

Research Article

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# Interplay of Religious Coping Mechanisms, Internalized Homonegativity, and Attitudes towards Seeking Professional Help among LGBTQ African Americans within Christian Church Congregations

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## Abstract

Although the Black Christian churches have historically been a safe haven for the majority of the African American community, African American Lesbian Gay Bisexual Transgender (LGBT) churchgoers experience a paradox because they are seeking out a religious ideology and institution as part of their psychological coping mechanism despite facing homonegativity within the same Black Christian church community. The purpose of the current study is to examine how internalized homonegativity among African American LGBT individuals might be mitigated by religious coping or their personal attitudes of seeking professional mental health support. Using a sample of 401 African American LGBT participants who were affiliated with a Black Christian at the time of the survey, the researchers found that the increasing levels of self-reported religious coping for meaning in life had a corresponding increase in the self-reported experience of internalized homonegativity. Moreover, increasing levels of self-reported internalized homonegativity were linked to an increasing reluctance seeking professional help for their experiences of psychological distress. In contrast, there was no relationship between religious coping and seeking professional help for their experiences of psychological distress. The results of the study are discussed in the context of prior research and recommendations for professional counseling for African American LGBT churchgoers.

## Introduction

Religion has always been a strong tenet of the African American identity. In the United States, the religious Black Christian church congregations have been considered a pillar of the African American community. W.E. DuBois quoted regarding the Black Church; The Negro Church is the only social institution of the Negroes which started in the African forest and survived slavery; under the leadership of priests or medicine men, afterward of the Christian pastor, the Church preserved in itself the remnants of African tribal life and became after emancipation the center of Negro social life. As a result, today the Negro population of the United States is virtually

divided into church congregations which are the real units of race life. It is natural, therefore, that charitable and rescue work among Negroes should first be found in the churches and reach there its greatest development [1].

The church, also called, "praise houses" were built by slaves and doubled as sites of worship and spaces of protest against the diminution of the Black body as only property by the slave owners. This integrative approach to life, labor, spirit, and freedom was continued by independent rural Black Christian churches in the post-emancipation era [2]. African American farmers and

sharecroppers established churches as spaces of refuge amid the realities of Jim Crow in the late nineteenth century [3]. One of the traditional missions of the Black Christian church has been to provide the African American community with both material and psychological support.

Although the Black Christian churches have historically been a safe haven for the majority of the African American community, some individuals have been marginalized from within their own church community. Both directly and indirectly, Black Christian churches have been identified as fostering homophobia which is a fear or contempt for homosexuals and behavior based upon such feelings [4]. For example, several Christian scripture passages have been cited as the source of homophobia in the African American church-going community. Indeed, theologically-driven homophobia, aided by Black Nationalist ideology, supports a strong and exaggerated sense of masculinity within black communities that, along with homophobia, takes a significant but generally unexamined psychological and social toll on homosexual people's lives [4].

According to Whitehead [5], the influence of theological ideology on attitudes toward homosexual behaviors exists at the individual level as well. Individuals who identify as more theologically traditional or conservative tend to have a less favorable attitude toward homosexuality or the homosexual members of the community. Similar to what was argued earlier, Whitehead [5] posited that theologically traditional Black Christian church leaders and congregations are more likely to interpret their sacred scriptures in a more literal fashion. This leads them to apply religious passages to be interpreted as denunciations of homosexuality to the present context.

This type of environment can be a key aspect in worsening the phenomenon of internalized homonegativity among homosexual African Americans who have historically attended Black Christian churches for social support and spiritual guidance. Internalized homonegativity, also referred to as internalized homophobia, internalized heterosexism, or sexual prejudice, is the acceptance of societal anti-gay attitudes toward oneself, leading to internalized conflict, a devaluation of oneself, and poor self-regard [6-8]. As such, discriminatory religious values and practices toward same-sex attraction can create psychological dissonance among gay and lesbian religious congregants of Black Christian churches and may prevent these people from developing affirmative sexual identities [8]. In addition, a study done by Lassiter JM, et al. [7] indicated that gay black men endorsed lower levels of spirituality, religiosity, and religious coping relative to other heterosexual individuals from the general population. The researchers also found that the majority (82%) of gay or bisexual men also reported no current religious service attendance and identified as atheist/agnostic (41.4%) despite having been raised Christian (73.1%). This finding follows the trend found by Sherkat [9] who found that many gay men discontinue their religious affiliation when they become adults

possibly due to experiences with homonegativity from the church leadership and community.

On the other hand, the study conducted by Lassiter JM, et al. [7] also reported that African American gay or bisexual men had still reported higher rates of formal religious affiliation than White and Latino gay or bisexual men. This is despite African American gay or bisexual men's personal experience of homonegativity as being part of a Black Christian church. Furthermore, African American gay or bisexual men had reported significantly higher levels of religiosity, spirituality, and religious coping than Caucasian gay and bisexual men even after controlling for socio-demographic and religious affiliation differences [7].

This paradox of African American Lesbian Gay Bisexual Transgender LGBT individuals seeking a religious ideology and institution as part of their psychological coping mechanism despite facing homonegativity within the Black Christian church community points at a significant need for social and psychological support that these individuals seek for their well-being. In the context of what has been reviewed in the mental health research literature, it is still unclear as to how internalized homonegativity among African American homosexual individuals might be mitigated by religious coping or their personal attitudes of seeking professional mental health support. Therefore, this research study might inform both mental health providers and even members of sexually inclusive Black Christian congregations on how to properly provide support for African American homosexual religious parishioners.

## Conceptual Framework

This quantitative research study investigated the experiences of African American gay and lesbian community on the variables of internalized homonegativity and religious coping mechanisms along with their attitudes towards seeking professional help among secular mental health providers. The conceptual framework integrating the different variables examined in this study is shown in Figure 1.

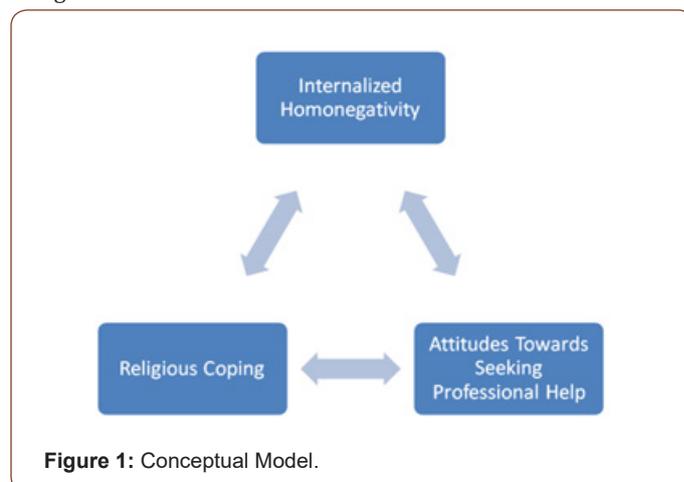


Figure 1: Conceptual Model.

## Research Questions

Given the purpose of this current study, the three research questions investigated in the research study are:

**RQ1:** Is there a linear relationship between the different facets of religious coping among African American LGBTQ church-goers upon their self-reported experiences of internalized homonegativity?

**RQ2:** Is there a linear relationship between the different facets of religious coping among African American LGBTQ church-goers upon their self-reported attitudes towards seeking professional help?

**RQ3:** Is there a linear relationship between the levels of self reported internalized homonegativity among African American LGBTQ church-goers upon their self-reported attitudes towards seeking professional help?

## Methodology

**Participants:** The sample population comprised of 401 African American participants who self-identify as lesbian, gay, bisexual, and transgender (LGBT) from across the United States. Another criterion for participating in this research study is that participants would have attended or currently attending a local religious congregation for a minimum of one-year anytime in the life of the participant. The one year parameter would have allowed the participant enough time to have acclimated themselves to the culture of the church and the possibility of building relationships within the organization. This time requirement is obligatory, whether the participant is a current church attendee or past church-goer. For example, if the participant was a member of the church for a year but is now no longer attending church, they were still eligible to participate in this research study as long as they met the one-year parameter of attending church or religious services.

In terms of gender, the sample population was split unevenly between males, 84.8% (n=340), and females, 14.5% (n=58), with three participants responding as non-binary (0.7%). On account of age, participants ranged in age from 40 -67 years old. The mean age of participants was 38.3 years old (SD=8.27) and the median age was 37. On the survey question "How long have you been a part of your faith", 70.3% (n=282) responded 15 or more years, 9.7% (n=39) responded 9-15 years, 13.7% (n=55) responded 4-8 years, 4.7% (n=19) responded 1-3 years, and 1.5% (n=6) didn't answer the question.

On the survey question of "Which religious denomination do you self-identify?", 44.1% (n=177) self-identified as Pentecostal (Apostolic, etc.), 22.4% (n=90) self-identified as Baptist, 19.0% (n=76) self-identified as Affirming/Inclusive, 2.5% (n=10) self-identified as Methodist, 0.7% self-identified as Catholic, and 9.7% (n=39) identified as other. On their frequency attending religious services, 32.9% (n=132) of the respondents stated "Always", 36.7% (n=147) stated "Often", 11.5% (n=46) stated "Sometimes", 16.2% (n=65) stated "Occasionally", and 2.7% (n=11) stated "Never".

**Measures:** A demographic questionnaire asked for each participant's age, gender, how often they attend religious activities, what religious denomination they identify with, and how long they

have been part of that said religious denomination. After completing the demographic questionnaire, all the participants completed four validated assessments for this study. The first was Disclosure Expectation Scale (DES) [10]. Next, the participants completed Self-Stigma of Seeking Help Scale instrument [11]. Afterwards, they completed Mayfield [12]. Internalized Homonegativity Inventory. Lastly, the participants completed Pargament K, et al. [13] Subscales of Religious Coping (RCOPE) to measure the levels of religious coping with life stressors by the participants.

The Disclosure Expectations Scale [10] consists of eight items that ask about the perceptions of risks associated with disclosing an emotional problem to a counselor. It consists of two 4-item subscales (Anticipated Risks and Anticipated Benefits) with each item rated on a Likert-type scale ranging from (1) Not at all, (2) Slightly, (3) Somewhat, (4) Moderately, or (5) Very. For each subscale, responses are added together, and higher scores are indicative of greater anticipated risks of disclosing an emotional problem to a counselor. Vogel and Wester (2003) found a high internal validity for the Disclosure Expectations Scale as measured via the Cronbach's alpha = 0.74 for the Anticipated Risk subscale and a Cronbach's alpha = 0.83 for the Anticipated Utility subscale.

Next, the participants completed the Self-Stigma of Seeking Help Scale instrument. The Self-Stigma of Seeking Help Scale [11], was developed as a 10- item unidimensional scale designed to measure "the perception that seeking help from a psychologist or other mental health professional would threaten one's self-regard, satisfaction with oneself, self-confidence, and overall worth as a person" [11]. The items were scored on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 3 (agree and disagree equally) to 5 (strongly agree). Items are equally weighted and total scores are derived from the sum of all items; higher scores indicate greater concern that seeking professional help would negatively impact one's self-esteem. The instrument has high internal validity (Cronbach's alpha=0.91) along with high cross-validated the reliability (0.90) and high test-retest validity (0.72) [11].

Next, the participants completed Mayfield [12], Internalized Homonegativity Inventory (IHNI). The 23-item inventory is divided into three subscales measuring Personal Homonegativity (11 items), Gay Affirmation (7 items), and Morality of Homosexuality (5 items). Responses were scored on a 5-point Likert-type scale, from 1= "Strongly Disagree" to 5= "Strongly Agree." In a study conducted by Andrinopoulos K, [14], the researchers calculated a tri-partite cutoff scores to help categorize LGBTQ individuals as reporting low, medium or high internalized homonegativity on Mayfield [12], Internalized Homonegativity Inventory (IHNI). A score between 0-38 was considered low Internalized Homonegativity Inventory while a score between 39-76 was considered medium Internalized Homonegativity. Finally, a score of 77 and above on the Internalized Homonegativity Inventory was considered as high. Mayfield [12], found high internal validity for the instrument as reflected in the Cronbach's alpha was equal to 0.70 or greater for each of the 3

subscales along with an overall Cronbach's alpha value of 0.91 for the entire 23-item inventory.

Finally, the Subscales of Religious Coping (RCOPE) by Pargament K, et al. [13] assessed the degree to which various types of religious coping were involved in dealing with the negative experiences in their lives. The RCOPE was intended to provide researchers with a tool they could use to measure the myriad manifestations of religious coping and to help practitioners better integrate religious and spiritual dimensions into treatment. Guided by the elements of Pargament's theory of religious coping, the construction of the RCOPE was developed. The specific religious coping items included in the 22 item RCOPE were selected and designed to reflect five religious functions which are meaning (i.e. religion offers frameworks for understanding and interpretation in the face of suffering and baffling life experiences), control (i.e. when confronted with events that push the individual beyond his/her own resources, religion offers many avenues to achieve a sense of mastery and control), comfort spirituality (i.e. from the religious perspective, comfort spirituality, or the desire to connect with a force that goes beyond the individual, is the most basic function of religion), intimacy spirituality (i.e. intimacy with others but this often is encouraged through spiritual methods, such as the offering of spiritual help to others and spiritual support from clergy or church members), life transformation (i.e. giving up old objects of value and finding new sources of significance) [13]. Each item was rated on a four-point Likert scale ranging from 0 ("not at all") to 3 ("a great deal"). Overall, the instrument has high internal validity because three out of five RCOPE scales had Cronbach's alpha values of 0.80 or greater.

## Procedure

Participants met the criteria of being African American and identify as a part of the lesbian, gay, bisexual, and transgender community. The primary researcher used several avenues to recruit participants. First, the primary researcher utilized online listservs and posted on Facebook and LinkedIn LGBT support groups to include the web link that lead to the survey. Moreover, the primary researcher also contacted church and support groups who agreed to send out the survey to their listservs on behalf of the researcher. The first page of the study led the participants to an informed consent agreement.

Upon receiving the recruitment message or email, participants were invited to complete the online survey and the recruitment message (or email) emphasized that the survey is voluntary and anonymous. Prior to completing the online survey, the participants read and accepted an online consent form that reassures that participation in the research study is voluntary and confidential. Completing the survey took approximately between 25-30 minutes in length.

## Results

All statistical analyses were done with Statistical Package for the Social Sciences (SPSS) Version 25. A significance level of  $p < 0.05$

was set for all the statistical analyses that were conducted.

### Research Question 1: Multiple Regression in Religious Coping Predicting Internalized Homonegativity

A multiple linear regression was conducted to examine if the various predictor variables, linked with Religious Coping (RCOPE), which included the religious coping for meaning, religious coping for control, religious coping for comfort, religious coping for intimacy, and religious coping for life transformation can predict a person's Total Internalized Homonegativity score based on the Internalized Homonegativity Inventory (IHNI). The multiple linear regression analysis showed that there was a statistically significant linear relationship between the religious coping for meaning, religious coping for control, religious coping for comfort, religious coping for intimacy, and religious coping for life transformation with predicting a person's Total Internalized Homonegativity score,  $F(5,354)=3.631$ ,  $p=0.003$ . The compiled R-squared value of 0.049 states that 4.9 % of the variance in the Total Internalized Homonegativity score can be accounted for by the various predictor variables linked with Religious Coping (RCOPE) which included the religious coping for meaning, religious coping for control, religious coping for comfort, religious coping for intimacy, and religious coping for life transformation. Based on the slopes on the Beta values from the multiple regression analysis and corresponding p-values linked with each of the variables, there is at least one relevant linear relationship between the predictor variables and Total Internalized Homonegativity. A summary of the Beta values from the multiple regression analysis and corresponding p-values linked with each variable is listed in Table 1. The statistically significant ( $p=0.003$ ) positive slope (Beta =.173) between the Religious coping for meaning scale of the RCOPE and Total Internalized Homonegativity suggests that as the self-reported Religious coping for meaning scale score increases then there is also a corresponding increase in the self-reported experience of Internalized Homonegativity among the participants.

### Research Question 2: Multiple Regression in Religious Coping Predicting Attitudes towards Seeking Professional help

Two sets of multiple linear regression analyses was conducted to examine if the various predictor variables, linked with Religious Coping (RCOPE), which included the religious coping for meaning, religious coping for control, religious coping for comfort, religious coping for intimacy, and religious coping for life transformation can predict a person's Attitudes towards Seeking Professional help. One multiple linear regression analysis showed that there was no linear relationship between the religious coping for meaning, religious coping for control, religious coping for comfort, religious coping for intimacy, and religious coping for life transformation with predicting a person's Disclosure scale score,  $F(5,369)=1.099$ ,  $p=0.361$ . A separate multiple linear regression analysis also showed that there was no linear relationship between the religious coping for meaning, religious coping for control, religious coping for comfort, religious coping for intimacy, and religious coping for life transformation with predicting a person's Stigma Seeking Help

scale score,  $F(5,372)=1.583$   $p=0.164$ . Overall, these results did not show any linear relationship between Religious Coping predicting Attitudes towards Seeking Professional help.

**Research Question 3:** Linear Regression Analyses in Internalized Homonegativity Predicting Attitudes towards Seeking Professional help

Two sets of simple linear regression analyses were conducted to examine if the predictor variable of Internalized Homonegativity can predict a person's Attitudes towards Seeking Professional help. One linear regression analysis showed that Internalized Homonegativity had a statistically significant positive linear relationship in predicting the Disclosure scale scores among the

participants,  $F(1,379)= 30.136$   $p<.001$ . The R-squared value of 0.074 states that 7.4% of the variance in the Disclosure scale scores can be accounted for by the predictor variable of linked with Internalized Homonegativity. On the other hand, a separate linear regression analysis showed that Internalized Homonegativity also had a statistically significant positive linear relationship in predicting the Stigma Seeking Help scale score scores among the participants,  $F(1,381)=21.143$ ,  $p<.001$ . The R-squared value of 0.053 states that 5.3% of the variance in the Stigma Seeking Help scale scores can be accounted for by the predictor variable linked with Internalized Homonegativity. A summary of the Beta values from the 2 sets of linear regression analyses and corresponding p-values linked with each variable is listed in Table 2.

**Table 1:** Multiple Regression of Religious Coping in Predicting Total Internalized Homonegativity.

Measure	Beta	t	p-value
Religious coping for meaning	0.194	3.44	0.001*
Religious coping for control	-0.018	-0.268	0.789
Religious coping for comfort	0.089	1.31	0.191
Religious coping for intimacy	0.044	0.762	0.447
Religious coping for life transformation	-0.073	-1.154	0.249

\* $p<0.05$ , statistically significant

**Table 2:** Linear Regression Analyses of Internalized Homonegativity Predicting Attitudes towards Seeking Professional help.

Measure	Beta	t	p-value
Disclosure scale scores	0.212	3.863	.000*
Stigma Seeking Help	0.13	2.362	.019*

\* $p<0.05$ , statistically significant

## Discussion

The results from the first research question of the study showed a linear relationship between the religious coping for meaning and predicting a person's internalized homonegativity. In particular, the research study shows that the higher a person indicated a need for meaning in life within a religious context would seem to lead towards an experience of higher suffering with internalized homonegativity. In the face of suffering and baffling life experiences, religion can offer a framework for understanding and interpretation of life circumstances among the African American LGBTQ participants.

The results from the second research question found that there was no relationship between the various facets of religious coping mechanism (religious coping for meaning, control, comfort, intimacy, or life transformation) upon the Attitudes for Seeking Professional Help among the church-going African American gay and lesbian community. The analysis showed no linear relationship with both Self-disclosure and Stigma Seeking Help. The reason for this may have been that the participants strongly relied on religion in lieu of seeking professional help.

The study also revealed that the increasing scores in internalized homonegativity reported among the church-going African American gay and lesbian participants also corresponded to their increasing scores in Disclosure Expectation scale. This means that

those African American LGBTQ participants who were less likely to disclose an emotional problem with a professional counselor also showed higher levels of internalized homonegativity. The study also revealed that the higher the score in internalized homonegativity that the participant self-reported was linearly related to a higher score in the Self-Stigma of Seeking Help scale. This means that those participants whose perception of seeking help from a psychologist or other mental health professional would threaten one's self-regard, satisfaction with oneself (or self-confidence) also showed higher levels of internalized homonegativity.

The findings of this research study add to the existing literature of religious coping strategies as well as informing both mental health providers and even members of Black Christian Church congregations on how to properly provide support for LGBTQ African Americans who identify as members within a Christian religious community. One implication that arises from the research is the need for support among church-going African Americans who identify as members of the LGBTQ community. The perceived and endured stigma experienced among the African American participants related to their sexual identity is strongly related to their mental and physical health. Fear of being judged and/or rejected for one's sexuality can lead gay and bisexual individuals to avoid seeking friendships and relationships. This can diminish mental and physical health care and to non-disclosure of sexuality to existing support networks.

Offering in-house support groups within religious congregations where said persons can connect with each other would be very helpful in reducing internalized homonegativity. Higgs D, et al. [15], highlighted that their participants spoke of the importance of LGBTQ organizations as sources of support but that they were not always available. For example, “several [LGBTQ research participants] even lamented the lack of opportunities for LGBTQ community involvement, particularly in rural areas, and especially the lack of places for LGBTQ youth to meet as a safe space [15]”. This corroborates the results found by several other researchers such as Yakushko O [16], Friedman MR, et al. [17], and Foster KA, et al. [18], who all found that having a sense of existential well-being in one’s life and viewing one’s spiritual practice as a source of social connection and support may serve as a buffer for personal and emotional setbacks among LGBT religiously committed individuals. For example, Yakushko O [16] research found that participants who were part of the LGBT community saw a variance of 15% of self-esteem accounted for by having support groups. Similarly, the findings of Friedman MR, et al. [17], indicated that structural interventions for young men who sleep with men of color that are designed to provide safe spaces and to strengthen functional and structural social support may be particularly valuable for this population.

Despite the fact that support groups being offered within church settings would offer care that is helpful in reducing internalized homonegativity and could lead to better mental health and wellness, there are challenges that could inhibit its implementation. Perhaps the greatest challenge would be the contradictions to traditional theological premises of Christian beliefs. According Rodriguez [21], religious support groups should attempt to deliver both gay-positive and Christian-positive messages that make it easier by the emergence of a “gay theology” that specifically values gay men and lesbians of the Christian faith and recognizes their spiritual needs. These groups have reinterpreted the Bible in such a way that “homosexuality is viewed in a positive, rather than negative, religious light.” This intervention is not limited to organized support groups deriving from the church. Another option is to have self-organized support groups within the Black Christian churches that can be galvanized to reduce internalized homonegativity.

Lastly, both Robertson DL, et al. [19] and Smith ST, et al. [20], research results posit that mental health professionals should incorporate faith development models to give counselors-in-training a language to articulate conflicts they may experience. Mental health providers can foster a more trusting relationship with their clients if they acknowledge their spiritual needs during visits. Clinicians can begin this relationship early on by assessing the spiritual needs as therapy unfolds.

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### Conflict of Interest

Author declare no conflict of interest.

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