of LGB individuals who identify with a conservative, heteronormative religious tradition, and plausible explanations are discussed.

KEYWORDS

Bisexuality; gay; health disparities; Mormon; religion; sexual orientation

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James McGraw and others at Bowling Green used these same data and similarly find LGBQ Latter-day Saints have lower rates of suicidality. Stephen Cranney used Utah's Behavioral Risk Factor Surveillance data with about 16,000 adults and found LGB Latter-day Saints had better mental health than LGB non-Latter-day Saints.



In Cranney’s work, he found Latter-day Saint LGBs had 4.1 poor mental health days a month whereas non-Latter-day Saint LGBs were a little more than double that rate.



Sexual minorities, mental health, and religiosity at a religiously conservative university

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ABSTRACT

With increasing mental health concerns on college campuses and the complex developmental tasks of young adulthood, sexual minority students may be at particular risk for negative mental health and well-being outcomes. This risk may be compounded at highly religious universities that are not affirming of same-sex romantic relationships. The current study examined religiosity, mental health outcomes, and sexual minority identity at a highly religious university using structural equation modeling. All undergraduates were invited to participate, and 7625 students participated, with 996 students indicating a sexual orientation other than "strictly heterosexual." We found that sexual minority students had significantly worse mental health outcomes and well-being than their heterosexual peers. We also found that religiosity acted as a protective factor for both the sexual minority and the heterosexual group, although the effect was weaker for the sexual minority group. Finally, we found that for sexual minority students, concerns around being accepted by others was the greatest predictor of lower quality of life and higher suicidality, depression, generalized anxiety, social anxiety, and academic distress.

A study published last year on 7,600 BYU students found that religiosity was a protective factor for both heterosexuals and sexual minorities. Though the effect was weaker for sexual minorities, which I think is an important point to make.

The Relationship Between Religiousness and Health Among Sexual Minorities: A Meta-Analysis

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²School of Psychology, Counseling, and Family Therapy, Wheaton College

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Meta-analyses suggest that religiousness/spirituality (R/S) is consistently and positively associated with health (average $r = .15$); however, the strength and direction of this relationship is much less clear among sexual minorities, and many sexual minorities experience tension related to R/S. To address this, we present results from the first meta-analysis of the relationship between R/S and health among sexual minorities. Using 279 effect sizes nested within 73 studies, multilevel meta-analyses suggest a small but positive overall relationship between R/S and health among sexual minorities ($r = .05$), with a substantial amount of residual heterogeneity. Moderator analyses clarify that this relationship is particularly positive when R/S is conceptualized as spirituality ($r = .14$) or as religious cognition (e.g., belief; $r = .10$). The relationship between R/S and health disappears or becomes negative when participants are sampled from sex-

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And all of this aligns with a meta-analysis by Tyler Lefevor at Utah State and his colleagues. It may be worth mentioning Tyler is a former Latter-day Saint and a sexual minority himself. This meta-analysis examined all the research on the intersection of religion and mental health for sexual minorities and found an overall positive relationship between religiousness and mental health. That is, the more religious they were, the better their mental health was on average.

Findings from studies on Latter-day Saint sexual minorities fit very well within the overall literature.

It should be noted that there is some nuance to this meta-analysis. Given some moderators, the relationship between religiosity and mental health became non-significant. For example, in studies that sampled from gay venues such as gay bars, the relationship between religiosity and mental health became non-significant. That is, there was no relationship between their religiosity and their mental health. The abstract also says that in some circumstances the relationships between religion and mental health becomes *negative*. That is, higher religiosity was associated with worse mental health. However, after I read the article, I checked with the first author and that statement in the abstract about the relationship becoming negative is a mistake. At no point in the meta-analysis did the relationship between religiosity and mental health become negative for sexual minorities.

But that doesn't mean there aren't some conflicting findings and important nuances. Even though there was no negative effect in the meta-analysis, some of the individual studies in the meta-analysis did find a negative effect.

Refining Research on the Intersection Between Sexual Orientation, Suicide, and Religiosity

W. Justin Dyer

Religious Education, Brigham Young University

This study examined the intersection of religion, suicidality, and sexual orientation. Given conflicting findings in this area (Lytle et al., 2015, 2018), the conceptualization of religiosity is refined and its relationship to suicidality and related constructs are examined. Data come from the 2011 University of Texas at Austin's Research Consortium's "Survey of Distress, Suicidality, and Student Coping" ($n = 20,991$). Analyses replicated previous work (Lytle et al., 2018) examining the relationships between importance of religious/spiritual beliefs and suicidality across sexual orientations. Analyses were enhanced with imputation and single regression analysis, and a more refined measure of religiosity was examined for its relationship with suicidality, belongingness, mindfulness, and sense of coherence. The helpfulness of religious/spiritual connections in coping were compared to other resources. Analyses found fewer associations between importance of religious/spiritual beliefs and suicidality for lesbian, gay, bisexual, and questioning (LGBQ) persons than previous work. Religiosity was protective against suicidality for heterosexuals, was positively associated with ideation for lesbians/gays, was unrelated to ideation for bisexual and questioning individuals, and was unrelated to suicide attempts for LGBQ individuals. For LGBQ individuals, when belonging, coherence, and mindfulness were related to religiosity, the association indicated better wellbeing for those who were more religious. For LGBQ individuals, a connection with religion/spirituality was either equally or more helpful than connection with a university, mental health professionals, or campus resources. Findings reflect complexity between sexual orientation, suicidality, mental health, and religiosity with religiosity associated with protection and some risk. Future research requires more precise conceptualizations and operationalizations, and the avoidance of simplistic narratives.

Keywords: suicide, sexual orientation, religion, methodology, mental health

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I [Justin] recently did some work on the intersection between sexual orientation, suicide, and religion in an attempt to help researchers refine how they methodologically approach this question. This, in itself would be the subject for another entire presentation. But it is important to note the complexity within the research. In this study I analyzed data from over 20,000 college students nationwide. In several instances, for sexual minorities religiosity was related to *better* mental health, in other instances religiosity was *unrelated* to mental health, and in one instance religiosity was related to *poorer* mental health. So while we acknowledge that the majority of research finds a positive relationship between religiosity and mental health for sexual minorities, it is important to acknowledge some divergence from that.

Summary

1. Sexual minority individuals need particular mental health attention.
2. Overall, the link between religiosity and better mental health appears to hold for sexual minorities.
3. Research does not support the common narrative that Utah suicide rates are higher due to sexual minority suicides.
 - Help people understand the narratives they encounter.
4. Research comparing sexual minority Latter-day Saints to those of other religions or no religion typically finds Latter-day Saint sexual minorities have better mental health.
5. We cannot determine causality. However, at a minimum we can say that being religious (including being a Latter-day Saint) more often than not overlaps with better mental health for sexual minorities.*

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So with all of this, what are some important takeaways? [see slide]

Point number five is particularly important. While we cannot determine causality, better mental health and religiosity does, more often than not, overlap for sexual minorities. However, the asterisk is there to indicate that there are some studies that find they do not overlap.

Competing Selves: Negotiating the Intersection of Spiritual and Sexual Identities

Alissa Sherry, Andrew Adelman, Margaret R. Whilde, and Daniel Quick
University of Texas at Austin

The current data suggest that multiple selves do not necessarily become fragmented or overly conflicted. A therapist should not, as the authors initially did, make assumptions that a client who identifies as both spiritual or religious, as well as LGB is necessarily dealing with a conflict in negotiating their identities. As the current study has shown, many LGB people have successfully negotiated the integration of these two aspects of identity in a way that allows them to feel congruent and free from identity conflict. People are effectively able to adjust aspects of the self in useful and adaptive ways. Therefore, when LGB clients present for mental health treatment, therapists should discuss these identities with their client before dedicating time in therapy to deal with an issue that is not a problem for their client.

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We'd like to give Alissa Sherry and her colleagues the last word here. About 12 years ago they examined how sexual minorities navigate their sexual and spiritual identities. While they find those who have difficulties navigating those identities, they also conclude:

[see slide for quote]

Some of the best research is that which surprises us. These authors initially, like many of us, assumed there would be conflicts between a spiritual and sexual identity. While that may occur, there are many who have successfully integrated their identities.

For us, what we've presented here has helped us see individual experiences more broadly. It has helped us identify what most individuals may experience, as well as see how experiences may differ.

The research we presented tonight suggests that religious sexual minorities (including sexual minority Latter-day Saints) often do derive protection from their religion. Going back to the concept of reflexivity and being forthright, we believe the Savior and His restored gospel can bless our LGBTQ+ brothers and sisters while acknowledging difficulties individuals may experience. We recognize not all feel the same way and we honor and love each person no matter their beliefs or what path they walk.

We encourage everyone to examine the best data available for themselves and allow the research to inform their perspectives. We also acknowledge individual perspectives are based on a host of factors beyond empirical studies. But we hope that understanding the research provides additional information that can be used as we work together to approach these issues in the most healthful way possible.