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Satisfaction within Four Sexual Identity Relationship Options

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Author Note

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## ABSTRACT

Using a sample of 1782 same-sex attracted (SSA) and lesbian, gay, and bisexual (LGB) identified participants, this study examined similarities and differences between those who are (a) single and celibate (SC); (b) single and not celibate (SNC); (c) in a heterosexual, mixed-orientation relationship (MOR); and (d) in a same-sex relationship (SSR). To reduce bias and increase generalizability, an ideologically diverse research team was formed. Participants in SSRs reported higher levels of some amount of satisfaction with their status (95%) compared to those in MORs (80%), those who are SC (42%) and those who are SNC (40%). The SSR group had the least depression and anxiety and the most life satisfaction and physical health, followed by the MOR group, followed by the two single groups. Results from a stepwise regression predicting satisfaction from important aspects of life and relationships identified that meeting needs for connection, intimacy, and mutual understanding was the strongest predictor of satisfaction across all options. Other significant variables included participant-defined authentic sexual expression, resolving conflicts with religion, and reducing depression and anxiety. Results may inform SSA/LGB individuals who are questioning which option fits best for them and help guide therapists who work with these individuals.

*Keywords:* LGBTQ, celibacy, mixed orientation relationship, psychotherapy, religion

*Satisfaction and Health within Four Sexual Identity Relationship Options*

Decision-making about relationship options can be difficult for sexual minorities who experience conflict between their religious, racial/ethnic, and other cultural identities (American Psychological Association [APA], 2009). Most cultures and families have rules about what is sexually appropriate and inappropriate, and these norms may facilitate or inhibit exploration, self-awareness, self-acceptance, health, and options (C. Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; W.S. Ryan, Legate, Weinstein, & Rahman, 2017). Some families and communities maintain strict standards for membership. Currently, many traditional religions expect heterosexual marriage or celibacy as the only acceptable options to maintain membership and live in accordance with traditional ideals about sexual holiness. Some traditional religions promise afterlife rewards only to those who are heterosexually married or who are single and sexually abstinent. These expectations assume that all same-sex attracted (SSA) individuals can live satisfactorily without a partner or within a heterosexual relationship. In contrast, many people promote messages that all SSA individuals should be “true to themselves” and live openly in same-sex relationships (Stack, 2018).

Many SSA individuals do not adopt a lesbian, gay, or bisexual (LGB) identity because they prioritize their other-sex attractions, do not act on their same-sex attractions, and/or do not see themselves reflected in the LGB social-identity labels (Yarhouse, Tan, & Pawlowski, 2005). Limited information is available about SSA individuals who do not identify as LGB because sexual minority research typically focuses on LGB-identified people and their lives (Bailey, Vasey, Diamond, Breedlove, Vilain, & Epprecht, 2016). In this article, we will use SSA to indicate all those who experience some degree of same-sex attraction, regardless of how they identify, and LGB to indicate those who have adopted this social identity.

Conflicts between a sexual minority identity and conservative social and religious identities can create emotional pain (Bourn, Frantell, & Miles, 2018) and suicidal ideation (Gibbs & Goldbach, 2015). This distress may be due to the internalization of negative attitudes and discrimination toward homosexuality (Sowe, Brown, & Taylor, 2014) and the person's inability to deal effectively with rejection and stigma (Herek, Gillis, & Cogan, 2009). Often on their own, those who experience SSA must determine whether to (a) identify openly as LGB, seek same-sex relationships, and potentially be rejected by conservative communities or (b) variously identify and hope to find someone to whom they are sufficiently attracted and enter into a heterosexual, mixed-orientation relationship (MOR), or remain single and attempt sexual abstinence. These may not be equal options; that is, not everyone may find a relationship that they prefer, feel safe enough to choose to be in a same-sex relationship, or feel satisfied being single (Beckstead & Morrow, 2004).

Although some SSA/LGB individuals can live satisfying lives in a mixed-orientation marriage or celibacy, others do so only for a period of time (Kays, Yarhouse, & Ripley, 2014; Shidlo & Schroeder, 2002). For some, trying to live up to marital or celibacy expectations, for approval, belonging, and religious rewards, leads them to promise or attempt something that they cannot obtain or maintain in the long-term (Beckstead & Morrow, 2004; Pachankis & Hatzenbuehler, 2013). Some who do not adopt an LGB identity and are married heterosexually may live secret and potentially dissociated lives to manage attractions and conservative norms (Rosenmann & Safir, 2007). Some research suggests a high rate of infidelity and divorce for those in mixed-orientation marriages (Dehlin, Galliher, Bradshaw, & Crowell, 2014), and those in same-sex relationships may face unique problems from social stigma (Doyle & Molix, 2015).

Research has shown that there are potential mental health benefits of spiritual and

religious beliefs and practices, particularly when they facilitate a positive identity, personal agency, integrity, faithfulness in intimate relationship, kinship and belongingness, community, and health and human welfare values (Richards & Bergin, 2000). Positive religious coping can weaken the negative effects of internalized heterosexism on psychological well-being (Brewster, Velez, Foster, Esposito, & Robinson, 2016). Negative religious coping in contrast can mediate the relationship between internalized heterosexism and emotional suffering (Bourn et al., 2018).

Sample limitations in the existing literature make many research findings tentative and not confidently generalizable to the population of religiously conservative persons with SSA (Cranney, 2017a; Dehlin et al., 2014; Joseph & Cranney, in press). Bias or at least an incomplete understanding can be introduced into the data because sample recruitment is often limited to the social, clinical, and professional networks of the researchers, the overwhelming majority of whom are politically left-of-center. These researchers are not likely to have access to the smaller support and therapy networks of religiously conservative persons experiencing same-sex attractions, particularly those for whom MORs and celibacy may be experienced as healthy, adaptive, or satisfying options.

The need for more empirical support to inform the guidance offered to sexual minorities across the ideological spectrum faced with relationship decisions cannot be overstated. The present study seeks to offer additional guidance. The survey's premise was based on the grounded theory developed from the second author's qualitative research (masked reference) that described many variables that helped and harmed SSA/LGB individuals to resolve their distress with their attractions. In this sample, the more variables related to self-acceptance and a positive self-identity that participants endorsed, the more satisfied they seemed, regardless of relationship option. The current study's authors were interested in knowing which variables are important for

satisfaction in being single and celibate (SC); single and not celibate (SNC); in a heterosexual, mixed-orientation relationship (MOR); or in a same-sex relationship (SSR). Collectively, these four sexual identity statuses will hereinafter be referred to as relationship options.

## **Method**

### **Research Team**

To reduce bias and increase generalizability, 30 diverse scholars provided feedback on the questions and then two pilot studies were conducted ( $N = 81$ ,  $N = 366$ ). It was clear from this feedback that the LGB-affirmative research team would likely not reach conservative SSA communities unless conservative researchers were integrated into the research team at all stages of the research. It was hoped that a respectful collaboration (Kahneman, 2003) and collaborative inquiry of differing, even opposing, ideologies would increase critical thinking and reliability, encourage a more diverse and representational sample of SSA individuals, and make coauthors accountable for how results are shared (Rosik, Jones, & Byrd, 2012).

All authors uphold the APA's position on working with sexual minorities and respecting religious practices (APA, 2008, 2012). Most authors identify as SSA/LGB, and all authors value self-determination for SSA/LGB individuals. Five authors were raised in traditional religions, and five are currently active in a traditional religion. All authors work closely with SSA/LGB individuals from traditional religious backgrounds in their professional and/or personal roles and have been involved in supporting the SSA/LGB community.

### **Survey Design**

Participants completed the survey online through a website designed for the survey (4OptionsSurvey.com) that directed users to Survey Monkey to collect data securely. Upon entry to the web platform, participants were told that they would be taking part in a survey that was

designed to identify important aspects of life and relationships for those who experience (or have experienced) same-sex attractions and identify as LGB, heterosexual, with another sexual identity, or who reject a label, and compare experiences based on the four relationship options. Participants were told that they could withdraw participation at any point in the survey and provided informed consent to participate in the study.

The *4 Options Survey* consisted of three sections. The first section comprised of 22 questions including basic demographics, sexual identity, religious affiliation, and ratings of depression, and anxiety. The second section comprised of 75 questions covering 10 domains: satisfaction with relationship option, companionship and sexuality, social support and group resources, internal strength and self-direction, satisfaction in being single or in a relationship, changes in sexuality, values, attitudes about SSA/LGB individuals, eroticism, and religious/spiritual identity. The survey was advertised as taking about 30 to 40 minutes to complete. An optional additional section comprised 112 questions examining elements of the 10 domains in greater detail as well as relationship skills and sexual orientation change efforts.

## **Procedure**

**Data collection and recruitment.** We obtained approval from the Idaho State Institutional Review Board prior to commencing this study. Data collection occurred over a 10-month period (September 2016 to June 2017) during a polarized political time that included President Donald J. Trump's election. As previous studies of SSA/LGB individuals from socially conservative backgrounds have been criticized for having small or biased samples, several measures were employed to obtain a large and more representative sample. Study authors collectively identified news outlets, affinity groups, and community centers that would reach LGB/SSA individuals raised in conservative contexts. Although the selection of recruitment

forums was inevitably biased by the research teams' views and connections, the construction of a politically diverse research team helped identify potential blind spots. Journalists were contacted, and an article about the research was run in the *Salt Lake Tribune*, the *LDS Living Magazine*, and the *Online Religion News Source*, with a recruitment invitation for participation. Overall, 18.9% of our participants reported hearing about the study through these media.

Participants were obtained via recruitment announcements made in various fora for SSA/LGB individuals with many having reported experiencing conservative social environments including annual conventions of Affirmation, North Star, and the Alliance for Therapeutic Choice and Scientific Integrity. Additional recruitment announcements were made in similarly themed online groups including Gay Jehovah's Witnesses, Mormons Building Bridges, and Brothers on a Road Less Traveled (formerly known as People Can Change). Research team members sent announcements through various email listservs and to personal connections to increase the visibility of the study. Nonreligious organizations were also contacted, and many sent out a request for participation in our study to their email lists, Facebook groups, or national conventions. These included LGB student groups at universities in Utah, APA's Society for the Psychological Study of Sexual Orientation and Gender Diversity, the LGBTQ Therapist Guild of Utah, the National Association for Social Work, the Utah Pride Center, and the Institute for the Study of Sexual Identity. A total of 46.9% of our sample heard about our study through an organization or website, and 14.2% reported hearing about the study from a mental health provider. Snowball sampling was also used to alert additional potentially interested participants. In total, 30.0% of our sample reported hearing about the study through a friend/family member.

Previous studies of SSA/LGB individuals from conservative social backgrounds have primarily been conducted by heterosexual authors who contacted leaders of support groups to

encourage participation. In contrast, the present study was conducted mostly by individuals who have experienced SSA or identify as LGB. In addition, some members of the research team hold leadership roles or are well respected in both liberal and conservative organizations such as North Star, the Alliance for Therapeutic Choice and Scientific Integrity, Affirmation, and the LGBTQ Therapist Guild of Utah. This representation may have encouraged participants to feel like their perspectives would be represented and understood. Indeed, over half of our participants (53.9%) reported current involvement in a conservative relationship option (single and celibate, mixed-orientation relationship), which is underrepresented in the broader body of research. Further, we asked at the end of the survey how much the study represented participants' viewpoint and direction of life about being single or in a relationship. Of those who answered, 17% indicated "moderately," 51% indicated "mostly," and 15% indicated fully.

### **Participants**

To be included in analyses, participants must have (a) been at least 18 years of age; (b) experienced same-sex attractions at some point in their life; (c) identified their relationship option as SC; SNC; in a MOR; or in a SSR; and (d) completed the first two sections of the survey. We defined SC as "committed to not acting sexually with another person" and a MOR as "one partner is heterosexual and the other is same-sex attracted/LGB."

In total, 1782 participants met our first three inclusion criteria, but only 1499 participants completed the required sections. Due to the large number of participants, we used listwise deletion to account for missing data. We compared those who did and did not complete the second section of the survey to see if those who completed the survey differed significantly from those who started but dropped out of the survey. We found that these two samples did not differ significantly on ethnicity ( $\chi^2(8) = 13.21, p = .11$ ), urbanicity ( $\chi^2(4) = 5.86, p = .21$ ), education

( $\chi^2(6) = 5.04, p = .54$ ), relationship option ( $\chi^2(3) = .38, p = .94$ ) or age ( $t(2327) = 1.41, p = .74$ ).

The two groups differed significantly in gender ( $\chi^2(12) = 54.58, p < .01$ ) with the baseline sample having a higher percentage of women (36.5%) and a lower percentage of men (56.7%) than the completer sample (women = 23.3%, men = 70.4%). As most analyses used only variables from the first section of the survey, we use the sample of 1782 for all analyses unless otherwise noted. Participant demographics are displayed in *Table 1*.

## Measures

The survey included both measures specifically designed for this study as well as pre-existing measures and was designed to provide data to inform several studies. Due to a desire to understand the experiences of SSA/LGB from conservative social backgrounds, some questions were created by the study authors as existing measures were not inclusive of individuals from conservative backgrounds.

**Internalized Homonegativity.** Internalized homonegativity was assessed using the three-item internalized homonegativity subscale from the Lesbian, Gay, and Bisexual Identity Scale (Mohr & Kendra, 2011). The authors report an internal consistency of .86 and a test-retest reliability of .92. Cronbach's alpha for the present study was .89.

**Depression.** Current depression was measured using the Patient Health Questionnaire (PHQ-9; Kroenke, Spitzer, & Williams, 2001). The PHQ-9 has good concurrent validity with the Short Form-20 (SF-20) and diagnosis of major depressive disorder (Kroenke et al., 2001). Cronbach's alpha for the present study was .89

**Anxiety.** Current anxiety was measured using the Generalized Anxiety Disorder 7-item (GAD-7) scale (Spitzer, Kroenke, Williams, & Löwe, 2006). The GAD-7 has good concurrent

validity with the SF-20 and diagnosis of generalized anxiety disorder (Spitzer et al., 2006).

Cronbach's alpha for the present study was .92.

**Life Satisfaction.** Life satisfaction was measured using the Satisfaction with Life Scale (SWLS), which is a five-item scale with a two-month test-retest reliability of .82 (Diener, Emmons, Larsen, & Griffin, 1985). Cronbach's alpha for the present study was .89.

**Sexual Attraction.** Sexual attraction was measured through Kinsey, Pomeroy, and Martin's (1948) Heterosexual-Homosexual Rating Scale. Responses were scored on a 7-point scale from "exclusively heterosexual" to "exclusively homosexual" with two additional non-scored options of "asexual" and "you don't have an option that applies to me."

**Physical Health.** Physical health was assessed with a single item, "I am physically healthy," scored on a 7-point scale from "strongly disagree" to "strongly agree."

**Sense of Self.** Participants indicated their agreement with the statement, "I have a clear and definite sense of who I am and what I'm all about," (Flury & Ickes, 2007) on a 7-point scale from "strongly disagree" to "strongly agree."

**Social Desirability.** Social desirability was assessed through four true-false questions commonly used to control for socially desirable responding (Schumm, 2015). True responses were aggregated such that a higher score on these four items indicated greater social desirability.

**Attitudes to Sexuality and Connection.** Participants' attitudes toward masturbation, sexual expressivity, and sexual disgust were assessed through the following items: "I feel it's okay for me to masturbate"; "I express my sexuality in ways that feel best for me"; and "I think sex, whether with a man or woman, is mostly dirty, scary, and/or disgusting." Responses were rated on a 7-point scale from "strongly disagree" to "strongly agree." Participants' subjective sense of being resolved religiously was assessed by their agreement with "I feel resolved about

my sexuality and religious issues”, rated from “strongly disagree” to “strongly agree” with the option for “N/A.” Meeting connection needs was measured through agreement with the statement, “I meet my needs for connection, intimacy, and mutual understanding” on a 7-point scale from “never” to “always.”

**Relationship Option and Satisfaction.** Participants indicated their satisfaction with their relationship option by responding to “How satisfied are you overall in the single or relationship status indicated?” on a 7-point scale from “very dissatisfied” to “very satisfied.” If participants were in a relationship, they were asked to differentiate their satisfaction with this relationship from their satisfaction with the relationship option in general.

## Results

### Satisfaction in Relationship Options

We first examined whether a number of variables including age, gender, ethnicity, social desirability, length of time in the option, and number of children, differed significantly between relationship options. For those that differed, we examined their relationship with satisfaction to determine if they should be used as covariates in subsequent analyses. Chi squared analyses indicate that relationship options were equally distributed across ethnicity ( $\chi^2(24) = 27.45, p = .28$ ) and gender ( $\chi^2(9) = 12.87, p = .17$ ). Social desirability ( $F(3, 1581) = 8.07, p < .01, \eta^2 = .02$ ), age ( $F(3, 1778) = 23.47, p < .01, \eta^2 = .04$ ), Length of Time in Option ( $F(3, 1778) = 74.02, p < .01, \eta^2 = .11$ ), and the number of children ( $F(3, 1778) = 203.28, p < .01, \eta^2 = .26$ ) were related to relationship option. Post-hoc tests on number of children indicated that the MOR group reported having substantially more children than all other groups (SC  $M_D = 2.26, p < .01, d = 1.34$ ; SNC  $M_D = 2.02, p < .01, d = 1.15$ ; SSR  $M_D = 1.87, p < .01, d = 1.04$ ). Number of children, however, was not included as a covariate due to its confound with relationship option. Age and social

desirability were not related to satisfaction (Age:  $r = .04, p = .13$ ; Social Desirability:  $r = .04, p = .14$ ), but Length of Time in Option was related to satisfaction ( $r = -.06, p < .05$ ), and Length of Time in Option is included as a covariate in subsequent analyses.

We then examined satisfaction, time in option, and the number of children in the four relationship options (see *Table 2*). Analyses of variance indicate significant differences in satisfaction levels between groups ( $F(4, 1777) = 185.78, p < .01, \eta^2 = .30$ ). Post-hoc analyses using Tukey's Highly Significant Differences (HSD) test indicated that all group means differed significantly ( $p < .01$ ) with the exception of the difference between the two single groups ( $M_D = .12, p = .71$ ). Participants in same-sex relationships reported the greatest amount of satisfaction with their option, followed by those in other-sex relationships, followed by single participants. Note also that 61% of participants in same-sex relationships reported being "very satisfied" compared to 28% of participants in other-sex relationships.

### **Kinsey Attraction by Relationship Option**

As the question about sexual attraction was after the first section, the sample of 1499 is used for these analyses. Kinsey scores differed by option ( $F(3, 1464) = 64.10, p < .01, \eta^2 = .12$ ; see *Table 3*). Post-hoc analyses indicated that all group means differed significantly ( $p < .01$ ) with the exception of the means of those in SSRs and SNC individuals ( $M_D = .11, p = .06$ ). Participants in SSRs and participants who were SNC reported the most same-sex attraction, followed by those who were SC, followed by those in a MOR. The standard deviations for participants in MOR and participants who were SC were larger than those of individuals in SSR or who were SNC, evidencing greater within group variation in attraction in these groups.

### **Outcomes by Relationship Option**

We examined group differences in anxiety, depression, internalized homonegativity, physical health, and life satisfaction (see *Table 4*). Where the omnibus values were significant, Tukey's HSD tests were conducted to examine which groups differed. Length of Time in Option was significantly related to Anxiety ( $r = -.09, p < .01$ ) and Depression ( $r = -.08, p < .01$ ) but not to Internalized Homonegativity ( $r = .01, p = .58$ ), Life Satisfaction ( $r = -.02, p = .43$ ), or Physical Health ( $r = .03, p = .19$ ). Consequently, Length of Time in Option is included as a covariate only for analyses of Anxiety and Depression.

Group differences were observed for Anxiety ( $F(4, 1743) = 10.15, p < .01, \eta^2 = .02$ ). Post-hoc analyses indicated significant differences only between the same-sex relationship group and all other groups (SC  $M_D = .26, p < .01$ ; SNC  $M_D = .24, p < .01$ , MOR  $M_D = .17, p < .01$ ) with those in SSRs evidencing the lowest levels of Anxiety.

Group differences were observed for Depression ( $F(4, 1738) = 21.24, p < .01, \eta^2 = .05$ ). Post-hoc analyses indicated significant differences between all groups except the two single groups ( $M_D = .04, p = .84$ ) with those in SSRs showing the lowest levels of Depression, followed by those in MORs, followed by the two single groups.

Group differences were observed for Internalized Homonegativity ( $F(3, 1508) = 110.98, p < .01, \eta^2 = .18$ ). Post-hoc analyses indicated significant differences between all groups with those in SSRs evidencing the lowest levels of Internalized Homonegativity, followed by those who are SNC, followed by the MOR group, followed by those who are SC.

Group differences were observed for Life Satisfaction ( $F(3, 1747) = 61.70, p < .01, \eta^2 = .10$ ). Post-hoc analyses indicated significant differences between all groups with those in SSRs showing the highest levels of Life Satisfaction, followed by those in MORs, followed by those identifying as SNC, followed by those identifying as SC.

Group differences were observed for Physical Health ( $F(3, 1747) = 7.86, p < .01, \eta^2 = .01$ ). Post-hoc analyses indicated significant differences between those in a SSR and the two single groups (SNC  $M_D = .43, p < .01$ ; SC  $M_D = .51, p < .01$ ) as well as between those in a MOR and those who are SC ( $M_D = .33, p < .05$ ). The trends generally supported those in same-sex or mixed orientation relationships having higher levels of physical health than the single groups.

### **Explaining Relationship Option Satisfaction**

As psychotherapists who work with SSA/LGB individuals from conservative social backgrounds are often tasked with counseling individuals who express a strong desire to remain within a chosen relationship option, we next examined specific variables that may relate to relationship option satisfaction across options. We included variables representative of the various aspects represented by the 10 major sections of our survey. Due to a desire to understand the experiences of SSA/LGB from conservative social backgrounds, some of the questions used in this section were created by the study authors as existing measures were not inclusive of individuals from conservative backgrounds. We then examined how these variables may change depending on the type of option that an individual endorses.

We conducted a simultaneous regression using relationship satisfaction as the dependent variable and the following as independent variables: Depression, Physical Health, Sense of Self, Sexual Disgust, Masturbation, Sexual Expression, Internalized Homonegativity, Resolved Religiously, and Connection Needs Met. As many of these variables were found in the second section of the survey, we used our sample of 1499 for these analyses. Anxiety was initially tested as a predictor to include in the model; however, due to multicollinearity with Depression (VIF > 2.5), it was excluded from further analyses. All other variables did not evidence significant multicollinearity (VIFs < 1.7).

We tested an overall model for the four groups combined as well as separate models for each of our relationship options. When testing models for specific relationship options, we included Kinsey Attraction as an independent variable as an individual's sexual attraction may reasonably be believed to be related to satisfaction within a relationship option (i.e., those with higher levels of other-sex attraction may be more likely to be satisfied in an MOR).

The model derived for the four groups combined explained 39.8% of the variation in relationship option satisfaction ( $F(9, 1464) = 109.27, p < .01$ ). Summaries of the overall and relationship-option-specific models are presented in *Table 5*. Overall, higher levels of Connection Needs Met, Resolved Religiously, and Sexual Expression with lower levels of Depression and Masturbation Acceptable were significantly related to increased satisfaction in all four relationship options.

The regression model for the SC group explained 35.6% of the variation in relationship option satisfaction ( $F(10, 337) = 20.19, p < .01$ ). Higher levels of Resolved Religiously, Connection Needs Met with lower levels of Depression, Masturbation Acceptable, and Internalized Homonegativity were related to increased satisfaction.

The regression model for the SNC group explained 29.7% of the variation in relationship option satisfaction ( $F(10, 344) = 14.52, p < .01$ ). Higher levels of Connection Needs Met and Sexual Expression with lower levels of Depression and more other-sex attraction were related to increased satisfaction.

The regression model for the MOR group explained 37.0% of the variation in relationship option satisfaction ( $F(10, 412) = 25.74, p < .01$ ). Higher levels of Connection Needs Met and Resolved Religiously with lower levels of Depression, Masturbation Acceptable, and more other-sex attraction were related to increased satisfaction.

The regression model for the SSR group explained 24.7% of the variation in relationship option satisfaction ( $F(10, 307) = 11.39, p < .01$ ). Higher levels of Connection Needs Met and Sexual Expression were related to increased satisfaction.

### Discussion

As our aim is to better understand factors related to four relationship options, we divide our discussion in two sections. In the first, we highlight the differences between the four relationship options and discuss factors that may account for the group differences. In the second, we highlight factors related to relationship option satisfaction across groups and discuss factors that appear important for individuals in a given group. Done this way, we hope to provide information both to individuals who want to make a decision about which relationship option fits for them and to individuals who have already made commitments to a particular option.

#### **Differences in Sexual Identity Relationship Options**

Though participants reported all levels of satisfaction within all groups, nearly twice as many in partnered groups reported feeling satisfied with their option than did participants in the single groups. Positive romantic relationships have been linked with a host of positive outcomes (Robles, Slatcher, Trombello, & McGinn, 2014). It is worth noting that participants in MORs evidenced a relatively high amount of satisfaction in their option, though the amount of other-sex attraction and having more children may moderate this effect (Cranney, 2017b). The single groups did not differ significantly in satisfaction with their option.

Between the partnered groups, participants in SSRs reported higher levels of some amount of satisfaction (95%) compared to participants in MORs (80%), with 61% of participants in SSRs reporting being “very satisfied” compared to 28% of participants in a MORs. Although being in a relationship appears to be more satisfying for participants than being single, being in a

SSR was more satisfying for more of the participants in our sample. For both partnered groups, the older participants were and longer they had been in a relationship, the less satisfied they were in their relationship option. Although results indicate that being in a SSR was rated more satisfactorily for our SSA sample (Table 2), this does not mean that all SSA individuals would be more satisfied in a SSR or should be counseled to do so, especially as 28% of SSA individuals in our sample reported being very satisfied in a MOR and 80% reported some level of satisfaction. These findings contrast with research and social messages that promote one relationship option for all same-sex attracted individuals (cf. Dehlin et al., 2014).

Satisfaction with one's relationship option, though helpful, may also be somewhat limited as it is altogether plausible that someone could be satisfied with an option that causes psychological distress. For example, people may remain in a relationship that causes distress because other benefits may outweigh the distress, such as religious faith, emotional or financial attachments to the partner, and/or family and community benefits. Consequently, we also examined between-group differences in relationship option satisfaction in anxiety, depression, life satisfaction, and physical health. Of the four options, the SSR group had the lowest levels of depression and anxiety and the highest levels of life satisfaction and physical health, followed by the MOR group, followed by the two single groups. Where post-hoc analyses were significant between the two single groups, the SNC evidenced better outcomes than the SC group. This pattern is consistent with what we observed when examining satisfaction alone and supports research that relationship option has health implications beyond satisfaction (Dehlin et al., 2014).

We examined differences between the four options in sexual attraction to understand whether participants with a particular pattern of sexual attraction may be drawn to particular options. We found that participants in SSRs evidenced the most same-sex attraction and

participants in MORs evidenced the most other-sex attraction. Further, those who were SNC evidenced more same-sex attraction than those who were SC. It is possible that more bisexual participants gravitate toward MORs and celibate lives while those who are exclusively same-sex attracted may gravitate toward SSRs. Alternatively, this pattern could also be seen as a reporting bias of participants such that those in SSRs report higher levels of same-sex attraction to conform with their relationship choice and those in MORs report higher levels of other-sex attraction to conform with their relationship choice. It is also possible that particular relationship experiences altered participants' understandings of their sexual attractions. Further research needs to be done to better understand the directionality of these relationships.

### **Understanding Satisfaction within Options**

From our regression analyses, we identified several variables that were closely related to satisfaction across relationship options. Meeting needs for connection, intimacy, and mutual understanding emerged as the single-most important predictor of satisfaction for all four relationship options. All four options may face unique minority stigma and stress that can destabilize relationships (Meyer, 2003) and consequently require their own safe spaces for connection. Research has linked social support to psychological well-being among stigmatized groups following the minority stress theory (Hsieh & Ruther, 2016). This support may be particularly crucial for SSA/LGB individuals from conservative religious backgrounds as many may have difficulty finding communities that affirm both their sexual and religious identities (Cranney, 2017a).

Resolving conflict between sexual and religious identities and expressing sexuality in a way that seems best to the individual were also closely related to satisfaction in our sample and is unsurprising given the high level of conflict many SSA/LGB individual from conservative

religious background experience (Dehlin et al., 2014). Finally, resolving mental health concerns appears closely related to satisfaction in relationships and is consistent with current literature on relationships and health-related outcomes (Robles et al., 2014).

For individuals committed to celibacy, the variable most strongly related to satisfaction with their option was resolving conflicts between their sexuality and religion. Perhaps because, more than for any other group, a life of celibacy requires a clear understanding and commitment to certain ideals, this resolution may be particularly paramount (Baumann, Jacobs, & Büssing, 2017). Given a commitment to celibacy in a conservative religious context in which masturbation is typically not accepted, viewing masturbation as acceptable may constitute a further religious conflict and may explain its negative relationship with satisfaction. It is also noteworthy that having less internalized homonegativity emerged as an important predictor of satisfaction.

For individuals who are SNC, expressing sexuality in ways that feel best and meeting needs for connection, intimacy, and mutual understanding were related to satisfaction. Reducing depression or anxiety also emerged as a significant predictor of satisfaction. These factors are consistent with individuals who are likely seeking emotional intimacy and sexual activity in a variety of relationships or seeking a primary relationship. Psychotherapists working with individuals who are SNC may help them explore how to meet needs for connection and express their sexuality in meaningful ways (Rosenau & Tan, 2002). Because Depression was significant in our SNC sample, psychotherapists may assess clients' experiences with depression and any impact on relationship choices and satisfaction and how their relationship experiences affect their mood (Spira & Richards, 2003).

Participants in MORs indicated that, similar to other groups, meeting needs for connection, intimacy, and mutual understanding and reducing depression were important. Unlike other groups, the MOR group evidenced the strongest effect for sexual attraction, with increased other-sex attraction being related to increased satisfaction in option. Authentic sexual expression was also strongly related to satisfaction. This is similar to Hernandez, Schwenke, and Wilson's (2011) conclusion of bisexual individuals in MORs reporting the greatest satisfaction in a MOR but often feeling misunderstood by society. Individuals in MORs resembled SC individuals in several important ways including the relationships between masturbation and resolving religious conflict and satisfaction. Participants who felt masturbation was acceptable in their relationship reported decreased satisfaction with their option, which may be because many of these MORs may be undertaken in a conservative religious context where sexual fidelity may likely exclude the possibility of solo sexual experiences. Psychotherapists working with clients in a MOR may explore how much clients' sexual attraction and ability to express themselves authentically in a sexual manner, including masturbation, affect their satisfaction in being in a MOR.

For participants in SSRs, meeting needs for connection, intimacy, and mutual understanding and having an authentic sexual expression were the only two variables uniquely related to satisfaction. Similar to those in MORs, psychotherapists working with those in SSRs can explore what constitutes an authentic sexual expression for each client and explore options to improve relationship quality and examine how these options affect satisfaction and health.

### **Limitations**

Though our study of SSA/LGB individuals is the first of its kind to our knowledge to incorporate intentionally ideological diversity, the results are necessarily bounded by several factors. First, our sampling method was not random and certain groups may have been more

likely to be included in our study. Although efforts were made to advertise in socially conservative and liberal arenas as well as in national news sources, some potential participants may not have participated due to shame around discussing sexuality, lack of involvement with the groups to which the survey was advertised (Savin-Williams, 2016), and/or distrust of the ability of psychological research to reflect their perspectives. Our survey necessarily used items that were created by the authors to capture nuances within this population; future work should seek to validate items and scales used to enhance the generalizability of the results.

Demographically, the generalizability of our sample is limited as it is comprised primarily of white men, many of which are from Mormon backgrounds whose relationship choices fit in one of the four relationship options. Future work should extend our sample and examine those whose relationships do not fit in these four relationship options. Though the effects of social desirability were minimal, we also acknowledge the possibility of participants being motivated to justify their particular life situations to confirm their own ideologies. Finally, we acknowledge the impossibility of drawing causal comparisons from survey data. It would be impossible from our data to determine, for example, whether being single may lead to increased depression or whether people who are more depressed/anxious tend to remain single longer. Consequently, we strongly caution against a causal interpretation of our data.

## **Conclusions**

With an ideologically diverse sample of 1782 SSA/LGB individuals, this study identified salient variables that can be used to explore with SSA/LGB individuals who are questioning which life situation best fits for them as well as help those who wish to remain in one of these options consider other ways to increase their satisfaction in their current option. This study's results counter social assumptions that expect all SSA/LGB individuals to be dissatisfied and

unhealthy either in a same-sex relationship or a heterosexual relationship or single status. We encourage more investigations that involve respectful collaboration between researchers who hold differing ideological viewpoints about same-sex attractions, especially in understanding the nuances and spectra of experiences of those who identify as LGB and those who do not.

According to these results, psychotherapy to increase sexual minorities' satisfaction in their relationship option, regardless of the option, might explore how to help such clients meet these six needs: (a) connection, intimacy, and mutual understanding; (b) some form of relationship commitment; (c) physical or sexual intimacy; (d) authentic sexual expression; (e) resolution of conflicts with religion; and (f) reduction of depression and anxiety. Psychotherapist and client can examine how important these six needs are for the client and address any other concerns affecting satisfaction (e.g., family conflicts).

Table 1. Sample Demographics

Sample Size	1782	Current Religious Affiliation	21.8%
		None/Unaffiliated	
Female	25.1%	Catholic/Christian	18.5%
Male	68.7%	Latter-day Saint (Mormon)	53.8%
Transgender	2.0%	Exploring	3.5%
Other gender	4.2%	Multiple/Other	2.4%
Race/ethnicity		Religion Raised In	
African American/Black	0.9%	None/Unaffiliated	4.2%
American Indian/Alaska Native	0.3%	Catholic/Christian	21.2%
Asian American/Asian	1.3%	Latter-day Saint (Mormon)	69.4%
Hispanic/Latino/a	3.5%	Multiple/Other	5.3%
Native Hawaiian/Pacific Islander	0.4%	Sexual Identity	
White	90.1%	Heterosexual/SSA/Ex-gay	37.8%
Multi-ethnic/other	3.5%	Mostly Straight	1.3%
State/Country of Residence		Bisexual	13.2%
Northeast	5.8%	Mostly Gay/lesbian	2.6%
Midwest	5.4%	Gay/lesbian	41.2%
South	12.0%	Queer/questioning	2.9%
West	67.4%	Asexual Spectrum	1.0%
Utah	43.0%	Multiple Options/Other	0.1%
International	9.3%	Relationship Option	
Urbanicity		Single and Celibate	24.5%
Rural	10.0%	Single and Not Celibate	24.2%
Urban	35.4%	Mixed Orientation Relationship	29.4%
Suburban	44.7%	Same-sex Relationship	21.9%
Metropolitan	9.8%	Age	
Highest Level of Education		18-29	34.0%
Less than High School Diploma	0.3%	30-39	23.6%
High School Diploma	25.9%	40-49	17.1%
Associates Degree	5.9%	50-59	15.0%
Bachelor's Degree	35.1%	60-69	8.6%
Graduate Degree	32.8%	70+	1.7%

*Table 2. Satisfaction, Time in Option, and Number of Children by Relationship Option*

	Scale Value	SC <i>n</i> = 434	SNC <i>n</i> = 433	MOR <i>n</i> = 522	SSR <i>n</i> = 393
Very dissatisfied	1	7.4%	9.7%	3.4%	0.8%
Dissatisfied	2	21.0%	21.7%	5.4%	1.0%
Slightly dissatisfied	3	17.0%	18.2%	7.7%	1.5%
Neutral	4	12.4%	9.9%	3.3%	1.5%
Slightly satisfied	5	12.9%	13.9%	15.5%	7.1%
Satisfied	6	22.6%	20.3%	36.8%	27.5%
Very satisfied	7	6.0%	6.2%	28.0%	60.6%
% Satisfied		41.5%	40.4%	80.3%	95.2%
Satisfaction Mean		3.94	3.82	5.44	6.38
Satisfaction <i>SD</i>		1.80	1.85	1.63	1.04
Age Mean		36.52	36.02	42.78	38.08
Age <i>SD</i>		14.27	14.92	13.45	13.13
Time in Option Mean		12.73	8.48	17.16	8.05
Time in Option <i>SD</i>		11.67	9.58	12.20	8.59
Number of Children Mean		0.35	0.59	2.61	0.73
Number of Children <i>SD</i>		1.26	1.43	2.03	1.55

*Table 3. Percentages of Individuals in Each Option Endorsing Kinsey Positions*

Kinsey position	SC	SNC	MOR	SSR
0. Exclusively heterosexual with no homosexual	4.3%	1.7%	2.3%	0.6%
1. Predominantly heterosexual, only incidentally homosexual	4.6%	2.2%	9.1%	1.2%
2. Predominantly heterosexual, but more than incidentally homosexual	3.8%	3.9%	11.8%	0.9%
3. Equally heterosexual and homosexual	5.4%	4.1%	10.0%	4.9%
4. Predominantly homosexual, but more than incidentally heterosexual	7.9%	8.3%	19.3%	6.4%
5. Predominantly homosexual, only incidentally heterosexual	33.7%	29.2%	28.0%	25.6%
6. Exclusively homosexual with no heterosexual	37.2%	49.3%	17.3%	58.8%
7. Asexual	1.4%	0.3%	1.4%	0.9%
8. "You don't have an option that applies to me"	1.6%	1.1%	0.9%	0.6%
Mean (excluding 7s and 8s)	4.66	5.04	3.92	5.33
<i>SD</i> (excluding 7s and 8s)	1.68	1.37	1.67	1.09

*Table 4. Outcomes by Relationship Option*

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

Table 5. Regression Models

Overall Model							
Variable	$\beta$	$t$	$r$	Variable	$\beta$	$t$	$r$
Connection Needs Met	.44	17.22**	.59	Sexual Disgust	-.01	-.41	-.20
Resolved Religiously	.14	5.73**	.40	Sense of Self	.01	0.37	.35
Depression	-.11	-4.35**	-.39	Internalized Homoneg	-.02	-.98	-.27
Masturbation Acceptable	-.08	-3.39**	.06	Physical Health	.02	0.89	.22
Sexual Expression	.09	3.46**	.35				
SC				SNC			
Variable	$\beta$	$t$	$r$	Variable	$\beta$	$t$	$r$
Resolved Religiously	.31	6.01**	.48	Connection Needs Met	.34	6.45**	.48
Connection Needs Met	.30	5.65**	.48	Sexual Expression	.15	2.61**	.32
Depression	-.14	-2.74**	-.34	Depression	-.16	-2.28**	-.35
Masturbation Acceptable	-.09	-1.99*	-.12	Kinsey Attraction	-.10	-2.09*	-.07
Internalized Homoneg	-.13	-2.84*	-.24	Religiously Resolved	.07	1.35	.26
Sexual Disgust	.08	1.70	-.06	Sexual Disgust	.08	1.55	-.10
Sexual Expression	-.04	-.81	.16	Masturbation Acceptable	-.05	-.90	.11
Physical Health	-.03	-.66	.16	Physical Health	.03	0.58	.20
Sense of Self	.03	0.47	.33	Internalized Homoneg	-.03	-.49	-.22
Kinsey Attraction	.02	0.47	-.02	Sense of Self	.01	0.16	.25
MOR				SSR			
Variable	$\beta$	$t$	$r$	Variable	$\beta$	$t$	$r$
Connection Needs Met	.31	6.35**	.52	Connection Needs Met	.29	4.97**	.45
Masturbation Acceptable	-.19	-4.43**	-.25	Sexual Expression	.16	2.61*	.36
Sexual Expression	.11	2.67**	.30	Sense of Self	.12	1.87	.37
Kinsey Attraction	-.11	-2.65**	-.32	Internalized Homoneg	-.06	-1.03	-.31
Depression	-.12	-2.64**	-.36	Physical Health	-.05	-.87	.14
Resolved Religiously	.12	2.42*	.40	Depression	-.06	-.83	-.29
Physical Health	.08	1.91	.22	Kinsey Attraction	.03	0.60	.07
Internalized Homoneg	-.04	-.92	-.16	Resolved Religiously	.04	0.59	.26
Sexual Disgust	-.03	-.79	-.14	Masturbation Acceptable	-.03	-.49	.15
Sense of Self	<.01	-0.08	.33	Sexual Disgust	-.01	-.23	-.14

\*  $p < .01$ ; \*\*  $p < .05$

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