

## **Perceptions of the relationship religiosity between and well-being for undergraduate LGBTQIA+ students**

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### **Abstract**

*Religiosity has been linked to positive health and mental health outcomes for the general population, but the homonegative attitudes held in many religious spaces could complicate this relationship for LGBTQIA+ individuals. This study utilized thematic analysis of nine interviews to examine student perceptions of the relationship between well-being and religiosity both in general and for the LGBTQIA+ population specifically. Most participants recognized aspects of religiosity that could both harm and benefit well-being. Given religion's power to influence well-being, an understanding of the ways those influences can serve either positive or negative functions is imperative and can guide religious organizations, leaders, and educators to better aid their communities.*

**Keywords:** LGBTQIA+, religiosity, well-being, college students

### **Introduction**

Knowledge of contextual factors impacting academic success and resilience is essential for educational stakeholders and needs to be a vital component of strategic planning and campus-wide mental health initiatives. In a recent study by the American Health College Association, 60% of students surveyed reported overwhelming anxiety, while 40% reported they experienced depression in the past year (American Health College Association, 2019). Studies addressing academic resilience and wellness across groups suggest that various factors including racial/ethnic, socioeconomic, and cultural group differences such as family resources, school and community resources, public

policies, and social and economic conditions can have a significant impact on student outcomes and retention (Perna and Thomas, 2006). Of these factors, students who identify as a part of a vulnerable or at-risk population often experience significant disparities in mental health and well-being compared to the general population.

Although existing literature suggests that some student groups are at a higher risk for poorer outcomes, little empirical research exists on the experiences of LGBTQA+ students in higher education (Morales, 2014), making the need for further study of this population a priority. Existing evidence suggests the college environment can consist of degrees of stigma and marginalization resulting in higher rates of psychological distress and harassment among sexual minority students (Dunbar et al., 2016; Wolff, Himes, Soares and Miller Kwon, 2016). Additionally, these contextual factors in college settings can result in higher incidents of academic disengagement and lower rates of student success (Pachankis & Goldfried, 2006; Woodford & Kulick, 2015).

Despite scant literature on college students and their well-being, it is also important to note that such disparities among LGBTQIA+ individuals and the general population have been well documented. LGBTQIA+ community members have an increased incidence of mental health disorders (Cochran et al., 2003, Johns et al., 2019; Oswalt & Wyatt, 2011), severe psychological distress, (Dunbar et al., 2016), and general stress (Bouris and Hill, 2017). Of even more concern other studies have found that LGBTQIA+ individuals exhibit more suicidal tendencies and are more likely to attempt suicide than heterosexual and cisgender individuals (Balsam et al., 2005, Haas et al., 2011). The minority stress model proposes that the increased prevalence of mental health problems among LGBTQIA+ individuals is a result of experiences and/or anticipation of stigma, prejudice, and discrimination (Meyer, 2003). For college students, the anticipation of stigma in a new college environment with extreme uncertainty could pose increased social and emotional challenges. Therefore, identifying contextual protective and risk factors could be viewed as an essential component for individual and university-wide planning.

Although the role of religion and spirituality as a protective or risk contextual factor for college students, particularly LGBTQIA+ college students, is not extensively researched, an increased understanding is warranted given what we know about the connection between religiosity and well-being. Generally, findings have indicated positive associations between religiosity and wellness. One systematic review examining correlates of religiosity found that a majority of studies (79%) observed positive correlations between religiosity and well-being. The same review reported that most studies identified a negative association between religiosity and depression (61%) as well as religiosity and suicidality (75%) (Koenig, 2012).

This study sought to examine college students' perceptions of the relationship between religiosity and well-being both in general and specifically for the LGBTQIA+ population. Given what the current literature suggests about the vulnerabilities of the LGBTQIA+ population and the potential positive influence of religion on various measures relating to well-being, it is imperative to understand student perceptions of how religiosity can benefit or harm well-being.

### **Methods**

This study utilized semi-structured interviews to better understand student perceptions of how religiosity can influence well-being. Nine participants were recruited for interviews from a survey from a related, but separate study. This survey was distributed to students at a state university. Students were recruited for surveys via both random samples and snowball sampling. There were no incentives for participation in interviews and students self-selected to be part of interviews. All interviews were conducted via Zoom during a period of heightened social distancing due to the ongoing COVID-19 pandemic. Interviews were transcribed verbatim.

All interviews were conducted by a student researcher after being supervised and trained by another member of the research team who has extensive experience conducting qualitative research. Interview questions were aimed at uncovering student perceptions of the relationship between religion and well-being and were developed with special attention to the use of sensitive language given the potential for this topic to evoke strong emotions from participants. The questions are as followed:

Do you identify as a member of the LGBTQIA+ community?

Do you consider yourself religious or spiritual? If so, can you tell me what that means to you in your own words?  
What has been your experience with religious or spiritual organizations or speakers in college?

What do you perceive to be the relationship between social emotional-well-being and religiosity or spirituality?

Can you think of an instance where your or someone else's mental wellness was positively affected by religiosity in life or during their college experience?

Can you think of an instance when mental wellness was negatively impacted by religiosity in life or during a college experience?

Do you think that the relationship between social-emotional wellness and religiosity is different for members of the LGBTQIA+ community than it is for the general population? Why?

The interviewer asked for clarification, elaboration, or for participants to give an example when deemed appropriate. This allowed for researchers to reach data saturation as defined by Legard et al. (2003), in which data saturation is reached when researchers feel they have a full understanding of a participant's perspective on a given question or topic.

Data analysis included thematic analysis of interview answers to identify recurring patterns. Roughly based on the steps outlined by Braun and Clarke (2006), the approach to the thematic analysis included 1) data familiarization during which researchers read over the data set multiple times; 2) coding during which researchers created codes that represented the information from student answers most salient to the research question; 3) categorization in which similar codes were simplified into their most essential, common meaning; and 4) theme development and revision, in which similar categories were grouped to encompass overarching patterns within the data. Naming and further analysis of themes, including relating them to existing literature, were the final steps in data analysis. Three coders, one student researcher, and two faculty advisors coded and categorized the data separately. The three coders then came together to discuss, develop, and name themes. Our approach to thematic analysis was inductive and semantic, meaning that themes and codes were developed based on the explicit content of that data with little interpretation from the researchers and without efforts to try to fit themes into any existing framework.

## **Results**

### **Participants**

Participants were eligible for this study if they were currently enrolled as undergraduate students and over the age of 18. Previous studies examining perceptions on the relationship between well-being and religiosity for the LGBTQIA+ community have typically exclusively drawn from the LGBTQIA+ population, but this study focused on both LGBTQIA+ experiences and religious experiences during college more generally. While we acknowledge that LGBTQIA+ students are the experts on their individual experiences and the collective experiences of that community, the researchers also believed that straight and cisgender students' perceptions of the relationship between religion and well-being for the LGBTQIA+ community could be very revealing and have important implications. Five participants identified as female, two participants identified as male, and two identified as nonbinary/agender. Of the nine participants, four identified as members of the LGBTQIA+ community and five identified as both straight and cisgender. The majority of participants identified solely as white (78%), while one participant identified as Asian and one as both White and Black. One participant identified as Hispanic; the eight remaining participants identified as non-Hispanic. Forty-five percent of participants were Christian, and 55% had no religious affiliation. The age of participants ranged from 18 to 34. The average age of participants was 19 years old.

### **Themes**

Researchers developed seven themes based on patterns in the data. Participant answers highlighted a variety of experiences with religion, ranging from extremely negative, to extremely positive.

#### **Negative Experiences**

Participant narratives revealed an association between religion and negative experiences, both in the context of college and in life. The narratives that contributed to this theme varied widely in severity, ranging from religious experiences being perceived as "awkward" to "traumatic", but every participant could recall a time in which religion was connected to negative feelings. In most cases, these experiences were categorized as negative due to the negative emotions they evoked, either for the respondent or for others. Some participants even noted that negative religious experiences have the potential to impact the mental health of others severely negatively or described

instances when their mental health was harmed by religion or some religious experience. The following quotations illustrate student perceptions on negative experiences with religion/religious groups or speakers.

“Unfortunately, they [religious protesters] are creating a very negative impact on a lot of people's mental health by having some of those [religious] protests.”

“So, I would say that people and for a lot of people, the experience with church and religiosity and stuff is very confining and shame oriented, especially in certain like, Catholicism is a big one. So, I think people can find a lot of guilt rather than a lot of freedom through religious involvement”

“I went to a Catholic school when I moved to where I live now. And I didn't have a very good experience there. The religious aspect of it was very traumatizing.”

### **Religion has power**

Participant narratives unanimously recognized religion's powerful capability to impact well-being. Some participants' narratives highlighted that those impacts can be either positive or negative depending on the way religion is presented and used. Positive effects on well-being identified by participants ranged from a) providing purpose to b) preparation for hardship c) alleviating existential anxiety to d) serving as a coping mechanism. Negative effects on well-being identified by participants mostly related to condemnation, judgment, and hateful religious messages. The following quotations highlight student perceptions of religion's power to influence well-being.

“I think [religion] can definitely be a good thing in the right context. But I feel like a lot of the time, religious people use religion as an excuse to be judgmental and hateful towards other people, which I think is kind of the opposite of what they're supposed to do. So, I feel like it all depends on how you interpret it”

“So, my relationship with religion and spirituality has greatly impacted my mental health and thus my emotional and social health. So, I think it's created a sense of meaning and purpose in my life. And that's, that's influenced various areas of my life”

“I think that it's like, religion, religiosity, and spirituality, comes in the right way, then it can make like well-being-people's well-being better, but it could also make them worse. Depending on, like, how it's brought up, and how it's like brought across”

### **Community and social connection**

When asked to consider the positive aspects of religion, social and relational aspects of religion were brought up by participants often. These positive aspects included providing a sense of community, a support network, and generally positive social interactions. Some stated that religion helped them not feel so alone in this world and prevented them from feeling isolated. Many participants recognize the ability of these social and relational aspects of religion to positively influence well-being. The following quotations highlight student perceptions of the ways religion can provide community and social connection.

“Yeah, I think religion or other religiosity can be very powerful as just a way to create community and for everybody to bond together underneath things like, you know, kindness or selflessness, or just, you know, admiring what the world has built together”

“[I was] still not doing great kind of isolated myself and a lot of people and being able to be a part of that religious group Cru. It really helped to bring me out and to help me like become happier become more people like and like more of a people person”

“I definitely think like, the sense of community and like, the, the overall feeling of like, feeling like you belong somewhere, I think”

### **Religion provides direction**

Various aspects of religion, both doctrine and a personal relationship with a higher power, were identified by participants as being guiding forces in their lives and/or the lives of others. This guidance came in two forms: moral guidance and guidance in decision-making. Several participants said that their religion played an integral role in helping them identify and define the principles by which they wished to live their lives. Some participants stated that they relied on signs from God when making important life decisions. Further, religion was also identified as

providing purpose and thus giving meaning to their everyday life. Religion, both by providing purpose and being a guiding force, influenced the way students navigated their world. The following quotations highlight student perceptions of the ways religion can provide direction.

“It [religion] gives a lot of moral rules and guidelines to follow that can really help you to be a better person towards others, which is really nice and helpful”

“God, He's a huge impact in the way that I move accordingly in my life. He's, I feel like He guides me, you know”  
“I know that they, like do preach that you're supposed to, like, love everyone, and like, treat everyone like, compassion, like be caring and everything. And I think that's like the main part of what I've taken away from my religious background, like, like trying to, like show everyone love, basically”

### **Religion is perceived as pressuring**

Participant narratives consistently brought up the concept of pressure. There was perceived ideological pressure which students described as religious people “forcing their beliefs on others.” There was also a perceived pressure to conform. Some participants described pressure from religious persons to conform to their exact perspectives on religion. Some LGBTQIA+ participants described pressure from religious communities and loved ones to conform to heteronormative standards in romantic relationships. This pressured heteronormativity seemed to cause emotional distress or even a stifling of their sexual identity. The following quotations highlight students’ perceptions of religion and pressure.

“But I know of a lot of cases where religions can feel like forced or imposed upon certain people who don't necessarily follow those beliefs or agree with them. And that can impact their well-being”

“Um, well a lot of my family I guess, does, like, doesn't think that gay is okay. Like, they think it's like, a choice and it's like a sin and everything. And I guess just like hearing that my whole life it sort of made me like, suppress that part of me I guess, like, I identify as bisexual.”

“I think it being negative is when it's like forced upon people instead of like, oh, you're sharing your beliefs with them, if they want to believe it, too. That's great. But if not, it's like the end of the world for some people.”

### **Unacceptance creates barriers for the LGBTQIA+ community**

Respondents unanimously agreed that the relationship between religiosity and well-being was different for the LGBTQIA+ community than it is for the general population. A large portion of answers addresses unaccepting views on homosexuality in religious communities as the reason for this difference. This unacceptance ranged from viewing homosexuality as a choice to condemning homosexuality as a sin that is grounds for eternal damnation. These messages in and of themselves were identified as being harmful to the LGBTQIA+ communities’ well-being, but beyond that, it was perceived that these viewpoints prevented LGBTQIA+ community members from fully accessing the protective aspects of religion. Some students recognized that even though some religions may be welcoming to LGBTQIA+ individuals, LGBTQIA+ individuals may still need to be cautious and vigilant about the intentions of organizations. This idea of unacceptance and stigma within religious communities is so deep-rooted that students perceive that it must be anticipated and prepared for by LGBTQIA+ members searching for a faith community. In summation, students perceived that the influence of religion on well-being, if not outright harmful, was less positive for LGBTQIA+ individuals than for their straight peers. The following quotations highlight student perceptions on how nonacceptance from religious communities can harm/hinder the LGBTQIA+ community.

“They [LGBTQIA+ community] feel like they're, you know, they can't be themselves, or they're not accepted because of, you know, what they've heard in the past. And I think it has a huge impact on their social and emotional well-being because they feel like they're not able to connect with everyone else and the Lord in one place, you know, and feel accepted and feel like everything is copacetic.”

“Especially in more religious households, it can be very mentally taxing to be like, queer, and also religious. A lot of religions have very strict ways of how women are supposed to act, let alone whom you're allowed to be around in a sexual or romantic manner. So especially if you want to participate in your religion, want to participate in that community, it's very emotionally distressing sometimes knowing that those people if they knew, would not respect you.”

“Some religions are open to it [welcoming LGBTQIA+ individuals], like some churches-some churches, like they want LGBTQ community to come to them. But not because they want to, like, not because they want, like, more people or something it’s because they want to, like, change them.”

### ***Discussion***

The central purpose of the study was to explore student perceptions of how religion can impact well-being. After qualitative analysis and theme development, researchers conducted a literature review and found interesting connections between student perspectives and existing literature.

Students were all able to recognize the positive aspects and/or effects of religiosity in their own lives or the lives of others. The provision of community, social support, and direction were commonly identified as ways that religion can enrich well-being. Within the theme of direction, religion acting as a source of purpose and meaning emerged as a subtheme. These perceptions are supported by empirical evidence, as social support and purpose in life have been found to mediate the relationship between religion and measures relating to mental health (Giannone et al., 2019; Hovey et al., 2014).

Student perceptions and experiences suggest that various aspects of religion can have a significant impact, both positive and negative, on the well-being of students. Some ideas of the ways religion can negatively impact well-being were repeated enough to be considered themes. These repeated ideas included a variety of descriptions of negative experiences and descriptions of feeling pressured by religious organizations and individuals. As previously stated, religion has been shown to be associated with positive health and mental well-being outcomes (Koenig, 2012), but, under certain conditions, is associated with worsened psychological well-being (Bockrath et al., 2021). Our findings are consistent with this research, as respondents’ clearly noted religion’s dual influence on well-being. Both LGBTQIA+ and cisgender and heterosexual students agree that members of the LGBTQIA+ community are less likely to benefit from the positive influences on well-being due to both real and anticipated unacceptance. These perceptions relate to findings in the current literature as the positive outcomes associated with religion for the general population are less significant and/or less consistently found in LGBTQIA+ populations (Rostosky et al., 2007; Lefevor et al. 2021). The concept of unacceptance that appeared as part of the final theme is particularly important. When positive associations between religion and well-being for LGBTQIA+ individuals have been found, it has typically been in studies examining explicitly accepting, supportive, and affirming faith communities (Lease et al., 2005; Lefevor et al., 2020). These student perceptions coupled with the existent literature suggest that it is not religion or religiosity itself that negatively impacts LGBTQIA+ individuals’ well-being, but the lack of acceptance and support within religious contexts.

### ***Implications***

It is important to recognize that campus contextual factors associated with religiosity can contribute to student self-efficacy and achievement and warrant further investigation and understanding. The potential relationship between religiosity, school climate, and student-perceived safety should be considered by school administrators and communities in the development of a sustainability safe campus culture for all students, especially for students who identify as a part of the LGBTQIA+ community. College environments that provide safe and open learning spaces are more likely to result in improved student psychological states and overall academic resilience. Furthermore, educational communities that can understand the role that religiosity and perceptions of religion and faith have on vulnerable student populations can increase opportunities for developing high impact campus programming

### ***Limitations and Further Directions***

While this study provided valuable insight into student experiences and perceptions, it had several limitations. Participant characteristics may not be representative of all college students, thus limiting the generalizability of our results. For example, non-White groups were underrepresented in our study and the only religious affiliation represented in this study was Christianity. While members of the LGBTQIA+ community were represented in this study, no transgender students participated in interviews. These underrepresented identities and the intersections between identities could have important influences on perspectives of religion and well-being, so studies with more diverse participants are a potential area for future research. Additionally, because students were self-selected to participate in interviews, this study is subject to non-response bias, meaning there may be meaningful differences between those who chose to participate and those who did not. Future studies should focus on specific factors that

influence student perceptions of organizational attitudes toward the LGBTQIA+ community. With greater knowledge of those factors, organizations, and communities that seek to benefit religious LGBTQIA+ individuals can implement changes or continue existing practices to better communicate their acceptance.

### **Conclusion**

Religion was identified by all participants as having the power to influence well-being. Further, the results of this study suggest a duality of religion's role in well-being. Religion's positive impacts on well-being were categorized into two main themes: direction and community and social support. Religion's negative impacts were categorized into two themes: pressure and negative experiences. Religion was perceived by participants to have a different impact on the lives of LGBTQIA+ individuals, with nonacceptance playing a large role in limited positive influences. Given the significant ability of religion to influence various health and mental health outcomes, it is of paramount importance to understand perceptions of what specific aspects of religion can harm or benefit well-being. Therefore, considering the results of this study, religious organizations and communities on college campuses should focus on creating environments wherein positive aspects of religiosity, such as social support and acceptance, can prosper and where negative aspects of religion, such as pressuring messages and rejection, are limited.

### **Resources**

- American College Health Association. (2019). *Undergraduate student reference group fall 2019 data report*. American College Health Association. [https://www.acha.org/documents/ncha/NCHA-III\\_FALL\\_2019\\_UNDERGRADUATE\\_REFERENCE\\_GROUP\\_DATA\\_REPORT.pdf](https://www.acha.org/documents/ncha/NCHA-III_FALL_2019_UNDERGRADUATE_REFERENCE_GROUP_DATA_REPORT.pdf)
- Balsam, K. F., Beauchaine, T. P., Mickey, R. M., & Rothblum, E. D. (2005). Mental health of lesbian, gay, bisexual, and heterosexual siblings: effects of gender, sexual orientation, and family. *Journal of Abnormal Psychology, 114*(3), 471–476.
- Bockrath, M. F., Pargament, K. I., Wong, S., Harriott, V. A., Pomerleau, J. M., Homolka, S. J., Chaudhary, Z. B., & Exline, J. J. (2021). Religious and spiritual struggles and their links to psychological adjustment: A meta-analysis of longitudinal studies. *Psychology of Religion and Spirituality*. Advance online publication.
- Bouris, A., & Hill B. J. (2017). Out on campus: Meeting the mental health needs of sexual and gender minority college students. *Journal of Adolescent Health, 16*(3), 271-272
- Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology, 3* (2). 77-101.
- Chatters, L. M., Taylor, R. J., Lincoln, K. D., Nguyen, A., & Joe, S. (2011). Church-based social support and suicidality among African Americans and Black Caribbeans. *Archives of Suicide Research, 15*(4), 337-353.
- Cochran, S. D., Sullivan, J. G., & Mays, V. M. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology, 71*(1), 53–61.
- Dunbar, M. S., Sontag-Padilla, L., Ramchand R., Seelam, R., & Stein, B. D., (2016). Mental health service utilization among lesbian, gay, bisexual, and questioning or queer college students. *Journal of Adolescent Health, 61*(3), 294-301.
- Giannone, D. A., Kaplin, D., & Francis, L. J. (2019). Exploring two approaches to an existential function of religiosity in mental health. *Mental Health, Religion & Culture, 22*(1), 56–72.
- Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R., Silverman, M. M., Fisher, P. W., Hughes, T., Rosario, M., Russell, S. T., Malley, E., Reed, J., Litts, D. A., Haller, E., Sell, R. L., Remafedi, G., Bradford, J., Beutrais, A. L., ... Clayton, P. J. (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality, 58*(1), 10–51.
- Hovey, J., Hurtado, G., Morales L. R. A., & Seligman L. D. (2014) Religion-based emotional social support mediates the relationship between intrinsic religiosity and mental health. *Archives of Suicide Research, 18*(4), 376-391.
- Johns, M. M., Poteat, V. P., Horn, S. S., & Kosciw, J. (2019). Strengthening our schools to promote resilience and health among LGBTQ youth: Emerging evidence and research priorities from The State of LGBTQ Youth Health and Wellbeing Symposium. *LGBT health, 6*(4), 146-155.

- Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. ISRN Psychiatry 2012.
- Lease, S. H., Horne, S. G., & Noffsinger-Frazier, N. (2005). Affirming faith experiences and psychological health for Caucasian lesbian, gay, and bisexual individuals. *Journal of Counseling Psychology*, 52(3), 378–388
- Legard R, Keegan J, Ward K. In-depth interviews. In: Ritchie J, Lewis J, editors. *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. London: Sage; 2003. pp. 139–169. <https://doi.org/10.1037/0022-0167.52.3.378>
- Lefevor, G. T., Davis, E. B., Paiz, J. Y., & Smack, A. C. P. (2021). The relationship between religiousness and health among sexual minorities: A meta-analysis. *Psychological Bulletin*. Advance online publication.
- Lefevor, G. T., Smack, A. C. P., & Giwa, S. (2020). Religiousness, support, distal stressors, and psychological distress among Black sexual minority college students. *Journal of GLBT Family Studies*, 16(2), 148–162.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697.
- Morales, Erik E. "Learning from success: How original research on academic resilience informs what college faculty can do to increase the retention of low socioeconomic status students." *International Journal of Higher Education* 3, no. 3 (2014): 92-102.
- Oswalt, S. B., & Wyatt, T. J. (2011). Sexual orientation and differences in mental health, stress, and academic performance in a national sample of U.S. college students. *Journal of Homosexuality*, 58(9), 1255-1280.
- Pachankis, J. E., & Goldfried, M. R. (2006) Social anxiety in young gay men. *Journal of Anxiety Disorders*, 20, 996-1015. <http://dx.doi.org/10.1016/j.janxdis.2006.01.001>
- Perna, L. W., & Thomas, S. L. (2006). A Framework for Reducing the College Success Gap and Promoting Success for All. National Symposium on Postsecondary Student Success: Spearheading a Dialog on Student Success, Retrieved from [https://repository.upenn.edu/gse\\_pubs/328](https://repository.upenn.edu/gse_pubs/328)
- Rostosky, S. S., Danner, F., & Riggle, E. D. (2007). Is religiosity a protective factor against substance abuse in young adulthood? Only if you're straight! *Journal of Adolescent Health*, 40(5), 440–447.
- Saleem, T., Saleem, S., Mushtaq, R., & Gul, S. (2021). Belief salience, religious activities, frequency of prayer offering, religious offering preference and mental health: a study of religiosity among Muslim students. *Journal of religion and health*, 60, 726-735.
- Wolff, J. R., Himes, H. L., Soares, S. D., & Miller Kwon, E. (2016). Sexual minority students in non-affirming religious higher education: Mental health, outness, and identity. *Psychology of Sexual Orientation and Gender Diversity*, 3(2), 201.
- Woodford, M. R., Weber, G., Nicolazzo, Z., Hunt, R., Kulick, A., Coleman, T., ... & Renn, K. A. (2018). Depression and attempted suicide among LGBTQ college students: Fostering resilience to the effects of heterosexism and cisgenderism on campus. *Journal of College Student Development*, 59(4), 421-438.