Holding Space for Pride: Best Practices in Intersectional LGBTQ+ Affirmative Care

Presented by Kimberly Applewhite, Psy.D. and Tyler Lefevor, Ph.D.

A big thank you to all who attended our CE presentation on June 17th! I hope your experience was as enriching as ours.

We received some feedback after the presentation from several attendees who felt the presentation was "solely about the Mormon religion" and felt this should have been disclosed. I had a few thoughts about this that hopefully are appropriate to share.

From a personal intersectional perspective, it has been important to me to position myself as a Latter-day Saint for many reasons. Chief among them is the fact that people are very unlikely to know this about me without asking, because the LDS Church's history and attitudes of some members in the present have curbed numbers of Black American membership. But being LDS significantly affects my connection with the Black community at-large, especially when I was growing up in the Southern United States, because I don't have many of the same cultural signifiers and language that other Black Americans might have learned through the church. Being LDS made it more likely that I was seen to be "too white" to socialize in the same ways, and this is a pervasive pattern in my interactions in Utah as well.

I realize that it is common for people in Utah to locate themselves within LDS contexts in order to gain a sense of power that comes from being in the majority. This has been done to me when people did not know I was a member! Functionally this is probably something I have learned to do to ease the deleterious effects of other forms of oppression, but that was not the explicit intent of doing so in this presentation, so I apologize if it came across in this way.

I also want to note that in a presentation that was evenly divided amongst Dr. Lefevor and myself, all of what I presented (until my dissertation work) did not specifically have Latter-day Saint membership as a factor being considered in the research. It feels important to me to caution against the pattern we might can all exhibit of representing a body of content by what we consider to be the dominant narrative, especially as it excludes the experiences of the communities that my contribution represented.

That being said, I would love to give you some references about the intersections of sexuality in other religions (next slide)! I mentioned some in the presentation by researcher name but not by reference. Long story long, there are many similarities with Latter-day Saint narratives we shared in terms of the disclosure process, innovation in religious and spiritual narratives, and the mixed outcomes of religion as protective. There are differences in conceptualization of centralization of church/religious practice (which you might expect). Tyler and I have also been affiliated with an APA Division 36 (Study of Religion/Spirituality)/44 (LGBTQ+ issues) task force for quite some time, so would love the chance to talk more offline!

Kimberly Applewhite, PsyD

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Additional References:

Etengoff, C., & Rodriguez, E. M. (In Press): Incorporating transformative intersectional psychology (TIP) into our understanding of LGBTQ Muslims' lived experiences, challenges, and growth. Journal of Homosexuality.

Etengoff, C., & Rodriguez, E. M. (In Press). "At its core, Islam is about standing with the oppressed": Exploring transgender Muslims' religious resilience. Psychology of Religion and Spirituality.

Glassgold, J. M. (2008) Bridging the divide: Integrating lesbian identity and Orthodox Judaism. Women & Therapy, 31:1, 59-72. DOI: 10.1300/02703140802145227

Hallman, J. M., Yarhouse, M. A., & Suarez, E. C. (2018). Shame and psychosocial development in religiously affiliated sexual minority women. Journal of Psychology and Theology. Doi: 10.1177/0091647117748450

Lassiter, J. M., Brewer, R., & Wilton, L. (2020). Toward a culturally specific spirituality for Black sexual minority men. Journal of Black Psychology, advance online publication. doi: 10.1177/0095798420948993

Lassiter, J. M. & Poteat, T. (2019). Religious coping and depressive symptoms among Black Americans living with HIV: an intersectional approach. Psychology of Religion and Spirituality. doi: 10.1037/rel0000284

Rodriguez, E. M. (2016). At the intersection of church and gay: A review of the psychological research on gay and lesbian Christians (pp. 43-74). In C. Cusak & J. Prior (Eds.), Religion, sexuality and spirituality: Critical concepts in religious studies. Oxford, UK: Routledge.

Rosenkrantz, D. E., Rostosky, S. S., Toland, M. D., & Dueber, D. M. (2019). Cognitive-affective and religious values associated with parental acceptance of an LGBT child. Psychology of Sexual Orientation and Gender Diversity. Advance online publication. doi: 10.1037/sgd0000355

Holding Space for Pride

Best Practices in Intersectional
LGBTQ+ Affirmative Care

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Learning Objectives

- Identify key aspects of sexuality development, gender development, and identity development in the LGBTQ+ population

- Describe three ways of applying evidence-based principles from research or tailoring existing interventions for intersectional LGBTQ+ populations

- Identify resources for seeking additional consultation and learning for building competence in working with LGBTQ+ population

Overview

- Positionality
- Terminology
- Identity Development Frameworks
- Literature Review
  - Spirituality
  - Race
- Clinical Applications
- Resources

Kimberly's Positionality
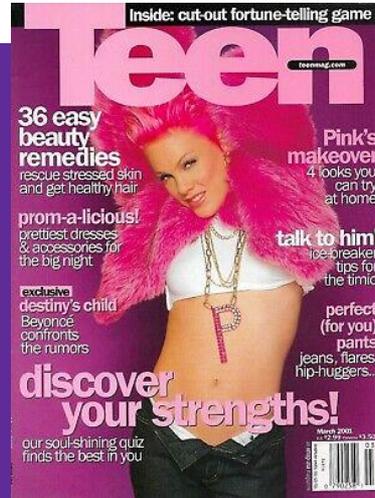
Terminology

Intersectionality

- Kimberle Crenshaw
- Feminist sociological theory + critical race theory
- Socially/culturally constructed categories interact on multiple levels to contribute to systematic social inequality
- Classical conceptualizations of societal oppression interact to create system of oppression

Identity Development

Sexual Identity Development

Cass (1979)

- Identity Confusion
  - Incongruence, awareness, "curiosity or anxiety"
- Identity Comparison
  - Conditional acceptance, attending to social alienation
- Identity Tolerance
  - Seeking out contacts
- Identity Acceptance
  - Increases community interaction, "inner sense of self is still tenuous" (Cass, 1996)
- Identity Pride
  - Reject strategies to hide, increased activism
- Identity Synthesis
  - Differentiated and integrated

# Sexual Identity Development

Savin-Williams (1998)

- Awareness
- First gay sexual experience
- First heterosexual sexual experience
- Labeling
- Disclosure (to others)
- First gay romance
- Disclosing to family members
- Fostering positive identity

Savin-Williams (2006)
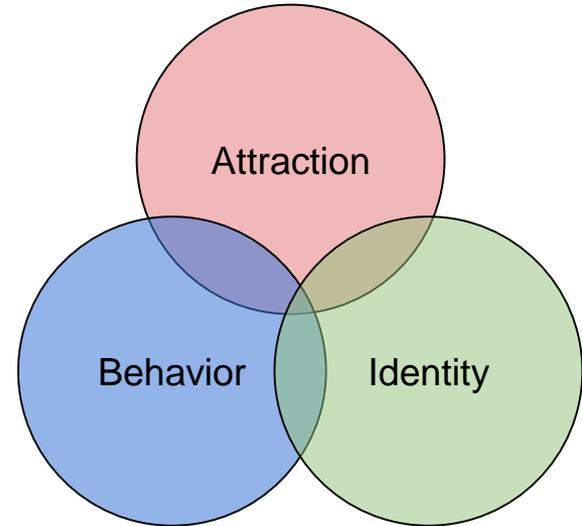
Sexual Identity Development

Dillon, Worthington, & Moradi (2011)
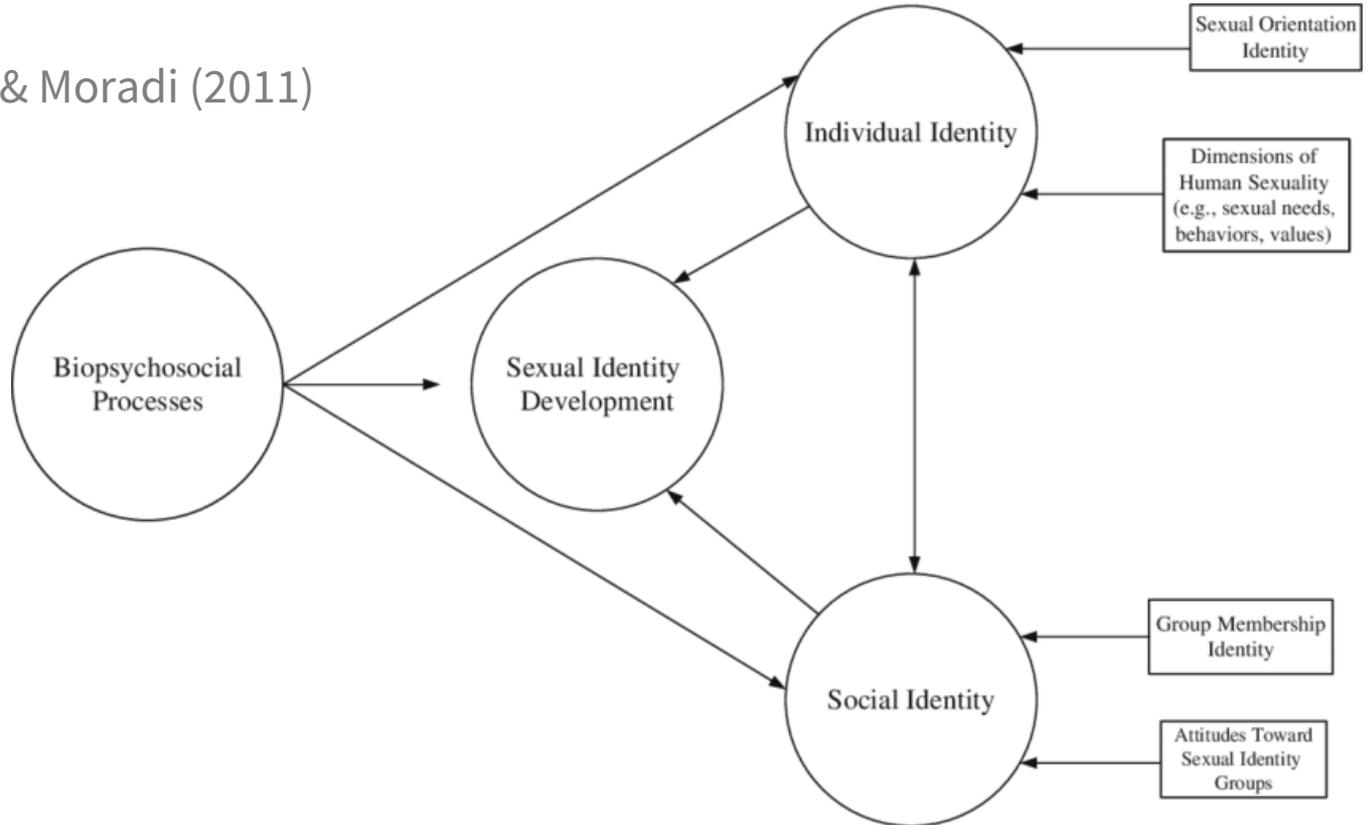
Gender Identity Development

- Kohlberg (1966)
  - Gender Labeling (around age 3)
  - Gender Stability (around age 5)
  - Gender Constancy (around age 7)
- Bandura - feedback on gender nonconforming behavior gives insight to gender identity
- Synthesis model - Bilodeau (2005); Bussey & Bandura (1999); Tate, Youssef, & Bettergarcia (2014)

Stage 1	Foreclosed Cisgender Identity
Stage 2	Gender Moratorium Gender Diffusion Commitment to Gender Identity
Stage 3	Development of the Identity
Stage 4	Social and Political Awareness
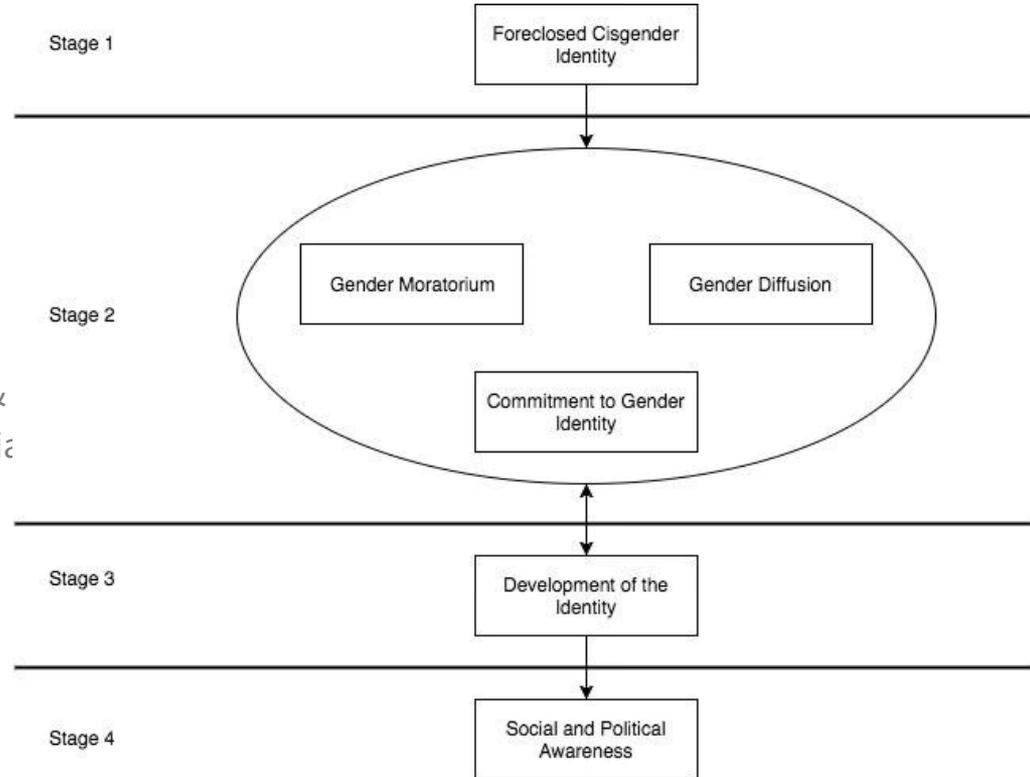
How have we developed flexibility?

Cross' Model of Nigrescence

01	Pre-Encounter Phase	"White is Right" - Race not likely to be salient, though person is aware of racial groups from a young age (Katz, 2003)
02	Encounter Phase	- Contact with racism or discrimination - Questioning of previous beliefs - Desire to go back into previous states of knowing - May become depressed or angry
03	Immersion-emersion	"All Black Everything" - Education desire increases - Interests change - "why are all the Black kids sitting together?"
04	Internalization	- Able to incorporate other meaningful identities - Pro-Black identity internalized
05	Internalization-commitment	Long-term commitment to advancing Black culture and causes

Lassiter et al, 2020

- Research in Black sexual and gender minority (SGM) communities is often monolithic, non-specific, and driven by federal funding priorities
- Risk of ostracization in multiple communities
- Intersectional discrimination related to likelihood of mental health diagnosis in Black bisexual individuals
- Black SGMs may develop more positive feelings about racial identity, which may in turn lead to resilience in midst of multilevel stressors
    - Internalized homonegativity may lead to conflict and negative mental and social health outcomes
- May be an increase of suicide risk among Black SGMs, but research is limited

Clinical Applications

Dr. Applewhite's takeaways

- Change is a constant in LGBTQ+ community
  - e.g. terminology, centrality of identity labeling
  - Radically accept change and need for continual work
  - Open up to new experiences and new language
  - Defuse from notions of fixed competency

Dr. Applewhite's takeaways
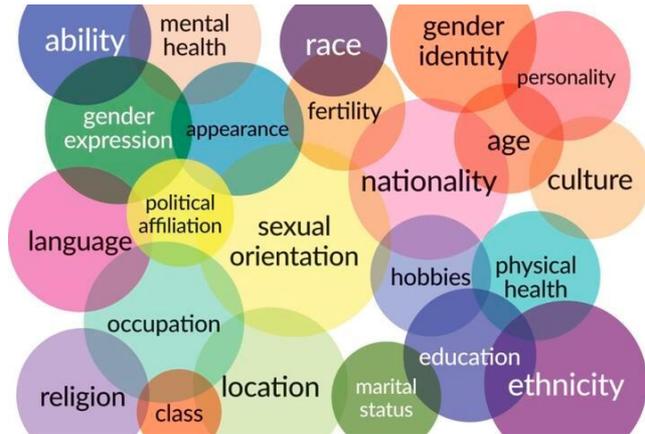
- Identity development takes place in context
  - ADDRESSING - Hays (1996, 2008)
    - Age
    - Developmental disability
    - Developmental condtions that are acquired
    - Education
    - Sexual orientation
    - Socioeconomic status
    - Indigenous group membership
    - National origin and language
    - Gender

LGBQ Identity Development
(Shutt, 2012, for review)

Awareness

Exploration

Acceptance

Pride

Synthesis

Faith Development

(Fowler, 1981)

Mythic & Literal

Synthetic & Conventional

Individual & Reflective

Conjunctive

Universalizing

Results

I. Awareness and Avoidance
   A. "I knew that it was something different, and I felt like I needed to hide it."
   B. "I was just leading this double life."

II. Working Through with New Knowledge
   C. "It was helpful talking about it; I think it was working through the shame."

III. Pushback from Communities of Support
   D. "It's fear from our families…"
   E. "The Church's interpretation is so wide, it's scary."
   F. "It really becomes this form of spiritual abuse."

Results

IV. Dealing with Identity Conflict
G. "The conflict is constant, and I feel like it's irreconcilable."

V. Acceptance, Pride, and Synthesis
H. "As much as I am gay, I am Mormon."
I. "I'm a pretty good Mormon except for the gay thing."

VI. Maintaining Synthesis through Social Support
J. "I've kind of shifted to having multiple support systems."

Implications

Dr. Applewhite's takeaways

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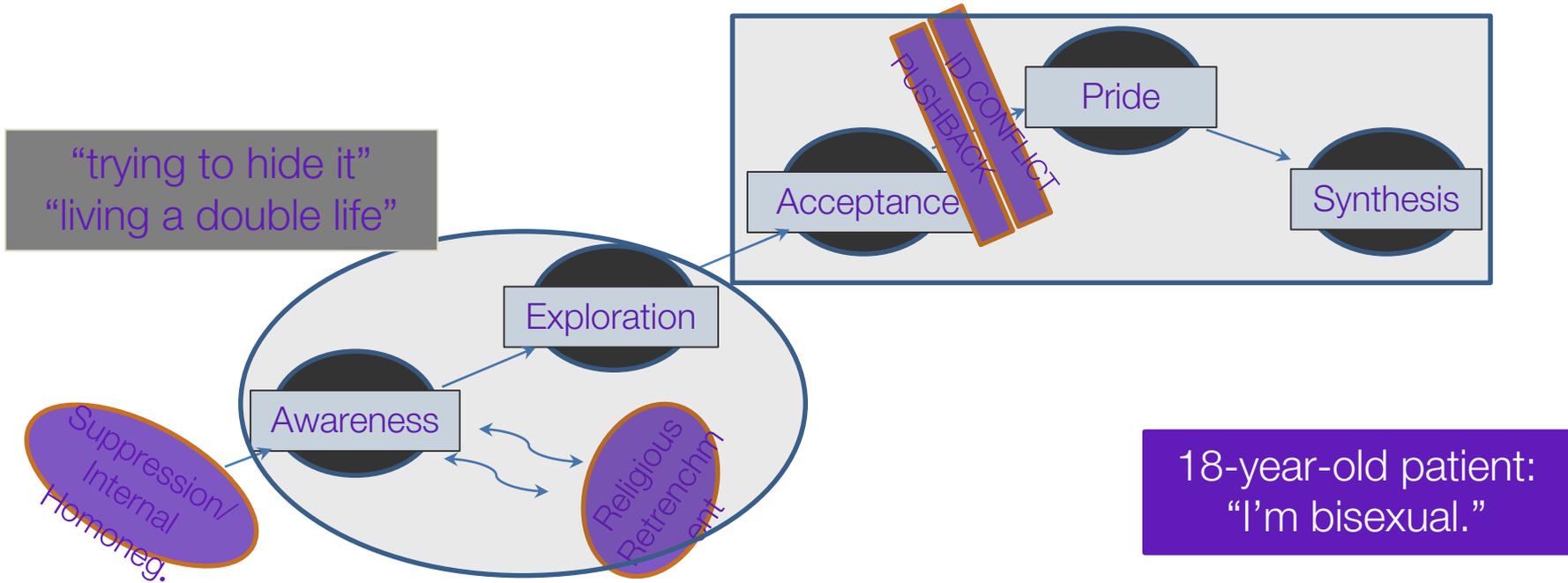
- Consider the impact of disparities research as a field on various minoritized groups; be well-versed in strengths-based approaches and culturally sensitive methodologies

Black Trans Protective Factors (Lassiter et al, 2020)

- Coping, resiliency, and social support were helpful resources in navigating structural barriers
- House/ballroom communities - able to disseminate sex-positive and health-protective information to members
- Deep exploration and integration of stigmatized social identities facilitates reframing of negative beliefs

Dr. Applewhite's takeaways

- Marginalized communities and diverse identities are not the same!
  - Many journeys are similar in terms of influence of socialization on self-esteem impact
  - Consider the mutual influence of political activism
  - Intersectional representation is essential
  - I don't get it right all the time! And neither do clients

Dr. Applewhite's takeaways

- Affirmation is more than an attitude; it requires action and consistency
  - Family Acceptance Project (Ryan, 2009)
  - Acceptance of Trans Children in Families (Katz-Wise et al, 2022)
  - Trans-Affirming Cognitive Behavioral Therapy (Austin, Craig, & Alessi, 2017)
  - Transdiagnostic approaches for LGB clients (Pachankis, 2014)

Ryan (2009)

- Assumes families love their children and want them to have a good life
- Acknowledges hopes and dreams are shaped by expectations that are influenced by culture and beliefs
- Meets families where they are
- Parallel modeling of acceptance
- Uses FAp finding to link family reactions to their child's LGBT identity with health, mental health, and wellbeing

Youth Believe They Can Be A Happy LGBT Adult

Level of Family Acceptance

EXTREMELY accepting — 92%

VERY accepting — 77%

A LITTLE accepting — 59%

NOT AT ALL accepting — 35%

Ryan, Family Acceptance Project, 2009
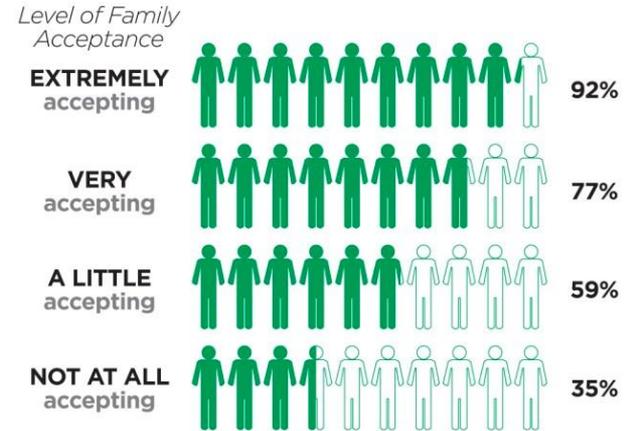
Katz-Wise et al, 2022

Eight themes:

- Identity processes - disconnect between body and internal sense of gender
- Emotions/coping - avoidance or confrontation
- General Family Experiences - disclosure and change in dynamics
- Family Support - self-education!
- General Community Experiences - "gambling game"
- Community Support - affirming names/pronouns
- LGBTQ community - affiliation and activism
- External forces - geography and access

Austin, Craig, & Alessi (2017)

- TA-CBT was adapted to ensure an affirming stance toward gender diversity, recognition and awareness of transgender-specific sources of stress, and the delivery of CBT content within an affirming and trauma-informed framework
- Affirming and trauma-informed perspective recognizes that traumatic events and experiences may threaten transgender and non-conforming clients' sense of safety, power, and control over their lives
  - Assessment - incorporates early learning experiences around gender expression/identity
  - Self-regulation - emphasizes relaxed body and mind
  - Psychoeducation - helps clients understand potentially traumatic impact of systemic oppression
  - Modifying negative thinking through trans-affirming context

Pachankis (2014)

- Most LGB people are resilient, and LGB people on average are more likely to report experiencing certain mental health problems and are more likely to utilize mental health services
- Guidelines adapted from interviews with experts and with gay and bisexual men
  - Normalize adverse impact of minority stress
  - Reduce avoidance
  - Empower assertive communication
  - Validate unique strengths
  - Build supportive relationships
  - Affirm rewarding expressions of sexuality
- Adaptation of principles in a RCT of gay and bisexual men led to reductions in reported depression, alcohol use, sexual compulsivity, and condomless anal sex

Dr. Applewhite's takeaways

- Creativity and transformation are key to integrating wanted religious and spiritual practice
  - The protective factor of religion varies across situations and identity intersections, but those who find success tend to be able to transform values-consistent spiritual practice in a way that embodies their integrated selves

My perspective

- White
- Cisgender
- Queer
- Mormon
- Psychologist

SOME NOTES ABOUT TERMINOLOGY

Sexual Orientation is Multidimensional

Movement

Communities

Sexual Identity

Sexual Behavior

Sexual Attraction
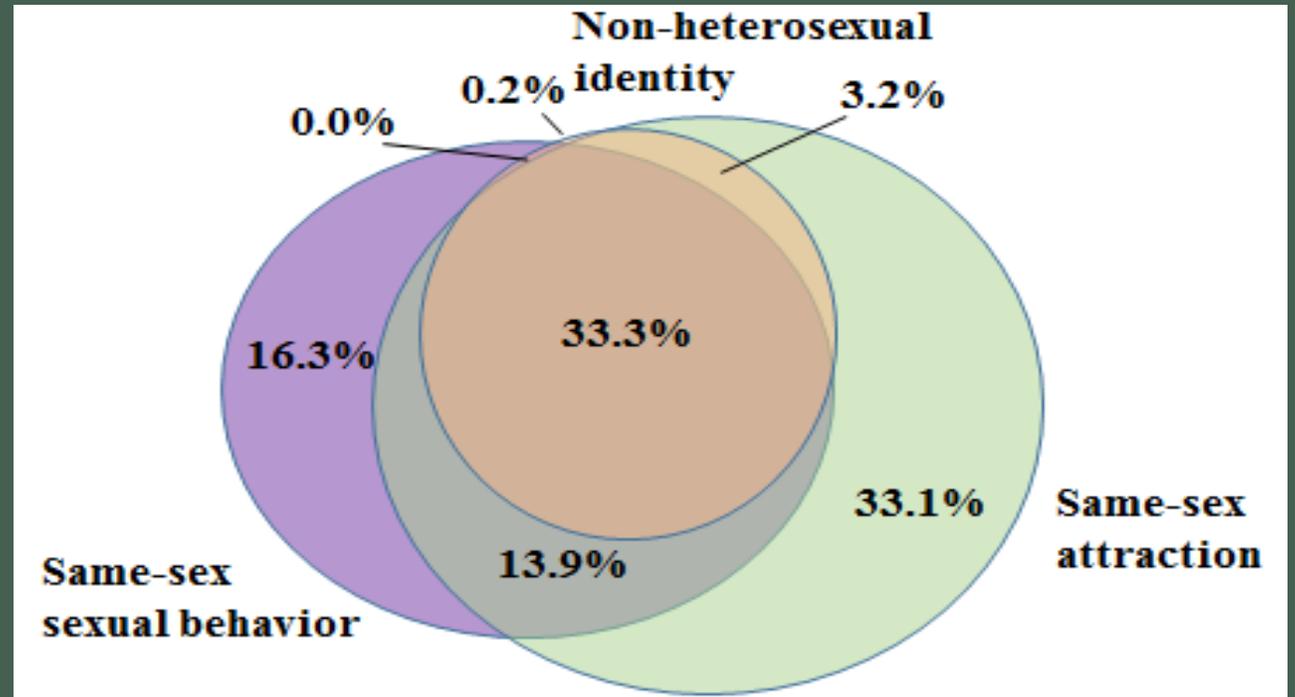
Gender is Also Multidimensional
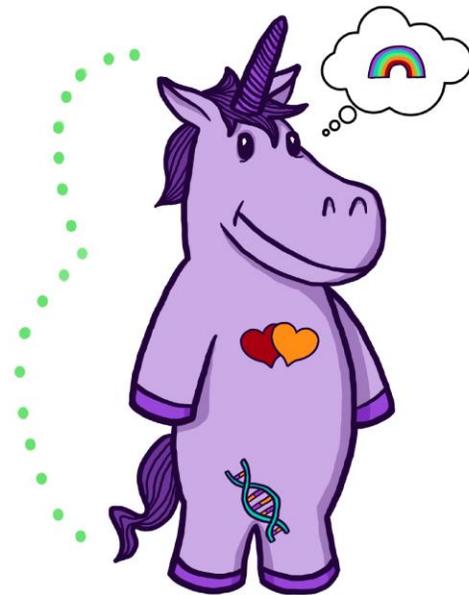
Ever Just Wanted a List?

Don't Use This	Use This
• Homosexual	• Same-sex
• Homosexuality	• Same-sex sexuality
• Transgendered, transsexual	• Transgender
• Gays, bisexuals, lesbians	• Gay/bisexual/lesbian individuals
• The LGBTQ+ community	• LGBTQ+ communities
• Homophobic	• Homonegative or heteronormative
• Preferred pronouns	• Pronouns
• Biologically/genetically male/female	• Assigned male/female at birth
• Males/females	• Men/women
• Lifestyle	• Just don't
• Sexual preference	• Sexual orientation
• Sex change	• Gender affirmation surgery

Ten Things I Have Learned About LGBTQ+ Latter-day Saints

- Part 1: Ways to be an LGBTQ+ Latter-day Saint
- Part 2: Risks and resources

PART 1: WAYS TO BE AN LGBTQ+ LATTER-DAY SAINT

1. There Are A Few Ways to be an LGBTQ+ Latter-day Saint

- Rodriguez & Ouellette (2000)
  - Leaving faith
  - Prioritizing faith over LGBTQ+ experience
  - Integrating
  - Compartmentalizing
- Dehlin et al. (2015)
- Lefevor, Meter et al. (2022)

Estimated Means for a Three-Class Solution

Dehlin, Galliher et al., 2015; Lefevor, Meter et al., 2022; Rodriguez & Ouellette, 2000
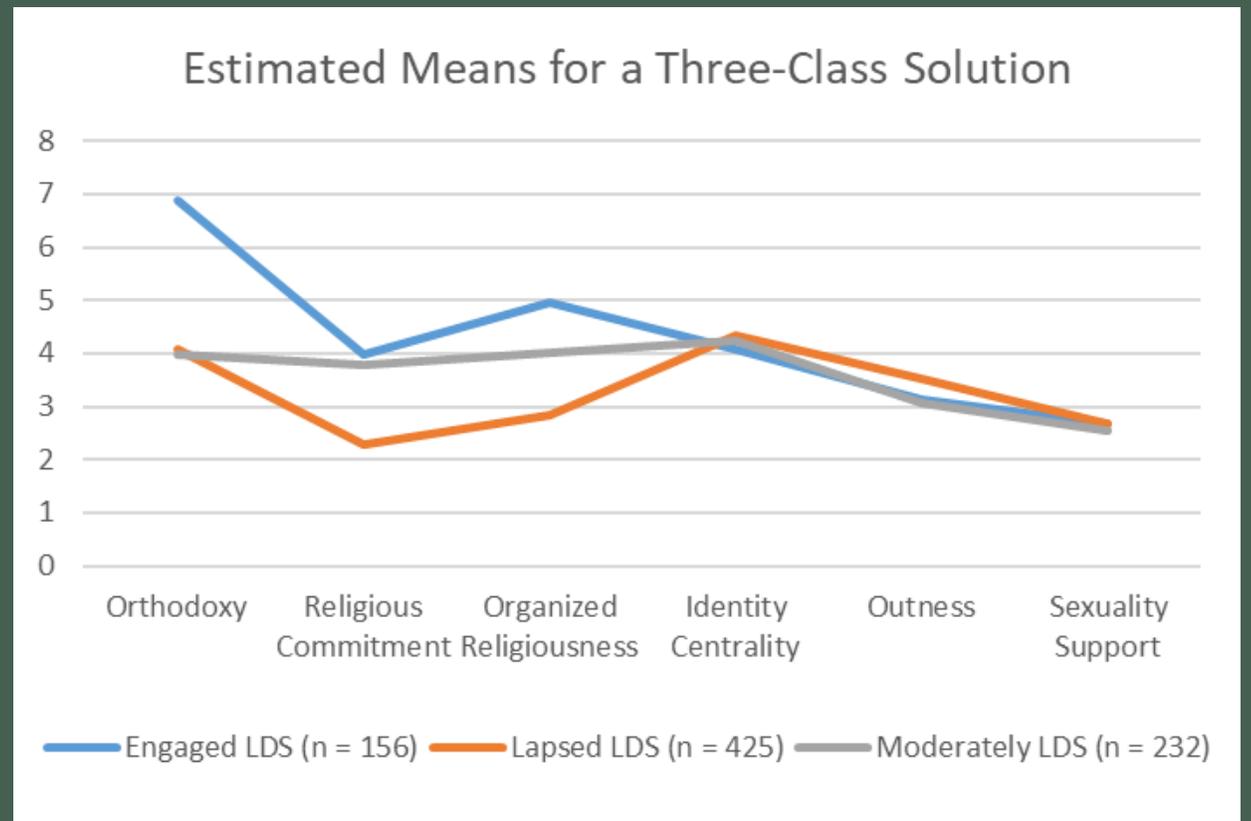
2. Some LGBTQ+ Latter-day Saints Find Health and Satisfaction in the Church

Single, Celibate

Mixed Orientation Relationship

Religious Orthodoxy
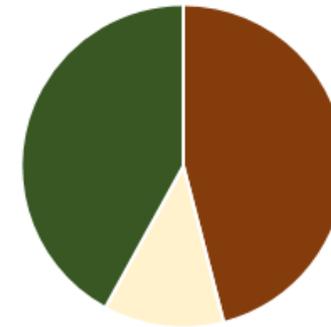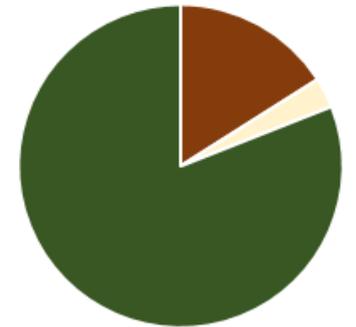
Table 4. Outcomes by relationship option.

	Max Value	SC			MOR		
		M	SD		M	SD	
Anxiety	4	1.98	0.83		1.89	0.76	
Depression	4	1.94	0.72		1.76	0.66	
Internalized homonegativity	6	4.48	1.68		4.13	1.86	
Life satisfaction	7	3.98	1.43		4.76	1.31	
Physical health	7	5.00	1.60		5.31	1.52	

Note. SC = single and celibate; SNC = single and not celibate; MOR = mixed-orientation relationship; SSR = same-sex relationship; M = mean; SD = standard deviation.

3. Most LGBTQ+ Latter-day Saints Leave the Church and Find Satisfaction and Health

Changes in Religiousness, Minority Stressors, and Health Across 2 Years.

	Range	Wave I M (SD)	Wave II M (SD)	t	d
Religiousness					
Religious Commitment	1 – 5	2.52 (1.15)	2.27 (1.07)	-3.62**	-0.23
Interpersonal Religious Struggles	1 – 5	2.56 (1.03)	2.38 (1.05)	-2.17*	-0.17
Service Attendance	1 – 6	3.10 (1.76)	2.83 (1.71)	-2.89**	-0.16

Table 4. Outcomes by relationship option.

	Max Value	SC M	SC SD	SNC M	SNC SD	MOR M	MOR SD	M	SD
Anxiety	4	1.98	0.83	1.96	0.77	1.89	0.76	1.72	0.72
Depression	4	1.94	0.72	1.90	0.69	1.76	0.66	1.57	0.59
Internalized homonegativity	6	4.48	1.68	3.14	1.94	4.13	1.86	2.32	1.49
Life satisfaction	7	3.98	1.43	4.15	1.44	4.76	1.31	5.10	1.24
Physical health	7	5.00	1.60	5.11	1.65	5.31	1.52	5.49	1.43

Note. SC = single and celibate; SNC = single and not celibate; MOR = mixed-orientation relationship; SSR = same-sex relationship; M = mean; SD = standard deviation.
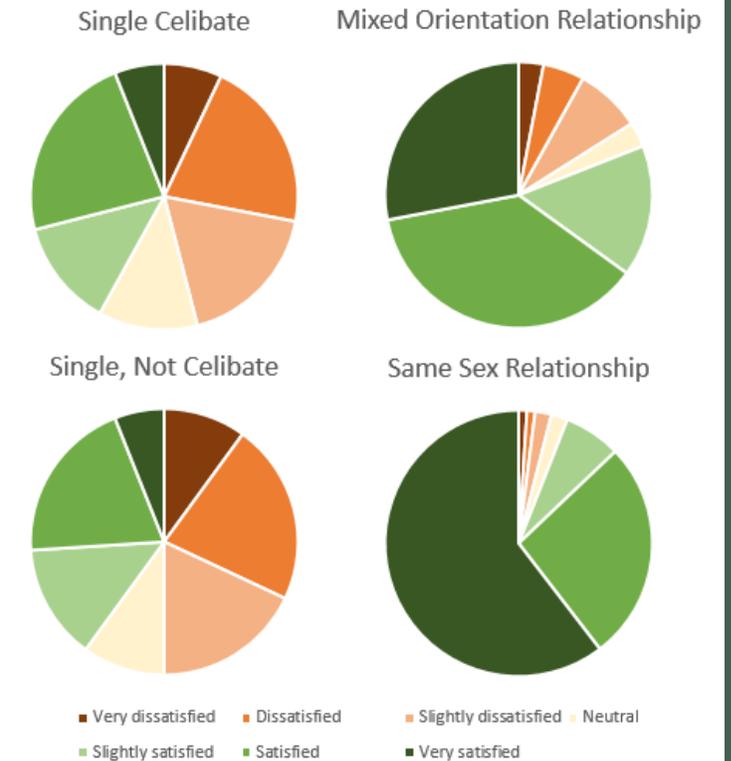
4. Being Caught Between an LGBTQ+ Identity and Church Membership Sucks

Main Themes (frequencies)	Sub-themes
Identity Conflict/Confusion (57)	Not Fitting in LGBTQ+ Community
	Not Fitting in Religious Community
	Not Fitting in Either Community
	Overall Confusion
	Identity Conflict

"It feels like a damned if I do and damned if I don't situation."

"The community surrounding my sexual/gender identity will often belittle or get angry with my church. And I also find that some members of my church are bigoted and do the same towards those who are part of my community."

"I have found absolutely NO acceptance in the LGBTQ+ community…because of my religious affiliations."

Religious Activity and Well-Being

Legend: 1x/week + | 1x/week | 1-2x/ month | <1x/month | None
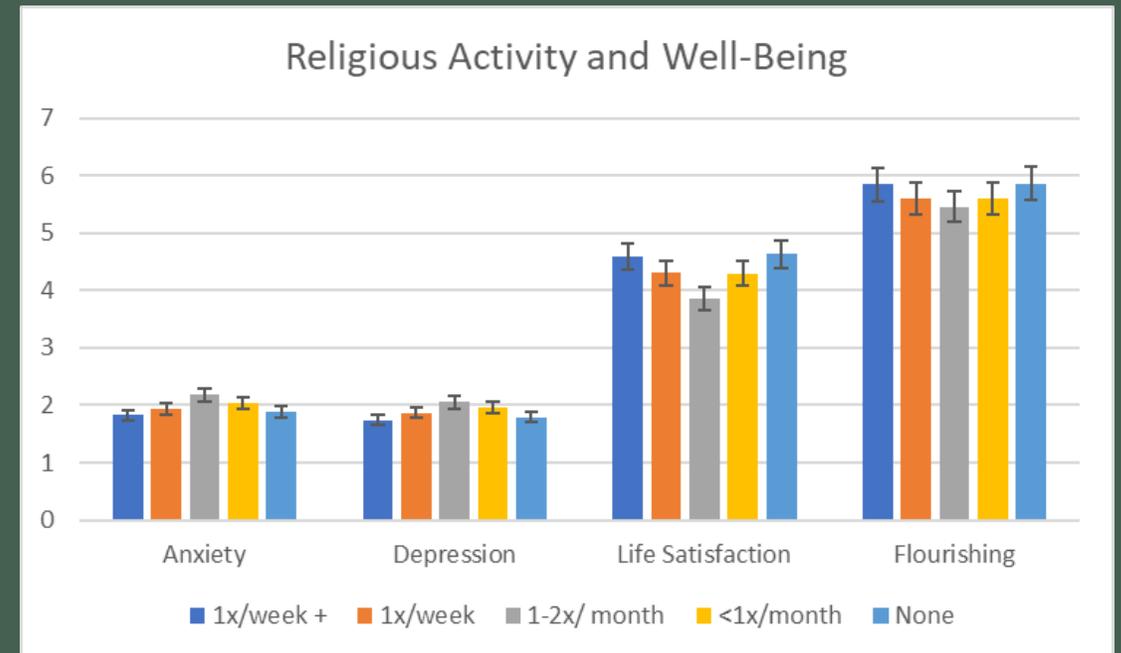
5. Labelling Matters But in Different Ways Than You Might Think
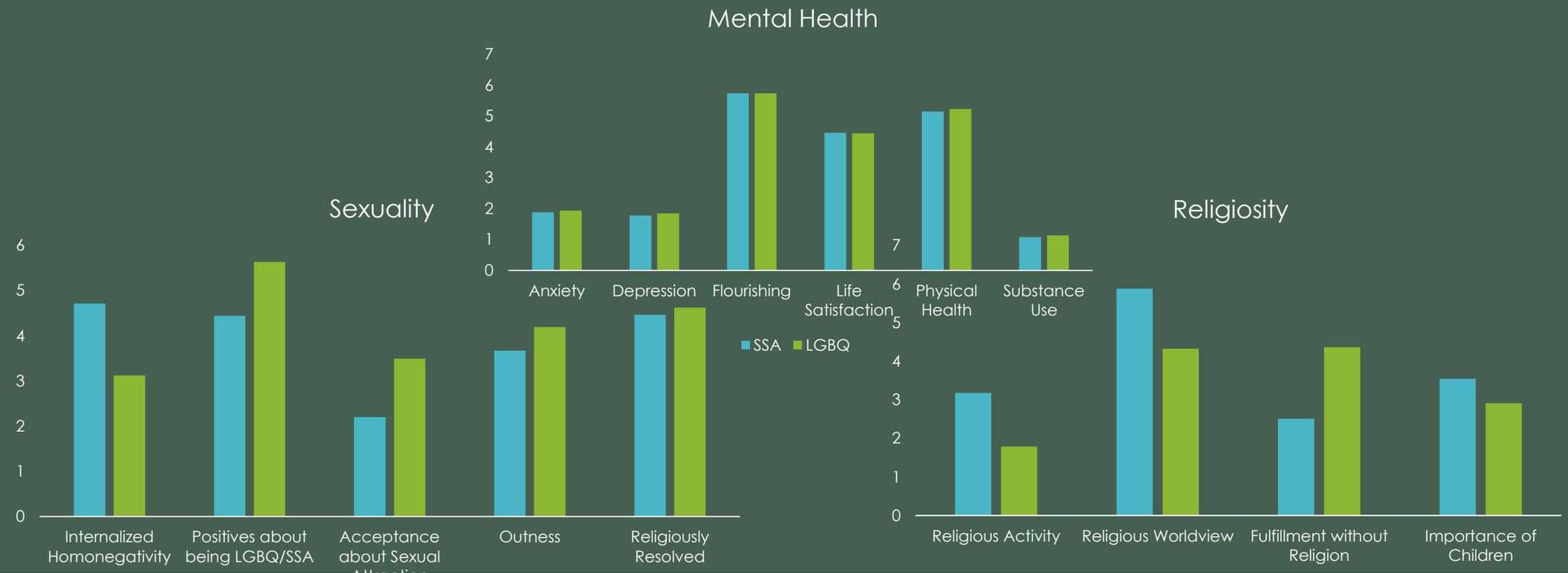
PART 2: RISKS AND RESOURCES

6. Risks/Resources are a Helpful Framework for Understanding LGBTQ+ Latter-day Saints

Risks and Resources for Active and Nonactive/Former LDS Sexual Minorities

Active LDS	Nonactive/Former LDS
Risks	
Positive Religious Coping	Positive Religious Coping*
Interpersonal Religious Struggles*	Interpersonal Religious Struggles
Internalized Homonegativity	Internalized Homonegativity
Concealment*	Concealment*
Resources	
Conflict Resolved	Conflict Resolved
Family Support	Family Support
Friend Support	Friend Support
Orthodoxy	Religious Commitment
	Sexual Identity Affirmation

Note. Variables were classified as a risk (resources) if they were positively (negatively) related to Suicidal Ideation in either the regression ($|\beta| > .10$) or correlation matrix ($|r| > .10$) for participants in the given group. *Indicates that a variable had a particularly strong relationship with Suicidal Ideation for participants in the given group ($|\beta| > .30$). LDS = Latter-day Saint.

# 7. Religious Struggles Are Closely Related to Health
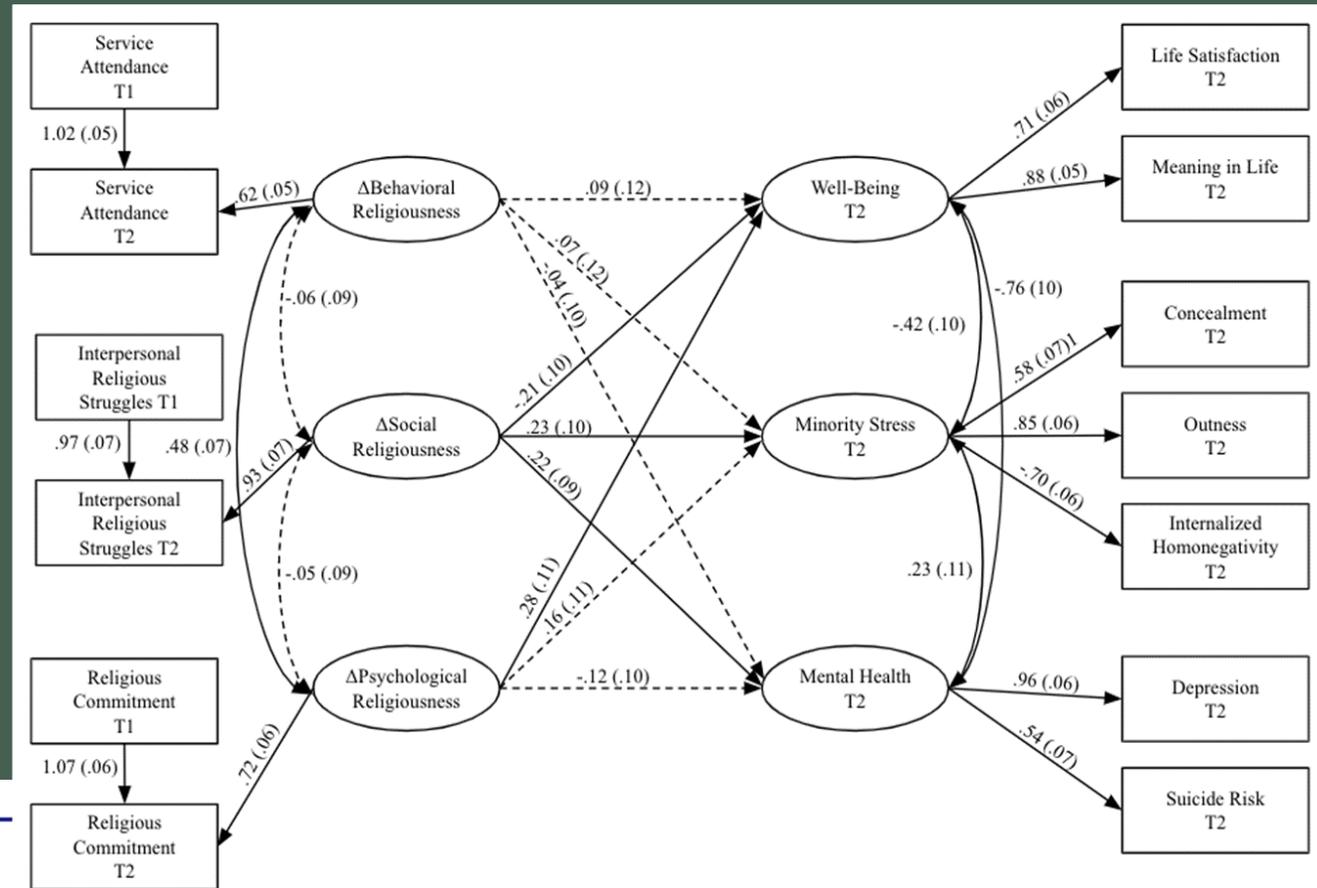
Table 3. Health, religiousness, and minority stress by sexuality/religiousness group.

	F	η²	Heterosexual NonLDS M (SD)	Heterosexual LDS M (SD)	M (SD)	M (SD)
Depression	18.78*	.11	0.74 (0.72)	0.79 (0.79)	1.09 (0.87)	1.05 (0.68)
Life Satisfaction	18.28*	.11	4.68 (1.56)	4.70 (1.60)	3.95 (1.71)	4.29 (1.19)
Service Attendance	67.06*	.31	3.24 (1.75)	4.36 (1.41)	2.27 (1.60)	4.28 (1.66)
Religious Commitment	76.07*	.33	2.67 (1.29)	3.59 (1.16)	1.98 (1.19)	3.58 (0.81)
Interpersonal Religious Struggles	23.80*	.14	1.67 (0.98)	1.75 (1.13)	2.04 (1.18)	2.45 (1.12)
SOCE	5.41*	.04			0.80 (1.23)	0.99 (1.24)
Concealment	4.37*	.03			1.80 (0.97)	2.12 (0.99)
IH	14.17*	.10			2.22 (0.89)	2.77 (0.90)
LGBT Connectedness	6.93*	.05			2.64 (0.78)	2.83 (0.73)

Path diagram:

Service Attendance T1 → Service Attendance T2 [1.02 (.05)]

Service Attendance T2 ↔ ΔBehavioral Religiousness [.62 (.05)]

Interpersonal Religious Struggles T1 → Interpersonal Religious Struggles T2 [.97 (.07)]

Interpersonal Religious Struggles T2 ↔ ΔSocial Religiousness [.48 (.07)]

Religious Commitment T1 → Religious Commitment T2 [1.07 (.06)]

Religious Commitment T2 ↔ ΔPsychological Religiousness [.72 (.06)]

Correlations among latent change factors: −.06 (.09); .93 (.07); −.05 (.09)

ΔBehavioral Religiousness → Well-Being T2 [.09 (.12)]; → Minority Stress T2 [−.07 (.12)]; → Mental Health T2 [−.04 (.10)]

ΔSocial Religiousness → Well-Being T2 [−.21 (.10)]; → Minority Stress T2 [.23 (.10)]; → Mental Health T2 [−.22 (.09)]

ΔPsychological Religiousness → Well-Being T2 [−.28 (.11)]; → Minority Stress T2 [−.16 (.11)]; → Mental Health T2 [−.12 (.10)]

Well-Being T2 ↔ Minority Stress T2 [−.76 (.10)]
Well-Being T2 → Life Satisfaction T2 [.71 (.06)]; → Meaning in Life T2 [.88 (.05)]
Minority Stress T2 → Concealment T2 [.58 (.07)]; → Outness T2 [.85 (.06)]; → Internalized Homonegativity T2 [−.70 (.06)]
Mental Health T2 → Depression T2 [.96 (.06)]; → Suicide Risk T2 [.54 (.07)]
Minority Stress T2 → Well-Being T2 [−.42 (.10)]; → Mental Health T2 [.23 (.11)]

8. Internalized Homonegativity Does Strange Things Among LGBTQ+ Latter-day Saints

Table 3 Results of Linear Regressions Predicting Depression, Anxiety, and Physical Health

	Depression		Anxiety		Physical health	
	B	SE	*B*	SE	*B*	SE
Education	−0.19***	0.03	−0.16***	0.03	0.18***	0.03
Age	−0.08**	0.03	−0.14***	0.03	−0.08**	0.03
Race	<0.01	0.03	<.01	0.03	−0.08**	0.03
IH	0.28***	0.07	0.26***	0.07	−0.09	0.07
Conflict resolution	−0.29***	0.03	−0.24***	0.03	0.18***	0.03
Religious activity	−0.01	0.06	<−.01	0.06	<.01	0.06
Religious identity prioritized	<0.01	0.04	−.04	0.04	−0.13**	0.05
Intrinsic religiousness	−0.02	0.04	<.01	0.04	.11**	0.03
Religious activity x IH	−0.18*	0.09	−0.16	0.09	.12	0.10
R^2	.22***	0.02	.19***	0.02	.08***	0.02

*p < .05; ** p < .01; ***p < .001

$N = 1317$. Depression, anxiety, and physical health were allowed to covary in order to detect independent effects

Table 5. Regressions

Age		
Education		
Person of Color		
Man		
LDS		
SOCE		
Concealment	0.42	0.42
IH		
LGBT Connectedness	0.07	
LDS x SOCE		
LDS x Concealment		
LDS x IH		0.21
LDS x LGBT Connect		
Model Fit Statistics		
F		25.19**
R^2		.33
F_{change}		3.11*
R^2_{change}		.01

−0.06 (0.08)
−0.01 (0.08)
0.32** (0.06)
−0.07 (0.07)
0.05 (0.04)
0.03 (0.10)
−0.01 (0.08)
0.22* (0.09)
0.04 (0.05)

*p < .05; **p < .01; LDS = Latter-day Saint, SOCE = Sexual Orientation Change Efforts, IH = Internalized Homonegativity

The Relationship between Service Attendance and Personal Homonegativity with Depression

Standard Deviations of Depression

High Service Attendance — Low Service Attendance

High Homonegativity — — Low Homonegativity

9. For a Mixed Orientation Relationship to be Successful, Other-Sex Attraction is Helpful

Sexual Attraction and Aversion

Table 4. Correlations for outcome,

Variables	1
1. Sexual satisfaction	–
2. Depression	−.26***
3. Anxiety	−.15*
4. Sexual attraction to partner	.66***
5. Sexual aversion to partner	−.73***
6. Sexual behavior (Kinsey)	−.44***
7. Sexual attraction (Kinsey)	−.32***
8. Church activity	.21**
9. Relationship communication	.46***

* $p < .05.$ ** $p < .01.$ *** $p < .001.$
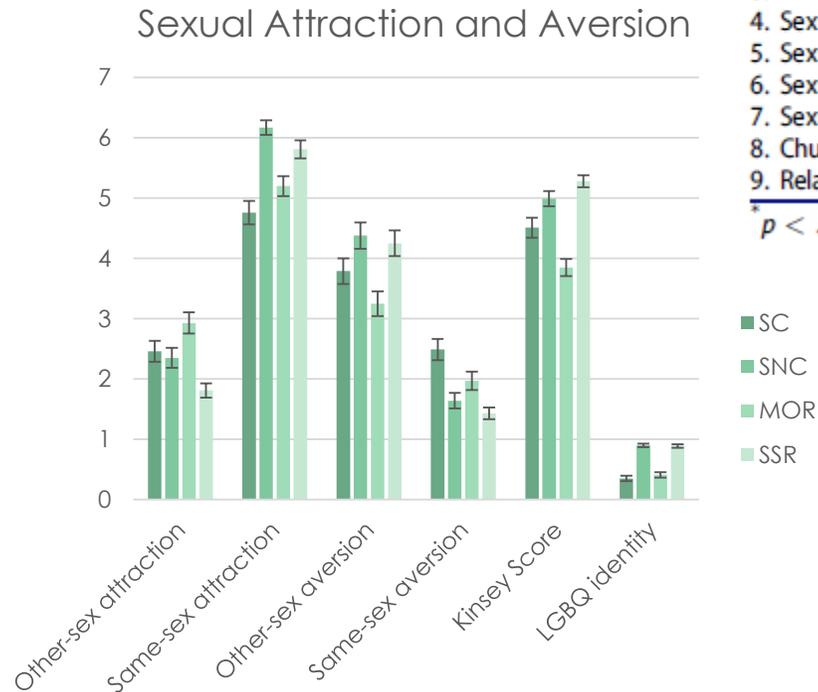
Kinsey position	SC (n = 398)	SNC (n = 393)	MOR (n = 487)	SSR (n = 362)
0. Exclusively heterosexual	5%	2%	3%	1%
1.	4%	2%	9%	1%
2.	4%	4%	12%	1%
3. Equally heterosexual and homosexual	5%	5%	9%	5%
4.	8%	9%	19%	6%
5.	34%	29%	28%	25%
6. Exclusively homosexual	37%	47%	16%	59%
7. Asexual	2%	1%	1%	1%
8. "You don't have an option that applies to me"	2%	1%	1%	1%
Mean (excluding 7s and 8s)	4.65	4.97	3.84	5.34
Standard Deviation	1.68	1.43	1.72	1.07

10. Belongingness Matters

LGBQ/CJCLDS Belonging and Internalized Homonegativity on Depression

	LGBQ Belonging			CJCLDS Belonging		
	Beta	t			Beta	t
Control			Control			
Age	-.12	-1.93	Age		-.12	-1.93
Education	-.13	-2.20*	Education		-.13	-2.20*
Man	-.21	-3.64**	Man		-.21	-3.64**
LDS Affiliation	-.05	-.98	LDS Affiliation		-.05	-.98
Main Effect			Main Effect			
LGBQ Belonging	.10	1.65	CJCLDS Belonging		-.23	-2.78**
IH	.22	3.59**	IH		.21	3.59**
Interaction			Interaction			
LGBQ Belonging x IH	-.04	-.67	CJCLDS Belonging x IH		-.07	-1.33

Note. LGBQ = Lesbian, Gay, Bisexual, and Queer; IH = Internalized Homonegativity

* = $p < .05$; ** = $p < .01$
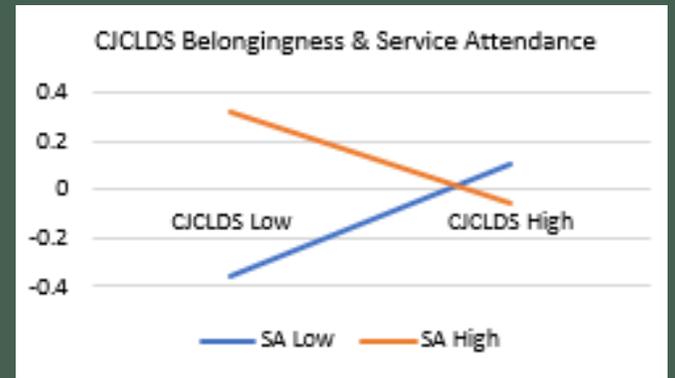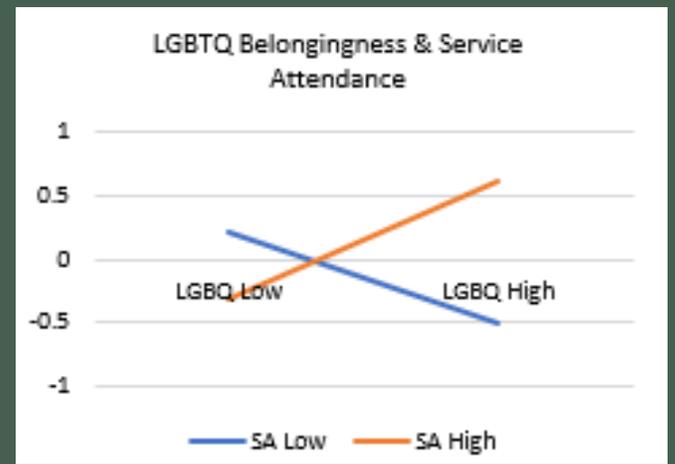
CLINICAL APPLICATIONS

RESOURCES

Resources

- Queer Latter-day Saint Organizations
  - North Star: northstarlds.org
  - Affirmation: affirmation.org
  - Understanding Same Gender Attraction: https://www.facebook.com/UsgaAtByu
- Informational Websites
  - Official LDS church website: mormonsandgays.org
  - Mormons Building Bridges: mormonsbuildingbridges.org
  - Family Acceptance Project: familyproject.sfsu.edu
- Peoples' stories
  - Voices of Hope: ldsvoicesofhope.org
  - Far Between Project: farbetweenmovie.com
  - Gay Mormon Stories: gaymormonstories.org
- Crisis and Therapy Connection
  - Trevor Project
- Research
  - www.4optionssurvey.com
  - www.lgbtqmormonresearch.com

NORTHSTAR
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AFFIRMATION
LGBT MORMONS
FAMILIES & FRIENDS