# ABSTRACT

Title of Thesis: BENDICIÓN: RELIGION, IDENTITY INTEGRATION & WELL-BEING AMONG LGBTQ+ LATINX INDIVIDUALS

Alexa Euceda, Master of Science, 2025

Thesis Directed By: Associate Professor Jonathan J. Mohr
Department of Psychology

Religion is a source of spirituality and community for many in the United States. The relationship between LGBTQ+ people and religion/spirituality, however, is complex and multifaceted. This complexity is evident in the lives of LGBTQ+ Latinx adults, as religion holds cultural significance for this group but also presents unique challenges due to the historical non-affirmation of sexual and gender diversity in many Latinx religious spaces. This cross-sectional study investigated whether religious identity strength is associated with mental health among 331 LGBTQ+ Latinx adults ($M_{age}$ = 30.40) and whether this association operates through insecure attachment to God (anxiety and avoidance) and identity integration. It also examined whether LGBTQ+ affirmation within religious environments (both during childhood and in adulthood) moderates these pathways. Results demonstrated no overall direct relationship between religious identity strength and mental health. Childhood LGBTQ+ affirmation (but not current affirmation) influenced the impact of religious identity strength on mental health, such

that religious identity strength was positively related to mental health only at high levels of childhood affirmation. Stronger religious identity was linked to more anxious attachment to God, which, in turn, predicted lower mental health; this effect, however, was weaker when childhood affirmation was higher. Childhood affirmation was also directly associated with mental health. Current affirmation was linked to less anxious attachment, more avoidant attachment, and higher identity integration, but it did not directly affect mental health. Findings highlight the importance of considering multiple facets of religion in research on LGBTQ+ Latinx individuals and suggest that fostering affirming religious experiences may support mental health for this population.

# BENDICIÓN: RELIGION, IDENTITY INTEGRATION & WELL-BEING AMONG LGBTQ+ LATINX INDIVIDUALS

by

Alexa Euceda

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Advisory Committee:
Associate Professor Jonathan Mohr, Chair
Associate Professor Delida Sanchez
Assistant Professor Pepper Phillips

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# *Bendición*: Religion, Identity Integration & Well-Being among LGBTQ+ Latinx Individuals

## Chapter 1: Introduction

Organized religion is a source of spirituality and community for many in the United States. The relationship between LGBTQ+ people and religion/spirituality, however, is complex and multifaceted. The empirical literature highlights this complexity, where results indicate that some LGBTQ+ people experience better social support as a result of their religious involvement, but others experience an onslaught of negative health outcomes as a result (Wilkinson & Johnson, 2020). A recent meta-analysis indicated that participating in a formal religion does not appear to have a clear link to well-being overall for LGBQ+ people (Lefevor et al., 2021). A small, positive relationship appears, however, when religion is framed as a cognitive process or when it is conceptualized as spirituality (Lefevor et al., 2021). Such findings raise intriguing questions about factors that may moderate or mediate this relationship. For example, the link between religiosity and well-being may depend on whether a person's religion holds LGBTQ+-affirming or rejecting views. Moreover, most quantitative studies on religious identity among LGBTQ+ people have a narrow focus on the type and strength of religious identification, neglecting other potentially relevant facets of religious experience.

The intersection of race, religion[1], sexuality, and culture creates additional layers of complexity among LGBTQ+ people of color. This complexity is apparent in LGBTQ+ Latinx populations, as values and practices related to religion, family, and gender are deeply embedded within many Latinx cultures. A small body of research, mostly qualitative, has indicated that religion can be both a source of connection and stress for queer Latinx people (Gattamorta et al., 2019; Lozano et al., 2021; Teran et al., 2023). However, the nuanced relationship between

religion and well-being among LGBTQ+ Latinx individuals has received relatively little attention in research.

This quantitative thesis study aims to deepen understanding of this relationship by going beyond religiosity to examine a broader range of religious processes that may be relevant to the well-being of LGBTQ+ Latinx people: LGBTQ-related affirmation from one's religion, the quality of one's relationship with God, and integration between one's religious and sexual orientation identities. Thus, this study is designed to contribute to the literature by investigating an expansive view of religion beyond just formal religious participation among LGBTQ+ Latinx individuals.

**LGBTQ+ Latinx Individuals**

The Williams Institute recently estimated that 2,253,000 Latinx adults in the United States identify as LGBTQ+, representing 5.6% of all Latinx adults (Wilson et al., 2021). Latinx individuals are the second-largest racial/ethnic demographic group in the U.S., making up about one-fifth of the population (19.5%) and ranking as the second-fastest growing group, with an 80% increase between 2000 and 2022 (U.S. Census Bureau, 2024). Despite this growth, LGBTQ+ Latinx communities remain significantly underrepresented in social science research.

LGBTQ+ Latinx people navigate unique lived experiences shaped by the intersection of their ethnic and queer identities. Latinx cultural values, which heavily influence social norms and dynamics, play a significant role in shaping these experiences. For example, familismo is a cultural value involving the strong identification of Latinx people with their families, which is characterized by loyalty and reciprocity among family members (Patron, 2021). For many Latinx individuals, familismo acts as a protective factor against discrimination and racism, providing a source of unconditional support and security. However, for LGBTQ+ Latinx individuals,

[1] To ensure inclusivity of participants who identify as religious, spiritual, or both, I use the term religion in a broad sense to refer to diverse experiences of belief, practice, and personally meaningful relationships with God or a higher power.

familismo often fails to offer the same protections, as they experience higher rates of family rejection compared to White LGBTQ+ individuals (Patron, 2021). Other Latinx cultural values that play a powerful role for queer Latinx people are the gender cultural values, machismo, and marianismo. Machismo emphasizes male dominance, emotional restraint, and rejection of non-masculine behaviors, while marianismo idealizes female self-sacrifice, chastity, and submission (Sanchez et al., 2018). For queer Latinx individuals, these norms can reflect an intersection of heterosexism and sexism, reinforcing restrictive and oppressive ideals within their ethnic communities (Noyola et al., 2020).

**Religion and Spirituality in Latinx Communities**

Religion plays an important role in Latinx culture. In 2022, approximately 70% of Latinx adults in the United States identified as religious (Pew Research Center, 2023). Among them, 43% identified as Catholic, 15% as evangelical Protestant, 6% as non-evangelical Protestant, and 4% as followers of other faiths (Krogstad et al., 2023). However, LGBTQ+ Latinx individuals are more likely to report no religious affiliation (Wilson et al., 2021). This is likely due to the rejection of same-gender sexual and romantic relationships, as well as conceptualizations of gender beyond biological sex, within organized religions. This dynamic occurs within broader structural systems, including religious, legal, and cultural institutions, that have historically marginalized LGBTQ+ identities. From a minority stress perspective, non-affirming religious teachings and practices are representative of structural stigma that shape LGBTQ+ Latinx individuals' sense of belonging, safety, and meaning (Meyer, 2003). As a result, religious contexts may simultaneously offer cultural belonging and affirmation while also contributing to stressors linked to discrimination and exclusion.

Still, a substantial portion of LGBTQ+ Latinx people identify with a religion. Among Latinx LGBTQ+ adults, 38% identify as Roman Catholic, 7% as Protestant, 2% as Muslim, and 26% as adhering to other religious affiliations (Wilson et al., 2021). It is worth noting that even among Latinx adults who do not identify with a formal religion, 25% still report that religion is somewhat important to them, and 39% pray at least a few times a month (Pew Research Center, 2023). This underscores the relevance of religious experience for most Latinx people, even the religiously unaffiliated. Campesino and Schwartz (2009) note that, for many Latinx people, religious experience and practice often occur outside of religious institutions and can be viewed as part of a broader domain of personal spirituality. This experience of spirituality in one's home and community partly reflects the history of religiósidad popular (or popular religion)—an integration of indigenous spiritualities with Christianity that offered a means of resisting the European colonization of the Americas. Expressions of popular Christianity have often included a sense of direct, intimate connection to God or other divine figures (e.g., Catholic saints, folk saints, manifestations of the Virgin Mary, indigenous deities), engagement in daily prayer and conversation with divine figures, and integration of this transcendent awareness into everyday family and community life (Campesino & Schwartz, 2009). In short, for many Latinx people, religion and spirituality are intertwined, where religion involves institutionalized systems of belief guided by tradition and culture, and where spirituality reflects a personal experience of the divine (Victor & Treschuk, 2019). The distinction between religion and spirituality is often significant for LGBTQ+ people of color, as negative experiences in religious institutions can lead to a greater focus on personal connections and processes of faith over religious affiliation (Lockett et al., 2022).

Religion and spirituality serve as a central source of values that influence the expectations and behaviors of Latinx families and other interpersonal relationships (Abreu et al., 2023). For many Latinx communities, religious identity can foster resilience in the face of marginalization and overcoming difficulties. Across various contexts, religious commitment and practices have been linked to lower levels of tobacco and alcohol use (Hernández Dubon et al., 2022; Sanchez et al., 2015), improved coping with the COVID-19 pandemic-related stress (Garcini et al., 2021), and improved mental health functioning among Latinx youth who experienced community violence (Jocson et al., 2020). However, research also suggests that the effects of religion on well-being are not always positive. One study found that maladaptive religious coping increased suicidality, anxiety, and depression among Latinx and Black individuals with schizophrenia (Lopez et al., 2023). Another study found that religious identification promoted short-term abstinence for Latinx individuals undergoing treatment for substance use, but then relapsed within the year post-treatment (Jaramillo et al., 2022).

The influence of religion on well-being is especially complex for LGBTQ+ Latinx individuals. For some LGBTQ+ Latinx individuals, religion can both foster connection and contribute to distress. On the one hand, religious beliefs and communities can offer a sense of belonging and familial cohesion (Abreu et al., 2023), as well as emotional support and, in some cases, protection from depression (Thamrin et al., 2022). However, many LGBTQ+ Latinx individuals also encounter exclusion, rejection, or internal conflict due to non-affirming religious teachings and familial expectations rooted in traditional faith practices. These tensions can lead to identity conflict, strained relationships, and negative mental health outcomes (Vega et al., 2023; Abreu et al., 2023). The contradictions in this relationship between religion and well-being outcomes for queer Latinx individuals may stem from core beliefs and teachings of commonly

practiced religions in Latinx communities. Many Latinx religious communities, such as those from Catholic or evangelical backgrounds, tend to uphold traditional teachings that view same-sex relationships and LGBTQ+ identities as morally wrong (Ellison et al., 2011). This core teaching can lead to the rejection of LGBTQ+ people by their families and racial/ethnic communities, but Latinx communities' emphasis on familial relationships and community may also have an impact on how this relationship unfolds.

Additionally, studies often conceptualize religion through self-reported strength of affiliation and behavioral engagement, which may oversimplify the religious and spiritual experiences of LGBTQ+ Latinx individuals. For many in this population, links between religion and well-being may be better understood by exploring a broader range of components of religious experience. The present study examines the strength of religious identity alongside three additional components: the LGBTQ+ affirmingness of the religion, the quality of an individual's relationship with God, and the integration of an individual's religious and LGBTQ+ identities.

**Strength of Religious Identity**

The strength of religious identity can be defined as the depth and intensity of an individual's commitment to their religious beliefs and practices (Plante & Boccaccini, 1997). It can encompass personal importance, emotional connection, and the use of religious practices in everyday life, and to cope with stress. The strength of one's religious identity in relation to well-being has been well-researched and documented. Overall, it has been found that the strength of an individual's religious identity is linked to higher well-being. For example, meta-analyses have revealed a relatively small but significant negative relationship between religious identity and both anxiety and depression in college students (Forouhari et al., 2019), as well as negative

associations with depressive and anxiety symptoms and a positive association with life satisfaction in older adults (Coelho-Júnior et al., 2022). Greenfield and Marks (2007) found that a stronger religious identity fully mediated the relationship between formal religious participation and mental health outcomes, such that religious participation indirectly enhances well-being by strengthening religious identity.

Among LGBTQ+ populations, the relationship between the strength of religious identity and well-being is nuanced. A meta-analysis investigating the relationship between religious identity and health among LGBTQ+ people found that there was a small but positive relationship between religiousness and health (Lefevor et al., 2021). Some noteworthy moderation effects include that the relationship between religion and well-being was positive for individuals not sampled from LGB venues but disappeared for those in LGB-specific spaces (Lefevor et al., 2021). Additionally, personal spirituality showed a small positive effect on health, while institutional religion had no significant relationship (Lefevor et al., 2021). These patterns suggest that the role of religion in LGBTQ+ people's well-being might be dependent on context, meaning both how individuals make sense of their religion/spirituality and the nature of the religious environments they inhabit. Lefevor et al. (2021) note that positive associations emerge when religion is experienced as an internal process rather than external pressure. In this context, LGBTQ+ individuals engage in personal spirituality and may draw meaning, coping mechanisms, or a sense of connection without the looming threat of stigma. More broadly, the meta-analysis concludes that religion can promote or harm well-being depending on whether the religious environment is supportive, if the individual's identities are integrated, and what the motivations are behind the individual's religious/spiritual beliefs.

Some moderation effects have also been found in research on LGBTQ+ individuals. Among Black LGB emerging adults, researchers found that the strength of religious faith was positively associated with perceived resilience only for those who reported high internalized homonegativity (Walker & Longmire-Avital, 2013). The researchers hypothesized this could be because religious identity could provide meaning or support when dealing with negative self-perceptions (Walker & Longmire-Avital, 2013). However, other research suggests that the role of religiosity in mental health outcomes for LGBTQ+ Latinx youth may depend on the level of discrimination they experience (Thamrin et al., 2022). Here, family religiosity was negatively associated with depression, but only at moderate to high levels of ethnic and sexuality discrimination, while individual religiosity was negatively associated with depression at low—but not moderate or high—levels of sexuality discrimination. Tharmin et al. (2022) interpreted this as indicating the powerful impact of discrimination on well-being. Another interpretation, however, is the possibility that LGBTQ+ Latinx youth who experience little discrimination differ from others in the types of behaviors that may increase vulnerability to discrimination (e.g., disclosing one's LGBTQ+ identity, seeking LGBTQ+ spaces). From this perspective, the mental health benefits of religiosity may be limited to youth who have not actively and openly developed their LGBTQ+ identity. Taken together, this work suggests that while strong religious identity generally promotes well-being, its effects for LGBTQ+ individuals are influenced by factors such as type of religiosity, internalized homonegativity, and levels of discrimination.

**LGBTQ+ Affirming Religious Experiences**

LGBTQ+ affirmation in religious spaces is under-researched. While some studies of religion and LGBTQ+ populations differentiate between affirming and non-affirming religious

faith, they rarely examine the specific impact of affirmation on religious identity and well-being. Lease et al. (2005) found that affirming religious experiences were linked to lower internalized homonegativity and higher spirituality, which in turn predicted better well-being. Similarly, Hamblin and Gross (2013) found that sexual minority members of rejecting religious communities experience greater identity conflict and higher anxiety symptoms compared to those in accepting communities. Gattis et al. (2014) examined religious affirmation as a buffer against the negative impact of discrimination and found that sexual minority youth who belonged to LGBTQ-affirming religious groups experienced significantly less severe depressive effects from discrimination than those in non-affirming groups or non-religious individuals (Gattis et al., 2014). The researchers concluded that religious identity can be either a risk or a protective factor for LGBTQ people, depending on the stance of their religious community toward queer identities.

Recent research expands the understanding of affirming religious spaces, specifically for LGBTQ+ people of color who often navigate complex intersections of race, religion, and sexuality. Cravens (2021) found that participation in affirming religious congregations was associated with greater internal efficacy and LGBTQ+ group consciousness, which translated into increased civic engagement. This finding suggests that affirming religious contexts can promote empowerment for individuals beyond mental health. White et al. (2020) focused on Black queer men and found that attending LGBTQ- affirming churches fosters emotional support and spiritual enrichment. These spaces also provide visibility and modeling for loving and affirming partnerships. Another study focusing on Black LGBTQ+ emerging adults, affirmation from faith communities was linked to fewer depressive and anxiety symptoms (Little et al., 2024). Among older LGBTQ+ people of color, Chen (2021) found that affirming churches and

religious communities were sources of belonging, activism, and spiritual growth, which enabled participants to integrate their racial, queer, and religious identities. Although research focusing specifically on LGBTQ+ Latinx individuals and religious affirmation is limited, these findings collectively suggest that affirming religious communities may play a similar protective role for this community.

**Attachment to God**

Research investigating the relationship between religiosity and mental health often operationalizes religious identity through behavioral methods (e.g., prayer, church attendance) or perceived religious centrality. This limits the exploration of religious identity to a narrow description of how religion may function for some. LGBTQ+ people have an already complex relationship with religion, and conceptualizing religion through a narrow scope presents concerns and limitations when exploring how religion impacts this population. One aspect of religious identity that may broaden the understanding of the effects of religion on mental health is the consideration of an individual's relationship to a higher being.

Research has examined a variety of affective and cognitive dimensions of individuals' perceptions of their relationship to God. For example, among queer Filipinxs, those described as highly religious reported more positive emotions towards God, such as hope and gratitude, when compared to their nonreligious counterparts (Campos et al., 2022). Further, those in non-affirming religions reported greater negative emotions toward God (Campos et al., 2022). Similarly, another study found that traditional same-gender attracted Christians viewed God as more wrathful when compared to gay-affirming same-gender attracted Christians (Colpitts & Yarhouse, 2019). Some research has linked aspects of one's relationship with God to well-being. For example, Evangelical Christians' perceptions of support were linked to lower levels of

psychological distress during challenging times (Lloyd & Reid, 2022). Conversely, the experience of religious scrupulosity—i.e., intrusive thoughts surrounding religion, including an obsessive preoccupation with one's relationship with God—was linked with negative mental health outcomes among Latinx individuals (Bailey et al., 2023).

This research highlights the diverse ways that individuals experience their relationship with God and how it may be shaped by religious affirmation and cultural backgrounds. For queer Latinx individuals, this relationship can be especially multifaceted as it may involve navigating religious and cultural expectations alongside their sexual identities. Additionally, examining an individual's relations with God provides a more nuanced understanding of their religious identity and may provide insight into how queer Latinx people shape their relationship to God while navigating broadly affirming religious teachings.

Though much of the research on the relationship with God has been relatively atheoretical, one exception has been research drawing from attachment theory. Attachment theory provides a useful framework for understanding how these bonds are formed and maintained, especially in the context of religious and cultural influences. Attachment theory proposes that the early childhood relationships developed with caregivers establish patterns that influence future relationships, well-being, and conceptualizations of others and self (Ainsworth et al., 1978; Bowlby, 1978). Ainsworth identified three patterns of attachment in infants: secure, anxious-ambivalent, and avoidant.  Secure attachment is characterized by feelings of comfort, closeness, and trust within caregiver relationships (Ainsworth et al., 1978). Anxious-ambivalent attachment is characterized by a strong desire for closeness and marked concern about being rejected in their relationships (Ainsworth et al., 1978). Avoidant attachment involves discomfort with closeness and a desire for emotional distance to avoid dependency (Ainsworth et al., 1978).

These patterns of attachment have been observed across childhood, adolescence, and into adulthood. Longitudinal studies show that while attachment styles tend to remain stable, they can also change in response to developmental and life experiences (McConnell & Moss, 2011).

The theoretical framework for attachment theory has been extended to include someone's relationship with God, often referred to as attachment to God (ATG). Individuals' relationships with God meet the five defining criteria for attachment relationships: individuals turn to God during distressing events, view God as a source of safety and protection, develop trust in the relationship, experience anxiety when feeling distant, and can feel grief if the relationship is severed (Kirkpatrick, 1992). Within the context of ATG, an anxious attachment is characterized by an individual's concern about being rejected or abandoned by God, while avoidant attachment reflects a discomfort with depending on or feeling close to God (Beck & McDonald, 2004). Secure attachment is marked by low levels of both anxiety and avoidance, indicating a stable and trusting relationship with God (Beck & McDonald, 2004).

ATG is associated with a variety of well-being markers, including mental health and social outcomes. Secure attachment to God is consistently linked to better mental health, including lower anxiety and depression and higher life satisfaction and optimism (Ellison et al., 2014; Leman et al., 2018; August & Esperandio, 2019; Jung, 2020; Upenieks et al., 2024a). Among college athletes, attachment security was found to promote psychological health by enhancing self-worth and also compensated for low courage by improving emotion regulation and reducing depressive symptoms (Upenieks et al., 2024a). In contrast, anxious ATG and, to a lesser extent, avoidant ATG have been positively associated with negative mental health, including anxiety, depression, and non-suicidal self-injury (Buser et al., 2020; Ellison et al., 2014; Pirutinsky et al., 2019). Among sexual minority Christians, one study found that

participants with an anxious ATG reported greater experiences of suicidality, internalized homophobia, and harassment (Maughan, 2020). In a Jewish sample where participants were categorized by either belief-based or behavior-based expressions of religious practice, attachment to God emerged as the strongest predictor of mental health outcomes across both groups, suggesting that ATG may play a significant role regardless of how religious identity is primarily expressed (Pirutinsky et al., 2019).

Among communities of color, one study found secure ATG especially benefited older Black participants when compared to older White participants when coping with death anxiety (Jung, 2018). Secure ATG was also found to function as a restorative factor that helped Latinx youth navigate stress and adversity by strengthening resilience (Ramoz-Chavez, 2022). Similarly, Raj and Sim (2020) found that secure ATG moderates the relationship between stress and psychological distress in a sample of Singaporean college students. ATG has been shown to influence both positive and negative outcomes, even among individuals who do not identify as strongly religious (Sherman et al., 2021).

**Identity Integration**

Many LGBTQ+ Latinx people in the United States face challenges associated with holding two marginalized identities. Morales (1989) described what, for many queer people of color, may be normative tensions between their ethnic/racial and sexual orientation identities. For LGBTQ+ Latinx people, the natural desire to embrace one's ethnic identity can be complicated by heterosexist cultural and religious values that are upheld in some Latinx communities. Likewise, in the United States, affiliation with largely White LGBTQ+ communities can involve routine exposure to racism and stereotyping, as well as pressure to adopt White cultural norms. Such dynamics, according to Morales (1989), can lead to the

experience of conflicts in allegiances, i.e., the sense that affirming one identity may be betraying the other.

Hirsh and Kang (2016) noted that a sense of identity conflict is typical for people who hold two or more identities associated with incompatible group norms, and discuss evidence that, over time, identity conflict can increase distress and reduce a sense of life satisfaction and meaning in life. They describe a variety of strategies for resolving identity conflict, including suppressing or prioritizing one of the implicated identities; compartmentalizing the identities; and integrating the identities into a coherent whole. Because identity integration fully resolves identity conflict, it is likely to offer reduced distress, a greater sense of authenticity, and greater cognitive flexibility relative to other strategies (Hirsh & Kang, 2016).

A small body of research with LGBTQ+ Latinx people has supported the idea that when individuals can integrate these identities, they experience greater psychological well-being and resilience. For example, integration has been linked to lower depression and anxiety and lower levels of indicators of physiological stress response (Shepherd et al., 20235 Parra & Hastings, 2020). In a study of queer Latinx youth, Kim et al. (2023) found that integration of ethnic and sexual orientation identities was negatively associated with internalized homonegativity and identity confusion. The researchers also found that these two identities were interconnected when preparing for sexual identity bias. When queer Latinx youth expected bias due to their sexual orientation, it negatively affected their ability to explore, resolve, and affirm both their ethnic and sexual identities (Kim et al., 2023).

Less is known about the integration of sexual and religious identities among Latinx people. Although most mainstream religions are characterized by denouncing queerness to varying extents, some LGBTQ+ people still find it possible to integrate both their sexual and

religious identities (Beagan & Hattie, 2015). A portion of LGBTQ+ people regard religion as a positive resource where they find deeper meaning and purpose for their lives, as well as a source of spiritual strength used for coming out and coping with the homophobia they face (Rosenkrantz et al., 2016). Furthermore, some queer people use religion to strengthen existing relationships with family and friends through their shared religious identity (Rosenkrantz et al., 2016). Qualitative research highlights that identity integration is often a complex, multi-step process influenced by the affirmingness of religious environments. Evaneglista et al. (2018) found that LGBTQ+ Filipino church members were able to integrate their identities through participation in affirming religious communities, where they felt safe to deepen their understanding of their faith and sexual identities through personal exploration. Similarly, Lockett et al. (2022) found that LGBTQ+ people of color often concealed their sexual identity in non-affirming spaces, but those who engaged with religious spaces that were affirming were able to embrace both their sexual and religious identities. Extending these findings, Goodman's (2024) meta-analysis demonstrated that conflicts between LGBTQ individuals' sexual or gender identities and their religious identities were linked to increased suicidality, highlighting the psychological costs of non-affirming religious environments. In this study, many participants found a path to integration by nurturing their spirituality outside of religious congregations. Together, these studies suggest that religious identity strength and the affirmingness of religious spaces may play an important role in shaping how LGBTQ+ people integrate their identities.

## Chapter 2: Present Study

The relationship between religion and well-being is complex for LGBTQ+ Latinx individuals. Religion is deeply embedded in Latinx culture and serves as a source of both connection and tension, as it can foster belonging within cultural communities while also

contributing to exclusion due to religious beliefs (Abreu et al., 2023; Gattamorta et al., 2019; Lozano et al., 2021; Teran et al., 2023). However, relatively little research has examined links between religion and well-being for LGBTQ+ Latinx people. Moreover, existing research on religion in the lives of LGBTQ+ people often features a narrow conceptualization of religion, focusing on self-reported religious identity or religious strength. This approach overlooks the multifaceted ways LGBTQ+ Latinx individuals experience and engage with religion. For example, the LGBTQ+ affirmingness of a religious community has been shown to significantly impact the relationship between discrimination and well-being (Gattis et al., 2014). Affirming religious spaces can also facilitate the integration of sexual and religious identities, promoting well-being (Evangelista et al., 2018; Lockett et al., 2022). Conversely, individuals who have only experienced non-affirming or negative religious environments may still maintain a deeply personal, affirming relationship with a higher being, even if their external religious community is not supportive. This study, therefore, focuses on religious identity strength as a core feature of religious experience and attachment to God as a feature of a more individualized process.

The significance of religion in Latinx culture and its potential to foster resilience and well-being highlight the potential value of investigating links between diverse facets of religious experience and well-being among LGBTQ+ Latinx individuals. Prior research suggests that integrating religious and queer identities leads to more positive psychological outcomes (Beagan & Hattie, 2015; Rosenkrantz et al., 2016). Additionally, secure attachment to God has been linked to increased life satisfaction and reduced distress, even among individuals in non-affirming religious contexts (Ellison et al., 2014; Upenieks et al., 2024b). This cross-sectional quantitative study builds upon these findings and expands understanding of how religious experience is associated with well-being among LGBTQ+ Latinx individuals.

Specifically, this study tests a set of hypotheses regarding relations among religious identity strength, LGBTQ+ affirmation, attachment to God, identity integration, and mental health represented in Figure 1.

This proposed thesis hypothesizes that the relationship between religious identity strength and mental health among LGBTQ+ Latinx individuals is moderated by religious LGBTQ+ affirmation, such that the relationship is positive when affirmation is high and negative when affirmation is low. Moreover, it is hypothesized that this interaction influences mental health both directly and indirectly through insecure attachment to God and identity integration in a parallel mediation model. Thus, insecure attachment to God (anxiety and avoidance) and identity integration are conceptualized as different but concurrent pathways through which religious identity strength is related to mental health.

The initial set of hypotheses addresses the moderating effect of LGBTQ+ affirmation on relations between religious identity strength and other variables. The rationale for each of these hypotheses is that the impact of religious identity on mental health and faith-related processes would be beneficial for those with experience in affirming environments but harmful for those with experience in rejecting environments. Thus, it was hypothesized that the relationships between religious identity strength and both mental health and identity integration would be moderated by LGBTQ+ affirmation, such that the relationships would be positive in affirming religious environments but negative in nonaffirming environments. Conversely, it was hypothesized that the relationship between identity strength and insecure attachment to God would be moderated by both current and childhood LGBTQ+ affirmation, such that the relationship would be negative in affirming environments and positive in non-affirming environments.

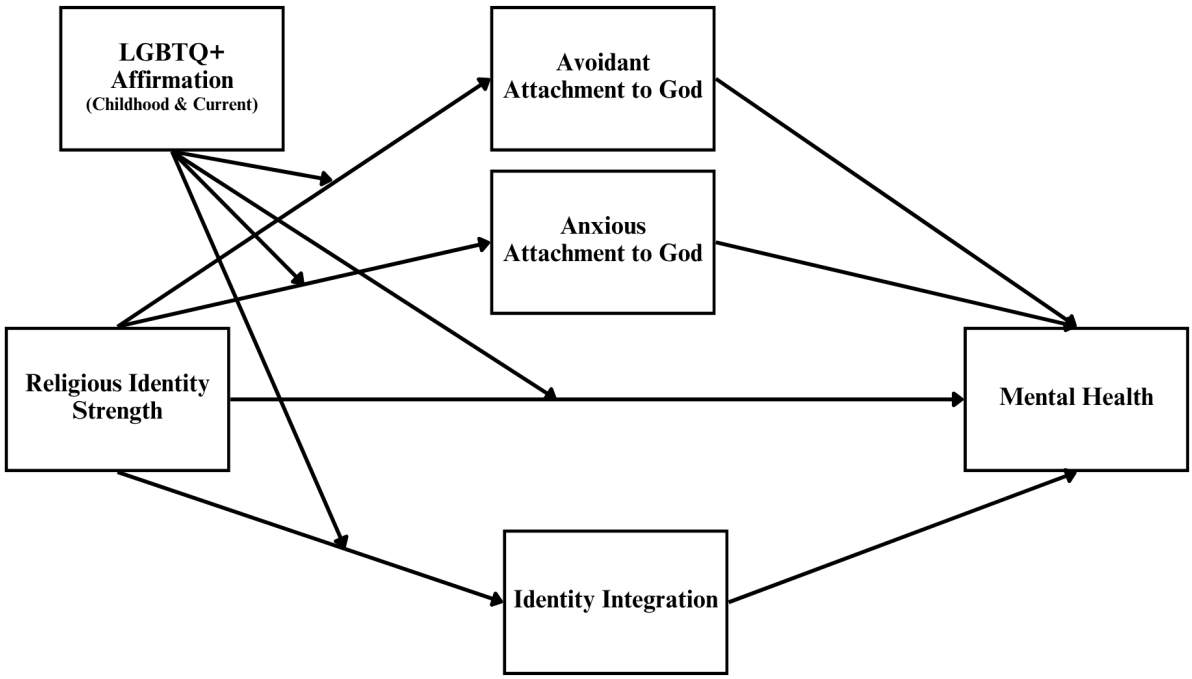
Several other direct effects were hypothesized. Consistent with previous research, both attachment to God and identity integration were expected to be associated with mental health. Specifically, it was hypothesized that attachment anxiety and avoidance would be inversely associated with mental health, and identity integration would be positively associated with mental health. Further, insecure attachment to God was hypothesized to be directly negatively associated with identity integration, reflecting the reality that some may attribute rejection or abandonment by God to their LGBTQ+ identity and thus experience less integration between religious and queer identities.

Finally, several of the indirect effects implied by this model were also tested. First, three simple mediation effects involving the interaction between religious identity strength and LGBTQ+ affirmation were hypothesized. Specifically, it was hypothesized that this interaction would be indirectly associated with mental health through the two facets of insecure attachment to God (anxiety, avoidance) and through identity integration. It was expected that stronger religious identity in affirming contexts would indirectly be associated with better mental health through lower anxious and avoidant attachment to God and greater identity integration.

A significant consideration regarding the role of LGBTQ+ affirmation in well-being is the reality that religious and spiritual contexts can change substantially from childhood—when parents typically create a structure for the family's spiritual life—into adulthood—when individuals have more control over their religious and spiritual engagement. Though this distinction has emerged in qualitative research on the lives of LGBTQ+ people (e.g., Halkitis et al., 2009; Lockett et al., 2022), little research has considered the degree to which religious affirmation in both childhood and current are linked to one's psychological and religious functioning. For many LGBTQ+ Latinx individuals, exposure to supportive or rejecting religious

environments in childhood may have long-lasting effects on attachment to God, identity integration, and well-being in adulthood. Simultaneously, current affirmation may influence these outcome variables by either reinforcing, buffering, or contradicting earlier affirmation experiences. The present study examines how both childhood and current affirmation contribute to a more comprehensive understanding of how religious experiences across the lifespan shape the psychological and spiritual functioning of LGBTQ+ Latinx individuals.

***Figure 1.*** **Hypothesized Moderated Parallel Conceptual Model**




## Chapter 3: Method

### Participants

The sample consisted of 331 participants who met the inclusion criteria of (a) identifying as Latinx, (b) identifying as LGBTQ+, (c) being fluent in English or Spanish, (d) having been raised in a religious environment or currently identifying as religious to some degree (even if unaffiliated with a specific religion), (e) living in the United States, and (f) being at least 18 years

old. Participants ranged in age from 18 to 65 years, with an average age of 30.40 and a standard deviation of 8.48. The majority of the sample was born in the U.S. (96.4%). Among those participants who were not U.S.-born, the number of years living in the U.S. ranged from 10 to 64 ( $M$ = 31.50, $SD$ = 18.89). Among all participants, 2.7% identified as first generation (born in another country and moved to the U.S. as an adult), 2.1% as 1.5 generation (born in another country and moved to the U.S. as a young child), 56.1% as second generation (born in the U.S. with at least one parent born abroad), 23.0% as third generation (born in the U.S. with U.S.-born parents but at least one grandparent born abroad), and 15.5% as fourth generation or higher (born in the U.S. with parents and grandparents also born in the U.S.).

Regarding income, 17.4% made less than $24,999, 28.4% between $25,000 and $49,999, 22% between $50,000 and $74,999, 14.3% between $75,000 and $99,999, 10.7% between $100,000 and $149,999, 4.3% more than $150,000, and 3% preferred not to say. Regarding employment, over half (51.7%) reported being employed full-time, about one-fifth (19.9%) were employed part-time, 14.5% were unemployed and looking for work, 5.4% were students full-time, 3.7% reported Other, 3.4% were unemployed and not looking for work, and less than 1% reported being a part-time student or retired. Of those who chose ‘Other,’ reported being self-employed, a homemaker, or disabled. Regarding educational attainment, less than 1% completed some high school education, 12.5% had a high school diploma, 12.8% had an associate’s degree, 27.4% completed some college, 33.7% had a bachelor's degree, and 13.4% had a graduate degree.

Regarding nationality, participants most commonly reported Mexican (58.8%), Puerto Rican (12.5%), Cuban (6.9%), Colombian (3.8%), Dominican (3.1%), Venezuelan (2.8%), Peruvian (2.4%), Salvadoran (2.4%), and Guatemalan (1.4%) nationalities. Nationalities

represented by 1% or fewer of participants included Argentina, Brazil, Uruguay, Chile, Honduras, Bolivia, Costa Rica, Nicaragua, and Panama. Participants were allowed to select more than one option, resulting in percentage totals that exceed 100%. Participants were required to identify as Latinx during the screening process in order to take part in the study. Most participants who provided their racial identification identified as Latinx (89.9%), followed by White (8.3%), Black (1.4%), or another race (0.5%). Race data were missing for 33.9% of the full sample within survey responses. When looking at race data provided by Prolific, 33.9% identified as White, 31.9% identified as Other, 31.1% as Mixed, 3.1% as Black, and 0.9% as Asian. The differences in racial demographics likely reflect participants skipping the race question within the survey itself. Among Latinx individuals, racial self-identification can be complex, especially when survey options do not fully capture Latin American racial categories. Among participants who reported their primary language spoken during childhood ($n$ = 180), most indicated English (62.2%), followed by Spanish (37.2%) and Portuguese (0.6%). For current language spoken ($n$= 134), the majority of participants reported speaking English (98.5%), while a small percentage reported speaking Spanish (1.5%).

Regarding gender identity, 83.9% reported that they were cisgender, 12.1% reported being transgender, and 3.8% reported not being sure. When asked to identify their gender, over half (59.4%) were women, over a quarter were men (26.4%), a tenth (10%) were nonbinary, 3.3% were gender nonconforming/genderqueer, and less than 1% were another gender. Regarding sexual orientation, over half (51.2%) reported identifying as bisexual, 10% were gay, 9.4% were pansexual, 9.1% were lesbian, 3.6% were queer, 3.0% were asexual, and less than 1% identified as heterosexual or another sexual orientation.

Participants reported a range of religious affiliations. When describing their current religious identity, the largest group identified as Agnostic (36.7%), followed by Catholic (28.7%), Other (14.9%), Protestant (12%), Atheist (2.5%), Buddhist (1.8%), Unitarian (1.5%), Jewish (1.1%), Mormon (0.4%), and an Indigenous religion (0.4%). For those who selected 'Other,' write-in responses reflected identities such as nondenominational Christian, spiritual, and pagan. When describing their childhood religion, the largest group reported Catholic (68.6%), followed by Protestant (20.1%), Other (5%), Jehovah's Witness (2%), Agnostic (2%), Mormon (1%), Jewish (0.7%), Buddhist (0.3%), and Atheist (0.3%). Before the items from the Attachment to God Inventory were presented, participants were asked to describe their understanding of God through four multiple-choice options, with the last choice allowing participants to write their own response. When describing their understanding of God, the largest group identified God as "A positive life force that is in all things" (40.9%), followed by "A supreme being, like the God in the Holy Bible or the Quran" (32.4%), "An inner guiding presence or voice" (16.4%), and "Other" with the subsequent textbox (10.3%). Examples of the text answers provided are: multiple deities, unsure, an unknown concept, etc. Participants were also asked how much they identify with the religion they were raised in. The majority (43.1%) reported that they identified *a little* to *somewhat* with their childhood religion, followed by not identifying *at all* with it (39.2%), and *a lot* to *completely* identifying with their childhood religion (17.6%). Participants also rated how religious and spiritual they currently are (1 = not at all, 5 = completely). Almost half of the participants (47.2%) reported being *a little* to *somewhat* religious, over a third (37.5%) reported being *not at all* religious, and less than a fifth (15.2%) considered themselves *a lot* to *completely* religious. In contrast, a little over half (50.4%) reported being *a little* to *somewhat* spiritual, less than 5% reported being *not at all* spiritual, and

almost half (45.3%) considered themselves *a lot* to *completely* spiritual. Finally, participants were also asked if they ever changed their religious affiliation because of its views toward sexuality/gender, with the majority reporting yes (61.6%).

## Measures

All recruitment and study materials were available in both English and Spanish. Measures that were not already available in Spanish were translated and back-translated by the researcher and several bilingual graduate students and community members from diverse Latin American regions (e.g., Central America, South America, Caribbean). This process helped ensure both linguistic accuracy and cultural appropriateness for participants from varied Latinx backgrounds. Several measures were adapted for this study (described below), as suitable established measures were not available.

### *Demographics*

Participants reported demographic information, including age, transgender identity, gender identity, sexual orientation, generational status, nationality, and race/ethnicity. Participants also reported whether they were born in the United States, and those born outside of the U.S. indicated the number of years they have lived in the country. Other demographic questions included asking participants what language they speak most often at home, both currently and during childhood, to capture potential linguistic and cultural influences. Religious identity was also captured using a standard list of religions, where participants were allowed to choose all religions they identified with. Socioeconomic information was also collected, including employment status and annual income.

***Religious Identity and Beliefs***

Participants' religious identity was measured through a series of questions about their religious background and current religious identification. These questions are partly derived from Lease et al. (2005), whose study also examined the role of religion in the lives of LGBTQ+ individuals. The first two questions, "To what extent do you consider yourself a religious person?" and "To what extent do you consider yourself a spiritual person?" were answered on a 5-point Likert scale ranging from 1 = *Not at all* to 5 = *Completely*. Questions about current and past religious affiliation included "What is your current religious identity?" and "What religion were you raised in?" Participants selected from a standard list of religions and could choose all that applied. The question "How much do you identify with the same religion you grew up with?" was answered using the same 5-point Likert scale as the first two questions. Finally, participants were asked, "Have you at any time in your life left or changed your religious affiliation because of its views toward sexuality/gender?" which was answered with a yes/no response. These questions were included in the demographics section of the survey. This approach emphasizes the salience of early religious experiences in Latinx communities, even for individuals who no longer have a clear religious affiliation. This is particularly important for LGBTQ+ individuals, who may disaffiliate from formal religion but still engage with religious beliefs or practices.

A question created for this study was included to assess participants' understanding of God, given the many questions referring to God in the measure of attachment to God. Participants were asked, "Which of the following best describes your understanding of God?" Four response options were provided: (a) a supreme being, like the God in the Holy Bible or Quran; (b) a positive life force that is in all things; (c) an inner guiding voice or presence; and (d)

something else (please describe). This question was placed just before the measure of attachment to God in the survey.

***Religious/Spiritual Affirmation***

The LGBTQ College Campus Climate Scale (LCCCS), developed by Szymanski and Bissonette (2020), which measures how LGBTQ+ students perceive the campus climate at their college, was adapted to measure religious affirmation in both childhood and current life. The LCCCS is a 6-item scale that includes two 3-item subscales: College Response to LGBTQ Students and LGBTQ Stigma. Sample items from the LCCCS include "My university/college provides a supportive environment for LGBTQ students" (College Response subscale, reverse scored) and "Negative attitudes toward LGBTQ persons are openly expressed on my university/college campus" (LGBTQ Stigma subscale). The researchers reported internal consistency reliability estimates for College Response to LGBTQ Students and LGBTQ Stigma of 0.82 and 0.83, respectively. The internal consistency reliability estimates for the full scale were reported to be 0.85. The subscales and total score evidenced construct validity through positive correlations with anxiety, depression, and LGBTQ+ victimization in the study sample of LGBTQ+ college students.

For the present study, items were minimally reworded to reflect affirmation within religious communities/settings (both in childhood and the present) by replacing references to (a) students with *people* or *persons* and (b) university/college with the participant's religious community (see Appendix C). For the childhood experiences version of the scale, the reworded version referred to the participant's *religious community*. For the current life version of the scale, participants were asked to choose one of the following options that best describes their religious/spiritual community: spiritual community, faith community, religious community, those

who share my spiritual beliefs, those who share my faith, or those who share my religious beliefs. The chosen label for their religious community was inserted into the adapted statements for current religious affirmation. For example, consider the original item, "My university/college is cold and uncaring toward LGBTQ people and issues." The corresponding adapted item for the current-life version of the scale was "Those who share my faith are cold and uncaring toward LGBTQ people and issues" for those who described their current community as *those who share my faith*. The corresponding adapted item for the childhood version of the scale was "Growing up, my religious community was cold and uncaring toward LGBTQ+ people and issues." Items were rated on a 5-point Likert scale ranging from 1 (*Strongly Disagree* ) to 5 (*Strongly Agree* ).

The factor structure of both adapted versions of this measure was examined through exploratory factor analyses (EFA) using principal axis factoring with oblimin rotation. For both versions, parallel analysis supported a single-factor solution (using the 95$^{th}$ percentile of eigenvalues for 1,000 simulated datasets as the criterion). The single factor accounted for 71.5% of the common variance for the current-life version of the scale and 47.9% for the childhood version. For each version, all six items demonstrated strong loadings onto the single factor; thus, no items were removed. Total scale scores for each version of the measure were produced by averaging all items (after reverse scoring to reflect affirmation), with higher scores indicating more LGBTQ+ affirmation. Internal consistency was $\alpha = 0.93$ for current religious affirmation and $\alpha = 0.81$ for childhood religious affirmation. Construct validity of both current and childhood affirmation scores were provided through predicted positive correlations with a measure of religious congregational support (Current: $r = 0.24$, $p < 0.001$, Childhood: 0.11, $p < 0.05$; Bjorck & Gorsuch, 2002) and perceived LGBTQ-supportive institutional climate (Current: $r = 0.79$, $p < 0.001$; Rankin, 2001, 2003). Additional validity evidence for the childhood

affirmation scale was demonstrated through its association with conceptually relevant demographic questions. Childhood affirmation was positively associated with the extent to which participants identified with the religion they grew up with ($r = 0.28$, $p < 0.001$), indicating that those who experienced great affirmation reported an ongoing connection to their childhood religion. Childhood affirmation was also negatively correlated with having left one's religion due to its views toward sexuality/gender ($r = -0.38$, $p < 0.001$), indicating that individuals who received less affirmation were more likely to disengage from past religious communities.

***Religious Identity Strength***

Religious identity strength was assessed with the 5-item brief version of the Santa Clara Strength of Religious Faith Questionnaire (SCSORF5; Plante & Boccaccini, 1997; see Appendix D). Sample items include "I pray daily" and "I look to my faith as a source of comfort." Participants responded using a 4-point Likert scale ranging from 1 (*Strongly Disagree*) to 4 (*Strongly Agree*). Item responses were then averaged, with higher scores indicating higher religious identity strength. Plante and Boccaccini (1997) reported a coefficient alpha of 0.94 for a university sample, 0.97 for a civic group, and 0.96 for high school students. In the current sample, internal consistency was $\alpha = 0.90$. The SCSORFQ5 has demonstrated acceptable reliability in both English and Spanish across different Latinx nationalities, including studies conducted with both adolescents and adults (Wnuk, 2017; Caycho-Rodriguez et al., 2022). The original scale development study showed that individuals with higher SCSORFQ5 scores reported higher self-esteem and lower levels of depression and anxiety. Additionally, higher scores were associated with enhanced perceived coping ability.

***Insecure Attachment to God***

Insecure Attachment to God was measured with the 28-item Attachment to God Inventory (ATGI; Beck & McDonald, 2004). This scale measures the attachment dimensions of anxiety and avoidance in an individual's relationship with God. The researchers used exploratory factor analysis (EFA) to develop the ATGI. Sample items from the AGI include "I worry a lot about my relationship with God" (Anxiety) and "I prefer not to depend too much on God" (Avoidance). Items are rated on a 7-point Likert scale ranging from 1 (*Disagree Strongly*) to 7 (*Agree Strongly*). The Avoidance and Anxiety subscales are scored separately by summing the corresponding items from each subscale (after reverse scoring, as needed). Higher scores indicate greater levels of avoidance or anxiety in an individual's relationship with God. For this study, each subscale score was produced by averaging corresponding items. Beck and McDonald found good internal consistency reliability with a coefficient alpha of 0.86 for Avoidance and 0.80 for Anxiety. In a Brazilian sample, the ATGI was adapted and found to have a similar internal consistency of 0.85 and 0.77 for Anxiety and Avoidance, respectively. In the current sample, internal consistency was $\alpha = 0.90$ for Avoidance and $\alpha = 0.92$ for Anxiety. The ATGI has been found to be negatively associated with mental health among sexual minority Christians (Maughan, 2020).

***Identity Integration***

Integration between religious and LGBTQ+ identities was assessed with an adapted version of the 6-item Conflicts in Allegiances Scale (CIA Scale; Sarno, Mohr, Jackson, and Fassinger, 2015), which measures the extent to which participants experience conflict between their racial/ethnic identity and LGBTQ+ identity. Items from the original CIA Scale include "I feel little or no conflict between my cultural identity and my identity as [l/g/b]" and "I separate

my [l/g/b] and cultural identities." Items are rated on a 7-point Likert scale ranging from 1 (*Disagree Strongly*) to 7 (*Agree Strongly*). This study focuses on the integration between LGBTQ+ and religious identity; therefore, items were minimally rephrased to reflect this and members of gender minority communities. For example, "I separate my [l/g/b] and cultural identities" became "I separate my LGBTQ+ and religious identities." This measure is typically scored so that high scores reflect higher levels of identity conflict (with two reverse-scored items). For this study, however, items reflecting conflict were reversed so that a high score reflected a higher level of identity integration. The CIA scale was scored by averaging item responses (after reverse coding as needed). Sarno et al. (2015) reported a coefficient alpha of 0.86 for the original version of the scale; validity was supported by the significantly higher scores of participants of color relative to White participants. In the current sample, internal consistency was $\alpha = 0.88$. Construct validity of scores on the adapted CIA scale was provided through predicted correlations with a measure LGBTQ+ disclosure in religious settings ($r = 0.11$, $p < 0.05$) and a pictorial measure of the perceived closeness of one's religious and LGBTQ+ identities modeled after the Inclusion of Other in the Self Scale (($r = 0.51$, $p < 0.001$); Aron, Aron, & Smollen, 1992).

***Mental Health***

Mental health was assessed with the five-item version of the Mental Health Inventory (MHI-5, Berwick et al., 1991). Items are rated for frequency in the past month using a 6-point Likert scale ranging from 1 (*all of the time*) to 6 (*none of the time*). Three items assess negative health (e.g., "How much of the time have you been a very nervous person?"), and two items assess positive health (e.g., "How much of the time have you felt calm and peaceful?"). For this study, items reflecting positive mental health were reverse-scored so that higher scores reflected

better mental health. The measure was scored by averaging item responses. Scores on the MHI-5 have demonstrated acceptable internal consistency, with reported reliability estimates of .80 in the scale development study (Berwick et al., 1991). The validity of scores on the Spanish version of the scale was supported by negative correlations with other measures of anxiety and depression among Spanish-speaking university students, and internal consistency was found to be strong for both psychological well-being [ω = 0.88] and psychological distress [ ω = 0.79] (Vilca et al., 2022). In a sample of Latinx women, good internal consistency reliability was found with a coefficient alpha of 0.89 (Molina et al., 2019). In the current sample, internal consistency was $\alpha = 0.87$. Reyes et al. (2018) used the MHI-5 with Filipino lesbian and gay older adults in the Philippines and found that Cronbach's alpha was 0.66. Ramirez and Galupo (2019) used the MHI-5 in a U.S. sample of queer people of color and reported strong internal consistency ($\alpha$ = 0.85). They also provided evidence of construct validity through negative correlations of MHI-5 scores with established measures of minority stressors, including sexual orientation self-stigma, sexual orientation rumination, microaggressions, LGBT racism, and POC heterosexism.

***Attentive Responding Check***

The infrequency subscale of the Attentive Responding Scale (Maniaci & Rogge, 2014) was used to identify inattentive responders. This 6-item subscale consists of items designed so that certain responses on an agreement rating scale would be very unlikely, resulting in a highly skewed distribution. For example, it is unusual for respondents to disagree with the item "It feels good to be appreciated." Conversely, it is unusual for respondents to agree with the item "My favorite subject is agronomy." Items are rated on a 5-point Likert-type scale ranging from 0 (*strongly disagree*) to 4 (*strongly agree*) and summed to produce a total score, after reverse coding items as needed. High scores on the infrequency scale represent an atypical pattern of

responding associated with inattention. Maniaci and Rogge (2014) suggested a cut score of 7.5 based on receiver operating characteristic (ROC) curve analyses across multiple large samples, and demonstrated that people with scores exceeding this threshold were less likely than others to follow instructions and to provide reliable data.

**Procedure**

Recruitment was conducted through Prolific, an online platform that maintains a large, high-quality pool of participants and offers researchers tools to connect with individuals from traditionally difficult-to-access populations. Prolific allowed for precise sampling based on criteria such as age, sexual orientation, race, and other relevant factors. Prolific users who met the inclusion criteria were invited to take the online survey through Qualtrics (offered in English and Spanish); participation was open to people from any immigration background. Those interested in participating were directed to an informed consent form (Appendix B) that provided details about the purpose of the study and the potential risks associated.

All participants read and electronically indicated their understanding of the study and interest in completing the survey before proceeding with the study. The online survey had a median completion time of about 14 minutes and consisted of 10 measures, a demographics section (Appendix N), and the eligibility screener. Out of the 331 survey responses, 3 participants opted to take the survey in Spanish. After participants completed the survey, they were redirected to a new webpage that debriefed them. Participants received their compensation through Prolific after the research team checked that they passed the data quality requirements (passing the CAPTCHA test, meeting the minimum threshold for the Infrequency subscale of the Attentive Responding Scale, and having only one submission from their IP addresses).

Most survey takers were retained in the final sample; however, data from 21 individuals were removed. A total of 352 individuals initially participated in the survey. All of these individuals met the primary inclusion criteria. Survey takers who did not meet the attention cutoff ($n$ = 2) were excluded. Additionally, participants who identified as atheists or indicated that God and religion played no role in their lives ($n$ = 19) were excluded, as some of the study constructs did not apply to these individuals (e.g., attachment to God). These participants were identified through responses to the religion demographic question and their characterization of God in a fill-in response box provided when none of the multiple-choice options adequately captured their understanding of God. Participants who indicated that they did not believe in God, that God did not exist, or that they were not connected to religion were excluded from the final sample (e.g., "God is not real," "[God is] an invisible friend for adults"). After these exclusions, the final sample consisted of 331 participants.

## Statistical Analysis

### *Statistical Power*

A Monte Carlo power analysis using the online tool developed by Schoemann and colleagues (2017) was performed to determine an appropriate sample size for detecting the planned indirect effects. The online tool does not allow the inclusion of moderators, so the analysis consisted of the indirect effect through the parallel mediation model. Based on previous studies investigating religious identity and LGBTQ+ identity, correlations of 0.30 were assumed for this power analysis. A total of 5,000 replications and 20,000 Monte Carlo draws per replication determined that a sample size of 248 participants would be needed to detect all three indirect effects for the serial mediation model with a power of at least 0.80 and a 95% confidence level. That said, this sample size was not sufficient to detect the moderating effect of LGBTQ+

affirmation on the relationship between religious identity strength and other variables, particularly given the well-documented challenges in detecting statistical interactions in descriptive research (McClelland & Judd, 1993). In acknowledgement of this challenge, a sample size of 350 participants was recruited.

### *Data Analysis*

The main analyses were conducted using Mplus Version 9 (Muthen & Muthen, 1998-2017). Path analysis with measured variables was used to test the basic hypothesized moderation effects of LGBTQ+ affirmation on links between religious identity strength and other variables, as well as the mediated moderation effects depicted in Figure 1. Indirect effects in the mediated moderation mediation model were tested using 10,000 bias-corrected bootstrap samples to generate 95% confidence intervals (CIs) of the indirect effects. Statistically significant moderation effects were probed through simple slopes analysis, where simple slopes were probed at the 16th, 50th, and 94th percentiles to represent low, medium, and high levels of affirmation. Hypothesis tests were conducted at the $\alpha = .05$ level of statistical significance.

## Chapter 4: Results

Data for continuous variables were inspected for normality by examining the skewness and kurtosis for all study variables. Most study variables demonstrated reasonably normal distributions ($|\text{skewness}| < 1.5$). Distributions for childhood affirmation and the associated interaction term, however, were notably positively skewed and leptokurtotic. Also, the distribution for current affirmation was platykurtic. For this reason, robust maximum likelihood estimation was used for the main analyses. Complete data were obtained for all participants.

Descriptive statistics for all study variables are presented in Table 1. Scores for more measures spanned the full or nearly full range of possible values, suggesting adequate variability

across constructs. Means for religious identity strength, current religious affirmation, avoidant attachment to God, and mental health fell near the midpoint of their respective scales, indicating that participants generally reported moderate levels of these measures. In contrast, childhood religious affirmation and anxious attachment to God were notably lower than the scale midpoints, suggesting relatively limited affirmation in childhood religious environments and lower anxious attachment within this study's sample. Identity integration showed the opposite, with a mean above the scale midpoint, indicating that participants reported relatively high levels of integrated LGBTQ+ and religious identities.

**Table 1. Variable Means and Bivariate Correlations**

| | M | SD | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|
| 1. Current Religious Identity Strength | 2.19 | 0.76 | — | | | | | |
| 2. Current Religious Affirmation | 3.63 | 0.97 | -0.08 | — | | | | |
| 3. Childhood Religious Affirmation | 2.32 | 0.59 | 0.27*** | 0.04 | — | | | |
| 4. Anxious Attachment to God | 2.91 | 1.29 | 0.33*** | -0.33*** | 0.05 | — | | |
| 5. Avoidant Attachment to God | 4.55 | 1.20 | -0.72*** | 0.15** | -0.24*** | -0.30*** | — | |
| 6. Identity Integration | 4.95 | 1.53 | -0.04 | 0.56*** | 0.07 | -0.46*** | 0.07 | — |
| 7. Mental Health | 3.67 | 1.13 | 0.08 | 0.09 | 0.18*** | -0.35*** | -0.10 | 0.18*** |

*Note.* *$p < .05$, **$p < .01$, ***$p < .001$

**Correlation Analyses**

Bivariate correlations among all study variables are shown in Table 1. Correlations with mental health are reviewed first. Religious identity strength was not significantly related to mental health. Current affirmation was also not significantly associated with mental health, but childhood affirmation was positively associated with mental health. Both of the attachment variables were predicted to be negatively associated with mental health. This negative correlation

emerged for anxious attachment to God, but avoidant attachment to God was unrelated to mental health. Identity integration was positively associated with mental health, as predicted.

Next, correlations between the main predictor, moderating variable, and mediators are reviewed. Religious identity strength showed a positive correlation with anxious attachment to God and a strong negative correlation with avoidant attachment. Contrastingly, religious identity strength was not associated with identity integration. Current affirmation functioned as expected, in line with theoretical findings: it was negatively associated with anxious attachment and strongly positively associated with identity integration. Interestingly, current affirmation was positively correlated with avoidant attachment, which was unexpected. Childhood affirmation was negatively associated with avoidant attachment. Finally, anxious attachment to God showed the expected negative association with both avoidant attachment and identity integration, whereas avoidant attachment was not significantly associated with identity integration.

## Main Analyses

### *Moderating Effects of LGBTQ+ Affirmation*

A central focus of this study is the potential moderating effects of LGBTQ+ religious affirmation—both childhood and current—on the links between religious identity strength and the hypothesized mediators (avoidant and anxious attachment to God, identity integration) and mental health. Before testing the full mediated moderation models, these potential moderating effects were examined across all variables to simplify the presentation of the results. For each analysis, the (a) predictor was religious identity strength, (b) moderator was LGBTQ+ religious affirmation (either childhood or current), and (c) outcome was one of the three hypothesized mediator variables or mental health. Because there were two affirmation variables and four outcome variables, eight analyses were performed.

As evident in Table 2, moderation effects based on childhood LGBTQ+ affirmation emerged for anxious attachment to God and mental health, but not avoidant attachment to God and identity integration. To interpret these moderation effects, the simple effects of religious identity strength on the outcomes were examined at low, medium, and high levels of childhood affirmation (corresponding to the 16$^{th}$, 50$^{th}$, and 84$^{th}$ percentiles for affirmation). First, results for attachment anxiety are discussed. It was hypothesized that religious identity strength would be positively related to attachment anxiety at low levels of affirmation but negatively associated with attachment anxiety at high levels of affirmation. Contrary to the hypothesis, religious identity strength was positively associated with anxious attachment to God at all levels of childhood affirmation. However, this association weakened as affirmation levels increased: low affirmation ($B$ = 0.73, $SE$ = 0.11, $p$ = 0.00), medium affirmation ($B$ = 0.61, $SE$ = 0.09, $p$ = 0.00), and high affirmation ($B$ = 0.38, $SE$ = 0.11, $p$ = 0.00). A reverse pattern of simple effects was hypothesized for the prediction of mental health, wherein religious identity strength was expected to be negatively related to mental health at low levels of affirmation but positively associated with mental health at high levels of affirmation. This hypothesis was only partially supported. Religious identity strength was unrelated to mental health at low affirmation levels ($B$ = -0.07, $SE$ = 0.11, $p$ = 0.56) and medium ($B$ = 0.02, $SE$ = 0.09, $p$ = 0.82) but was positively related to mental health when affirmation was high ($B$ = 0.19, $SE$ = 0.09, $p$ = 0.04).

None of the moderation effects was statistically significant in analyses examining current LGBTQ+ affirmation (see Table 2). For this reason, no simple effects were tested at different levels of current affirmation.

**Table 2. Regression Coefficients for Childhood and Current Religious Affirmation Moderation Models**

| | ATG—Anxiety | | ATG—Avoidance | | Identity Integration | | Mental Health | |
|---|---|---|---|---|---|---|---|---|
| Predictors | Coeff | *SE* | Coeff | *SE* | Coeff | *SE* | Coeff | *SE* |
| Childhood Religious/Spiritual LGBTQ+ Affirmation | | | | | | | | |
| Religious Identity | **0.56*** ** | 0.09 | **-1.11*** ** | 0.06 | -0.10 | 0.12 | 0.06 | 0.08 |
| Childhood Affirmation | 0.02 | 0.132 | -0.14 | 0.09 | 0.10 | 0.15 | **0.24*** | 0.11 |
| Identity x Affirmation | **-0.35** ** | 0.14 | 0.12 | 0.11 | 0.30 | 0.18 | **0.25*** | 0.12 |
| Current Religious/Spiritual LGBTQ+ Affirmation | | | | | | | | |
| Religious Identity | **0.51*** ** | 0.08 | **-1.13*** ** | 0.06 | 0.02 | 0.09 | 0.13 | 0.08 |
| Current Affirmation | **-0.41*** ** | 0.07 | **0.13*** ** | 0.05 | **0.88*** ** | 0.08 | 0.12 | 0.07 |
| Identity x Affirmation | -0.06 | 0.08 | 0.09 | 0.06 | 0.004 | 0.09 | 0.01 | 0.09 |

*Note.* *$p < .05$, **$p < .01$, ***$p < .001$; ATG = Attachment to God, CI= Confidence Interval, LGBTQ+ = lesbian, gay, bisexual, transgender, queer.

### *Mediated Moderation Model for Childhood Religious Affirmation*

This model examined the role of childhood LGBTQ+ affirmation as a moderator of the link between religious identity strength and mental health, with insecure attachment to God and identity integration serving as hypothesized mediators of this moderation effect. The 95% bias-corrected bootstrap confidence interval for the moderated indirect effects was as follows for the three mediator variables: anxious attachment to God [0.02, 0.24], avoidant attachment to God [-0.07, 0.01], and identity integration [-0.05, 0.02]. Only the first of these three confidence intervals excluded zero. Thus, the only statistically significant mediated moderation effect involving childhood affirmation emerged for attachment anxiety as the mediator. The indirect effect of religious identity strength on mental health through anxious attachment to God was statistically significant at low ($\beta$ = -0.27, 95% CI: [-0.39, -0.17]), medium ($\beta$ = -0.22, 95% CI: [-0.33, -0.14]), and high ($\beta$ = -0.14, 95% CI: [-0.25, -0.05]) levels of childhood religious affirmation, though the size of this indirect effect diminished at higher levels of affirmation.

Drawing on the previous analyses, this moderated indirect effect can be interpreted as follows: Religious identity strength is associated with greater anxious attachment to God, though less so at higher levels of childhood affirmation. Anxious attachment to God, in turn, is associated with lower levels of mental health. This result is not consistent with the hypothesis that, for people with high childhood affirmation, religious identity strength would benefit mental health by reducing anxious attachment to God. In contrast, results suggested that high childhood affirmation supported mental health by buffering the impact of religious identity strength on anxious attachment to God.

Given the lack of moderation effects on avoidant attachment to God and identity integration, the nonsignificant paths connecting the interaction between religious identity strength and childhood affirmation, and these two mediators were removed, and the reduced exploratory path model was tested. In addition to producing a more parsimonious model, the removal of these interaction paths allowed for more meaningful interpretation of the main effects of identity strength and affirmation on the mediators (Jaccard & Turrisi, 2003). The reduced model is depicted in Figure 2, and all direct effects are presented in Table 3. Only two statistically significant effects emerged for religious identity strength and identity affirmation. Religious identity strength was negatively associated with avoidant attachment to God but not identity integration or mental health. In contrast, childhood religious affirmation was unrelated to both avoidant attachment and identity integration but was positively associated with mental health. (Paths leading to anxious attachment to God are not interpreted here, given the presence of the previously discussed interaction effect.) Of the three mediators, only one was related to mental health in the context of this reduced model: anxious attachment to God was negatively related to mental health, as expected. Finally, although three mediators were allowed to covary

with one another, only one association emerged: Anxious attachment to God was negatively associated with identity integration, as expected (φ = -0.87, *SE* = 0.11, $p < 0.001$). Contrary to the hypothesis, avoidant attachment did not covary with identity integration (φ = 0.09, *SE* = 0.08, $p = 0.26$); it also did not covary with anxious attachment (φ = -0.09, *SE* = 0.10, $p < 0.10$).

Finally, potential indirect effects of religious identity strength and childhood affirmation on mental health—through avoidant attachment and identity integration—were explored using 95% bias-corrected bootstrapped confidence intervals. As indicated in Table 4, none of these indirect effects were statistically significant ($p < 0.05$).

**Figure 2. Reduced Exploratory Path Model for Childhood Religious Affirmation**

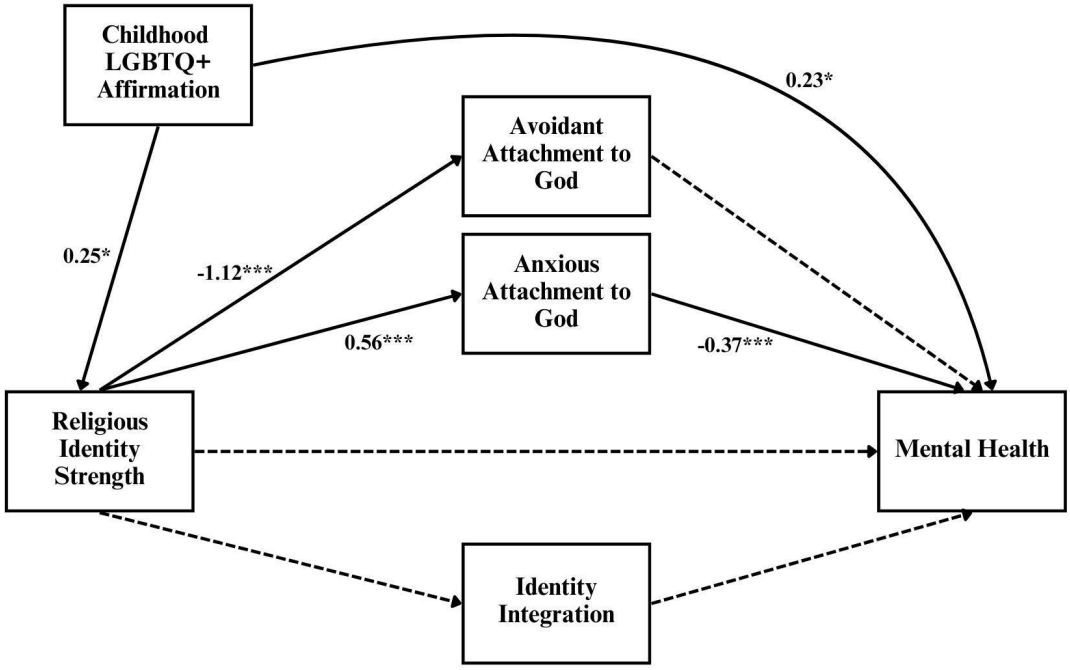


**Table 3. Path Coefficients for All Direct Effects**

| Direct Effect | *B (SE)* | *β* | 95% CI |
|---|---|---|---|
| Childhood Religious LGBTQ+ Affirmation | | | |
| Religious Identity Strength → Avoidant ATG | -1.12 (0.06)*** | -0.71 | [-1.24, -0.99] |
| Religious Identity Strength → Anxious ATG | 0.56 (0.09)*** | 0.33 | [0.38, 0.74] |
| Religious Identity Strength → Identity Integration | -0.11 (0.12) | -0.06 | [-0.35, 0.13] |
| Religious Identity Strength → Mental Health | 0.12 (0.11) | 0.08 | [-0.09, 0.35] |
| Avoidant ATG → Mental Health | -0.13 (0.07) | -0.13 | [-0.27, 0.01] |
| Anxious ATG → Mental Health | -0.37 (0.05)*** | -0.42 | [-0.47, -0.27] |
| Identity Integration → Mental Health | -0.01 (0.04) | -0.02 | [-0.09, 0.07] |
| Childhood Affirmation → Avoidant ATG | -0.10 (0.09) | -0.05 | [-0.31, 0.03] |
| Childhood Affirmation → Anxious ATG | 0.02 (0.13) | -0.01 | [-0.25, 0.29] |
| Childhood Affirmation → Identity Integration | 0.21 (0.13) | 0.08 | [-0.22, 0.39] |
| Childhood Affirmation → Mental Health | 0.23 (0.10)* | 0.12 | [0.03, 0.42] |
| Interaction → Anxious ATG | -0.23 (0.12)* | -0.09 | [-0.62, -0.05] |
| Interaction → Mental Health | 0.14 (0.10) | 0.06 | [-0.08, 0.36] |
| Current Religious LGBTQ+ Affirmation | | | |
| Religious Identity Strength → Avoidant ATG | -1.13 (0.06)*** | -0.71 | [-1.25, -1.01] |
| Religious Identity Strength → Anxious ATG | 0.51 (0.08)*** | 0.30 | [-0.35, 0.68] |
| Religious Identity Strength → Identity Integration | 0.02 (0.09) | 0.01 | [-0.16, 0.20] |
| Religious Identity Strength → Mental Health | 0.17 (0.12) | 0.12 | [-0.06, 0.40] |
| Avoidant ATG → Mental Health | -0.13 (0.07) | -0.14 | [-0.28, 0.01] |
| Anxious ATG → Mental Health | -0.38 (0.05)*** | -0.43 | [-0.48, -0.27] |
| Identity Integration → Mental Health | 0.01 (0.05) | 0.01 | [-0.09, 0.11] |
| Current Affirmation → Avoidant ATG | 0.12 (0.05)* | 0.10 | [0.03, 0.26] |
| Current Affirmation → Anxious ATG | -0.40 (0.07)*** | -0.30 | [-0.58, -0.27] |
| Current Affirmation → Identity Integration | 0.88 (0.08)*** | 0.56 | [0.73, 1.04] |
| Current Affirmation → Mental Health | -0.03 (0.07) | -0.02 | [-0.17, 0.12] |

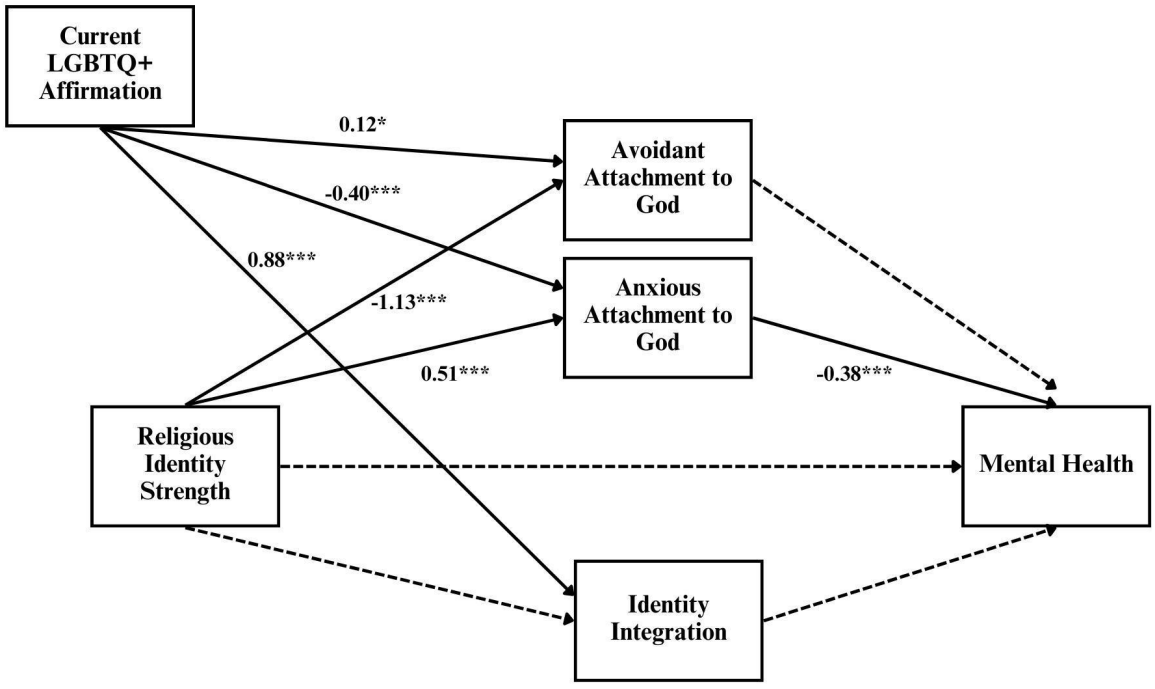
### *Mediated Moderation Model for Current Religious Affirmation*

This model was identical to the previous one, except current LGBTQ+ religious affirmation was examined as a potential moderator rather than childhood affirmation. The 95% bias-corrected bootstrap confidence interval for the moderated indirect effects was as follows for the three mediator variables: anxious attachment to God [-0.042, 0.087], avoidant attachment to God [-0.045, 0.002], and identity integration [-0.010, 0.010]. Because all of these confidence interval estimates contained zero, there was no evidence of a mediated moderation effect for any of the three hypothesized mediators.

Given the lack of mediated moderation effects for current affirmation, a reduced model was tested in which the interaction between affirmation and religious identity strength was

removed entirely. As with the previous reduced model, this one offered a straightforward means of interpreting the paths from affirmation and religious identity to the other variables. The reduced model for current affirmation is depicted in Figure 3, and all direct effects are presented in Table 3. Several direct effects emerged for the predictors: religious identity strength and current affirmation. Religious identity strength was positively related to anxious attachment to God, negatively related to avoidant attachment to God, and unrelated to both identity integration and mental health. Current LGBTQ-related affirmation was negatively related to anxious attachment to God, positively related to both avoidant attachment to God and identity integration, and unrelated to mental health. Results for paths from the mediators to mental health and for interrelations among the mediators are identical to those for the childhood affirmation model and are not reviewed here.

**Figure 3. Reduced Exploratory Path Model for Current Religious Affirmation**



Finally, potential indirect effects of religious identity strength and childhood affirmation on mental health—through avoidant attachment and identity integration—were explored using 95% bias-corrected bootstrapped confidence intervals. As indicated in Table 4, three of these indirect effects were statistically significant ($p < 0.05$). Religious identity strength was indirectly related to mental health through anxious attachment to God. Specifically, religious identity strength was positively related to anxious attachment, which, in turn, was negatively related to mental health. Current LGBTQ+ affirmation was indirectly related to mental health through both anxious and avoidant attachment to God. Specifically, for anxious attachment, affirmation was negatively related to attachment anxiety, which, in turn, was positively related to mental health. For avoidant attachment, affirmation was positively related to avoidant attachment, which, in turn, was negatively related to mental health.

**Table 4. Indirect Effects in the Exploratory Reduced Path Models**

| Predictor | Mediator | Outcome | Indirect Effect | 95% CI |
|---|---|---|---|---|
| Reduced Childhood LGBTQ+ Affirmation Model | | | | |
| Religious Identity Strength | Avoidant Attachment | Mental Health | 0.14 | [-0.01, 0.29] |
| Religious Identity Strength | Identity Integration | Mental Health | 0.00 | [-0.01, 0.02] |
| Childhood Affirmation | Avoidant Attachment | Mental Health | 0.01 | [-0.01, 0.06] |
| Childhood Affirmation | Identity Integration | Mental Health | -0.00 | [-0.03, 0.01] |
| Reduced Current LGBTQ+ Affirmation Model | | | | |
| Religious Identity Strength | Anxious Attachment | Mental Health | -0.19* | [-0.28, -0.12] |
| Religious Identity Strength | Avoidant Attachment | Mental Health | 0.15 | [-0.00, 0.32] |
| Religious Identity Strength | Identity Integration | Mental Health | 0.00 | [-0.01, 0.01] |
| Current Affirmation | Anxious Attachment | Mental Health | 0.15* | [0.09, 0.23] |
| Current Affirmation | Avoidant Attachment | Mental Health | -0.02* | [-0.05, -0.00] |
| Current Affirmation | Identity Integration | Mental Health | 0.01 | [-0.08, 0.10] |

*Note.* Asterisk denotes a statistically significant indirect effect ($p < 0.05$), as determined by the 95% bias-corrected bootstrapped confidence interval of the unstandardized indirect effect. CI = confidence interval; LGBTQ+ = lesbian, gay, bisexual, transgender, queer.

## Chapter 5: Discussion

This thesis examined the religious experiences of LGBTQ+ Latinx adults through several religious variables, such as religious identity strength, insecure attachment to God, and identity integration, to gain more insight into how religion influences mental health for this population. Specifically, the present study examined how religious identity strength relates to mental health among queer Latinx adults and whether this relationship operates through insecure attachment to God and identity integration. Additionally, this study explored whether LGBTQ+ affirmation within religious environments (both during childhood and in current contexts) moderates these pathways. The results of this study provide new insight into how early and current religious environments shape queer Latinx individuals' mental health as they navigate the intersection of sexual identity and religious identity.

Consistent with prior research, neither the direct effect nor the total effect of religious identity strength on mental health was statistically significant. This general finding aligns with a previous meta-analytic study for LGBTQ+ people broadly, which has found no relationship between the two variables (Lefevor et al., 2021). However, this overall nonsignificance was qualified by the moderation analyses. Although religious identity strength was not broadly linked to mental health, its association depended on the degree of affirming religious experience in childhood. Religious identity strength was unrelated to mental health at low and moderate levels of childhood affirmation, but became positively associated with mental health at high levels of childhood affirmation. Across both models, religious identity strength predicted mental health indirectly through anxious attachment to God. Neither avoidant attachment nor identity integration served as a significant mediator of this association, contrary to what was also hypothesized.

A question raised by these patterns is why anxious attachment to God, instead of avoidant attachment or identity integration, emerged as the central pathway linking religious identity strength to mental health. One possibility is that this pattern reflects broader dynamics with religion as a Latinx cultural value. Many Latinx individuals engage in daily, intimate, and relational forms of spirituality that emphasize personal closeness to God or divine figures (Campesino & Schwartz, 2009). These relational forms of spirituality may heighten sensitivity to feeling accepted or rejected by God, making attachment anxiety a salient part of religious experience. For LGBTQ+ Latinx individuals, this dynamic may be further intensified. Negative or non-affirming religious teachings within many Latinx religious traditions can generate fears of divine rejection and continuous questions about their acceptability to God (Abreu et al., 2023; Vega et al., 2023). It's also interesting to note that childhood affirmation was unrelated to attachment anxiety directly. This maps onto previous research that shows that LGBTQ+ people's positive early experiences do not eliminate later religious struggles, especially when cultural or religious traditions convey contradictory messaging about sexuality and morality (Abreu et al., 2023; Lockett et al., 2022). Future research could compare LGBTQ+ and cisgender heterosexual Latinx individuals to examine whether patterns of anxious attachment to God differ across these groups. This could clarify whether heightened attachment anxiety among LGBTQ+ Latinx individuals reflects unique experiences navigating non-affirming messaging, or whether it represents a broader cultural phenomenon.

Consistent with minority stress perspectives, these findings should be interpreted within the broader sociocultural context in which religious and spiritual experiences are embedded. Religious organizations and belief systems may offer affirmation, community, and meaning, while also reflecting dominant norms that marginalize LGBTQ+ communities. This tension

might help explain the observed patterns related to avoidant attachment to God, and this distancing from traditional religious figures might be a response to navigating an environment that is both supportive and stigmatizing. Through this perspective, avoidance may not just be disengagement, but instead a protective strategy.

**The Protective Role of Childhood Affirmation**

Childhood LGBTQ+ affirmation within religious contexts significantly altered the way religious identity strength related to anxious attachment to God. The link between religious identity and anxious attachment was strongest for those whose childhood religious environments were non-affirming. Anxious attachment, in turn, predicted poorer mental health. In alignment with attachment-based theories, these results suggest that early religious experiences shape an individual's internal relationship with God. For participants who grew up in a punitive or exclusionary religious environment, a strong religious identity may activate beliefs that their worth is conditional or that an LGBTQ+ identity is in direct opposition to God, reinforcing anxious attachment to God. Conversely, when childhood environments were highly affirming, the association between religious identity strength and anxious attachment was still positive but weaker. In other words, even at high levels of childhood affirmation, stronger religious identity was linked to higher anxious attachment, though the effect was less pronounced than for those with low or moderate affirmation. These results suggest that early experiences of affirmation may buffer, to some extent, the intensity of anxiety in one's relationship with God. What may be different between those in affirming and non-affirming environments is the type of beliefs that become activated, with affirming experiences potentially cueing gentler or more supportive interpretations of God. More research is needed to explore the differences in religious experiences between those in affirming and non-affirming religious environments.

In contrast, childhood affirmation did not moderate the association between religious identity strength and either avoidant attachment to God, nor did identity integration pathways moderate by childhood affirmation, nor did they contribute to indirect effects at any level of affirmation. These nonsignificant findings may suggest that emotionally involved attachment, like anxiety, plays a more influential role in mental health than relational distance or internal processes of religious and sexual identity integration within the context of examining all three proposed mediators simultaneously.

Given these nonsignificant pathways, a reduced model was tested to further clarify the underlying relationships among the main variables. In contrast, in this model, childhood affirmation did not influence either insecure attachment pattern or identity integration, which may suggest that early experience of religious affirmation does not necessarily shape how individuals relate to God or reconcile their identities later in life. Instead, childhood affirmation was directly related to mental health with a positive association, and this effect was not due to integration or attachment to God. This finding suggests that individuals who experienced more supportive and accepting childhood religious environments also report greater adult well-being. While the study cannot determine whether these processes appear longitudinally, the observed associations may point to the potential lasting effects of early affirming experiences. This model also found that religious identity strength was strongly negatively related to avoidant attachment to God. This strong negative association suggests that people who have a strong religious identity tend to feel less distant, disconnected, or withdrawn from a higher power. Overall, the reduced model highlights how early affirmation, religious identity, and attachment to God contribute uniquely to patterns of well-being in this sample.

**Nuanced Effects of Current Affirmation**

In contrast to childhood experiences, current religious affirmation did not moderate any pathways from religious identity strength to the proposed mediators. Although the indirect effect of religious identity strength through anxious attachment to God was also statistically significant in this model, the strength of this relationship was not shaped by participants' current affirmation in their religious environments. Taken together, this pattern suggests that early and current affirmation may both be important, but in different ways for different processes. The lack of moderation in the current affirmation model may also reflect the complex religious journeys often anecdotally observed among LGBTQ+ Latinx adults. Many may have distanced themselves from religious communities after experiencing early conflict and reduced the influence of current religious environments. These findings demonstrate that anxious attachment functions as a relatively stable variable linking religious identity strength to mental health, regardless of an individual's current religious environment. Future research should examine whether these patterns differ based on the degree to which individuals have distanced themselves from traditional religious doctrines, such as belief in a Judeo-Christian God or participation in formal religious communities. Like in the childhood affirmation model, indirect effects through avoidant attachment and identity integration were not significant.

The reduced model examining current LGBTQ+ affirmation revealed a different pattern. Unlike the reduced childhood model, current affirmation was positively associated with both avoidant attachment and identity integration. The positive association with integration aligns with theoretical expectations where affirming religious environments may foster greater alignment between religious and sexual identities. However, the association with avoidant attachment to God is interesting and counters the pattern for childhood affirmation. One

explanation might be that for some LGBTQ+ Latinx adults, engaging with an affirming religious environment may heighten awareness of past religious harm or unresolved tension with earlier non-affirming messages. This might prompt individuals to distance themselves from God, even if in an affirming environment. Another explanation might be that individuals might feel comfortable engaging with affirming religious environments even if they individually and internally conceptualize God less like a figure with whom someone has an attachment relationship and instead view God as a general positive force. With this idea, the association is less about avoiding God and more about a conceptualization of God where an attachment relationship is irrelevant. Importantly, several indirect effects emerged in this reduced model. One, religious identity strength influenced mental health through anxious attachment to God. Two, current affirmation influenced mental health through anxious attachment to God. Three, current affirmation influenced mental health through avoidant attachment to God. These findings highlight that even when current affirmation does not directly predict mental health, it shapes well-being through the relational patterns to God that an individual holds.

**Exploratory Factor Analysis of Affirmation and Integration Measures**

Across all three exploratory factor analyses, the adapted measures for current and childhood religious affirmation and identity integration demonstrated strong psychometric validity. All three measures resulted in single-factor solutions with strong item loadings, high internal consistency, and appropriate measures of sampling adequacy. These findings suggest that minimally rewording the existing scales to reflect religious experiences did not disrupt their internal structure. Construct validity was further supported by correlations with construct-related measures. Current religious affirmation had a strong positive association with perceptions of LGB-supportive religious climates and a weak positive correlation with congregational support.

Identity integration was found to be strongly positively correlated with perceived identity overlap and weakly positively correlated with outness in religious contexts.

**Strengths and Limitations**

This study offers several notable strengths. First, the study moves beyond traditional measures of religion and expands the conceptualizations of religious identity by incorporating key facets like an individual's attachment to God and affirmation. This captures a more balanced and diverse way of conceptualizing religious identity and experiences for LGBTQ+ Latinx individuals. Expanding on this, this study hopes to begin to challenge harmful deficit-based perspectives that surround research involving queer folks and religion. By taking a strengths-based approach, this study creates an opportunity to highlight how affirming religious spaces and the potential for secure attachment to God can function as protective factors and challenge stereotypes that religion and queerness are inherently incompatible. Additionally, findings could be used to inform culturally sensitive and tailored interventions for LGBTQ+ Latinx individuals to assist their integration of historically conflicting identities and previous religious trauma.

Although this study aimed to supplement gaps in the available literature and provide findings for an underrepresented population, the results should be interpreted with the following limitations in mind. The study's cross-sectional design does not allow for causal interpretations or the directionality of variables. For example, while the study may find that those with an insecure attachment to God experience worse mental health outcomes, it is also possible that worse mental health could influence how participants perceive their relationship with God. Future research could address this limitation through longitudinal designs tracking changes in attachment to God and mental health over time with LGBTQ+ Latinx adults. For example, Kent

et al. (2017) conducted a longitudinal study of older adults and found that secure attachment to God predicted increases in optimism and self-esteem over time, demonstrating that an individual's relationship with God can influence their well-being. Experimental approaches may also offer a different perspective. Previous research has examined the impacts of priming attachment security in the context of close relationships, but this method could be applied to priming secure attachment to God.

Another limitation is the way the study measures affirmation. There is currently no established scale to measure the degree of affirmation within a religion; therefore, this study uses an adapted measure for both childhood and current affirmation. Still, perceptions of religious affirmation can be subjective and vary within and between religious communities, making it difficult to operationalize consistently. Relatedly, retrospective reports of childhood religious experiences might be subject to recall bias. Although this adapted scale and the identity integration scale demonstrated strong psychometric properties, further validation in diverse religious environments and cultural contexts is recommended. Future research could look to establish a measure that specifically captures the levels of LGBTQ+ affirmation in religious environments or look at other conceptualizations or markers of affirmation.

Lastly, the analyses of this study did not account for differences in participants' adherence to traditional notions of religion. Notably, a majority of participants conceptualized God in non-traditional ways (e.g., as a positive life force, inner guiding presence, or other non-Abrahamic concepts), rather than as a singular, personified being consistent with traditional Abrahamic representations. This distinction may be particularly important for interpreting attachment to God, as the construct assumes a relational framework in which God is experienced as a being with whom one can form an attachment bond. For individuals who do not

conceptualize God in relational terms, higher levels of avoidant attachment may not reflect emotional distancing, but instead a mismatch between their belief structure and the relational language inherent in attachment measures. These differences could influence how participants perceive and experience their relationship with God, as well as other variables like identity integration and mental health outcomes. Relatedly, the construct of current religious affirmation may also function differently for individuals who do not participate in or identify with a traditional religious or spiritual environment. These participants' affirmation may not stem from formal religious institutions, but instead from broader sources like social support or affirming communities outside of organized religion. Future research could explore how the structure and content of religious beliefs shape these variables and potentially look at differences between those who approach religion through a traditional doctrine and those who experience religion through a more fluid and individual process.

**Implications & Conclusions**

These results hold important implications for clinical work. Clinicians working with queer Latinx clients may benefit from exploring early religious experiences, the internalized messages clients received about God's acceptance or rejection, and how both of these factors shape current religious-related anxiety. Interventions that target anxious attachment, rather than focusing on distancing from religion altogether, may be particularly effective for queer Latinx folks who find cultural importance in religion. More specifically, cognitive restructuring around divine perceptions or exploration of supportive religious frameworks may promote well-being, especially for clients with strong religious identities but low childhood affirmation. The value of such work is underscored by evidence that many clients want to discuss religion and that religiously-informed interventions can enhance treatment outcomes (Post & Wade, 2009; Brown

et al., 2013). One clinical case study with an LGBTQ+ Latina client further illustrated how therapists can work with clients to explore and reinterpret punitive religious teachings while supporting access to affirming religious communities (Carneiro, 2013). These findings highlight the importance of training and competence in religious and spiritual issues, particularly when considering evidence that many therapists report limited training and discomfort in addressing religious issues in therapy (Vieten et al., 2016).

Theoretically, the findings in this study extend on prior work on religion, spirituality, and LGBTQ+ identity by highlighting the nuanced relationships between childhood experiences, identity processes, and attachment to God. Childhood religious affirmation appears to shape the relationship between religious identity and mental health, which supports the idea that religious identity should be framed through a developmental and attachment-based lens. Overall, the current study highlights the complex role of religious identity in the mental health of LGBTQ+ Latinx individuals. Findings emphasize the importance of early affirming religious experiences in shaping attachment to God and suggest that anxious attachment is a key mechanism linking religious identity to mental health outcomes. While current affirmation may be valuable, early religious affirmation appears to have lasting protective effects, providing critical insight for both research and clinical practice in culturally informed care for LGBTQ+ Latinx individuals.

# Appendices

## Appendix A: Extended Literature Review

### LGBTQ+ Latinx Individuals

#### *Intersectional Experiences of LGBTQ+ and Latinx Identities*

Intersectionality, first coined by Black feminist scholar Kimberlé Crenshaw, refers to how multiple social identities intersect and interact to create an individual's lived experiences within systems of power, privilege, and oppression (Crenshaw, 1989; Cole, 2009). Across psychological research, intersectionality has been increasingly adopted as a critical theoretical framework to illustrate the lived experiences of marginalized people fully. Torres et al. (2018) emphasize that for Latinx populations, research involving intersectionality needs to also account for structural processes such as discrimination and systemic oppression in addition to individual identities. This is relevant when examining how religious identity can serve as both a source of resilience and marginalization for LGBTQ+ Latinx individuals. Intersectionality research should also consider the fluidity of identities and the broader social contexts that influence them (Else-Quest & Hyde, 2016). Together, these perspectives call for an intersectional approach in psychological research that goes beyond just treating social identities as demographic variables. Instead, intersectionality focuses on the fluidity and interconnectedness of identities and the structural processes that maintain privilege and oppression. This type of framework is needed to capture the complexities of Latinx religious experiences fully.

Because of the intersections of different marginalized identities, LGBTQ+ Latinx individuals experience unique minority stress where they face a combination of stressors related to their racial identity, sexual orientation, and gender identity. Additionally, they also face stressors that go beyond the culmination of stressors associated with each minoritized or

oppressed identity. Living at the intersection of being both a sexual minority and a person of color leads to distinct challenges that can have adverse mental and physical health effects. Minority stress theory explains that the health disparities seen among marginalized groups stem from the chronic stressors they face related to their marginalized status (Meyer, 2003). Minority stress theory could also be applied to individuals with multiple marginalized identities, like LGBTQ+ Latinx people, who may face racism within queer communities and heterosexism within their racial and ethnic communities, leading to increased psychological distress (Harper et al., 2004; Schmitz et al., 2020; Vega et al., 2012). This incompatibility is often referred to as conflicts in allegiances (CIA), where there is a marked conflict between an individual's racial and sexual identities (Sarno et al., 2015).

Houk (2021) highlights how the mental health outcomes of cisgender queer Latinx women cannot be understood through a single-axis framework and instead need an intersectional lens. This study found that this sample's sexual minority stress was linked to familial and cultural community rejection, but also linked to racist and exclusionary LGBTQ+ spaces (Houk, 2021). Additionally, gender-related stress was linked to both distal (e.g., heterosexist patriarchal norms) and proximal (e.g., internalized cultural gender norms) stressors. These findings highlight how queer Latinx women exist at the intersection of systemic racism, cultural heterosexism, and rigid gender norms. Noyola et al. (2020) found that Latinx LGBTQ+ individuals experience minority stress from both their Latinx and LGBTQ+ communities. The study found that participants reported five stressors: Ambivalence from family (e.g., partial acceptance or rejection of LGBTQ+ identity), Traditional gender role expectations, Racism within LGBTQ+ spaces, Sexual objectification, and Intersectional invisibility in media (Noyola et al., 2020). To cope, participants reported relying on identity management, social support, and developing their

critical consciousness. Several studies found that intersectional discrimination was linked to depression, anxiety, and PTSD among Latinx individuals with compounded marginalized identities, and those who attributed discrimination to multiple social identities reported worse mental health outcomes (Mora et al., 2023; Shepherd et al., 2025). Notably, an individual's undocumented status adds another possible layer of oppression and has been linked to heightened stress stemming from anti-immigrant policies and uncertainty about their legal status (Chavez Duarte, 2016). These findings highlight how essential intersectionality is for understanding LGBTQ+ Latinx experiences in order to capture a complete picture.

### *Cultural and Familial Influences*

Latinx cultural values play a crucial role in identity development, shaping social norms and interpersonal dynamics. Religion, *familismo,* and cultural gender roles (*marianismo* and *machismo)* serve as core influences, providing a framework for self-concept, familial roles, and community connections within Latinx communities (Abreu et al., 2023a). *Familismo* is a cultural value involving the strong identification of Latinx people with their families, which is characterized by loyalty and reciprocity among family members (Patron, 2021). *Machismo* enforces that Latinx men need to play a masculine role characterized by aggression, emotional avoidance, and the rejection of deviation from masculinity (Sanchez et al., 2018). *Marianismo*, on the other hand, defines the ideal role for women as one centered on caregiving, dependence, chastity, and submission to men (Sanchez et al., 2018). The ways that these cultural values affect Latinx individuals may differ based on a marginalized sexual identity.

Research on *familismo* and its influence on Latinx LGBTQ+ people generally describes it as a double-edged sword: fostering strong familial relationships, but also enforcing conformity and suppressing queer identities (Gerena, 2022; Muñoz-Laboy, 2008; Abreu et al., 2022;

Przeworski & Piedra, 2020; Patron, 2021). One qualitative study explored how cultural norms in the Latinx community influence the experiences of Latino gay men when coming out to their families (Gerena, 2022). Many participants reported that they avoided coming out due to fear of rejection, specifically that they would dishonor their families, specifically their fathers (Gerena, 2022). Their fear was shaped by other cultural values like *machismo* and *familismo,* as they felt like they were stepping outside of their prescribed, rigid gender and familial roles. Participants also reported that when they did come out, the compounded expectations created by cultural and religious values elicited negative responses from their fathers, which ranged from verbal abuse to physical distancing (Gerena, 2022). Another qualitative study found that Latinx family reactions to plurisexual identities were shaped by three key cultural factors: religion, which reinforced anti-LGBTQ beliefs; familismo, which created tension between acceptance and maintaining family reputation; and gender norms, which led to the stereotyping of bi+ identities [e.g., bisexual men were emasculated and women were promiscuous] (Abreu et al., 2022). Another study looking at bisexual Latinx individuals also endorsed similar sentiments and additionally found that participants found *familismo* as both a source of support and surveillance and often found themselves concealing their identity to preserve family honor (Muñoz-Laboy et al., 2009).

When gay Latinx men were asked to describe these cultural values through their perspectives, they often reported answers that aligned with traditional interpretations of Latinx cultural values, but researchers also found that sexual orientation stigma heavily shaped participants' experiences of these values (Mayo et al., 2024). González et al. (2022) found that Latinx LGBTQ+ youth struggled with family belonging, and many experienced family rejection or fear of rejection if they were not out. Some participants who were out experienced queer invisibility, where families only tolerated their LGBTQ+ identity if it was not openly discussed

(González et al., 2022). This type of concealment imposed by families is used to seemingly maintain harmony and uphold family importance over the individual (Ramm et al., 2024). Vega et al. (2023) explored the ways that Latina lesbians struggle with marianismo and religiosity in addition to family. This qualitative study found that participants reported that they experienced familial rejection rooted in religious condemnation and a pressure to conform to gender role expectations (Vega et al., 2023). Participants also endorsed the idea that masculine-presenting lesbians faced more outward and direct scrutiny, while feminine-presenting lesbians' identities were erased and ignored (Vega et al., 2023). *Marianismo* also has been found to directly shape queer Latinx women's sexual identity by enforcing ideals of purity, submission, and sacrifice, which, in turn, produce feelings of guilt, shame, and pressures to conform to traditional femininity (Hussain et al., 2015; Soto, 2021). These findings demonstrate the profound and lasting impact of cultural values on LGBTQ+ Latinx individuals, highlighting how these values shape their intersecting sexual, gender, and ethnic identities.

## Religion and Spirituality in Latinx Communities

### *Historical and Cultural Role of Religion*

Religion in Latino history is inseparable from colonization. From the arrival of European colonizers in 1492, the Spanish Catholic Church played an essential role in the conquest, colonization, and cultural reformation across Latin America (Dussel, 1981; Matovina, 2015). Catholicism was brought to Latin America as both a religious faith and a tool for colonial control. The Patronato Real was a system where the Spanish and Portuguese crowns were granted authority by the Pope to control religious concerns in their colonies, which gave them the power to appoint religious figureheads and establish church policies (Stevens-Arroyo, 1998).

Spanish and Portuguese missionaries forcibly converted Indigenous peoples through coercive and violent methods (Dussel, 1981).

Before the brutal colonization and conversion to Catholicism, Latin America was home to several highly developed indigenous societies. These societies were economically advanced (e.g., trade networks and agriculture), politically established (e.g., city-states), and culturally rich (Gontijo et al., 2021). Religion in pre-colonial Latin America was mostly animistic, believing that spirits were embedded in natural elements and intertwined with every facet of indigenous life (e.g., birth, death, hunting, agriculture, healing practices) across several civilizations (Gontijo et al., 2021). In the Amazon, indigenous religions believed that nature was inhabited by spirits and used shamans as mediators between humans and the spiritual world (Gontijo et al., 2021). These shamans were often recognized as two-spirit or third-gender individuals and attributed special spiritual powers to these community leaders (Gontijo et al., 2021). In Central America, gods were linked to natural phenomena like rain, fertility, and the sun (Gontijo et al., 2021). Many indigenous religions recognized gender fluid gods, such as the Aztec god Tezcatlipoca, who was portrayed as a genderfluid deity who embodied both masculine and feminine energies (Gontijo et al., 2021). Another example involves Amazonian creation myths, which feature two-gendered gods with fluid sexualities (Gontijo et al., 2021). Beyond queer religious aspects, Mayan cave art sometimes depicts same-sex intimacy, which could also suggest more sexually diverse cultures (Gontijo et al., 2021).

With colonization, missionaries demonized indigenous religions and spiritual practices, labeling them as pagan, idolatrous, and sinful (Stevens-Arroyo, 1998; Gontijo et al., 2021). Any semblance of gender or sexual fluidity was also demonized and labeled as immoral or referenced as sodomy (Gontijo et al., 2021). As the violent efforts of colonization ran rampant, indigenous

spirituality was suppressed, and religious syncretism emerged where indigenous beliefs and practices were blended with Catholicism (Stevens-Arroyo, 1998; Gontijo et al., 2021). As Catholicism became the dominating religious and political force in Latin America, ideals of gender and sexual fluidity were forced into shame and secrecy (Gontijo et al., 2021).

As Latin American countries fought for their independence, the Catholic Church's power was challenged by emerging governments, but it still retained cultural influence (Dussel, 1981). Popular Catholicism, which fused folk traditions and social justice concerns, remained influential among rural and working-class people (Dussel, 1981). This reformation gave way to Liberation Theology, which linked faith with social justice and positioned the Church in alliance with the poor and oppressed instead of wealthy elites (Dussel, 1981). For much of the twentieth century, Catholicism stood as the dominant religion in Latin America, with over 90% of the population identifying as Catholic (Pew Research Center, 2014a). This began to change around the 1970s, when Catholic identification declined drastically and Protestantism, especially Pentecostalism, grew dramatically, especially in Central American countries (Pew Research Center, 2014a). This rise in popularity is often attributed to Pentecostalism's charismatic worship styles, belief in spiritual gifts, and an individual's personal connection with God (Pew Research Center, 2014). Currently, Latin America is experiencing a bubbling rise of religiously unaffiliated individuals (Pew Research Center, 2014b).

Within US contexts, Latinx religious identity became a defining cultural and political force. As Latinx migrants migrated to the US, religious expression evolved to integrate both home-country traditions and US religious diversity (Stevens-Arroyo, 1998). Similar to Latin American trends, US Latinos also turned to Evangelical and Pentecostal Protestantism, especially in Puerto Rican, Mexican, and Central American communities who felt drawn to the

appeal of a personalized and community-driven faith (Stevens-Arroyo, 1998). This rise in Protestantism is also connected to social justice movements (e.g., Civil Rights and Chicano movements) where Pentecostalism offered spiritual empowerment as Latinx communities faced economic and racial marginalization (Stevens-Arroyo, 1998).

Now, US-born Latinx folks are increasingly religiously unaffiliated, and many leave childhood religions in adulthood (Pew Research Center, 2014). Although the majority of Latinx adults in the US still identify as religious, with 3% identified as Catholic, 15% as evangelical Protestant, 6% as non-evangelical Protestant, and 4% as followers of other faiths (Pew Research Center, 2023; Krogstad et al., 2023). LGBTQ+ Latinx individuals are more likely to report being religiously unaffiliated, but a substantial portion still identify with a religion (Wilson et al., 2021). Although surveys and statistics may report that some Latinos are religiously unaffiliated, it's important to be cautious about what this label actually means. The common assumption is that Latinos who identify as unaffiliated or say they have "no religious preference" must not hold any religious beliefs at all. But that might not tell the full story. In 2023, Espinosa explored what "unaffiliated" really means to Latinx individuals and found that a significant portion of those who check that box still believe in God or consider themselves spiritual. This challenges the idea that Latinx communities are becoming secular at the same rate as the broader U.S. population. The study also revealed that traditional surveys often misrepresent religious Latinos because they fail to ask follow-up questions and rely on rigid, narrow labels of religion (Espinosa, 2023). Even those who identified as having no religious affiliation still maintained a relationship with God, prayed regularly, and admitted that their religious beliefs influenced their daily lives (Espinosa, 2023). These findings make it clear that even if Latinx individuals don't strictly identify with formal religious institutions, cultural religiosity is still deeply embedded in Latinx communities.

Another quantitative study found that Latinx cultural identification was the only significant predictor of higher spiritual identification (Campesino et al., 2009). While Catholic identified participants scored higher on the study's spirituality scale, Catholicism itself was not a predictor of strength of spirituality, and instead Latinx identity mattered more than religious denomination (Campesino et al., 2009).

### *Common Religious Beliefs and Practices*

Across different specific religious identities, several beliefs and practices remain consistent among Latinx communities. For example, Latinx people emphasize close relationships with divine figures, such as God, Jesus, and the Virgin Mary, more than non-Latinos (Campesino et al., 2009). This highlights the importance of personalized and individualized connections to higher powers among Latinx communities. Prayer is also a religious practice that is important to Latinx folk. Many Latinx people engage in daily prayers (for strength, guidance, and well-being) and crisis-driven prayers (intense prayers during times of illness or family conflict (Koerner et al., 2013). Prayer is also viewed as an active form of healing, with some people believing it can cure mental and physical ailments (Caplan, 2019). Relatedly, many Latinos find comfort in reframing suffering and mental illness as a spiritual journey that can be alleviated through prayer, devotion, and spiritual connection (Koerner et al., 2013; Caplan, 2019). Unfortunately, this might lead to more nefarious beliefs where mental illness is seen as a moral failure or might lead to avoiding mental health services altogether. Catholic Latinx people also commonly use candles, rosaries, saint statues, and the *Virgen de Guadalupe* as tangible religious artifacts used for protection and devotion (Koerner et al., 2013). Catholic Latinx communities also tend to hold moderate religious and political views, while evangelicals might hold more conservative political views on abortion and same-sex relationships (Pew Research Center, 2014). One study found

that Latinx evangelical Protestants strongly opposed same-sex marriage, even more than devout Catholics (Ellison et al., 2011). These shared religious practices and beliefs illustrate how central faith is to Latinx communities. Religious identity shapes both personal identity and collective cultural values. While religious practice can provide comfort, guidance, and resilience, it can also reinforce traditional views that impact attitudes toward issues such as mental health and LGBTQ+ identities.

**Religious Identity**

Research often reduces religious identity to a denominational label or a broad religious affiliation category. This identity is frequently captured through a single self-reported demographic checkbox, which oversimplifies the complexity of religious identity and overlooks vital facets that shape how individuals experience religion. Religious identity encompasses multiple facets, including religious behaviors (e.g., church attendance, prayer practices), one's personal connection to a higher divine being, religious coping, religious beliefs, religious identity centrality, and so many others. Each of these dimensions offers a distinct perspective on how religion is experienced, and relying solely on a categorical label fails to account for the nuances of religious identification.

For Latinx individuals, religious identity is further shaped by cultural traditions, familial expectations, and community belonging, which makes it deeply embedded in their lived experiences. For queer Latinx people, the complexity of religious identity is heightened as they may have to carefully navigate both their religious and queer identities. This tension might push this population to redefine religious processes and the role they play in their lives. With this, capturing religious identities through one dimension does not sufficiently capture the full impact of religion on well-being. Using a multidimensional framework that incorporates different facets

of religion may provide a more accurate and comprehensive understanding of how religion shapes mental health outcomes within LGBTQ+ Latinx individuals.

### *Conceptualization and Measurement of Religious Identity*

Measuring religious identity is a complex task within quantitative research. Even when studies rely on a single self-reported measure of religious affiliation, denominational identity and subjective religious identity are not interchangeable and capture different dimensions of religious experience (Alwin et al., 2006). Demographic surveys typically probe for denominational identity (e.g., Protestant Christian), but subjective religious identities describe the specific nuances within those denominations and affiliations (e.g., evangelical, progressive, or fundamentalist). Alwin et al. (2006) found that denominational labels do not fully capture how people understand their faith and argue that researchers should assess both denominational affiliation and subjective religious identity for a more comprehensive understanding. This study highlights that even within a religious label, there is significant variation in beliefs, practices, and ideologies, which emphasizes the limitations of using a singular categorical measure to capture religious identity.

Researchers might elect to measure religious identity through observable or quantifiable participation. Lopez et al. (2011) explored the stability of religious identity and religious participation over time among adolescents. They captured religion through three different measures: self-reported religious affiliation, an adapted scale measuring identity salience, and frequency of religious behaviors [e.g., praying] (Lopez et al., 2011). This study found that religious participation declined throughout high school, but religious identity remained stable across participants. This means that even though observable behavior decreased, religion was still internally central to these adolescents. However, after controlling for ethnic differences in

religious affiliation, socioeconomic background, and generational status, Latinx participants reported similar levels of both religious identity and participation throughout high school (Lopez et al., 2011). Despite this, these findings highlight the importance of exploring different religious identity aspects as they may have different developmental paths and changes in centrality over an individual's lifetime.

## LGBTQ+ Affirming Religious Identity

### *Affirming vs. Non-Affirming Religious Perspectives*

Christian denominations vary in their stances on LGBTQ+ inclusion and affirmation, which can generally be categorized into four main positions: traditional, welcoming, affirming, and reconciling (Collins, 2018). A traditional stance holds the belief that sexual and romantic relationships should only occur between a man and a woman within the confines of marriage (Collins, 2018). The welcoming stance encourages acceptance of all Christians regardless of sexuality but prohibits actively condoning and supporting same-sex behaviors, often restricting LGBTQ+ members from leadership positions (Harris et al., 2021). The affirming stance fully accepts LGBTQ+ identities, supports same-sex marriage, and advocates for their members' right to make their own decisions (Collins, 2018). The reconciling stance takes the affirming stance and also works toward justice and equity for people of all sexual orientations (Harris et al., 2021). While the definitions and exact boundaries of these categories may vary across churches and leadership, they broadly align with these definitions. This present study dichotomizes this stance into affirming and non-affirming categories to better examine the broader implications. Non-affirming perspectives generally align with traditional and unwelcoming stances where restrictions are imposed on LGBTQ+ people, whereas affirming stances advocate for full inclusion and rights.

Non-affirming Christian attitudes are rooted in traditional Christian teaching on gender and sexuality. Historically, many Christian doctrines emphasize that (a) gender is fixed at birth, (b) heterosexuality is the only religiously supported orientation, (c) sexual behaviors are meant primarily for procreation, and (d) deviation from these norms is immoral (Hood et al., 2009). These beliefs are supported and reinforced by the perspective that the Bible should be interpreted literally and serves as an irrefutable and unquestionable moral guideline (Savage, 2011). This also aligns with the belief that questioning the bible and its religious teachings is viewed as a betrayal of their faith (Minnix, 2018). Biblical passages and verses are frequently cited by non-affirming churches and Christians as justification for non-affirming attitudes toward LGBTQ+ people. Although some challenge this perspective that Christianity is inherently at odds with LGBTQ+ identities and instead highlight Christian values (e.g., love, justice, community) as guiding principles that affirm LGBTQ+ people (Hood et al., 2009; Kitaen & Xu, 2023). Other perspectives cite their affirming stance as being rooted in social justice principles, highlighting the similarities between faith-based values and advocacy for marginalized communities (Harris et al., 2021). Some believe that these perspectives are grounded in the teachings of Jesus and assert that non-affirming perspectives fail to uphold the core principles and messages taught by the Christian Messiah (Kitaen & Xu, 2023; Kigen, 2024).

### *Religious Affirmation & Mental Health Outcomes*

LGBTQ+ affirming communities and churches are crucial for the well-being of queer individuals as they provide a healing space where they can be authentically themselves (Gandy et al., 2021). Non-affirming spaces often push messaging related to viewing being LGBTQ+ as shameful, invalidating queer identities, framing queerness as a challenge to overcome rather than an inherent part of a person, and deeming LGBTQ+ individuals as sexually immoral (Sorrell et

al., 2023). Non-affirming religious environments are associated with increased internalized homonegativity, emotional distress, and lower self-esteem (McCann et al., 2020). At the end of non-affirmation, conversion practices seek to "change" an individual's sexual identity and are correlated with poor well-being outcomes, including decreased educational attainment, increased suicidality, and self-harm (Jones et al., 2022). Many LGBTQ+ individuals in non-affirming religious communities experience fear, shame, and rejection, ultimately leading some to disengage from their religious communities altogether (Koch et al., 2025).

In contrast, faith communities that affirm LGBTQ+ individuals are linked to improved well-being. Valen and Graham (2024) explored LGBTQ+ individuals' experiences in openly affirming churches and found that participants felt affirmed, accepted, and closely connected to these communities. This study revealed that affirmation in openly affirming churches was primarily rooted in emotional and spiritual support instead of instrumental support. Additionally, another study focused on comparing affirming versus non-affirming messaging on church websites and found that affirming messaging and imagery were associated with feelings of acceptance among LGBTQ+ Christians and no negative feelings from heterosexual Christians (Hugues & Rouse, 2023). Religious affirmation can also be a personal process outside of institutional affirmation. Many LGBTQ+ people undergo a process where they seek to reconcile their religious and queer identities by challenging traditional doctrines and reimagining religious tenets to be more affirming of their sexual identity (Avishai et al., 2022). This process has been referred to as "queering" religion happening outside of institutional support and is rooted in religious teachings emphasizing love, peace, hope, and community (Avishai et al., 2022). Additionally, integrating scientific evidence (e.g., recognizing that gender and sexual identity are

not choices) with spiritual practices (e.g., seeking guidance from God through prayer) can support this reconciliation (Minnix, 2018; Kigen, 2024).

Among Black queer men, attending LGBTQ+ affirming churches fosters emotional support and spiritual enrichment (White et al., 2020). These spaces also provide visibility and modeling for loving and affirming partnerships (White et al., 2020). Additionally, Black LGBTQ+ youth in affirming churches experience fewer symptoms of depression and anxiety (Little et al., 2024). However, some queer people of color may choose to remain in religious spaces that waver between acceptance and rejection. This might be because queer people of color may have to choose between LGBTQ+ affirmation and racial/ethnic belonging, and some ultimately prioritize spaces that nurture their racial/ethnic identity over their sexual identity (McCann et al., 2020; White et al., 2020; Gandy et al., 2021). One study found that this group remained in the closet at higher rates as a result of remaining in non-affirming religious spaces due to their deep sense of racial belonging and familial obligations (Gandy et al., 2021).

The contrast between affirming and non-affirming religious spaces highlights the impact that these environments have on queer people's well-being. These findings underscore the importance of including LGBTQ+ affirmation within the conceptualization of an individual's religious identity.

## Attachment to God (ATG)

### *Psychological Perspectives on Experiencing God*

Religious institutions often present non-affirming beliefs and policies that harm and reject LGBTQ+ people. Because of the complexity that exists between LGBTQ+ communities and religious organizations, conceptualizing an LGBTQ+ person's religious identity through a personal, internal process can clarify our understanding outside of institutional processes. One's

relationship with and to God can offer insight into how individuals navigate, reconcile, and affirm their faith alongside their sexual and gender identities. Scholars have offered diverse conceptual frameworks to examine this aspect of religious identity, which has resulted in the identification of a wealth of constructs, e.g., emotions towards God, God concept, God image, perceived support from God, religious scrupulosity, and attachment to God (Huber & Richard, 2010; Davis et al., 2013; Fiala et al., 2002; Abramowitz et al., 2002; Beck, 2006).

A person's relationship with God is not a novel concept. The Christian bible frequently characterizes God and explores the way biblical figures relate to him. Some scholars differentiate the types of relationships and how God is characterized between the Old and New Testaments. In the Old Testament, God is depicted as both merciful and supportive of his people while also being controlling, punitive, and passionate (Popp et al., 2002). In contrast, the New Testament portrays a more positive characterization of God, emphasizing the relationship between Jesus and biblical figures, which is more compassionate and nurturing than the relationship between God and biblical figures in the Old Testament (Weingarten et al., 2003). Throughout the Bible, the portrayal of God shifts. In the Old Testament, he is associated with power, order, and governance; in the New Testament, he is depicted as self-sacrificial and fatherly (Ward, 1995). The characterizations of God and his relationship with biblical characters demonstrate a way that people might learn about God's character, which, in turn, may influence the relationship they develop with God.

Some research has examined potential predictors of the quality of one's relationship with God. Kirkpatrick et al. (1999), for example, found that lonely individuals are more likely to develop a close and supportive relationship with God, suggesting that God can serve as an attachment figure in the absence of strong social connections. Similarly, Laurin et al. (2014)

demonstrated that individuals compensate for interpersonal rejection by seeking a closer relationship with God, whereas those who feel rejected by God seek stronger human connections. One's relationship with God extends beyond religious affiliation. Manglos-Weber et al. (2016) revealed that many unaffiliated youth still maintain a personal connection to God despite not engaging in organized religion. Some youth experienced God as a source of intimacy and consistency, while others struggled with feelings of anxiety and anger in their relationship with the divine.

A person's relationship with God has also been found to have implications for a broad array of health outcomes. Among prostate cancer survivors, those who viewed God as benevolent experienced better emotional well-being and more positive health perceptions (Gall, 2004). In contrast, those who perceived God as wrathful or distant did not experience significant changes in well-being (Gall, 2004). Additionally, individuals who saw God as distant reported a greater sense of control over their illness, but this perception was also linked to feelings of self-blame (Gall, 2004). Individuals who feel supported by God have been found to have lower levels of psychological distress during challenging times relative to those who experience a lack of support from God (Lloyd & Reid, 2022). Schieman et al. (2017) found that divine support mediated and moderated the relationship between religious involvement and self-esteem. Religious scrupulosity describes a more pathological concern where individuals experience intrusive thoughts surrounding religion, including an obsessive preoccupation with their relationship with God. Bailey et al. (2023) found that high RS predicted negative mental health outcomes, not religiosity itself, among Latinx individuals.

LGBTQ+ affirmation within religious environments may influence an individual's relationship with and conceptualization of God. One study found that religiously traditional

same-gender attracted Christians viewed God as more wrathful when compared to gay-affirming same-gender attractedChristians (Colpitts & Yarhouse, 2019). Similarly, among queer Filipinxs, highly religious individuals in affirming environments reported more positive emotions toward God, such as hope and gratitude, whereas those in non-affirming religious environments experienced greater negative emotions (Campos et al., 2022).

### *Attachment Theory and Attachment to God*

Another construct that aims to capture facets of one's relationship with God is Attachment to God (ATG). Unlike the previously discussed related constructs, ATG is grounded in a comprehensive theory of human functioning that has increased understanding of people's representations of primary relationships and associated patterns of emotion regulation. Bowlby's (1978) attachment theory and Ainsworth's expansion of the theory (1978) serve as the foundation for ATG. Attachment theory proposes that the early childhood relationships someone develops with their caregivers establish patterns that influence future relationships, well-being, and conceptualizations of others and self. Ainsworth identified three patterns of attachment: secure, anxious-ambivalent, and avoidant. The theoretical framework for attachment theory is extended to someone's relationship with God within ATG. Attachment to God meets the criteria for attachment relationships through five aspects: a. People seek out God in times of distress, b. God is viewed as a means for safety and protection, c. An individual's relationship with God can create feelings of trust, d. Distancing from God can produce anxiety, and e. Severing the relationship to God can lead to distress and grief (Kirkpatrick, 1992). ATG is usually dichotomized between an insecure attachment and a secure attachment to God, with insecure attachment also dichotomized between anxious and avoidant attachment (Beck & McDonald, 2004). In the framework of ATG, anxious attachment involves fear of being rejected or

abandoned by God, while avoidant attachment is marked by discomfort in relying on or forming a close connection with God (Beck & McDonald, 2004). In contrast, secure attachment is characterized by minimal anxiety and avoidance, indicating a safe and trusting relationship with God (Beck & McDonald, 2004).

### *ATG and Psychological Impact*

ATG is associated with a variety of well-being markers. Research demonstrates the complex and nuanced way in which ATG influences mental health, relational, and social outcomes. Secure ATG is consistently linked to better mental health outcomes, including reduced anxiety and depression and an increase in life satisfaction and optimism (Ellison et al., 2014; Leman et al., 2018; August & Esperandio, 2019; Jung, 2020; Upenieks et al., 2023). This attachment style also promotes better psychological outcomes by enhancing an individual's sense of self-worth among college athletes (Upenieks et al., 2023). Secure ATG also compensated for low courage, improving emotion regulation and reducing depressive symptoms among this population (Upenieks et al., 2024). Additionally, secure ATG plays a crucial role in coping with grief and fosters greater self-compassion (Kelley & Chan, 2012; Homan, 2014).

In contrast, anxious and avoidant ATG were associated with an increase in negative mental health outcomes, including anxiety, depression, and non-suicidal self-injury (NSSI), with anxious attachment resulting in stronger correlations (Buser et al., 2020; Ellison et al., 2014; Pirutinsky et al., 2019). Among sexual minority Christians, one study found that participants with an anxious ATG reported greater experiences of suicidality, internalized homophobia, and harassment, particularly among sexual minority Christians (Maughan, 2020). Additionally, individuals with an anxious ATG often struggle with faith exploration due to fears that God will punish them, while those with avoidant ATG engage in religious activities less (Beck, 2006).

Tung et al. (2017) also found that the benevolent God Concept was linked to better psychological outcomes by lowering insecure ATG. A longitudinal study by Ellison et al. (2012) found that a secure ATG at baseline predicted decreased distress over time and buffered against the negative effects of stressful life events, but anxious ATG worsened stress-related distress. Bradshaw et al. (2010) reported similar findings, where secure ATG was inversely related to distress, while anxious ATG and stressful life events were positively linked to psychological distress.

Concerning interpersonal functioning, Bradshaw et al. (2019) showed that ATG strongly predicted social trust. Here, both types of insecure ATG were inversely linked to both generalized (e.g., trust for strangers) and particular trust (e.g., trust for acquaintances). Researchers also compared other measures of religion to ATG and found that attachment was the more robust predictor (Bradshaw et al., 2019). Jordan et al. (2021) found that participants with an insecure ATG also exhibited more hostile-dominant means of interacting with others and experienced more negative social exchanges. On the other hand, secure ATG was found to be associated with increased generosity and a more positive interpersonal style (Jordan et al., 2021; Pettit et al., 2022).

Among communities of color, one study found secure ATG especially benefited older Black participants when compared to older White participants when coping with death anxiety (Jung, 2018). This aligns with the idea that religion is notably valuable for people from marginalized backgrounds to cope with harmful experiences related to their minoritized identity. Secure ATG was also found to function as a restorative factor that helped Latinx youth navigate stress and adversity by strengthening resilience (Ramos-Chavez, 2022). Secure ATG and strong parental attachment together support resilience by reducing stress and encouraging healthy coping strategies (Ramos-Chavez, 2022). Raj and Sim (2020) echo this sentiment, reporting that

secure ATG moderates the relationship between stress and psychological distress in a sample of Singaporean college students. ATG has been shown to influence both positive and negative outcomes, even among individuals who do not identify as strongly religious (Sherman et al., 2021). This finding was also supported among a sample of Jewish participants, where ATG was the strongest predictor of mental health outcomes among both traditional Orthodox and less traditional non-Orthodox Jewish people (Pirutinsky et al., 2019).

## Identity Conflict & Identity Integration

### *LGBTQ+ People of Color*

For LGBTQ+ people of color, the intersection of racial and sexual identities can create unique challenges and tension between these identities. For example, Morales (1989) described what, for many queer people of color, may be normative tensions between their ethnic/racial and sexual orientation identities. For LGBTQ+ people of color, the natural desire to embrace one's ethnic identity can be complicated by heterosexist cultural values that are upheld in some communities of color. Likewise, in the United States, affiliation with largely White LGBTQ+ communities can involve routine exposure to racism and stereotyping. This tension, referred to as conflicts in allegiances (CIA), occurs when individuals feel their racial and sexual identities are at odds.

Sarno et al. (2015) found that these conflicts were associated with racism in queer communities and heterosexism from racial communities among LGB people of color. Expanding on this, Sarno et al. (2021) examined identity conflict among LGB individuals assigned female at birth and found that heterosexism within racial and ethnic minority communities can lead to internalized stigma regarding their sexual orientation. Another study explored the relationship between LGB identity commitment, CIA, and depression among LGB racial and ethnic minority

adults (Santos & VanDaalen, 2016). The researchers found that stronger LGB identity commitment was linked to lower depression levels, while greater CIA was associated with higher depression levels. Additionally, LGB identity commitment moderated the relationship between CIA and depression so that CIA was linked to depression only for those with low LGB identity commitment (Santos & VanDaalen, 2016).

### *LGBTQ+ Identity & Religious Identity*

Similar identity conflicts can arise for the intersection of LGBTQ+ identities and religious identities. Schuck and Liddle (2001) found that two-thirds of LGB people in their study reported religious and sexuality conflicts due to religious teachings, scriptures, and congregational attitudes. While some find affirmation in their faith communities, others face rejection and mental health struggles due to conflicts between anti-LGBTQ+ religious teachings and queer identity. One important link that has been found in the literature is the risk associated with religious-LGBTQ+ identity conflict, which is its link to mental health challenges, like suicidality. Goodman (2024) conducted a literature review that found that religion can be a protective or neutral factor for LGBTQ+ individuals, but also found that the most common predictor of suicidality for this population is the conflict between religious beliefs and LGBTQ+ identity. Gibbs and Goldbach (2015) supported this conclusion and showed that internalized homophobia mediated this conflict and increased the risk of chronic suicidal thoughts and attempts. Further research shows that the integration of these two identities plays a crucial role in mental health outcomes. It's also been found that integration plays a protective role against guilt and shame for religious gay men, while disconnection from religion due to LGBTQ+ stigma can increase distress (Anderson & Koc, 2020; Pietkiewicz & Kołodziejczyk-Skrzypek, 2016). Fernandes et al. (2023) found that individuals who experience conflict between their religious

and sexual identity reported lower levels of outness and reduced positive affect among Portuguese Catholics. Through qualitative interviews, Beagan and Hattie (2015) demonstrated that many LGBTQ+ people have chosen to redefine their faith to integrate their sexual identity.

Despite the common assumption that LGBTQ+ individuals must reconcile their religious and sexual identities to feel content, other frameworks exist where LGBTQ+ people take different routes to manage this intersection. One framework categorizes people into three different categories: reconcilers, selectives, and integrators (Fuist, 2016). Reconcilers work to align their LGBTQ+ and religious identities, selectives are careful about disclosing their LGBTQ+ identity while maintaining their religious identity, and integrators see their identities as fully compatible and experience no conflict (Fuist, 2016). Similarly, Rodriguez et al. (2017) also identified diverse pathways of identity conflict management, including integration, rejection of religion, and religious struggle. These findings emphasize the importance of considering that the path that LGBTQ+ religious individuals take is dependent on context and social situations. Although the pattern that selectives exhibit (compartmentalization and rejection of LGBTQ+ identity altogether is linked with psychosocial distress, integration is linked to better psychosocial well-being (Dehlin et al., 2015). Within the context of an affirming church, integration has been associated with greater church involvement, including membership, frequent worship attendance, and participation in ministries (Rodriguez & Ouellette, 2000).

### *LGBTQ+ Latinx Populations*

LGBTQ+ Latinx individuals also navigate complex identity conflicts as they manage both their sexual and ethnic identities. These conflicts may be influenced by cultural expectations, discrimination from both communities, and broader systemic discrimination. Shepherd et al. (2025) found that heterosexist discrimination within the Latinx community and

ethnic discrimination within LGBTQ+ spaces contributed to depression and anxiety by increasing identity conflict. Another study examined the identity conflicts and resilience of gay Latinx first and second-generation immigrants in the US (Gray et al., 2015). Participants encountered racism in LGBT spaces and homophobia in Latino communities; despite this, they drew on community and affirming spaces to foster resilience (Gray et al., 2015). Similarly, a study looking at Black and Latino young queer men found that identity conflict between sexual and racial/ethnic identity can influence sexual risk-taking behaviors (Corsbie-Massay et al., 2017). However, the study also found that connection to the ethnic community was also linked to greater protective effects of sexual identity salience (Corsbie-Massay et al., 2017). This suggests that community connection may foster identity integration rather than conflict for young Latinos. Identity integration has also been looked at as a form of resistance and resilience among queer women of color. Cerezo and colleagues (2019) looked at queer Latinx and Black women's identity formation qualitatively. They found that queer Latinx and Black women use the process of integrating their identities as an act of resistance to the family and societal pressures they face. For this population, identity integration was described as reconciling their conflicting racial and sexual identities into a harmonious and authentic sense of self. One important facet of identity integration for the participants in this study was to live in the intersection of these identities actively, where they were active members of both their racial and queer communities (Cerezo et al., 2019). Another study with queer Latino college men found that coping with this identity conflict might, instead, involve cognitive reframing (e.g., minimizing experiences, denying discrimination, or internalizing blame) to maintain connections to both identities, although this might have larger implications for self-acceptance (Eaton & Rios, 2017). Another way queer Latinx individuals may work to reconcile this identity conflict is to create an identity buffer, a

self-constructed space where they redefine norms to integrate both identities (Peña-Talamantes, 2013).

## Appendix B: Consent Form

*Initials: _____ Date: _____*

**Institutional Review Board**
1204 Marie Mount Hall ● 7814 Regents Drive ● College Park, MD 20742 ● 301-405-4212 ● irb@umd.edu

| | |
|---|---|
| **Project Title** | Bendición: Religion, Identity Integration & Well-Being among LGBTQ+ Latinx Individuals |
| **Purpose of the Study** | *This research is being conducted by Alexa Euceda, MPS, advised by Jonathan Mohr, PhD, at the University of Maryland, College Park. We are inviting you to participate in this research project because you indicated that you are*<br>● *LGBTQ+*<br>● *Latinx American, living in the United States*<br>● *at least 18 years old*<br>● *able to read and write in English or Spanish, and*<br>● *religious to some degree, even if unaffiliated with a specific religion or place of worship.*<br><br>*The purpose of this research project is to understand the experiences of LGBTQ+ Latinx adults relating to their religious identity and mental health. The principal investigator is a LGBTQ+ Latina American and is dedicated to the social justice implications of this research for the community. Please contact the investigators if you have further questions about their identities and perspectives as they relate to this work (contact info below).* |
| **Procedures** | *If you agree to participate in this study, you will complete an online survey that takes approximately 20 minutes. The survey includes questions about your experiences with religion, ways your religious and LGBTQ+ identities have come together in your life, and your mental health. Here are some sample survey items:*<br><br>*• Growing up, my family and I prayed daily.*<br>*• I feel little or no conflict between my religious identity and my identity as LGBTQ+.*<br>*• How much of the time, during the last month, have you felt downhearted and blue?* |

| | |
|---|---|
| | *There are several items throughout the survey to confirm that your response is legitimate (i.e., not a computerized bot) and that you are paying attention. For this reason, even if items appear out of place, we ask that you read items closely and answer everything honestly. At the end of the survey, you will be redirected to a page where you will receive more details about the study's purpose.* |
| **Potential Risks and Discomforts** | *There may be some risks from participating in this research study. You may feel some stress, embarrassment, or discomfort from answering sensitive questions about identity, religion, and/or mental health.*<br><br>*You may choose not to answer any questions that make you uncomfortable or discontinue the survey at any time. If you experience any discomfort related to participating in this study, we encourage you to seek local support or contact the principal investigator or the faculty advisor supervising this project, Dr. Jonathan Mohr (jmohr@umd.edu).* |
| **Potential Benefits** | *There are no direct benefits from participating in this research. While this research is not designed to help you personally, the results may help the investigators learn more about the factors impacting the experiences of LGBTQ+ Latinx Americans. We hope that, in the future, other LGBTQ+ Latinx Americans might benefit from this study, through improved understanding of the impacts of intersectional oppression on mental health.* |
| **Confidentiality** | *Any potential loss of confidentiality will be minimized by storing all electronic data on a secure server, for which only the researchers have password-protected access. Specifically, data is being collected online through Qualtrics, a survey platform chosen for its particularly strong built-in privacy protection, and stored through UMD Box, a secure password-protected cloud storage platform that is appropriate for storing "High Risk" data.*<br><br>*To confirm eligibility for compensation, your IP address will be temporarily collected. You are participating through Prolific, so your Prolific ID will also be recorded. All identifying information, including IP addresses and Prolific IDs, will be permanently deleted as soon as compensation has been disbursed.*<br><br>*If we write a report or article about this research project, your identity will be protected to the maximum extent possible. Your information may be shared with representatives of the University of Maryland, College Park or* |

| | |
|---|---|
| | *governmental authorities if you or someone else is in danger or if we are required to do so by law.*<br><br>*The de-identified dataset may be shared with other researchers for future studies, presentations, or publications. This data will not contain any information that could be used to identify you.* |
| **Compensation** | *Upon completing all parts of this survey and passing all bot/attentive responding checks, you will receive $5 for your participation through Prolific. You will be responsible for any taxes assessed on the compensation.*<br><br>*There are items placed throughout the survey to confirm that your response is legitimate (i.e., not a computerized bot) and that you are paying attention. If you fail to respond appropriately to these items, you may be removed from the dataset and will not receive compensation.*<br><br>*As we work to verify that responses are legitimate, it may take a few days for you to receive your compensation. If you have any questions, please contact the investigators.* |
| **Right to Withdraw and Questions** | *Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.*<br><br>*If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the investigators:*<br>*Alexa Euceda (aeuceda0@umd.edu) or Jonathan Mohr, PhD (jmohr@umd.edu)* |

| | |
|---|---|
| **Participant Rights** | *If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:*<br><br>*University of Maryland College Park Institutional Review Board Office*<br>*1204 Marie Mount Hall College Park, Maryland, 20742*<br>*E-mail: irb@umd.edu*<br>*Telephone: 301-405-0678*<br>*IRBNet #2349006-1*<br><br>*For more information regarding participant rights, please visit: https://research.umd.edu/research-resources/research-compliance/institutional-review-board-irb/research-participants This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.* |
| **Statement of Consent** | *By clicking 'I agree', you indicate that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction and you voluntarily agree to participate in this research study. You may print/download/save a copy of this consent form.*<br><br>*If you agree to participate, please check the appropriate box.* |

Check the appropriate box

◯ I agree

◯ I do not consent and decline my participation in this study.

## Appendix C: LGBTQ College Campus Climate Scale

**(Syzmanski & Bissonette, 2020)**

**Original Version**

*College Response to LGBTQ Students*

1. My university/college is cold and uncaring toward LGBTQ students and issues.
2. My university/college is unresponsive to the needs of LGBTQ students.
3. My university/college provides a supportive environment for LGBTQ students. *(RS)*

*LGBTQ Stigma*

4. Negative attitudes toward LGBTQ persons are openly expressed on my university/college campus.
5. Heterosexism, homophobia, biphobia, transphobia, and cissexism are visible on my university/college campus.
6. LGBTQ people are harassed within my university/college campus.

**Adapted Version [Current Faith Community]**

Before answering the questions on the next survey page, please take a moment to reflect on your current religious or spiritual environment. When you think about your current religious or spiritual community, who comes to mind?

If you are not a member of a church or formal religious organization, your community might consist of the people you talk with about faith, those you practice spirituality with, or others who support your spiritual journey.

My religious/spiritual community is best described as people…

- in my spiritual community
- in my faith community
- in my religious community
- who share my spiritual beliefs
- who share my faith
- who share my religious beliefs

*After participants choose one of the choices above, that text is piped directly into the blanks for the following questions*

Please answer the following questions based on how affirming and supportive your **current** faith community has been of your LGBTQ+ identity.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly Disagree | Disagree | Slightly Disagree | Neutral | Slightly Agree | Agree | Strongly Agree |

1. People [_____] are cold and uncaring toward LGBTQ people.

2. People [_____] are unresponsive to the needs of LGBTQ people.

3. People [_____] provide a supportive environment for LGBTQ people. *(RS)*

4. Negative attitudes toward LGBTQ persons are openly expressed by people [_____].

5. Heterosexism, homophobia, biphobia, transphobia, and cissexism are visible among people [_____].

6. LGBTQ people are harassed by people [_____].

**Adapted Version [Past Faith Community]**
Please answer the following questions based on how affirming and supportive your **<u>childhood</u>** religious community was of your LGBTQ+ identity during your upbringing.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly Disagree | Disagree | Slightly Disagree | Neutral | Slightly Agree | Agree | Strongly Agree |

1. Growing up, my religious community was cold and uncaring toward LGBTQ+ people and issues.
2. As a child, my religious community was unresponsive to the needs of LGBTQ people.
3. My religious community provided a supportive environment for LGBTQ people throughout my upbringing.
4. During my childhood, negative attitudes toward LGBTQ persons were openly expressed within my religious community.
5. Heterosexism, homophobia, biphobia, transphobia, and cissexism were visible within my religious community as a child.
6. LGBTQ people were harassed within my childhood religious community.

## Appendix D: The Brief Version of the Santa Clara Strength of Religious Faith Questionnaire

## (Plante & Boccaccini, 1997)

**Original Version**

Please indicate how much you agree or disagree with each statement about your religious or spiritual faith using the scale below.

1 = strongly disagree  2 = disagree  3 = agree  4 = strongly agree

__ 1. I pray daily.
__ 2. I look to my faith as providing meaning and purpose in my life.
__ 3. I consider myself active in my faith or church.
__ 4. I enjoy being around others who share my faith.
__ 5. My faith impacts many of my decisions.

## Appendix E: Attachment to God Inventory

**(Beck & McDonald, 2004)**

The next set of questions you will see will ask you how you feel about your relationship with God. Interpret 'God' in a way that aligns with your own spiritual, religious, or cultural understanding. This could include terms such as the Divine, Higher Power, Spirit, Universe, or any other concept that resonates with your beliefs.

We are interested in how you generally experience your relationship with God, not just in what is happening in that relationship currently.

Which of the following best describes your understanding of God?

- A supreme being, like the God in the Holy Bible or the Quran
- A positive life force that is in all things
- An inner guiding presence or voice
- Something else (please describe)

**Attachment to God Inventory**

The following statements ask about your relationship with God, broadly defined to include any divine or spiritual concept meaningful to you (e.g., Higher Power, Spirit, Universe). Please indicate how much you agree or disagree with each statement using the scale below.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Disagree Strongly | | | Neutral/Mixed | | | Agree Strongly |

_____ 1. I worry a lot about my relationship with God.
_____ 2. I just don't feel a deep need to be close to God.
_____3. If I can't see God working in my life, I get upset or angry.
_____ 4. I am totally dependent upon God for everything in my life. (R)
_____ 5. I am jealous of how God seems to care more for others than for me.
_____ 6. It is uncommon for me to cry when sharing with God.
_____ 7. Sometimes I feel that God loves others more than me.
_____ 8. My experiences with God are very intimate and emotional. (R)
_____ 9. I am jealous at how close some people are to God.
_____10. I prefer not to depend too much on God.
_____11. I often worry about whether God is pleased with me.
_____12. I am uncomfortable being emotional in my communication with God.
_____13. Even if I fail, I never question that God is pleased with me. (R)
_____14. My prayers to God are often matter-of-fact and not very personal.*
_____15. Almost daily I feel that my relationship with God goes back and forth from "hot" to "cold."
_____16. I am uncomfortable with emotional displays of affection to God.*
_____17. I fear God does not accept me when I do wrong.

_____18. Without God I couldn't function at all. (R)
_____19. I often feel angry with God for not responding to me when I want.
_____20. I believe people should not depend on God for things they should do for themselves.
_____21. I crave reassurance from God that God loves me.
_____22. Daily I discuss all of my problems and concerns with God. (R)
_____23. I am jealous when others feel God's presence when I cannot.
_____24. I am uncomfortable allowing God to control every aspect of my life.
_____25. I worry a lot about damaging my relationship with God.
_____26. My prayers to God are very emotional. (R)
_____27. I get upset when I feel God helps others, but forgets about me.
_____28. I let God make most of the decisions in my life. (R)

## Appendix F: Conflicts in Allegiances Scale

## (Sarno et al., 2015)

**Conflicts in Allegiances Scale**
The questions on the next survey page ask about how your LGBTQ+ identity relates to your sense of who you are as a religious/spiritual person at this point in your life. Please answer these questions in a way that best reflects how you experience your religious/spiritual identity, including your religious/spiritual

- beliefs
- practices
- history
- culture
- communities

These questions focus on your religious identity and your identity as LGBTQ+. Please indicate the extent to which these statements describe you at this time.

Scale:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Disagree Strongly | | | Neutral/Mixed | | | Agree Strongly |

1. I feel little or no conflict between my religious identity and my identity as LGBTQ+.*
2. I have not yet found a way to integrate being LGBTQ+ with being a member of my religious group.
3. It is easy for me to be both LGBTQ+ and a member of my religious group.*
4. I separate my LGBTQ+ and religious identities.
5. I often feel like I'm betraying either my religious community or the LGBTQ+ community.
6. I feel as if my sense of religious identity is at odds with my LGBTQ+ identity.

**Added Test Items**

7. ***I feel a sense of harmony between my LGBTQ+ identity and my religious/spiritual identity.***
8. ***My religious/spiritual identity helps me accept and understand my LGBTQ+ identity.***

Note: * = reverse-scored

## Appendix G: Mental Health Inventory- Five Item

**(Berwick et al., 1991)**

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | None of the time |

How much of the time, during the last month, have you…

1. been a very nervous person? (anxiety)
2. felt calm and peaceful? (general positive affect)
3. felt downhearted and blue? (depression)
4. been a happy person? (general positive affect)
5. felt so down in the dumps that nothing could cheer you up? (behavioral/emotional control)

**Appendix H: The Attentive Responding Scale**

**(Maniaci & Rogge, 2014)**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Not at all true | A little true | Somewhat true | Mostly true | Very true |

1. I don't like getting speeding tickets.
2. It feels good to be appreciated.
3. I'd rather be hated than loved.
4. I enjoy the music of Marlene Sandersfield.
5. My favorite subject is agronomy.
6. I don't like being ridiculed or humiliated.

**Appendix I: The Spiritual History Scale**
**(Hays et al., 2001)**
**[Validity for previous childhood religious experience]**

Please indicate your level of agreement or disagreement with each of the following statements:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly Disagree | Disagree | Somewhat Disagree | Neither Agree nor Disagree (Neutral) | Somewhat Agree | Agree | Strongly Agree |

***Family History of Religiousness***

1. When I was a child, I was very involved in the church (synagogue). (INVOLVCH)
2. When I was a child, the church (synagogue) was like family to me. (FAM_CH)
3. When I was a child, religion was a natural part of my life. (NATURAL)
4. When I was a child, my parents left my religion up to me. (LEFT_UP)
5. When I was a young child, I had a religious or spiritual role model. (ROLE_CH)
6. My family passed down their religion to me. (FAM_PASS)

**Appendix J: The Religious Support Scale**
**(Bjorck & Gorsuch, 2002)**
**[Validity for Affirmation]**

The following statements describe experiences in your religious/spiritual community, that is, your congregation. Please indicate your level of agreement or disagreement with each statement. If you are not a member of a religious/spiritual congregation, feel free to skip these questions.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Strongly Disagree | Disagree | Somewhat Disagree | Neither Agree nor Disagree (Neutral) | Somewhat Agree | Agree | Strongly Agree |

***Congregational Support***

1. Others in my congregation give me the sense that I belong.
2. I have worth in the eyes of others in my congregation.
3. Others in my congregation care about my life and situation.
4. If something went wrong, others in my congregation would give me assistance.
5. I feel appreciated by others in my congregation.
6. I can turn to others in my congregation for advice when I have problems.
7. I do not feel close to others in my congregation.

**Appendix K: Outness Inventory**
**(Mohr & Fassinger, 2000)**
**[Validity for Affirmation]**

1. How open are you about your LGBTQ+ identity with members of your religious/spiritual community?

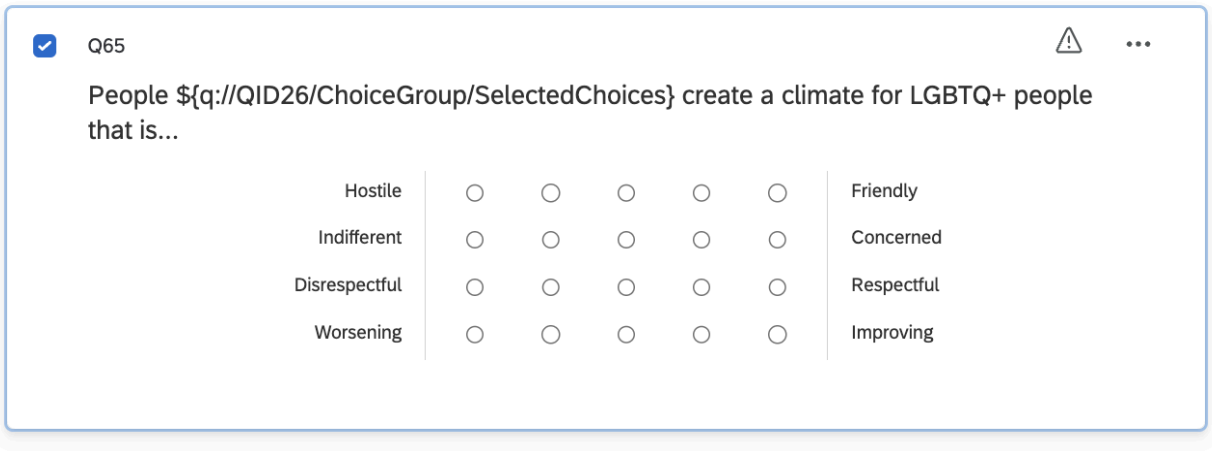
☐*They definitely does NOT know about your sexual orientation status*
☐*They might know about your sexual orientation status, but it is NEVER talked about*
☐*They probably know about your sexual orientation status, but it is NEVER talked about*
☐*They probably know about your sexual orientation status, but it is RARELY talked about*
☐*They definitely know about your sexual orientation status, but it is RARELY talked about*
☐ *They definitely know about your sexual orientation status, and it is SOMETIMES talked about*
☐*They definitely know about your sexual orientation status, and it is OPENLY talked about*
☐*Not applicable to your situation; there is no such person or group of people in your life*

2. How open are you about your LGBTQ+ identity with members of your religious/spiritual community?

☐*They definitely do NOT know about your sexual orientation status*
☐*They might know about your sexual orientation status, but it is NEVER talked about*
☐*They probably know about your sexual orientation status, but it is NEVER talked about*
☐*They probably know about your sexual orientation status, but it is RARELY talked about*
☐*They definitely know about your sexual orientation status, but it is RARELY talked about*
☐*They definitely know about your sexual orientation status, and it is SOMETIMES talked about*
☐*They definitely know about your sexual orientation status, and it is OPENLY talked about*
☐*Not applicable to your situation; there is no such person or group of people in your life*

**Appendix L: Perceptions of LGB-Supportive Climate in Religious Environments Scale (Rankin, 2001, 2003)**
**[Validity for Affirmation]**

The next questions ask you how supportive people in your religious/spiritual community are toward LGBTQ+ individuals.




***code is filled in by answer earlier about religious community***

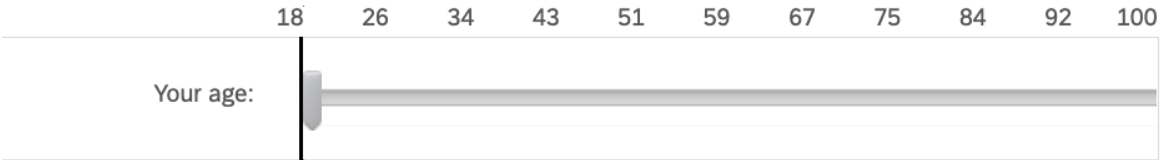
How integrated do you feel your LGBTQ+ identity is with your religious/spiritual identity? Please select the pair of circles below that best represents the relationship between these

## Appendix M: Eligibility Screener

1. Are you 18 years of age or older?
    a. Yes
    b. No
2. Do you currently live in the United States?
    a. Yes
    b. No
3. Do you identify as Latino, Latina, Latinx, Latine or Hispanic?
    a. Yes
    b. No
4. Do you identify as LGBTQ+ (lesbian, gay, bisexual, transgender, queer, or another non-heterosexual or non-cisgender identity)?
    a. Yes
    b. No
5. Have you ever had any personal connection to religion or spirituality in the past or growing up?
    a. Yes
    b. No

## Appendix N: Demographics

1. Please use the slider below to indicate your age:




2. Do you consider yourself transgender?
   ☐ Yes ☐ No ☐ Unsure
3. Please select the option that best describes your gender:
   ☐ Woman
   ☐ Man
   ☐ Nonbinary
   ☐ Genderqueer/Gender non-conforming
   ☐ Another gender (please specify): _____
4. Please select the option that best describes your sexual orientation:
   ☐ Lesbian
   ☐ Gay
   ☐ Bisexual
   ☐ Pansexual
   ☐ Queer
   ☐ Asexual
   ☐ Heterosexual
   ☐ Plurisexual
   ☐ Another identity (please specify): _____
5. Describe your specific national background (select all that apply):
   ☐ Argentine/Argentinian
   ☐ Belizean
   ☐ Bolivian
   ☐ Brazilian
   ☐ Chilean
   ☐ Colombian
   ☐ Costa Rican
   ☐ Cuban
   ☐ Dominican
   ☐ Ecuadorian
   ☐ Garifuna
   ☐ Guatemalan
   ☐ Honduran
   ☐ Mexican
   ☐ Nicaraguan

☐ Panamanian
☐ Paraguayan
☐ Peruvian
☐ Puerto Rican
☐ Salvadoran
☐ Uruguayan
☐ Venezuelan
☐ Other (please specify): _____

6. Please select the options that best describe your race (select all that apply):
   ☐ Indigenous
   ☐ Asian
   ☐ Black or Afro-Latinx
   ☐ Arab/Middle Eastern
   ☐ White
   ☐ Other (please specify): _____

7. Were you born in the United States?
   ☐ Yes
   ☐ No
8. If not, how long have you lived in the United States?


9. What is your generational status in the United States?
   ☐ First generation (I was born in another country and moved to the U.S. as an adult)
   ☐ 1.5 generation (I was born in another country and moved to the U.S. as a young child)
   ☐ 2nd generation (I was born in the U.S., but a parent was born in another country)
   ☐ 3rd generation (I was born in the U.S and my parents were born in the U.S., but a grandparent was born in another country)
   ☐ 4th generation or more (I was born in the U.S. and my parents and grandparents were also born in the U.S
10. What language(s) do you speak in your current place of residence? (select all that apply)
    ☐ English
    ☐ Spanish

☐ Portuguese
☐ Indigenous language(s) (please specify): _____
☐ Other (please specify): _____

11. What language(s) did you primarily speak at home while growing up (e.g., with parents or caregivers)? (select all that apply)
☐ English
☐ Spanish
☐ Portuguese
☐ Indigenous language(s) (please specify): _____
☐ Other (please specify): _____
12. To what extent do you consider yourself a religious person?
☐Not at all
☐ a little
☐ somewhat
☐ very
☐ completely
13. To what extent do you consider yourself a spiritual person?
☐Not at all
☐ a little
☐ somewhat
☐ very
☐ completely
14. What is your present religion, if any? (select all that apply)
☐ Catholic (Roman Catholic)
☐ Protestant (e.g., Evangelical, Pentecostal, Methodist, Non-denominational, etc.)
☐ Mormon/LDS
☐ Jehovah's Witness
☐ Jewish
☐ Muslim
☐ Buddhist
☐ Hindu
☐ Unitarian/Universalist
☐ Indigenous Religion
☐ Agnostic (not sure if there is a God)
☐ Atheist (do not believe in God)
☐ Another (please specify): _____
15. What religion were you raised in? (select all that apply)
Catholic
☐ Protestant (e.g., Evangelical, Pentecostal)

- ☐ Mormon/LDS
- ☐ Jehovah's Witness
- ☐ Jewish
- ☐ Muslim
- ☐ Buddhist
- ☐ Hindu
- ☐ Indigenous/Traditional Spirituality
- ☐ Agnostic
- ☐ Atheist
- ☐ Another (please specify): _____

16. How much do you identify with the same religion you grew up with
    - ☐ Not at all
    - ☐ A little
    - ☐ Somewhat
    - ☐ A lot
    - ☐ Completely
17. Have you at any time in your life left or changed your religious affiliation because of its views toward sexuality/gender?
    - ☐ No
    - ☐ Yes
18. What is the highest level of education you have completed?
    - ☐ Less than high school
    - ☐ High school diploma or GED
    - ☐ Some college or Associate's degree
    - ☐ Bachelor's degree
    - ☐ Graduate or professional degree
19. What is your employment status? (select all that apply)
    - ☐ Employed full-time
    - ☐ Employed part-time
    - ☐ Unemployed and looking for work
    - ☐ Unemployed and not looking for work
    - ☐ Student
    - ☐ Retired
    - ☐ Other (please specify): _____
20. What was your total household income before taxes during 12 months?

- ☐ Under $15,000
- ☐ $15,000–$29,999
- ☐ $30,000–$49,999
- ☐ $50,000–$74,999
- ☐ $75,000–$99,999
- ☐ $100,000 or more
- ☐ Prefer not to say

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