

**Lived Experiences and Psychosexual Health
Perspectives of Members and Former
Members of Fundamentalist Religions and
Congregations:
A Qualitative Study**

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Declaração de Integridade

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Universidade da Beira Interior, Covilhã 25/06/2025

Dedication

Para todos aqueles que encontraram ódio onde procuravam amor, condenação onde procuravam aceitação, medo onde procuravam libertação.

Para todos os que viram o seu porto de abrigo se transformar em prisão.

Para aqueles que se silenciaram para não “pecar”.

Para aqueles que abandonaram as suas comunidades, família, amigos e fé para viverem verdadeiramente.

Espero que estas páginas sejam um lugar onde possam existir, desta vez com liberdade, visibilidade e autenticidade.

Can you imagine... someone telling you, your love for your dearly beloved is a sin!" —

E.M. Forster

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Resumo Alargado

A forma como a pertença ou desenvolvimento numa congregação religiosa, considerada fundamentalista ou conservadora, se manifesta na saúde psicológica e sexual dos seus membros, constitui ainda um tópico pouco explorado e subvalorizado na atualidade, sobretudo em Portugal.

Segundo a literatura, a religiosidade encontra-se comumente associada à presença de atitudes conservadoras, principalmente no que diz respeito a papéis de género patriarcais, diversidade sexual, identidades de género, e à própria sexualidade (Dollahite et al., 2018; Klingorova & Havlíček, 2015; Moghasemi et al., 2018; Singhal & Gupta, 2022).

Os comportamentos e expressão sexual, tal como as perspetivas dos indivíduos que fazem parte de comunidades religiosas conservadoras e/ou fundamentalistas, são muitas vezes influenciados por normas morais difundidas e defendidas por estes contextos (Bills & Hayes, 2020). Estas crenças caracterizam-se pela condenação estrutural da homossexualidade, tal como de outras ações ou práticas concebidas como contrárias ou desafiadoras da moralidade estabelecida e de instituições tradicionais (Bills & Hayes, 2020; Dollahite et al., 2018; Whitley, 2009). Estas visões podem traduzir-se em ações discriminatórias, responsáveis por exercer consequências negativas na saúde mental, algo sentido de forma exacerbada em membros da comunidade *LGBTQIA+*, que, simultaneamente, pertencem ou se desenvolveram no seio destes grupos religiosos (Bills & Hayes, 2020; Warlick et al., 2021).

Considerando estas questões, e de forma a responder às lacunas presentes nesta esfera, foi desenvolvido um estudo com o objetivo principal de aceder e explorar as perspetivas e bem-estar psicossocial de membros e ex-membros destas congregações. Para o efeito, esta investigação apresentou um carácter qualitativo, de forma a facilitar o acesso às vivências individuais e valorizar a experiência subjetiva dos participantes.

Esta investigação baseou-se nas respostas de 27 participantes, com idades compreendidas entre os 18 e 78 anos (média = 35.89; DP = 15.727). As respostas dos mesmos foram reunidas através de um questionário *online*, difundido sobretudo nas redes sociais, entre setembro e novembro de 2024.

Para participar no estudo, o sujeitos deveriam pertencer, ou terem pertencido em algum momento da sua vida, a uma congregação religiosa considerada fundamentalista ou conservadora. Os testemunhos apresentados remeteram-se à experiência vivida na

Igreja Católica (33.3%), Igreja Evangélica (22.2%), Islão (11.1%), Igreja Cristã (7.4%), e Igreja *Mórmon* ou Igreja de Jesus Cristo dos Santos dos Últimos Dias (3.7%). Alguns participantes optaram por não expor a congregação à qual se remetiam nas respostas ao questionário.

A informação recolhida foi alvo de uma análise temática, segundo um processo indutivo e focado nos testemunhos transmitidos, de forma a identificar padrões comuns de significado e temas recorrentes. As respostas focaram-se, essencialmente, na descrição do contexto social e religioso; na caracterização da expressão sexual e das suas nuances nestes contextos; na exploração da expressão sexual de minorias sexuais e de género, e da sua existência e visibilidade nestas comunidades; na saúde mental e presença ou ausência de sintomas psicopatológicos associados à vivência e expressão da sexualidade; a existência ou inexistência de episódios de preconceito e/ou discriminação; e a hipótese ou potencial de melhoria dos ambientes presentes.

Os resultados denunciaram uma elevada prevalência de contextos marcados pelo machismo, pela heteronormatividade, pelo conservadorismo moral e sexual, pela invisibilidade e ocultação de minorias sexuais e de género. A hostilidade e falta de contacto com a comunidade *LGBTQIA+* foram pontos destacados em vários momentos por diversos participantes. Foi ainda revelada a presença de sintomas psicopatológicos e saúde mental debilitada de membros da comunidade, tendo sido expostas, ainda, situações de discriminação e *lgbtfobia* na primeira pessoa.

Este estudo revela a crescente importância da intervenção em termos sociopolíticos e do papel de profissionais de saúde mental. Torna-se cada vez mais urgente o desenvolvimento de intervenções adequadas e sensíveis em termos religiosos e culturais, e o foco no papel da interseccionalidade e da diversidade identitária na psicologia e no acompanhamento psicológico de indivíduos que evidenciem dissonâncias e conflitos de identidade, indutores de sofrimento.

Palavras-chave

Saúde Psicosssexual; Religião; Conservadorismo; Sexualidade; Comunidade *LGBTQIA+*; Portugal

Abstract

This Dissertation focuses on how conservatism and religious fundamentalism influence the perspectives and experiences of members and former members of religious congregations, especially in terms of psychosexual expression and health. Since this field remains academically underdeveloped, this Dissertation aims to fill in the gaps and weaknesses associated with the study of these issues and population.

To this end, a qualitative study was carried out, which is discussed throughout this document, exploring the responses of 27 participants to an online electronic interview. This research provided access to the experiences and testimonies of people who grew up in, lived in or are currently part of religious congregations considered conservative or fundamentalist.

The answers obtained were subjected to a thematic analysis which resulted in seven main themes, such as social context, expression of sexuality, minorities, expression of sexuality by minorities, mental health, prejudice and discrimination and need for improvement.

In addition to the qualitative study conducted, this Dissertation shows a brief reflection on the findings, contributions and limitations, as well as future recommendations within the concerns studied. The latter relates not only to the importance of new research to explore the needs of the population and environments studied, but also to the practice and role of mental health professionals in the intervention with religious LGBTQIA+ people.

Keywords:

Psychosexual Health; Religion; Conservatism; Sexuality; LGBTQIA+ Community; Portugal

Index

Introduction	1
Chapter 1. Lived Experiences and Psychosexual Health Perspectives of Members and Former Members of Fundamentalist Religious and Congregations: A Qualitative Study	4
Abstract.....	5
Keywords	5
1.Introduction	5
The Present Study.....	8
2.Method.....	8
2.1. Participants	8
2.2. Design and Procedures.....	10
2.3. Design Analysis and Instruments	12
3. Results.....	13
3.1. Social Context.....	14
3.2. Sexual Expression	17
3.3. Minorities	19
3.4. Sexual Expression of Minorities	21
3.5. Mental Health	23
3.6. Prejudice and Discrimination.....	25
3.7. Need for Improvement	30
4.Discussion.....	32
5.Limitations and Recommendations	34
6. Contributes and Implications	35
References.....	36
Chapter 2. General Discussion	50
References.....	55
Chapter 3. Theoretical Appendix	57
1.Religious/Spiritual Stress and Resilience Model (RSSR)	57
2. Reproductive Religiosity Model.....	61
3. Theory of Religious Motivation	64
4. Cognitive Dissonance Theory	66
References.....	70

List of Tables

Table 1. Sociodemographic data of the participants	9
Table 2. Religious affiliation	10
Table 3. Questions asked in the electronic interview.....	11
Table 4. Themes and subthemes from the thematic analysis	13

List of Acronyms

COREQ - Consolidated Criteria for Reporting Qualitative Research

INE - National Statistics Institute (Instituto Nacional de Estadística)

LGBTQIA+ - Community made by Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and other gender and sexual identities

Introduction

This Dissertation was developed as part of the Master's Dissertation course of the Master's degree in Clinical and Health Psychology at the Faculty of Social and Human Sciences of the University of Beira Interior, as a partial requirement for obtaining the master's degree. This document is presented in article format and is distributed in three chapters.

Religiosity, such as the experiences and values it encompasses, from thoughts, beliefs, faith, to one's own worldview and sense of belonging to a group or community, is closely related to conservative, moralistic and traditional standards (Ahrold et al. 2010; Bills & Hayes, 2020; Ettengoff & Lefevor, 2021; Dollahite et al., 2018; Klingorova & Havlíček, 2015; Lefevor et al., 2019, 2021, 2024; Luquis et al. 2011; Marcinechová & Záhorcová, 2020; Moghasemi et al., 2018).

The first chapter of this document contains the qualitative study and article submitted to *Pastoral Psychology*. This investigation focuses on the exploration of the lived experiences, perspectives and psychosexual health and wellbeing of members and former members of fundamentalist and conservative congregations. This research aims to consolidate, develop and deepen the knowledge available on a phenomenon that currently shows several gaps, especially in the Portuguese context.

To this end, an electronic interview was created in order to collect the responses of 27 participants who currently belong or were part of a congregation considered conservative and fundamentalist. This chapter is subdivided into six sections: (1) Introduction, where a theoretical framework and the main research goals are shown; (2) Method, through the delimitation and characterization of the participants, the design and procedures, design analysis and instruments used; (3) Results, where were revealed the main themes and categories obtained through thematic analysis – social context, sexual expression, minorities, sexual expression of minorities, mental health, prejudice and discrimination, and need for improvement; (4) Discussion, where the results were explored and conclusions are drawn; (5) Limitations and Recommendations of the study; and (6) Contributes and Implications of the attained conclusions.

The second chapter displays a general discussion and reflection on the Dissertation. It focuses on the skills acquired during the construction process, the contributions and progress made in the psychology field and in multiple spheres through

the collection of people testimonies and experiences, recommendations in terms of intervention and future research, and limitations and final conclusions and thoughts.

The third and final chapter is marked by the exposition and synthesis of the theoretical rationale, beneficial to support the conclusions and data gathered from this study, so as to obtain a greater contextualization and understanding of the phenomenon and its scope.

Chapter 1. Lived Experiences and Psychosexual Health Perspectives of Members and Former Members of Fundamentalist Religious and Congregations: A Qualitative Study

This chapter is written on the basis of scientific activities such as an article submitted to *Pastoral Psychology* and an oral presentation.

- Submission:

Santos, A. C. & Pereira, H. (2025). Lived Experiences and Psychosexual Health Perspectives of Members and Former Members of Fundamentalist Religions and Congregations [Manuscript submitted for publication]. Department of Psychology and Education – Faculty of Social and Human Sciences, Universidade da Beira Interior

- Oral Presentation:

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Abstract

The aim of this research was to explore the psychosexual perceptions and experiences of members and former members of conservative religious congregations, in order to understand their implications for the mental and psychosexual health of these individuals. To this end, a qualitative study was carried out based on the 27 answers provided in an electronic interview. Of this sample, the majority of the respondents were Portuguese or were currently living in the country, something that has led to increased insight into a phenomenon that has not been yet addressed or explored in depth in this circumstances. The data was subjected to a thematic analysis which identified seven recurrent themes: social context, expression of sexuality, minorities, expression of sexuality by minorities, mental health, prejudice and discrimination and need for improvement. The qualitative nature of this investigation made it possible to describe people's own experiences and the consequences of religious conservatism, especially in terms of the effects of lgbtphobia and sexism in this contexts, in people's sexual expressions, views around sexuality, and mental health, also discussed in previous studies.

Keywords

Psychosexual Health, Religion, Conservatism, Sexuality, LGBTQIA+ Community, Portugal.

1.Introduction

Religion is a very important aspect in shaping people's behaviors and beliefs, often translating into their followers' actions, expectations and daily motivations (Ettengoff & Lefevor, 2021). Faith is not only used to explain and give meaning to different events in people's lives but also plays a significant role in creating a sense of belonging, shared identity and setting moral guidelines or a specific ideology (Haider-Markel & Joslyn, 2008; Siraj, 2012). Nevertheless, religion may be, simultaneously, perceived as one of the main perpetrators of conservative ideology, guilt, pain, judgment and the vision that the world is divided in what is good or sinful, right or wrong in the eyes of God and other entities, and, above all, in the eyes of the community people live in (Dollahite et al., 2018).

According to several studies, religiousness – a construct that comprises religious affiliation, cognition, behavior, believes, practice, worldview and sense of belonging,

related to extrinsic and intrinsic aspects of faith and religion (Lefevor et al., 2019; Lefevor et al., 2021; Lefevor et al., 2024) - is frequently linked to strong traditional, conservative and fundamentalist values, especially regarding topics such as gender roles, sexual minorities and sexuality itself (Ahrold et al. 2010; Bills & Hayes, 2020; Devisser et al. 2007; Ettengoff & Lefevor, 2021; Luquis et al. 2011; Marcinechová & Záhorcová, 2020). These ideals are deeply influenced by a patriarchal view of society embodied by male dominance, female subordination and the resulting double standards in this matter (Klingorova & Havlíček, 2015). Some religious congregations considered to be more conservative or fundamentalist, such as Islam, the Evangelical, Christian and Catholic Churches, and Jehovah's Witnesses, stand out for the focus given to traditional institutions like family and marriage (Klingorova & Havlíček, 2015; Singhal & Gupta, 2022).

These stances are heavily motivated by heteronormative norms where sexuality and intimacy are only seen as means to an end: procreation (Leonhardt et al., 2020; Moghasemi et al., 2018). Sex and sexual thoughts are commonly viewed as immoral, obscene and inherently dirty, often leading to a sense of shame and guilt, especially when they happen outside of the matrimony (Leonhardt et al., 2020). Hence, sexual pleasure and desire are repeatedly silenced, repressed and ignored. This gains a particular intensity in terms of mental health consequences of those who don't fit in this narrative that, ultimately, benefits men, such as members of the LGBTQIA+ community and women (Leonhardt et al., 2020; Singhal & Gupta, 2022).

Numerous investigations demonstrate that women display higher levels of guilt, shame and anxiety associated with their sexuality than men, who despite the restrictions forced by their religion, feel more permissiveness and flexibility in this matter (Emmers-Sommer et al., 2018; Oliver & Hyde, 1993). Feminine sexuality is neglected and discouraged, almost like it doesn't exist, in a world where women's goal in life is to satisfy their husbands and have children (Estrada, 2022; Stevenson & Hiebert, 2021). The female figure is objectified in agreement to the traditional and family values and, at the same time, limited in terms of the experience of her sexuality (Estrada, 2022). Complaints and problems such as dyspareunia (painful vaginal penetration), vaginismus (involuntary movements and spasms to avoid penetration), difficulty reaching orgasm and sexual desire dysfunction emerge due to the neglect of female sexual pleasure and the limited access to knowledge and sex education (Azim et al., 2021; Pampati et al., 2021; Patanwala et al., 2020; Saleh et al., 2022; Thorpe et al., 2021). Since these women were raised in a culture of abstinence based on the need to prevent sexual temptation before marriage, it can be hard to change deeply rooted beliefs that link sex to sin, leading

to feelings such as shame, guilt, distress and anxiety following the sexual activity (Clarke et al., 2021; Dale, 2021).

On the other hand, sexual minorities tend to show less religiousness than heterosexual individuals (Ettengoff & Lefevor, 2021). This phenomenon can be associated with the fact that religious contexts show more negative attitudes towards homosexuality, seen as something unnatural and a conscient decision to violate the rules and beliefs advocated by the community (Bills & Hayes, 2020; Whitley, 2009). Sexual practices that differ from the conventional vaginal penetration, such as oral and anal sex and masturbation are stigmatized (Fetner et al., 2023). People who identify, simultaneously, as religious and LGBTQIA+ may experience a challenging dissonance and conflict between those two identities, frequently felt as incompatible (Ettengoff & Lefevor, 2021; Hinman & Lacefield, 2020; Siraj, 2012). Often, in a way to avoid rejection from their peers, family or friends, they hide their sexuality so they can follow what other people expect from them and prevent possible retaliation for expressing themselves (Ettengoff & Lefevor, 2021). This is a growing reality in predominantly Muslim countries such as Saudi Arabia where homosexuality is legally disapproved and punished (International Lesbian, Gay, Bisexual, Trans and Intersex Association, 2017). Besides this, the normalized hatred towards the LGBTQIA+ community can also lead to the internalization of prejudice, sometimes experienced by their own members (Siraj, 2012). According to Meyer (2003) and Hatzenbuehler (2009), sexual minorities exposed to religiosity can experience feelings like self-loathing, shame, guilt, fear of losing the community they live in, distress, low self-esteem and symptoms of depression, anxiety, substance disorders, suicide and self-injurious behavior.

In terms of sexual health and well-being, abstinence emerges as a way to avoid sexual relationships before marriage and preserve purity, which leads to less sexual exploration and knowledge about these topics (Pampati et al., 2021). Religious individuals tend to receive information about these matters from religious sources that, repeatedly, discourage sex and contribute to negative attitudes towards sexuality (Lefevor et al., 2024; Pampati et al., 2021). The lack of sex education may lead to the engagement in risky sexual behaviors and in the inadequacy in taking the proper precautions in terms of protection, which may contribute to sexual transmitted diseases (Churchill, et al., 2021; Shaw & El-Bassel, 2014).

Although these matters are usually assigned to the religions themselves, is crucial to avoid generalizations and stereotypes regarding arbitrary associations between homophobia/misogyny and these groups. It is also pertinent to emphasize that this type of intolerance and ideology is largely due to fundamentalist and patriarchal

interpretations of the Religious Texts and Books and not always the religion itself. It should be noted that many religious scriptures are currently outdated and associated with century-old values. This topic gains special relevance since themes such as gender and discrimination are generally used and instrumentalized to justify and legitimize hate speeches against the followers of these congregations (Mehregan, 2016; Welchman, 2007).

The Present Study

Even though more than 70% the Portuguese population identify as Catholic, other religions have been growing in Portugal (National Statistics Institute, 2022). According to the National Statistics Institute (INE, 2022), the official census states that 186 832 habitants identify as Protestants/Evangelical, 63 609 claim to be Jehovah's Witnesses and 36 480 people identify as Muslim. In addition to this, there are also 90 948 residents that follow other Christian religions and 24 366 people that follow other sources of faith that are not of Christian origin beyond the ones that were mentioned (INE, 2022). Therefore, Portugal is an increasingly multicultural and diverse country where different beliefs and cults coexist. Because of this, it becomes necessary and urgent to understand how perceptions about distinct sexuality topics exist among these religious congregations, the influence of faith, and its impact on mental health.

Hence, the purpose of this qualitative study is to explore and describe the lived experiences and psychosexual perspectives concerning topics such as identities and sexual behaviors, discrimination, prejudice and the implications for the mental health of members and ex-members of religious congregations considered to be fundamentalists or conservative that usually experience these topics as something dogmatic or *taboos*.

2.Method

2.1. Participants

In this study 341 initial contacts were made, which resulted in 30 electronic interviews, developed for this purpose of this research. Out of those 30 participants, 3 were excluded from the convenience sample due to insufficient responses, leaving 27 valid responses in the present study. According to numerous authors, samples that range between 15 and 30 participants in qualitative studies are considered acceptable and sufficient in terms of data saturation, especially since this design offers detailed and exhaustive descriptions of individuals' experiences and considerable information about the studied topic (Driessnack et al., 2007; Ribeiro et al., 2018;). The inclusion criteria for taking part in the study were that the participants (a) had to be over 18 years old; (b) have, currently or in the past, belonged to a religious congregation that is considered conservative or fundamentalist; (c) had internet access.

The electronic questionnaire was completed by 15 men (55.6%) and 12 women (44%). Even though most participants identify themselves as heterosexual (66.7%), this sample is also characterized by the presence of members of the LGBTQIA+ community, including bisexual (7.4%), gay (18.5%), pansexual (3.7%) and queer (3.7%) individuals. Among this group, only 4 people are *out of the closet* (44.4%) and disclose their sexual orientation and identity to their social setting. Most of the respondents can be described as Portuguese (48.1%), despite the significant representation of the Brazilian population in this sample (37%), Portugal residents (55.6%), single without a current relationship (46.2%), have attended higher education and completed a degree (44.4%), live in a small town (63%) and have an average socioeconomic status (63%). The participants have an average age of 35.89 years (SD = 15.727), ranging from 18 to 78 years. All sociodemographic data is described in more detail above, in Table 1.

When asked about the level of satisfaction with their lives (Table 1), participants were able to answer on a scale that ranged from 1 (completely dissatisfied) to 6 (completely satisfied). The average satisfaction level was 4.15 (SD = 2.60) and most of the individuals answered between the fourth and fifth level (29.6%), which corresponds to a high level of satisfaction. In terms of the most relevant aspects that contribute to this rating, people that gave a higher number refer topics such as relationships, health, link with God and faith, job, balance and emotional stability, while people that gave a lower number talked about problems with their mental health, sexuality, feeling trapped and repressed in the context they live in, deception and financial issues.

Table 1. Sociodemographic data of the participants (n = 27; mean_{age} = 35.89; SD_{age} = 15.727)

Variable	Category	n	%
Gender	Men	15	55.6
	Women	12	44.4
Sexual Orientation	Heterosexual	18	66.7
	Bisexual	2	7.4
	Gay	5	18.5
	Pansexual	1	3.7
	Queer	1	3.7
Out of the Closet*	Yes	4	44.4
	No	5	55.6
Marital Status	Single without a partner	12	46.2
	Single with a partner	7	26.9
	Married with someone of the same gender	1	3.8
	Married with someone of a different gender	2	7.7
	Common-law union with someone of a different gender	2	7.7
	Divorced from someone of a different gender	1	3.8
	Widowed by someone of a different gender	1	3.8
Education	Up to 12 years of schooling	7	25.9

	University – Degree	12	44.4
	University – Master’s Degree or Post-Graduation	4	14.8
	University - PhD	1	3.7
	Other	3	11.1
Residence	Small rural setting	6	22.2
	Small city	10	37
	Big city	8	29.6
	Other	3	11.1
Nationality	Portuguese	13	48.1
	Mozambican	2	7.4
	Brazilian	10	37.0
	Luso-Brazilian	1	3.7
	Nigerian	1	3.7
Country	Portugal	15	55.6
	Brazil	10	37.0
	South Africa	1	3.7
	Turkey	1	3.7
Socioeconomic Status	Low	1	3.7
	Low-middle	7	25.9
	Middle	17	63
	Middle-high	1	3.7
	High	1	3.7
Level of Satisfaction with life (mean = 4.15; SD = 2.60)	1 (completely dissatisfied)	1	3.7
	2	3	11.1
	3	3	11.1
	4	8	29.6
	5	8	29.6
	6 (completely satisfied)	4	14.8

*(Only for participants of the LGBTQIA+ community)

As already mentioned, the responses given in this survey revealed the experience described by the respondents that are currently, in the past, or have grown within a religious congregation. In this sense, the religions with more representation in this study, as is shown in Table 2, are the Catholic Church (33.3%), Christian Church (7.4%), Evangelical Church (22.2%), Islam (11.1%) and Latter-Day Saints Church, also known as Mormons (3.7%). Some participants chose to not disclose the religious context which they referred to (11.1%).

Tabel 2. Religious affiliations

Congregations	n	%
No information	3	11.1
Jehovah’s Witnesses	3	11.1
Catholic Church	9	33.3
Islam	3	11.1
Evangelical Church	6	22.2
Latter Day Saints/Mormons	1	3.7
Christian Church	2	7.4

2.2. Design and Procedures

This investigation aims to explore the psychosexual well-being and health expressions of members and former members of religious congregations based on their

own perspectives and life experiences. To this end, a qualitative study and research seemed more adequate and reasonable due to its effort to find the meaning given by the population to the phenomenon and appreciation of subjectivity and direct and faithful testimonies of the studied reality (Driessnack et al., 2007). The analysis followed an inductive process in which we focused on the specific and subjective experiences of individuals and less on existing theories. This methodology enables the possibility to deepen the existing knowledge about this topic, by hearing the voices of those affected and the population itself that is directly involved in the matter. This gains special relevance given the social mission of this study.

The study was approved by Institutional Ethics Committee of the University of Beira Interior in Portugal (CE-UBI- Pj-2024-0105-ID2871) and follows the principles underlying the Declaration of Helsinki. The questionnaire developed to collect data from the participants was created on the *Microsoft Forms* platform. Informed consent and ethical principles such as confidentiality and anonymity were assured. Participation was voluntary and no compensation of any kind was provided.

The first section of the electronic interview aimed to obtain data related to age, gender identity, sexual orientation (and, in case the respondents self-identified as members of the *LGBTQIA+* community, would be asked if they had *come out* in their social setting), marital status, academic habilitations, place of residence, nationality, country and socioeconomic status. Finally, participants were asked to rate the current level of satisfaction with their life on a *Likert* scale ranging from 1 and 6 and the aspect that influenced the most that rating. The second section of the electronic interview translated in the presentation eight open-ended questions in relation to health and sexuality expressions and perspectives in the person's current context. The participants were encouraged to describe their experience in a free and uninhibited, without any constraints. The questions asked are shown in Table 3.

Table 3. Questions asked in the electronic interview

1. How do you describe the culture of the social context in which you are/were in? What values exist? Is it misogynistic, collaborative, competitive, welcoming, encouraging, inclusive? Castrator, freeing, repressive, homophobic? Or not really? (It can be your family, friends, social circle, church/religion, support groups, health system, etc. Please, elaborate...)

2. Regarding the way you or a person you know expresses your/their sexuality (how you/they identify yourself/themselves, behave, how you/they talk about a certain topic, etc.) how do you describe the culture of the social context in which you are/were in? What values exist? Can you give an example? (Please, elaborate...)

3. Do you know someone that has disclosed their sexuality or gender identity to another person in your social context? Or someone that has discovered themselves, for example? (If so, could you talk a little bit more about that experience? How did they react? If this applies to your personal case, could you talk more about that experience?)

4. In what way does the existing culture around themes such as sexuality and sexual and gender identities in your social context interfere with how you express yourself and act in your social context? (For example, in terms of masculinity, femininity, misogyny, sexism, heterosexism, etc. Please, elaborate...)

5. In what way does the existing culture around themes such as sexuality and sexual and gender identities in your social context interfere with the mental health of its members? What are the implications for psychological well-being? Could you give a specific example? (Please, elaborate...)

6. Have you ever suffered or seen anyone suffer from prejudice or discrimination in your social context due to your/their gender identity/sexual orientation? If so, how? (If not, do you think people suffer from prejudice or discrimination in the social context you are/were in due to their gender identities/sexual orientations? Do you know or have heard about cases like this? Please, elaborate...)

7. What would you think a truly competent community would look like in terms of expression of its members' sexualities? Is there room for an inclusive view of human diversity? Or do you believe it to be necessary to discriminate against people based on something that is great or better to be a member of that community? (Please, elaborate...)

8. Is there something else that hasn't been mentioned about this topic that you would like to add? (If so, please, elaborate...)

The electronic interview was disseminated online between September and November 2024 through social media networks, mostly *Facebook* groups, formed by elements of the referred congregations, private messages, mailing lists and direct messages.

2.3. Design Analysis and Instruments

The answers were thematically analyzed, a process that consisted of transcribing the information given by the participants, following a semantic approach, and, consequently, the identification of patterns between responses. We then proceeded to the reading and familiarization with the experiences transmitted, the creation of initial codes after the transcription of the data, the search of themes and subthemes based on the meanings that were obtained and its analysis, revision, and definition, and lastly, the narrative and descriptive report of the results (Braun & Clarke, 2006). Apart from the questionnaire, the IBM SPSS Statistics Software version 29 and the Excell 365 Microsoft were also used for statistical analysis and organization of the sociodemographic data, respectively.

We used the *Consolidated Criteria for Reporting Qualitative Research (COREQ)* in order to assure the credibility, dependability, confirmability and transferability of the conclusions of the study (Tong et al., 2007). Different concepts in this criteria were respected such as the identification of the research team’s credentials and details, the discussion of the fact that the themes and subthemes emerged from the information collected and responses of the participants, the disclosure of the software used to manage the data, the utilization of individual’s quotes, the description of the inclusion process of the participants, how the sample is characterized in terms of sociodemographic variables, among others (Tong et al., 2007). When there were doubts about certain categories or subthemes, the research team got together to reach a consensus.

We followed the threshold validity strategy which made it possible to prioritize certain themes and exclude other less significant or influent. According to this, subthemes that recur less than three times throughout the thematic analysis process were eliminated and weren’t considered in the final report (Grapin et al., 2021; Sabnis & Wolgemuth, 2024). Other strategie used was the *tick rich descriptions* since we relied on the direct transcription of the respondents quotes and descriptive stories which allowed a deeper understanding of the context and life experiences of members and former members of this congregations (Haegele et al., 2020; Sabnis & Wolgemuth, 2024).

3. Results

The thematic analysis carried out with the answers of the 27 participants made it possible to identify 7 recurring themes, of which 55 categories were distributed. Table 4 shows the themes and categories mentioned, followed by illustrative transcripts from the individuals’ responses.

Table 4. Themes and subthemes from the thematic analysis

Themes	Categories
Social Context	Sexism s1 s6 s14 s18 s21 s22 s24 s25 s27
	Repression/Oppression s1 s6 s7 s14 s18 s21 s25 s27
	Welcoming/Accepting Environment s2 s3 s5 s8 s10 s20 s22 s23
	Conservative/Traditional Environment s6 s7 s8 s9 (x2) s19 s24
	LGBTphobia s7 s8 s14 s18 s22 s27
	Collaborative Environment s5 s8 s11 s12 s23
	Inclusive Environment s2 s8 s10 s12
	Encouraging Environment s8 s10 s20 s22
	Moralist/Religious Norms s3 s22 s23
	Liberating Environment s9 s12 s17
Expression of Sexuality	Heteronormativity s5 s9 s13 s14 s16 s18 s19 s25 s27
	Conservatism/Patriarchy s3 s7 s14 (x2) s19 s21 s25
	Religious Moralism s3 s5, s8, s13 s16 s21

Minorities	Invisibility s2 s4 s8 s9 s18 s19 s24 s25 s26 s27 Visibility s2 s3 s10 s14 s15 s17 s22 s23 Avoidance s19 (x2) s20 (x2) s22 s25 s27 Contact with the LGBTQIA+ Community s2 s14 s15 s19 Labels/Need for Belonging S19 s21 s24
Expression of Sexuality by Minorities	Hidden/Discreet Expression s2, s6, s7 (x2) s14 s16 s18 s19 s23s s25 Immoral/Sinful s3 s5 s6 s7 s13 s16 s18 s21 s22 Repression of Sexual Feelings s2 s17 s23 s25 s27 In the Closet s6 s16 s18 s19 s20 Out of the Closet s2 s16 s20 s23
Mental Health	Depression s6 s9 s10 s14 s19 s25 s27 Anxiety s6 s9 s14 s19 s27 (x2) Identity Conflict/Cognitive Dissonance s5 s19 s23 (x2) s27 Underestimation/Unawareness of Mental Health Problems s8 s13 s15 s16 s22 Social Isolation s2 s19 s25 s27 (x2) Repressed Feelings s2 s7 s27 Fear s7 s14 s19 Self-Harm/Suicidal Behavior s14 s23 s25 Low Self-Esteem/Self-Confidence s19 (x2) s27
Prejudice and Discrimination	Awareness of LGBTphobia s2 s3 s8 s10 s11 s14 s15 s16 s18 s19 s20 s21 s24 s27 Discrimination s2 s6 s8 s11 s16 s18 s19 (x2) s21 s27 Friends vs Family/Community: (a) Openness from Friends s2 (x2) s20 (x3) s21; (b) Family Oppression s2(x3) s20 Social Exclusion s2 s8 s9 s19 (x2) s25 s27 Unawareness of LGBTphobia s1 s4 s5 s7 s17 s26 Prejudice s2 s3 s14 s27 Renegation/Dissociation s15 s23 s25 s27 Hidden prejudice/Condescension s2 (x2) s22 s14 Judgement s3 s9 s27 Conversion/Pressure to Conform s6 s21 s27 Pathologization s3 s6 s20 Generational Differences: (a) Youth Openness s5 s19 s23; (b) Oppression from Older People s5 s19
Need for Improvement	Inclusion s1 s2 s4 s5 s8 s9 s19 s20 s27 Diversity s2 s4 s7 s9 s14 s15 s19 s23 s27 Respect s1 s2 s4 s8 s10 s23 s27 Freedom/Free Expression s4 s8 s9 s11 s16 s27 End LGBTphobia s5 s9 s15 s17 s23 s24 Individuality/Authenticity s8 s9 s10 s11 s27 Changes in the LGBTQIA+ Community s21 s23 s24 Be more welcoming s4 s5 s23 Non-interference from the Community s6 s14 s20 Hopelessness regarding Change s2 s18 s23 Closed off to Change s3 s13 s22

3.1. Social Context

3.1.1. Sexism

Societies based on rigid gender roles make it possible to identify an association between the conservatism felt in religious congregation such as Islam, Judaism and

Christianity and sexism (Klingorova & Havlíček, 2015). Even the group's culture itself can be responsible for establishing standards viewed as more acceptable, normal or appropriate for a certain gender, encouraging ideals and expectations of femininity and masculinity expectations (Bills & Hayes, 2022; Homan & Burdette, 2021). In our study, when asked to describe the values around the social context they belong/belonged to there was a prevalent denunciation of a sexist environment, as it can be seen in the following quotes:

Repressive to the point that the most conservative people are from this context, they are usually called sexists. (36 years old, Man, Former Evangelical, Bisexual)

Sexist, homophobic and oppressive, specially towards women. (23 years old, Woman, Muslim Household, Heterosexual)

3.1.2. Conservatism

Conservative beliefs are characterized by the emphasis on traditional institutions like marriage, family and church, which are distinguished by the presence the authority and power of the male figure (Klingorova & Havlíček, 2015). In this sense, the main focus of sexual relationships is their contribution to these pillars, especially in terms of procreation (Moghasemi et al., 2018). This explains why studies suggest that more conservative religions promote more rigid attitudes towards gender roles (Burn & Busso, 2005). Aligned with idea, some individuals used words such as “traditional” and “conservative” to describe their social context, as it can be shown in the following transcriptions:

I was raised in a conservative and overprotective household. (...) (26 years old, Man, Catholic, Heterosexual)

I'd say that is conservative and maybe with sexist traits, but at the same time my parents have always been very loving. (20 years old, Woman, Evangelical, Pansexual)

3.1.3. Lgbtphobia

Another important aspect was lgbtphobia. Research shows a simultaneous association between conservatism, sexism and lgbtphobia due to the perceived threat of conservative principles such as conformity and stability (Piumatti, 2017; Singhal & Gupta, 2022). Sexism itself is related to lgbtphobic attitudes since the rejection of same-sex couples can also be explained by the need to follow gender expectations and binarism (Bills & Hayes, 2022; Hamdi et al., 2018; Piumatti, 2017). The presence of lgbtphobia in these communities can be found in the following testimonies:

It is a sexist, repressive, homophobic, and not very tolerant society. Very focused on appearances. (31 years old, Woman, Catholic, Heterosexual)

(...) We are homophobic in respect for God's Word. (78 years old, Man, Evangelical, Heterosexual)

3.1.4. Repression and Oppression

Several participants illustrated their social context as a repressive and oppressive place. Conservative religious congregations tend to be seen as perpetuators of prejudice and sources of oppression, sometimes on their own followers (Yakushko, 2005). Super and Jacobson (2011) described “religious abuse” as a phenomenon related to religion’s power and influence responsible for oppressing, coercing and manipulating its members, and especially people from the LGBTQIA+ community through shame, stigmatization and social rejection (Hargadon, 2023).

Islam is sexist, homophobic, repressive, oppressive and tyrant. (42 years old, Man, Former Muslim, Gay)

Extremely sexist, castrator, repressive and castrator specially against minorities. (51 years old, Man, Former Jehovah Witness, Heterosexual)

3.1.5. Moralism

Other participants described their social context highlighting the role of moral norms in the congregation member’s everyday lives. This is because religion is responsible for creating codes of conduct that differentiate right from wrong in a cleaved matter, establishing what is considered morally wrong behavior and the consequences associated with those violations (Estrada, 2022; Halkitis et al., 2009). In terms of sexuality, the need to belong to a community inhibits thoughts, feelings and sexual behavior that would happen outside of heterosexual marriage and without procreation as the main goal, since they are seen as immoral and only present in sinful and bad people (Lefevor et al., 2024). These views can be seen in the following transcripts:

The Church and Catholicism have established values and principles that must be followed. Only then will we be morally correct, since the morals of our culture and our country have always been reflected in the rules and values of our religion. (22 years old, Man, Catholic, Heterosexual)

There's a lot of dissimulation (...) with expressions that border on repressive moralism. (...) (54 years old, Man, Catholic, Gay)

3.1.6. Other descriptions of the social context

Some studies also found a positive relationship between religiousness and happiness, well-being, satisfaction and quality of life and describe faith as a tool for recovery and reconciliation (Ferris, 2002; Garsen et al., 2020; Stone, 2013). Being a part of a religious group implies sharing values and meaning based on hope for the future of humanity, freedom and coexistence (Flood, 2011; Garsen et al., 2020; Kristeva, 2010). Religion provides a source of advice and a sense of belonging responsible for creating significant bonds within the community (Taylor et al., 2014). Despite the views described above, several participants ended up mentioning positive aspects associated with living in their social and religious context:

I'm currently in a welcoming and inclusive social context that supports diversity. (...)
(24 years old, Woman, Jehovah Witness' Household, Bisexual)

A collaborative, welcoming and encouraging culture, and, to a certain extent, inclusive! Perhaps a little homophobic and conservative. (22 years old, Man, Catholic, Heterosexual)

Welcoming and encouraging. (36 years old, Man, Christian, Gay)

Inclusive, freeing and collaborative. (30 years old, Man, Evangelical, Heterosexual)

3.2. Sexual Expression

3.2.1. Heteronormativity

Many religions consider sex to be a sacred and spiritual act defined by God and that should only take place within a heterosexual marriage (Lefevor, 2024; Stevenson & Hiebert, 2021). This heteronormativity is responsible for reinforcing institutions such as marriage, monogamy and family traditions, and helps to strengthen the belief that any relationship that doesn't fit in those standards is deviant (Allen & Mendez, 2018; Baiocco et al., 2013; Mendez, 2022). When confronted with sexual expression, some participants emphasized that heteronormativity is present in their contexts, as can be seen in the following quotes:

I believe that everyone in my religion tends to relate or express themselves in a very normative way. We are not oppressed (or we shouldn't be), but our faith ends up influencing our relationships with others. Our values are based on the Bible, so the way I see myself, others, and relationships matches with the things we believe is what God stipulated. (23 years old, Woman, Evangelical, Heterosexual)

I feel like people with a sexual orientation other than heterosexuality can already exist in the Church, but that's about it: exist (...) They can be at Church with their partner but not in an assumed way. They act like their relationship doesn't exist. (31 years old, Woman, Catholic, Heterosexual)

3.2.1. Hegemonic Patriarchy

Another trait that was pointed out was hegemonic patriarchy. The attention put on heterosexual family and conservative values related to procreation and marriage contribute to strengthening of men's role in the power hierarchy and female submission (Bills & Hayes, 2022; Connel & Messerschmidt, 2005).

Patriarchy is the pattern. No other expression is accepted. (51 years old, Man, Former Jehovah Witness, Heterosexual)

In my culture, as a woman, you are not supposed to express yourself. You are encouraged to accept any form of abuse from your spouse or literally anyone in general (23 years old, Woman, Muslim Household, Heterosexual)

Patriarchy is one of the greatest perpetrators of violence against women (Tracy, 2007). Hierarchies of power dominated by men and characterized by rigid and fundamentalist rules tend to place women in a position of vulnerability and subjugation which contributes the legitimation of gender violence and limitation of women's free sexual expression (Abugideri, 2010; Bonthuys & Erlank, 2012).

3.2.2. Religious Moralism

Religious moralism was also mentioned in this context. Some conservative religions tend to see sex as necessary evilness for procreation (Leonhardt et al., 2020). Hence, sexuality is seen as something dirty and impure in the community and in God's eyes, leading to an inhibition of those impulses (Leonhardt et al., 2020). As some participants mentioned:

No one denies that those people like someone of the same gender. But their sex is immoral. Just like heterosexual sex outside of marriage is immoral. (...) The Book is made, the rules are written (...) (22 years old, Man, Catholic, Heterosexual)

We talk about things without any prejudice, but we value people showing what God considers to be right or wrong (63 years old, Man, Evangelical, Heterosexual)

3.3. Minorities

3.3.1. Invisibility

When questioned about the presence of sexual minorities in their community, the most prevalent category was invisibility. In fact, conservative religions tend to discourage practices considered immoral (Cochran et al., 2004). The intolerance felt in these contexts tends to lead to the concealment of parts of people's identities, especially those who diverge from heteronormativity (Lefevor et al., 2024; Siraj, 2012). This was confirmed in our study as several participants said that they were unaware of the existence of LGBTQIA+ people in their communities:

(...) in my religious context I do not know anyone who identifies as LGBTQIA+. (24 years old, Woman, Jehovah Witness Household, Bisexual)

No, that would be life-threatening. Homosexuals need to run away from their communities. (42 years old, Man, Former Muslim, Gay).

3.3.2 Visibility

Nevertheless, other participants highlighted the presence of sexual minorities, although, as can be seen in the following statements, the existence of members of the LGBTQIA+ community is still a sensitive topic. Frequently, these individuals end up hiding parts of their identity, silencing parts of their sexuality even after coming out or disclosing their sexual orientation to certain and intimate groups (Siraj, 2012).

Yes, a good friend of mine revealed himself to be bi recently. And it's all good. Is he attracted to men? Yes. But he continues to live his life. He works like a good citizen. He has good family perspectives. What more can I ask of him? Super nice guy. He's not out there in the LGBT parades being a degenerate. (22 years old, Man, Catholic, Heterosexual)

A lot. In my university young people generally feel more inclined to disclose their orientation, and even at the churches some people identify themselves (as gay). But in this case, they only disclose their sexuality to intimate and reserved groups (...) (54 years old, Man, Catholic, Gay)

3.3.3 Avoidance

It was also shared the avoidance of topics and contact with members of the LGBTQIA+ community itself. The avoidance and denial of the person's sexuality by the community or family, even after coming-out, is often due to the desire of these groups to ignore the information received and maintain expectations and beliefs regarding the

individual's sexuality (Patel, 2024). This leads to the prevention of the spreading of this information and the creation of culturally expansive closet (Patel, 2024).

Very few in my family are supportive and many ignore the fact just so they don't have to deal with it (sexuality). It didn't go as bad as I thought (coming out) but after I dropped the bomb, when the explosion settled down, everything was ignored to pretend that it didn't happen. (36, Man, Christian, Gay)

I try not to associate myself with them (LGBTQIA+ people). (78 years old, Man, Evangelical, Heterosexual)

According to the literature, some members of religious groups tend to reduce contact with sexual outgroups due to their prejudice contributing to further fueling of that hatred since that homonegative cognitions end up not being challenged (Etengoff & Lefevor, 2021).

3.3.4. Contact with the LGBTQIA+ Community

The contact of religious congregations' members with the LGBTQIA+ community may influence their personal attitudes. Studies show that friendships established with sexual minorities tend to change homonegative attitudes and reduce prejudice (Cunningham & Melton, 2013; Smith et al., 2018). Community contact can lead to the deconstruction of stereotypes and an increase in empathy, as well as the development of the belief that these people are unique individuals and not a homogeneous outgroup (Cunningham & Melton, 2013; Yeck & Anderson, 2018). This phenomenon can be observed in the following quotes:

I'm friends with a gay couple and I don't have any problems about it, they're the best people in the world (65 years old, Woman, undisclosed religious congregation)

In my case, I consider myself more comfortable talking about sexuality. I've always been curious and open to dialog, and this has been reflected in the friendships I've cultivated throughout my life. Many of these friendships have helped me expand my view of the subject. I can mention, for example, friends that identify themselves as members of the LGBTQIA+ community. (26 years old, Man, Catholic, Heterosexual)

3.3.5. Labels and Need for Belonging

Belonging to a community can be a sensitive topic for many individuals who have marginalized identities (Singh, 2013). Groups such as the LGBTQIA+ community can end up transmitting the sense of belonging, support and shelter that many people looked

for in places such as family, religion and the community which they grew up in and never had due to the rejection they were subjected to throughout their lives (McCormick & Barthelemy, 2020; Ryan, 2009; Ryan et al., 2009). The need for sexual minorities to belong to groups and label their sexualities is visible in the following transcription:

The sexuality's culture today tends towards extremism and labels. People feel the need to fit into groups. (18 years old, Woman, Catholic, Queer)

3.4. Sexual Expression of Minorities

3.4.1. Hidden/Discreet Expression

Concerning sexual expression of sexual minorities, something that was very emphasized was the need to hide parts of the sexual identity and to practice their sexuality and relationships discreetly. The stigma and rejection encouraged by religious fundamentalism has contributed to a legacy of silence and shame of members of these communities that also identify themselves as LGBTQIA+ (Halkitis et al., 2009; McKiernan et al., 2022). To avoid prejudice and discrimination, many people end up hiding various aspects of their intimate lives, remaining vigilant to prevent their exposure (Eliseeva, 2024; Siraj, 2018).

Obviously, I cannot talk about everything with them. I thought a guy was handsome and I couldn't say it. (39 years old, Man, Former Mormon, Gay)

(...) In general, people don't feel ready to talk at first. They need time. There are few environments that welcome homosexuality, but there is great tolerance for occult practices. (54 years old, Man, Catholic, Gay)

3.4.2. Immoral/Sinful

Another frequent narrative was an immoral and sinful vision of homosexual sex and relationships, as it can be seen previous studies and in the following quotes (Siraj, 2012; Super & Jacobson, 2011):

When God was creating family, since it is a God's creation and not something made up by a government or the state, He created men and women and put them together to give continuity to the World. (63 years old, Man, Evangelical, Heterosexual)

I told my aunt one time (came out) but she said it was only a phase and that God didn't want me to be gay and stuff. (39 years old, Man, Former Mormon, Gay)

3.4.3. *Repression of Sexual Feelings*

As was already mentioned, religious communities often resort to Sacred Texts to justify the need to suppress desires and impulses that diverge from heteronormativity, something very present in this study:

Any expression of sexuality that is not patriarchal is repressed and not addressed. (51 years old, Man, Former Jehovah Witness, Heterosexual)

For instance, a young woman with same-sex attraction might suppress her feelings. (23 years old, Woman, Muslim Household, Heterosexual)

3.4.4. *In the Closet*

For many people that simultaneously identify as members of a religious group and the LGBTQIA+ community, the disclosure of sexuality can bring a lot of anxiety due to the anticipation of negative reactions (Beagan & Hattie, 2015; Lefevor et al., 2019). Because of this, many individuals end up hiding their sexuality and/or gender identity to avoid discrimination (Lefevor et al., 2019). Some people also end up living a “double life” and show a false idea of heterosexuality to the community so they can preserve a sense of belonging, fulfill social expectations and avoid rejection (Boucai, 2022; Button, 2004). According to the literature, sexual minorities may postpone the coming out process for their own protection or because they believe that religion can help them change their deviant impulses (Beagan & Hattie, 2015). This was also observed in the discourse of one participant who said:

I don't express it (my sexuality), I keep myself in the closet like almost everyone I know. (36 years old, Man, Former Evangelical, Bisexual)

3.4.5. *Out of the Closet*

Coming out is not a singular episode in a person's life, but rather a process of developing and managing one's own identity through a non-linear path that involves different contests and relationships (Doyle & Barreto, 2023; Gusmano, 2008). Despite its importance, this phenomenon becomes especially difficult for members of communities that show high levels of stigma towards sexual minorities (Doyle & Barreto, 2023; Siraj, 2018). In several cases, coming out of the closet in hostile environments is associated with greater victimization from members of these groups (D'Augelli & Grossman, 2001). Although several participants spoke about their experiences of being in the closet, others claimed to have revealed their sexual orientation in their social contexts:

I express myself as a bisexual freely in my social context, especially with my friends. (24 years old, Woman, Jehovah Witness Household, Bisexual)

I came out in the 11th grade. (36 years old, Man, Christian, Gay)

3.5. Mental Health

When asked about the existence of mental health problems caused by the existing culture around sexuality, the narratives were quite diverse. Some participants emphasized issues such as depression, anxiety, social isolation, repression of feelings, fear, self-injurious and suicidal behavior, identity conflicts and low self-esteem and self-confidence. These categories go along with the evidence shown in previous studies that claim that sexual minorities are more vulnerable to physical and psychological problems throughout their lives (Barton, 2010; Siraj, 2012; Dahl & Galliher, 2012; Lefevor et al., 2019; Platt et al., 2021; Warlick et al., 2021). As stated by some of our participants:

I do not forget, however, the suffering that this community (LGBTQIA+) endures and how it affects it, I suppose that, on an extremely negative level, there is a tendency to mental disorders such as anxiety and mainly depression. (18 years old, Woman, Former Catholic, Heterosexual)

Huge. Bullying, depression, sometimes harmful behaviors such as self-mutilation (31 years old, Woman, Catholic, Heterosexual)

In Yoruba Muslim communities, conservative views on sexuality often lead women who feel differently to experience shame, anxiety, and isolation, negatively impacting their mental health. (...). (23, Woman, Muslim Household).

According to the literature, LGBTQIA+ individuals tend to experience higher levels of depression, panic attacks and stress related to their sexual orientation, something intensified by belonging to conservative congregations (Cochran et al., 2003; Yakushko, 2005). Queer individuals that are part of fundamentalist congregations tend to show higher levels of depression and anxiety than people from the same community who follow less fundamentalist religions (Warlick et al., 2021). The social isolation mentioned by the participants can be explained by the shame related with the incapacity in reaching the normative standards established by the community, influencing sexual satisfaction and generates less perceived social support (Estrada, 2022; Lefevor, 2024). Fear is another predominant feeling due to the possibility of exposure of sexual identity and vicarious trauma, a phenomenon related with the contact with other cases of sexual minority's victimization (Estrada, 2022; Perry & Alvi, 2012).

3.5.1. Identity Conflicts

Cognitive dissonance can be present in situations where there is an intersection between a sexual identity that goes against heteronormative molds and the conservatism of religion. As the community feed into prejudices and homonegativity, many individuals may feel a moral incongruity that often translate into anxiety, guilt, erroneous cognitions about sex motivated by the practice of acts and the presence of feelings condemned by their faith (Abramowitz et al., 2002; Azim et al., 2021; Gandy et al., 2021; Grubbs et al., 2015; Jayne et al., 2021; Sanghvi & Tripathi, 2023; Siraj, 2012; Super & Jacobson, 2011). In many cases, this occurrence can lead to the rejection of one of these identities (Dahl & Galliher, 2009; Piazza, 1994). The rejection of sexual orientation in favor of religion can lead to internalized homophobia, also addressed in the responses of several participants in this study, whereas the rejection of faith can be translated into an attitude of distancing from culture, ethnicity, beliefs and one's own family and community (Halkitis et al., 2009; Hinman & Lacefield, 2020; Kirschner, 2024). Some people may even develop independent identities, acting in different ways in intimate and public contexts which makes more difficult their cohesively integration (Hinman & Lacefield, 2020; Kirschner, 2024). In terms of mental health, identity conflicts were another phenomenon mentioned due to the perceived incompatibility of two identities – faith and sexuality:

(...) The members live a double life (...) I've heard about the suicide of young people and even priests due to social rejection and identity conflicts. (54 years old, Man, Catholic, Gay)

(...) This cultural pressure can cause depression, low self-esteem, and a fear of seeking help, as their identity conflicts with community expectations. (...) (23, Woman, Muslim Household, Heterosexual)

3.5.2. Underestimation and Unawareness of Mental Health Problems

While some participants pointed out the prevalence of mental health problems among sexual minorities in the community, others revealed being unaware of it. Several individuals even underestimated the consequences of simultaneous identification as a sexual minority and a member of a conservative congregation or simply being a member of the LGBTQIA+ community.

It doesn't interfere with anyone who knows their role in society and knows God's plan for human beings. (63 years old, Man, Evangelical, Heterosexual).

The lack of empathy and the presence of prejudice towards sexual minorities, as well as the avoidance and distancing towards these groups, can be used to justify the presence of a certain unawareness and devaluation of the suffering and challenges lived by these community (Nomani, 2022).

It does interfere with mine (mental health), but I don't think that sexuality is my biggest concern. There are symptoms of mental health that are far more unpleasant than staying in the closet. (39, Man, Former Mormon)

As can be seen in this quote, a member of the LGBTQIA+ himself downplays the impact of prejudice, discrimination and the closet in his mental health.

3.6. Prejudice and Discrimination

3.6.1. Awareness of Lgbtphobia

Many participants described scenarios where lgbtphobic behavior would occur in their religious context, something in line with the existing literature that associates lgbtphobic behavior and attitudes with religiosity (Bengtson et al., 2015; Lăzărescu et al., 2023; Siraj, 2012; Super & Jacobson, 2011). As some participants mentioned:

I know someone that said that if they had a gay son, they would throw him out on the street. There are still a lot of retrograde mentalities. (65 years old, Woman, undisclosed religious congregation)

Yes, any sign of femininity in a man is immediately condemned. (42 years old, Man, Former Muslim, Gay)

3.6.2. Discrimination

External sexual stigma associated with discriminatory practices such as hate speech and physical and sexual abuse are consequences of the hostility present in conservative groups towards homosexuality (Bills & Hayes, 2022; Katz-Wise & Hyde, 2012; Nardelli et al., 2020). In many cases, the perpetrator of hatred sees the victim as a symbol of the LGBTQIA+ group, which can contribute to a generalized feeling of fear within the community due to the perception of vulnerability (Katz-Wise & Hyde, 2012; Perry & Alvi, 2012). In countries where religion plays an important role, the sanctioning of homosexuality through legislation and public institutions is a reality (Adamczyk & Pitt, 2009; Altman et al., 2012). In this context, some participants described moments of discrimination against sexual minorities:

Yes. I've seen LGBTQIAPN+ friends suffer discrimination in this social context, especially in more conservative environments. These friends have faced derogatory comments and exclusionary attitudes, both in social and academic spaces, because they don't fit heteronormative standards. (26 years old, Man, Catholic, Heterosexual)

Yes, I've witnessed both verbal and physical violence against homosexuals. (18 years old, Woman, Catholic, Queer)

3.6.3. Prejudice

Conservative congregations tend to show more intolerant attitudes towards sexual minorities due to the perceived incompatibility of their traditional and religious values (Hamblin & Gross, 2014; Olson et al., 2006; Siraj, 2009;; Yeck & Anderson, 2019). Although attitudes alone do not always indicate discriminatory behavior, attitudes and behavior are correlated (Glasman & Albarracín, 2006; Kraus, 1995). Several participants also warned for the presence of homonegative attitudes:

Yes, plenty. Especially sexual prejudice against homosexuality. Thinking that because they like men, they are going to hit on all men. (31, Woman, Catholic, Heterosexual)

I have seen and heard of individuals facing prejudice, especially if they identify outside of the traditional gender roles or heterosexual norms. (23 years old, Woman, Muslim Household, Heterosexual)

3.6.4. Friends VS. Family/Community

Coming out affects family and community relationships due to the religious condemnation of homosexuality (Dahl & Galliher, 2012; Siraj, 2012). Families with greater religiosity have a higher tendency to reject children that belong to sexual minorities, which can lead to the postponement of the coming out process, selective disclosure of sexuality and different behavior depending on the context (Baiocco et al., 2015; Dahl & Galliher, 2012; Doyle & Barreto, 2023; Heiden-Rootes et al., 2020; Svensson & Strand, 2024). This can contribute to the growth of other ties outside of the family in more affirmative and tolerant contexts towards homosexuality, contributing to the creation of “chosen families” with the support previously sought in the blood family (Dahl & Galliher, 2012; Hull & Ortyl, 2019; Moore & Stambolis-Ruhstorfer, 2013; Wenston, 1991). Many participants, especially those who identify as sexual minorities, reported differences in terms of treatment by their family/community and their friends, something that affects their sexual expression in these settings:

I express myself freely in my social context, especially with my friends. However, in my family, although it is possible to have conversations on the subject, it's not well received since it can cause some arguments. Even though I can express myself, following my parents' expression "under our roof", there are certain things that I need to oppress (ex: hanging a lgbtqia+ flag in my room or bringing a same-sex romantic interest home) (...) There is no discrimination in my friends' circle, but there is in my family when it comes to homosexuality.(...) I am well aware of the values of Jehovah's Witnesses and I know that my parent's example isn't the best. My parents, in this situation, used an "aggressive" approach verbally and very extreme with rules. But I know that Jehovah's Witnesses advocate that everyone has the right to exist the way they want and the way they are without discrimination (...) (24 years old, Woman, Jehovah Witness's Household, Bisexual)

My group of friends is extremely welcoming and have always supported me. In my family, few are supportive, and a lot tend to ignore the fact (homosexuality) just so they don't have to deal with it (...) My group of friends has always been very welcoming which as allowed me to feel more comfortable with my own identity and being gay. (36 years old, Man, Christian, Gay)

3.6.5. Generational Differences

According to previous studies, age is a strong predictor of homophobia in both men and women, something that explains the greater tolerance and acceptance of homosexuality in more recent generations, even if superficially, compared to previous one, something very present in this study (Bengtson et al., 2015; Herek & Gonzalez-Rivera, 2006; Lăzărescu et al., 2023; Woodell & Shwadel, 2020). Besides this differences, other participants revealed the existence of generational differences in terms of discrimination and prejudice:

However, in this environment, it's obvious that older people with less education about faith and what they proclaim teaches our community end up being extremely intolerant and seek to judge others instead of welcoming the other brother or sister (...) In the church I belonged to in Brazil a young man had an experience with another man (...) I think that the fact that we were younger made us more welcoming to other people. (23 years old, Woman, Evangelical, Heterosexual)

3.6.6. Social Exclusion

Another addressed aspect was the social exclusion of sexual minorities in religious circles, something in line with the hostility shown towards the LGBTQIA+

community and the avoidance of interaction with those groups (Etengoff & Lefevor, 2021).

Yes. Through social exclusion and homophobic jokes!! (22 years old, Man, Catholic, Heterosexual)

One specific example was a colleague who suffered constant jokes and isolation during medical school, affecting his self-esteem and making it difficult to get along in the group. (26 years old, Man, Catholic, Heterosexual).

3.6.7. Unawareness of Lgbtphobia

Even though many participants indicated the presence of lgbtphobia in their religious context, others believed that it is not something that occurs in their religious congregation. However, in these cases, they didn't elaborate their answers, only denied the existence of this phenomenon.

No. (25, years old, Woman, Jehovah Witness, Heterosexual)

NO. (37 years old, Woman, Catholic, Heterosexual)

This could happen because of the superficial tolerance of sexual minorities, as long as its veiled and they do not publicly express their sexual orientation, something that was also addressed in some responses of the participants in this study (Baiocco et al., 2013; Baiocco et al., 2014; Lingiardi et al., 2012).

3.6.8. Judgement

Several participants also stated the presence of a culture of judgment within their communities. Since being part of the LGBTQIA+ community is seen as a sin and condemned in multiple religious circles, homosexual acts and thoughts end up being judged as something evil and a reflection of the person's morality (Siraj, 2012; Super & Jacobson, 2011):

Of course I have. There are a lot of bad people, really bad people. People who judge, not to help, but to make themselves feel better in some way. The church and our culture don't advocate this. We advocate that we should give a helping hand. It's sad that nowadays that hand is so misunderstood and undervalued. (22 years old, Man, Catholic, Heterosexual)

Every day I see people around me judging this kind of actions, such as the simple act of two girls holding hands, or two boys kissing, or a boy looking like a girl and vice-versa,

I myself have judged and I can fully admit that I have done so. (18, Woman, Former Catholic, Heterosexual)

3.6.9. Pathologization

Religious conservatism, as already mentioned, is one of the main perpetrators of the idea that homosexuality is deviant, perversion and an abomination (Siraj, 2012). The American Psychiatric Association (1952; 1968) itself fed into this homonegative belief by including homosexuality in the first edition of the Diagnostic and Statistical Manual (DSM-I) as a “sociopathic personality disorder” in 1952, and in 1968 in the second edition of the same document (DSM-II) as a “sexual deviation”. When describing moments of victimization against sexual minorities, some participants described cases of pathologization of homosexuality:

They consider that other genders and sexualities to be things from the “devil” and repress it by thinking it is a mental problem (36 years old, Man, Former Evangelical, Bisexual)

Yes, I suffered from it (lgbtphobia). I was called “sick” by someone I considered a “friend” (36 years old, Man, Christian, Gay)

3.6.10. Conversion/Pressure to Conform

According to Rosik (2003), most individuals who show unwanted homoerotic attraction and the intention to change their sexuality belong to/have belonged to these religious groups. With the goal of “praying the gay away”, some people adhere to sexual conversion therapies or seek help from the Church to change their sexual orientation (Barton, 2010). Portugal and other countries have started to criminalize these practices due to their psychological consequences (Conceição, 2024; Leach & Gore, 2022). Still along the lines of pathologization, several participants emphasized the pressure for conformity felt by sexual minorities in these communities and the promotion of sexual conversion therapies:

Yes, they told my friend “You need to search for God and ask for the gay cure” which is absurd. (36 years old, Man, Former Evangelical, Heterosexual)

I know people who were put into conversion therapy. Those who wore bright colors (men) were labeled as problematic and sinful. (18 years old, Woman, Catholic, Queer)

3.6.11. Renegation/Dissociation

Homosexuality can lead to the rejection by the community and the person’s family, sometimes felt like a rejection from God (Cochrane et al., 2003; Hinman &

Lacefield, 2020; Lefevor, 2024). Many individuals, due to the ostracization felt in religious congregations, end up being expelled from them (Ram & Williams, 2005). In the Jehovah's Witnesses' community this dissociation is called "shunning" and consists of the expulsion and disowning of people who have sinned or have presented moral or doctrinal objections to the religious principles (Pietkiewicz, 2014).

I've seen many people get disassociated and end up losing their friends and family. (51 years old, Man, Former Jehovah Witness, Heterosexual)

This sample is also made of people who left their religious communities, sometimes due to the suffering they endured through their lives. According to previous studies, in some cases, the occurrence of religious abuse can lead to abandonment of faith, a change in terms of beliefs and the search for another religious community perceived as more tolerant (Barton, 2010; Whitley, 2009).

People who express non-heteronormative identities often experience exclusion, judgment, and in some cases, outright rejection from family and community members. (23 years old, Woman, Muslim Household, Heterosexual)

3.6.12. Hidden Prejudice/Condescension

Not all discrimination happens directly. Microaggressions and condescending behaviors, whether intentionally or not, can go unnoticed and not be recognized as lgbtphobia by others (Lomash et al., 2019; Nadal et al., 2016; Robinson & Rubin, 2016).

And even if same-sex relationships are criticized in a religious context, it is possible to love them (homosexual people) and not agree with their choices at the same time. (31 years old, Woman, Catholic, Heterosexual)

I don't approve of it, but I don't despise it either. (78 years old, Man, Evangelical, Heterosexual)

The first statement shows a microaggression camouflaged as a demonstration of acceptance and tolerance that, at the same time, sends a message of disapproval and limited community' support (Griffiths et al., 2001; Lomash et al., 2019).

3.7. Need for Improvement

When confronted with the possibility of transforming their religious context into a competent community in terms of sexuality's expression, the participants pointed out different areas that, for them, need to be changed in which stood out inclusion, diversity, respect, freedom, putting an end to lgbtphobia and community interference in people's lives, individuality and authenticity and a more welcoming culture:

For me, a perfect community would be one that, right from the start, teaches children that being gay or lesbian is perfectly normal, that changing their gender is also perfectly normal, as long as each person feels truly themselves, so that in the near future, full acceptance of these situations is possible. Unfortunately for me, because of my upbringing, I can't fully accept all these brave people, much to my regret. For me, there shouldn't be any ideals in a society, we should live as we please, without having to be judged by others. That would be a perfect society without prejudice (...) (18 years old, Woman, Former Catholic, Heterosexual)

For me, a truly competent community regarding sexual expression would be one where all individuals feel safe, valued, and respected regardless of their sexual orientation or gender identity. In such a community, open-mindedness would be central so people could express themselves authentically without fear of judgment, discrimination or exclusion. (23 years old, Woman, Muslim Household, Heterosexual)

Despite these issues, some participants described feelings of hopelessness about their community's potential for improvement:

I am an advocate for diversity and inclusiveness, and I believe that these should be the values of a community that could thus be considered right and, above all, happy. But I don't see that happening, unfortunately. (24 years old, Woman, Jehovah Witness Household, Bisexual)

In Islam there is no possibility of inclusion because the hatred is tremendous, you need to create another religion entirely to accept homosexuality. (42 years old, Man, Former Muslim, Gay)

In contrast, other individuals stated that changes in these matters are not necessary:

To live in a society, we need to have rules and common ground. It just so happened that in Portugal and throughout Europe, the rules and commonalities were established by Christianity. I understand that some people don't like it. I, for one, would like things to be different, but they're not. Not everything is about rights. It's also about duties, something that our generation despites a lot. (...) If they don't like and don't follow the rules, it's normal for them to become more isolated from society. If there are no rules and we are totally "inclusive" it's not a society. (...) Society doesn't have to change for you, you're not that special. (22, years old Man, Catholic, Heterosexual)

What is right is to understand that procreation and the continued existence of human beings on Earth can only be achieved through man/woman relationship. If 1000 years

ago the world was outside of this reality, humanity would no longer exist. The optimal profile is to follow the clear teaching of human life created by God. That's it! (63 years old, Man, Evangelical, Heterosexual)

Furthermore, several participants, rather than presenting points to be improved, showed that effort in terms of improving and identifying negative points of the LGBTQIA+ community:

Of course there is no need to discriminate, but sexual diversity is increasingly separated into categories making it very difficult to be inclusive when people themselves feel the need to differentiate. (20 years old, Woman, Evangelical, Pansexual)

Several studies have addressed this issue. Sexual labeling increases the opposition of members who display lgbtphobic attitudes and behaviors (Smith et al., 2018). This categorization tends to increase perceived similarities within the group and differences from outgroups, highlighting boundaries that separate the two groups (Foroni & Rothbart, 2011; Khan, 2015; Sacchi et al., 2021).

4. Discussion

The results of this research made it possible to deepen the knowledge available on the well-being and psychosexual perceptions of members and former members of fundamentalist religious communities, something that, to our knowledge, had not been done in Portugal. Despite being based on testimonies from individuals of different nationalities, most of the participants were Portuguese or lived in the country.

After the thematic analysis was carried out, we were able to identify aspects that, in the participant's perspectives, characterize the religious context in which they referred to. Conservatism was emphasized in the narratives provided in the electronic interview. Topics such as sexism, heteronormativity, lgbtphobia and the role of sexuality and gender were very much highlighted in this research and mentioned in previous studies (Estrada, 2022; Klingorova & Havlíček, 2015; Lefevor et al., 2024; Piumatti, 2017; Singhal & Grupta, 2022;).

Hostility against the LGBTQIA+ community and its members was frequently addressed due to its influence on the sexual expression and mental health of sexual minorities who find themselves in a lgbtphobic context (Dahl & Galliher, 2012; Halkitis et al., 2009; Lefevor et al., 2019; McKiernan et al., 2022; Yeck & Anderson, 2019). This is in line with previous research which pointed out that more conservative groups tend to have more negative perceptions and behaviors towards homosexuality (Olson et al. 2006; Siraj, 2009). This is especially due the fact that some religious congregations see

homosexuality as something unnatural and sinful, that goes against traditional values and valued institutions such as family and matrimony (Lefevor et al., 2024; Moghasemi et al., 2018). Some factors that contribute to more positive attitudes towards this group include youthness, since younger people tend to be more tolerant to differences, and the contact with sexual minorities (Cunningham & Melton, 2013; Herek & Gonzalez-Rivera, 2006; Woodell & Schwadel, 2020). Friends also tend to be more open towards these community than family (Hull & Ortyl, 2019).

Regarding the characterization of the social context, it was possible to identify a divergence of perspectives. In one hand, some participants pointed out positive traits in their communities, while others highlighted the conservatism and repression felt. This is in line with previous studies that have shown this duality of views within religious congregations (Dollahite et al., 2018; Ferris, 2002). Sexism was the most prevalent sub-theme, something also reinforced by the literature that focus on the influence of traditional values, binarism and rigid gender roles on religious principles (Homan & Burdette, 2021; Piumatti, 2017). However, many of the participants did not address women specifically in their answers since the topics they raised the most concerned the LGBTQIA+ community.

Heteronormativity and the condemnation of homosexuality marked the responses of the participants who, again, justified this phenomenon with the presence of conservative values within the community associated with the demonization and the deviant character of sexual minorities, something also shown in the literature (Baiocco et al., 2013; Stevenson & Hiebert, 2021).

The invisibility experienced by minorities was also very prevalent. Some participants believe that queer people don't exist in their communities and think that most members of their congregation follow the principles of doctrine regarding sexuality. As already mentioned, the anxiety of coming out in a hostile and disapproving environment tends to lead to closeting to avoid discrimination, and the avoidance of sexual topics and minorities themselves can contribute to this silence (D'Augelli & Grossman, 2001; Halkitis et al., 2009; Lefevor et al., 2019; McKiernan et al., 2022). The multiple victimization associated with an ignored and devalued coming out by the family and the community can lead to the creation of a cultural expansive closet that perpetuates the invisibility of the person's identity (Patel, 2024).

The answers regarding minorities' sexual expression contribute to reinforcing this idea since the most prevalent topic was the hidden expression of sexual identity, which leads to the need to repress feelings and avoid actions that can cause exposure to

the community (Eliseeva, 2024; Siraj, 2012). In terms of mental health, most of the participants talked about the existence of psychopathological symptoms in people who do not fit into heteronormative molds. According to the literature, prejudice, discrimination and marginalization of these individuals can increase the risk of developing mental disorders in the life span (Lefevor et al., 2019; Platt et al., 2021; Warlick et al., 2021).

Regarding potential for improvement, aspects such as respect for diversity and inclusion were observed with a greater need for change. However, in the eyes of some participants, this would be something utopian and unlikely to occur in their actual or previous religious congregations. Others dismissed the need to change and pointed out that the existing problems are external, especially present in the LGBTQIA+ community, distancing themselves from their responsibility in those matters.

5.Limitations and Recommendations

This study has limitations such as its qualitative nature and the fact that it was based on a small convenience sample, aspects that limit the capacity of generalization of the obtained results. This latter aspect is largely due to the difficulty of accessing these hidden populations, mainly since the covered topics are seen as *taboos* and dealt with resistance. The fact that the answers were obtained through an electronic questionnaire is another weakness of this research since it made it impossible to clarify some questions and provide greater depth to people's responses. Another important aspect was the existence of multiple contradictions in the answers that were given, something that may be due to the activation of defense mechanisms such as denial so the participants could distance themselves and not recognize the doctrine effect on people and avoid moral dissonance. In this sense, the instrumentalization of the family as a scapegoat and the perception of hostile behaviors as exceptions were also present to attribute these negative traits to other entities. Lastly, another limitation was the fact that the vast majority of subjects focused only on the LGBTQIA+ community and didn't address the role and the suffering experienced by women and sexuality and sex themselves.

In the future, it might be relevant for studies to focus more directly on specific religious groups rather than just on conservatism and religious fundamentalism in general, to understand how specific beliefs can contribute to the repression of their own members and already marginalized groups. It would also be essential to develop an effort to conduct therapeutic interventions that are sensitive to specific nuances of the experience of people that belong to conservative religious and don't identify themselves as heterosexual. Finally, it would be important to carry out more research in this topic in

Portugal and other countries, focusing on female sexuality and sexual behaviors and the way sex is seen in these communities.

6. Contributes and Implications

This study has a strong social mission due to its focus on the silent suffering experienced by members and former members of religious communities responsible for the experiences of repression described throughout the questionnaire. This research made it possible to understand how the beliefs shared by a community can affect its members in terms of their own cognitions and the internalization of prejudice, of sexual behavior and health, especially in mental and emotional terms. The knowledge about the internal conflict lived by these people, mainly those who are also sexual minorities, can lead to the creation of politics and therapeutic interventions that can help and soften the mental health consequences of victimization in this communities. The relevance of this study also owes a lot to something that is simultaneously considered a limitation: its qualitative nature. The fact that it was based on the direct testimonies of the population studied allows the understanding of their experiences, pain, resentments and perceptions of their existence within the congregation and its philosophy in a more real and direct way. Studies like this are becoming increasingly necessary nowadays, especially in a world where members of these communities are also victims of prejudice, something that can become a double victimization when they belong to multiple marginalized groups: religious congregations considered fundamentalist and the LGBTQIA+ community.

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Chapter 2. General Discussion

The structural censorship of homosexuality occurs in multiple sectors, levels and institutions (Bowers et al., 2010). Religion is no exception. Religious beliefs marked by their intensity, especially in terms of conservatism and traditionalism, tend to contribute to strong homonegative positions and condemnation of practices that do not conform to the moral and traditional norms upheld (Bills & Hayes, 2020; Super & Jacobson, 2011; Whitley, 2009)

This Dissertation focuses on the influence made by fundamentalist and conservative religious congregations on the perspectives, attitudes, well-being and psychosexual health of individuals who grew up in, were part of, or currently participate in this communities. The main results and aspects obtained relate to the emphasis placed on conservatism, traditionalism, heteronormativity, sexism and lgbtphobia experienced in these contexts.

Hostility towards the LGBTQIA+ community was a topic that was constantly addressed throughout the answers provided by the participants to the electronic interview. The conservative and traditional values disseminated in these environments are conceived, by several individuals, as being responsible for affecting the sexual expression and mental health of sexual and gender minorities. The invisibility attributed to people who do not conform to the heteronormative molds perpetuated by the congregations leads to the need for a discreet and hidden sexual expression as a way to avoid exposure.

Psychopathological symptoms associated with the minority experience in these communities have also been described, such as the presence of discriminatory behaviors, sometimes reported in the first-person. Weakened mental health and homonegativity are presented, in various testimonies, hand in hand, as a result of the silencing and ostracization of sexual and gender minorities.

Although sexism was the most used word in the descriptions of religious contexts, this topic was not developed or deepened in a significant way throughout the participants responses.

The study, developed by this Dissertation, has an important social mission. It has made it possible to remove the veil that has long been drawn over the experiences of individuals who have been silenced and ignored by their own communities and by society itself. The social, political and academic gaps present in the context of the suffering and

psychosexual health impact on members and former members of these congregations continue to be a reality.

This research has allowed progress in an area that still carries many obstacles. One of the strongest and most relevant points of this study is its qualitative nature. This aspect offered the opportunity to access the voices and experiences, in the first-person, of individuals and communities that are often neglected and hidden. This concealment occurs, not only due to the presence of stereotypes and prejudice against the religions themselves, but also due to the belittling of their members, and the invisibility and non-recognition of sexual and gender minorities in these groups.

It was possible to contact testimonies from people who identify, simultaneously, as religious and members of the LGBTQIA+ community, as well as individuals who, despite having grown up in these contexts, abandoned their faith and communities as a result of the alienation and condemnation of part of their identity – their homosexuality. This intersectionality made it easier to study the phenomenon directly and access the subjective and unique experiences of the participants, something that enriched this research.

The denunciation of suffering and sexual oppression promoted by conservatism and religious fundamentalism, the impact of stigma on mental health and sexual expression, and the influence of belief and shared meanings systems were often key points of this investigation.

This results should be analyzed from a perspective that avoids overgeneralization, in order to prevent the fueling of stereotypes and victimizing members of these congregations. Harassment towards its members, not conceiving the role played by the conservative culture present in these fundamentalist and religious environments, can contribute to the strengthening of hate speech and prejudice.

The process of writing this Dissertation was also fraught with challenges. The population studied is characterized by its difficult access. It's a hidden population, often cloistered and silenced, especially when it comes to matters related to sexuality, which is still seen as a *taboo* and a sensitive and controversial topic. For this reason, the sample collected is convenient and presents a relatively small size, making it impossible to generalize the findings and conclusions drawn. These limitations are also related to the qualitative nature of this study, which, despite being one of the main foundations of the investigations, is also a weakening element in this sense.

Another vulnerability was the fact that the data and answers were gathered through an online electronic interview. It was not possible to clarify or deepen the issues

raised by the participants. In addition, the sample ended up having homogeneous social and economic characteristics, since one of the requirements for participation in this study was having internet access. A more comprehensive and inclusive investigation in this sense would provide greater insight into identity intersectionality and the coexistence of various types of victimization, which could aggravate and intensify the minority experience and factors that could influence psychosexual perspectives and sexual expression.

Another point to note is the presence of contradictions in the answers provided. The claims of sexism and simultaneous lack of exploration of this topic, as well as the difficulty in recognizing the religious context as lgbtphobic, despite the description of episodes of homophobia, were palpable throughout the analysis of the findings. This could be linked to the resistance in pointing out negative aspects of the congregation and community they belong to and to which they harbor positive feelings.

Also along this lined, when the participants were asked to describe sexual expression in general, most of their answers referred to the LGBTQIA+ community. This can be recognized as an attempt to avoid addressing their own sexuality, which is the target of repression and silencing, and to express the hostility and negativity felt towards sexuality in the figure of sexual and gender minorities who are already harassed and marginalized. All of this may appear as a defense mechanism in order to protect their own identities and positive views of themselves, thus avoiding moral conflicts or cognitive dissonance, not recognizing the weaknesses of the communities they live in.

Another limitation is that the topic of female sexuality in this congregations remains underexplored. The greater focus on the LGBTQIA+ community and the visible negativity attributed to this group by some participants could be a possible explanation for the neglect of this phenomenon.

It would be interesting to explore the specific positions of the congregations addressed in relation to this issues, in order to gain a more in-depth insight into these environments.

One more limitation of this study was the lack of diversity in terms of the religions explored, with a greater focus on Christianity and Catholicism than on the others.

In terms of future recommendations, it is important to highlight the need to develop new researched focused on the influence of religious conservatism on female sexual expression and psychosexual health, a greater exploration of the Portuguese context, and a further analysis of intersectionality between marginalized identities in religious, sexual, gender and cultural terms.

In the field of clinical and health psychology, aspects such as double victimization associated with the presence of identity conflicts, the experience of religious trauma and abuse, and the role of intersectionality emerge as key issues that are indissociable from intervention within religious LGBTQIA+ groups.

In this regard, the role of mental health professionals is becoming increasingly urgent to respond to the psychosexual needs and suffering reported in this study.

Psychologists, when accompanying religious LGBTQIA+ patients, must take an intersectional and systemic stance and display ethical and multicultural competence, including an understanding of the nuances involved in the dual belonging to these groups (Bowers et al., 2010; Suprina et al., 2019). The construction of more adjustable and culturally sensitive therapeutic protocols is becoming imperative in the field of psychological intervention (Suprina et al., 2019).

Professional intervention must be marked by acceptance, feelings' validation, exploration of systemic oppression and religious abuse, in the process of navigating through the person's identity, promoting and supporting identity integration (Curry, 2009; Heerman et al., 2007; Kirschner, 2024; Lease et al., 2005; Pitt, 2010; Valera & Taylor, 2011).

It is essential that therapists understand the meaning and the importance attributed by the patient to their religion and sexuality, and support the person in abandoning dichotomous and dysfunctional thoughts associated with identity incompatibility, promoting the notion of coexistence between the different parts that make them themselves (Heermann et al., 2007).

Mental health professionals should be aware of the presence of stereotypes, cultural influences and prejudices, in a process of self-exploration and self-monitorization, so that they do not interfere significantly with the care of religious LGBTQIA+(Bowers et al., 2010; Killian et al., 2021; Suprina et al., 2019).

This Dissertation has enabled the acquisition of crucial skills in the field of psychological research. According to the European Certificate of Psychology (EFPA, 2015), the following stands out: the analysis of objectives and needs through interaction and data provided by the participants, in order to guide possible future interventions; situational assessment, through questionnaires, with the aim of studying relevant contexts; and the identification of requirements and constraints of the environment and research conducted. Also noteworthy is the development of scientific writing and communication skills, data collection, critical interpretation of findings, bibliographic

skills, comparison of results with pre-existing literature and the familiarization with ethical principles of psychological practice and research.

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Chapter 3. Theoretical Appendix

In order to synthesize and ground the addressed phenomenon through the available theoretical rationale in this matter, various theories and theoretical models related to the religious experience, the belonging to the LGBTQIA+ community, and the simultaneous experience of both of these identities were explored.

1. Religious/Spiritual Stress and Resilience Model (RSSR)

The Religious/Spiritual Stress and Resilience Model (RSSR) is a descriptive model that focuses on the positive and negative effects of religiosity on physical, psychological and sexual health of gender and sexual minorities who either currently or in the past identify as religious or have never done so (Lefevor et al., 2023). In this context, religiosity is defined as a multidimensional phenomenon, encompassing psychological, social and behavioral aspects relating to how people think, feel, identify and act in light of what they conceive as sacred, right and wrong (Davis et al., 2023; Lefevor et al., 2023).

This theoretical model highlights how discrimination and stigma, promoted by religious conservatism, influence the health of minority groups whose existence diverges from the beliefs and dogmas disseminated by numerous congregations (Lefevor et al., 2023). To this end, Lefevor and collaborators (2023) resort to various theories such as Minority Stress Theory, the Structural Stigma Theory and Religiosity/Spiritual Casual-Pathways Theory (Lefevor et al., 2023).

The Minority Stress Theory, developed by Lazarus and Folkman (1984), theorizes that life stressors and poor social support can translate negatively into health. In addition to the experience of stressors common to the cis and heterosexual population, sexual and gender minorities also experience other anxiety-inducing events specific to their minority status (Lazarus & Folkman, 1984; Meyer, 2003). In turn, these minority stressors can be described as distal when they refer to objective events of victimization and discrimination, or proximal when they relate to the person's own internal experience, such as the concealment of sexual identity, internalized homophobia or hypervigilance (Meyer, 2003). Furthermore, sexual and gender minorities also participate in defense and resilience processes that are not only characteristic of human experience, but also strategies and resources specific to the minority group to which they belong (Meyer, 2003; Zautra et al., 2010). However, the presence of minority stress and the lack of social support resources associated with the rejection and exclusion of members of the LGBTQIA+ community can compromise access to support from friends and family, resulting in health vulnerability (Meyer, 2003).

The Structural Stigma Theory argues that the experience of stigmatization of sexual and gender minorities must be observed throughout macro-systemic lenses due to the presence and prevalence of structural stigma, created and maintained by cultural norms and political legislation and legitimized by society itself, which lacks laws to protect those groups from hate crimes, violence, employment, discrimination and victimization (Hatzenbuehler, 2014; Hatzenbuehler et al., 2009).

On the other hand, the Religiousness/Spirituality Casual Pathways Theory focuses on the influence, both positive and negative, that religiosity can have on people's lives in psychological, behavioral and social terms (Koenig, 2012; Koenig et al., 2012).

The RSSR model was developed to respond to numerous limitations of previous theories that tended to neglect the nuances and specificities of the intersectionality between the minority experience of people who do not fit into binary and heteronormative models and their religious identity (Lefevor et al., 2023). To this end, this model states that the relationship between health and religiosity is simultaneously mediated by minority stress and resilience and moderated by different variables that characterized the minority intersectional experience (Lefevor et al., 2023). Its main principles are that: (1) health is influenced by minority stress and reliance processes; (2) religiosity influences resilience processes; (3) religiosity influences minority stress and resilience processes; (4) all these relationships are moderated by unique and specific variables of the intersectionality between religious and sexual/gender identity; (5) and the existence of bidirectional relationships between minority stress, resilience, religiosity and health (Lefevor et al., 2023).

With regard to the first pillar, the presence of minority stress, both distally and proximally, increases the likelihood of physical and mental problems (Lefevor et al., 2023). The distance and rejection felt by minority groups in relation to their religious congregations and, consequently, support networks, family and friends, compromises access to support resources, contributes to a decrease in terms of sense of belonging and an increase in loneliness symptoms (Lefevor et al., 2023). However, participating in religious communities that are more tolerant and open on issues concerning the LGBTQIA+ community can lead to a reduction in anxiety symptoms and moderates the relationship between stressors and health consequences (Barr et al., 2016; Krause & Bastida, 2011; Wong et al., 2006).

The second principle is related with the fact that religiosity can contribute positively to health through the adoption of reliance processes such as coping strategies to deal with adversities, enabling the definition of the meaning of life, providing a greater

perception of predictability of different situations, increasing positive emotions and decreasing negative feelings, encouraging or discouraging specific behaviors, promoting group membership and expanding feelings of social support and networks (Davis et al., 2023; Lefevor et al., 2023; Pargament, 2007; Park, 2010; Koenig et al., 2012; Krause et al., 2011).

In turn, the third pillar emphasizes the fact that religiosity can lead to a bigger exposure to proximal and distal stress, something promoted by discriminatory messages present in the Sacred Texts disseminated by different religious congregations, especially those that show more conservative views towards sexuality (Adamczyk, 2017; Shilo & Savaya, 2012; Woodyard et al., 2000). Sometimes, social rejection can turn into self-rejection and internalized homophobia and more subtle forms of discrimination such as pressure to conform in terms of traditional and family values and gender role's expectations (Mavhandu-Mudzusi & Sandy, 2015).

In addition to establishing that sexual and gender minorities are victimized by specific stressors linked to their minority experience and the intersectionality between identities that are often seen as incompatible, these model theorizes that these groups also show singular forms of coping (Davis et al., 2023; Hamblin & Gross, 2014). The LGBTQIA+ community has responded to these concerns, both in terms of lack of support and the existence of specific stressors connected with their stigmatized identity, by creating support groups and facilitating access to different resources (Lefevor et al., 2003; Meyer, 2003). Nevertheless, the intersectionality of the sexual/gender identity with religiosity sometimes constitutes and barrier, triggers exclusion and can even generate resistance and reticence in the person themselves due to the internalization of prejudices and stereotypes towards members of their own gender or sexual community (Beagan & Hattie, 2015).

The fourth pillar of this model states that religiosity, stress and resilience are moderated by different variables.

The congregation's position and perspectives on same-gender relationships, gender roles and sexual/gender identities that diverge from heteronormativity can be felt as a stress or resilience factor (Lefevor et al., 2023). When gender and sexual minorities attend more tolerant congregations, there tends to be a greater experience of the resilience factor and less minority stress due to a reduction in terms of victimization and the perception of agreement between religious values and their minority identity (Dean et al., 2021; Gattis et al., 2014). Regardless, when minority members attend more conservative congregations that openly discourage homosexual relationships and

different gender expressions, attending services and practicing their religion can be felt as a stressor and negatively impact health (Hamblin & Gross, 2014).

The way in which sexual and gender minorities conceptualize their own religiosity can also have consequences in this matter (Lefevor et al., 2023). Although a more fundamentalist and conservative view of religion may predict the internalization of negative stereotypes regarding their own sexual orientation and internalized homophobia, it may also be correlated with a greater sense of belonging and social support, often obtained by the neglecting of the minority identity in favor of inclusion within the religious community (Rickard & Yancey, 2018; Sherry et al., 2010; Warlick et al., 2021).

In this sense, the importance given to both parts of their existence – religiosity and sexuality/gender – and the conflict or integration between the two can also constitute a resilience or stress factor, positively or negatively impacting health of sexual and gender minorities (Lefevor et al., 2023).

The fact that the person is in a relationship with someone of the same, or does not currently have a partner, or is in a homosexual relationship, can be a stress or resilience factor (Lefevor et al., 2023). The desire to establish intimate connections or find a romantic partner of the same gender may not be compatible with the social norms perpetrated by the congregation to which the person belongs, something that can compromise existing relationships within the religious community and, therefore, lead to social exclusion and isolation, enhancing minority stress (Dehlin et al., 2014; Jones et al., 1984; Lefevor et al., 2023).

Intersectionality with other social identities and characteristics of the person such as age, ethnicity and gender can result in the need to coexistence with other forms of victimization adding up to discrimination and prejudice linked to the experience of belonging to a sexual or gender minority. The simultaneous existence of various forms of oppression, which can be maximized by the intersection between specific identities and participation in a conservative and religious context, can aggravate minority stress and its effects on health (Lefevor et al., 2023).

The last pillar of this model claims that the relationships between these constructions are marked by their bidirectional nature. Besides the fact that minority stress and resilience influence health, the reverse also occurs since poorer mental health may be associated with the perception and anticipation of proximal and distal stressors (Lippa, 2005; Mineka et al., 1998). Furthermore, not only is religiosity responsible for causing stress and resilience in its followers who also display some level of religiousness,

but stress and resilience can also influence religiosity (Lefevor et al., 2023). People who are part of a sexual or gender minority and also identify themselves as religious report that their physical and mental health has had an influence on their spiritual awareness and that the intense experience of minority stress has led to the need to resort to religiosity as a coping mechanism to deal with adversity (Abu-Raiya et al., 2015; Pargament, 1997)

2. Reproductive Religiosity Model

The Reproductive Religiosity Model, designed by Weeden and colleagues (2008), argues that religious groups are responsible for promoting a set of strategies related to relationships, intimacy, finding partners, and, consequently, reproduction, by imposing costs on behavior that does not align with them (Moon, 2021). This is mainly due to the fact that behavior is influenced by moral norms that have various effects on people, depending on the strategies preferred and used (Weeden & Kurzban, 2013).

The strategies encouraged by religion, known as reproductive strategies, have, as the name suggests, a strong emphasis on procreation and reproduction, a heavy moral connotation and a big focus on values such as monogamy, heterosexuality, marriage, high fertility, long-term commitment and low sexual promiscuity and permissiveness (Weeden et al., 2008). One of the main goals of religious behavior, especially with regard to sexuality, is procreation, something that justifies the fact that people who are more religious also have a greater preference towards reproductive strategies (Rigo & Saroglou, 2018; Schmitt & Fuller, 2015; Weeden et al., 2008; Weeden & Kurzba, 2013). Another aspect that may contribute to this phenomenon is the social pressure within and outside the religious group that tends to lead to conformity in relation to these strategies in order to avoid rejection and social exclusion (Weeden & Kurzban, 2013).

Contrarily, divergent strategies characterized by perceived sexual permissiveness and promiscuity and less commitment, such as casual sex, homosexuality, adultery or premarital sex, are discouraged and condemned by the religious community (Schmitt & Fuller, 2015; Simpson & Gangestad, 1991; Weeden et al., 2008). The moralization of sexual behavior can translate into ostracization and damaging of the reputation of those who do not submit to reproductive and traditional strategies (Weeden et al., 2008; Weeden & Kurzban, 2013). People who seek strategies related with less commitment and fertility benefit more from sexual behavior when there is no stigma, social cost or moralization behind those actions (Weeden & Kurzban, 2013). This model is based on the premise that people who follow strategies similar to the rest of the religious group will be rewarded and favored in comparison with individuals who engage in more

promiscuous, disruptive and competitive strategies in sexual terms (Weeden et al., 2008).

The decision to adopt mating strategies is made based on the analysis of the need to compromise and negotiate (Weeden et al., 2008). Monogamy itself, intimately linked to reproductive strategies, presents various risks and costs for the couple (Weeden et al., 2008). In this sense, religion acts as a way to provide a balance between the pros and the cons of high fertility strategies (Weeden et al., 2008). This is achieved to the extent that those who seek these strategies tend to need greater reassurance of their partner's commitment in response to their own high involvement in the relationship, and the fact that they feel more threatened by sexual activities that are considered promiscuous (Weeden & Kurzban, 2013; Weeden et al., 2008). This reassurance can also be found in sexually conservative communities, such as religious groups, where moral norms increase social risks and decrease the opportunities and temptations associated with promiscuity, something that also reinforces reproductive interests and commitment in the pair (Weeden et al., 2008; Weeden & Kurzban, 2013).

In terms of men, the basic negotiation and main cost of reproductive strategies concerns the need for a high family and marital investment, while simultaneously giving up the possibility of procreating and establishing intimate relationships with other female partners, something that would lead to another mating opportunities (Weeden et al., 2008). In return, men receive from their partners a greater guarantee of paternity and increased fertility within their pair (Weeden et al., 2008). The main risk in more committed relationships for the male partner is the possibility of infidelity or adultery (Gaulin & Schlegel, 1980; Weeden et al., 2008; Weeden & Kurzban, 2013).

In the other hand, the basic negotiation and main cost for women's reproductive strategies involves agreeing to guarantee their partners paternity and fertility within the couple, while giving up the opportunity to obtain stronger and more valued genes provided by another potential partner, which could be passed on to their offspring (Weeden et al., 2008). In return, women receive a greater long-term family and marital investment from their male partner, something that can help avoid or prevent the occurrence of the central and most feared risk – abandonment by their partner – which would also mean being left alone to care for and raise their children (Buss, 2000; Weeden et al., 2008; Weeden & Kurzban, 2013).

The costs mentioned, regardless of gender, can have consequences in terms of financial problems and family management, whether due to infidelity or abandonment, and are particularly felt in families with younger children (Weeden et al., 2008).

The propagation and promotion of reproductive strategies and moral norms condemning sexual promiscuity and reinforcing traditional and family values by religion, are often implicitly introduced through social support to its members, something responsible for mitigating the risks and costs and increasing the efficiency of these strategies (Weeden et al., 2008; Weeden & Kurzban, 2013). Through this phenomenon, religious involvement becomes more attractive to individuals who adopt strategies of greater commitment and less favorable for people who have a lifestyle of lower fertility and greater sexual permissiveness (Weeden & Kurzban, 2013).

Another principle of these model is that people adjust their levels of religious attendance and involvement through their lives according to their milestones, specificities, plans and consequences in terms of negotiating and balancing costs and benefits (Weeden et al., 2008). Mating strategies, in this sense, can involve short- and long-term approaches and be subject to change (Weeden et al., 2008).

In addition, the model also predicts that the decision regarding the level of religious attendance may grow or decline depending on the strategies adopted (Weeden et al., 2008). This premise leads to the idea that people who are more influenced by moral aspects and have lifestyles that highlight reduces promiscuity and high fertility and commitment, as well as a focus on sexual activity as a means to an end – reproduction -, tend to have greater religious attendance (Weeden et al., 2008).

Another important aspect is the tendency of sexual and family variables, especially in terms of traditionalism and conservatism, to substantially reduce the influence of demographic, personalistic, moral and behavioral variables on the establishment of relationships (Weeden et al., 2008). In this sense, reproductive strategies are one of the main influences in terms of religious attendance (Weeden et al., 2008).

Some limitations of this model refer to the fact that it does not consider the historical and evolutionary character of religion, valuing only current individual characteristics; it shows a greater focus on the North American context and a limited sphere of religious contexts, describing only the traditional setting of that space; the sole emphasis on membership of religious groups per se neglecting other aspects of religiosity; and the failure to analyze other themes and the intersection between religion, cooperation and costs, focusing only on the centrality of reproductive strategies in individual differences in religiosity in the United States of America (Weeden et al., 2008; Weeden & Kurzban, 2013).

3. Theory of Religious Motivation

According to Allport and collaborators (1954), religion is responsible for both creating and defeating prejudice. The authors state that, although the creeds and principles of religion are accepted by their followers, they accept them and live their faith differently, something has consequences on various levels, including the manifestation of prejudiced attitudes (Allport, 1954).

Allport and Ross (1967) put together the Theory of Religious Motivation, which conceives that religion is experienced subjectively according to individual's conception and the meaning given to their faith. In this sense, the authors theorize the existence of a continuum where its extremes correspond to two different types of religious motivation: extrinsic and intrinsic orientation (Allport & Ross, 1967). The research that led to the construction of this model was related to the exploration of prejudice in churchgoers, according to their religious motivational orientation (Allport & Ross, 1967).

Extrinsic religious motivation refers to an experience of religion as a means to an end (Allport & Ross, 1967). People that present this religious orientation see faith as something instrumental and convenient, selectively accepting its values and beliefs (Allport & Ross, 1967). Religion is not appreciated in its own essence, and it's conceived as something useful in order to achieve goals such as security, predictability, consolation, sociability, distraction, status or self-justification (Allport & Ross, 1967). Religion is used, not lived (Allport & Ross, 1967).

Intrinsic religious motivation, on the other hand, does not see religion as a path to achieve certain ends, but rather an end in itself, regardless of its benefits or consequences (Allport & Ross, 1967). Individuals with an intrinsic orientation of religion embrace and internalize religious values and live their own religion, rather than using it to satisfy their own interests (Allport & Ross, 1967).

Other studies have looked into these phenomena. Wilson (1960) argued that an extrinsic orientation of religion is a more significant factor in terms of the presence of prejudice than orthodoxy and religious fundamentalism. However, this study faced several challenges and limitation such as the fact that: (a) intrinsic motivation was conceived as a low extrinsic motivation instead of being measured directly; (b) the items were elaborated in a unidirectional way; (c) the exclusive focus on the Jewish group as a target of prejudice, neglecting other stigmatized groups; (d) the scale adopted was very sensitive to the educational levels of the participants, which led to the conclusion that higher levels of prejudice were associated with lower levels of education (Allport & Ross, 1967; Christie, 1954; Pettigrew, 1959; Titus & Hollander, 1957). In turn, Feagin (1964),

by measuring intrinsic and extrinsic motivation in religion, came to the assumption that, in terms of prejudice towards the black population: (a) intrinsic and extrinsic motivation would not constitute unidimensional variables, but would be independent; (b) extrinsic orientation would be a predictor of intolerant behavior; (c) there would be no significant relationship between orthodoxy and intrinsic or extrinsic motivation; and (d) orthodoxy presents a positive association with prejudice (Allport & Ross, 1967).

The Theory of Religious Motivation emerged in order to address this weaknesses by adopting indirect measures of evaluation, rather than direct measures, as previously used, with the intention to understand how internal experience of religion contributes to a more or less prejudiced view in ethnic and racial terms (Allport & Ross, 1967).

To this end, the study that assisted the creation of this model focused on assessing the attitudes of churchgoers belonging to the Roman Catholic, Lutheran, Nazarene, Presbyterian, Methodist and Baptist Church towards black people, jews, and other stigmatized groups, using a scale that differentiates items associated with intrinsic and extrinsic religious orientation (Allport & Ross, 1967). These scales made it possible to identify various groups of participants according to their religious motivation: (a) extrinsic – composed of individuals who responded affirmatively to the extrinsic items of the extrinsic subscale and who respond negatively to items of the intrinsic subscale, showing values above the median in both groups; (b) intrinsic – made of people who agree with intrinsically written items of the subscale that corresponds to intrinsic items and that disagree with the extrinsic items, showing values below the median in both subscales; and (c) indiscriminately pro-religious – includes those who present incongruent answers and show responses from both orientations (Allport & Ross, 1967). The subjects that are part of this group display more than half of intrinsic answers expected based on the answers provided to the extrinsic subscale (Allport & Ross, 1967).

The main propositions of the study relate to the premises that: (a) churchgoers have a higher prevalence of prejudiced attitudes in ethnic matters than non-churchgoers; (b) the presence of a curvilinear and non-linear relationship between the variables, where prejudice is higher in people who have moderate levels in term of intrinsic orientation and lower in those who exhibit higher or lower levels of the same orientation; (c) intrinsically motivated churchgoers are significantly less prejudiced than extrinsically motivated ones; and (d) churchgoers who are indiscriminately pro-religious are more prejudiced than extrinsically motivated churchgoers and much more prejudiced than those who are consistently intrinsically motivated (Allport & Ross, 1967; Donahue & Nielsen, 2005; Steinmann & Pickel, 2025).

With regard to prejudice itself, this model argues that prejudice and tolerance are rooted in a person's personality structure and, consequently, in their religious orientation (Allport & Ross, 1967; Rokeach, 1960; Schuman & Harding, 1964). Individuals who have an intrinsic motivational orientation, in terms of their religion, tend to be more influenced by values of humility and compassion for others, showing less stigmatizing and discriminatory behaviors and attitudes (Allport & Ross, 1967). Yet, people with extrinsic religious motivation tend to see prejudice as a useful source of information in terms of interacting with groups associated with negative stereotypes (Allport & Ross, 1967). Prejudiced attitudes in this context make it possible to obtain security, comfort, social support and conformity within the group, even if those actions go against the religion's views (Allport & Ross, 1967). According to the authors, individuals who have an indiscriminately pro-religious orientation tend to present lower levels of education and show a higher chance of displaying diffuse anxiety towards ethnic minority groups, as a result of the overgeneralization of stereotypes and stigma towards groups that, besides their differences, are perceived as homogeneous (Allport, 1954).

Prejudice as phenomenon is closely related to this overgeneralization and the presence of dogmatic thinking and category width marked by a global, undifferentiated and generalized cognitive and emotional reaction to difference (Pettigrew, 1958; Rokeach, 1960).

4. Cognitive Dissonance Theory

According to Festinger (1957), cognitive dissonance is a phenomenon associated with perceived incongruity and inconsistency between knowledge, opinions and beliefs relating to context, self or behavior. The perception of incompatibility between aspects of the person's identity or experience generates conflict, and its elimination or reduction emerges as a motivating factor in order to put an end to suffering and psychological distress (Anderton et al., 2012; Festinger, 1957, 1962, 1964).

Cognitive Dissonance Theory focuses on how subjects add and accumulate various cognitive elements through the introduction of new information (Festinger, 1957). This contributes to the creation of a mass of coexisting and interrelated cognitions within the individual responsible for the construction of their identity (Festinger, 1957, 1964). However, different domains may diverge from one another and give rise to dissonance (Festinger, 1957, 1964). This model postulates that, regardless of the situation in which they find themselves, people tend to try to avoid dissonance and act in a way that feels consistent with their principles and values (Festinger, 1957).

Although this theory was initially conceived with the aim of explaining belief structures and the psychological impacts of the perceived relationship between them, several studies have focused on its application in the context of identity conflicts (Mahaffy, 1996; Rodrigues & Ouellette, 2000; Thumma, 1991).

Adapting this approach to the experience of sexual and gender minorities who, simultaneously, identify with and have lived, part or all of their lives, within religious communities, the coexistence of both salient aspects of their identity can induce dissonance (Anderton et al., 2012). Often, these contexts promote homonegativity and condemn anything that does not fit into heteronormative molds (Anderton et al., 2012)

The more important a cognitive element is to the individual, the greater degree of severity of the cognitive dissonance they experience (Festinger, 1962a, 1964). The presence of internalized homophobia, resulting from the internalization of prejudice and conservatism experienced in these environments, depressive symptoms, suicidal behaviors, and suicidal ideation may arise as consequences of the suffering and chronic anxiety activated by cognitive dissonance and the perception of identity incompatibility (Barnes & Meyer, 2012; Gibbs & Golbach, 2021; Harris et al., 2008). However, the greater the incongruence felt between parts of a person's identity, the more motivated they will be to act in order to reduce psychological damage (Anderton et al., 2012; Festinger, 1962a, 1964).

In situations where dissonance is not temporary, but rather chronic, significant and intense, affecting quality of life and well-being, people may engage in behaviors to alleviate psychological distress (Anderton et al., 2012). Individuals can take different paths, depending on how they experience, deal and cope with the relationship between parts of their identity (Festinger, 1957, 1962b).

In this context, minorities may decide to choose one set of cognitive elements over another due to the incompatibility of their simultaneous experience (Beagan & Hattie, 2015; Festinger, 1962a, 1962b). Nonetheless, this action implies losses, regardless of the choice made by the individual (Haldeman, 2004; Love et al, 2005; Ritter & O'Neill, 1989; Rodriguez & Oulette, 2000).

When a person chooses their sexual identity, neglecting and questioning their religious identity, beliefs and values, they may suffer the loss of family ties, friendships and the support and sense of belonging to the community and culture (Anderton et al., 2012; Gibbs & Golbach, 2021; Rodriguez & Oulette, 2000). This is particularly relevant when the religious and cultural settings are closely related and intimate (Gibbs & Golbach, 2021).

In turn, those who choose their religious identity and continued membership and belong to the congregation may neglect their intimacy, the construction of meaning relationships, their free sexual expression and their emotional fulfillment, as a result of concealing and abandoning their sexual self (Anderton et al., 2012; Gibbs & Golbach, 2021; Rodriguez & Oullette, 2000).

Identity compartmentalization also emerges as a way to avoid or reduce cognitive dissonance through the division, separation and rigid isolation of identity domains, so as not to recognize the existent relationship between them and the incompatibility or incongruity of their simultaneous existence (Beagan & Hattie, 2015).

In spite of this, multiple studies indicate that many members of sexual and gender minorities, rather than succumbing to abandonment or total compromise of one of the spheres of their identity, opt for strategies such as negotiation and reconciliation between different parts of themselves (Haldeman, 2004; Morrow, 2004; Tozer & Hayes, 2004).

Individuals tend to seek out groups where they perceive greater openness, acceptance and support for their cognitive elements as a way to facilitate the fight against dissonance (Festinger, 1962a). In the case of sexual and gender minorities, individuals may begin to gravitate towards the LBTQIA+ community, distancing themselves from their religious context, due to the support and harmony expressed (Anderton et al., 2012). Regardless, the same action can occur in reverse, when the desire to maintain religious values and faith ends up converging in the distancing and avoidance of the practice, experience or contact with their sexual orientation or environments that promote it (Anderton et al., 2012; Festinger, 1962a). This change in context is due, in particular, to the fact that the experience of dissonance gives rise to an intense and anticipatory fear of new experiences of this incongruence, motivating the individual to avoid it so as not to suffer its consequences again (Anderton et al., 2012; Festinger, 1962b).

People can also introduce new cognitive elements, seeking information that confirms the new structures, disproving the previous ones, and avoiding data that could help question them (Anderton et al., 2012). This can occur through the creation of new beliefs regarding religion, which are more positive in relation to sexual orientation, thereby reducing dissonance and promoting identity integration (Anderton et al., 2012; Festinger, 1962b).

The integration of the various domains of a person's identity allows them to live their sexual orientation authentically while maintaining their spiritual and religious values, often through the re-authoring and reconstruction of doctrines, replacing them in

order to align with a more unique and personal view of religion, in the eyes of the individual (Beagan & Hattie, 2015).

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