

The Minority Stress of Being Gay and Catholic among Selected Filipino Youth: A Basis for the Development of a Psycho-education Module

Herbert Anthony V. Roberto^{1, 2*}, Karen Katrina V. Trinidad¹, Clarissa F. Delariarte¹

¹ Graduate School, University of Santo Tomas, Philippines

² Institute of Arts and Sciences, Bulacan Agricultural State College, Philippines

* Corresponding author e-mail: herbertanthony31@gmail.com

Abstract

A person's identity is an intricate construct. Societal and personal factors help shape individual identities, however these might lead to conflicts between personal and religious identities. Among the LGBT youth, the negotiation of religious and sexual identity remains to be a delicate circumstance that can lead to minority stress. The primary focus of this study is to explore the sexual and religious identities as well as the minority stress among self-identified Catholic gays in their youth. This explanatory study utilized research questionnaires: Religious Identity Development Scale (RIDS), Gay Identity Questionnaire (GIQ) and Sexual Minority Stress Scale (SMSS) to quantify level of religious identity, sexual identity and sexual minority stress of LGBT youth. Descriptive statistics and regression analysis were employed for the data gathered. Results revealed that religious identity and gay identity, and religious identity and sexual minority stress were not significantly correlated; however, sexual minority stress and gay identity were inversely correlated. Regression analysis revealed that gay and religious identities together predicted sexual minority stress. Hence, evidence-based information for mental health professionals and stakeholders is warranted in developing intervention programs that will primarily focus on addressing the distress experienced by Catholic youths in the LGBTQ+ community.

Keywords: Catholics, Gay identity, LGBT youth, Minority stress, Religious identity

Introduction

LGBT (Lesbian, Gay, Bisexual, and Transgender) refers to people who consider themselves as either one of these sexual orientations. The American Academy of Pediatrics consider adolescents who claim the LGBT sexual status as minorities or more specifically as "sexual minority teenagers" (Levine & Committee On Adolescence, 2013).

Difficulties are still encountered by the LGBT youth across various settings including home, school, and in religious organizations as they attempt to cultivate healthy and positive self-identities. The evidence of these struggles become more noticeable upon these adolescents' exploration of their gender identity and sexual orientation (Roland & Burlew, 2017).

There is an intricate construct composed of various factors in the process of an individual's identity, such as prominent societal and personal identities. Many of these factors might lead to different conflicts (Evangelista et al., 2016) and build tension between personal and religious roles (Rodriguez, 2010). Although individuals of all ages, particularly young people, may attempt to negotiate and re-negotiate their religious and sexual identities, this act remains to be a delicate circumstance which may lead to minority stress.

The Minority Stress Theory asserts that the stress experienced by minority groups from stigma and discrimination will more likely put them at risk for several negative physical and mental health results. The LGBT community, along with other disadvantaged communities, faces minority stress factors such as bigotry, exclusion perceptions and life-related bias incidents, and some particular stressors such as concealment of identities and internalized homosexuality (McConnell et al., 2018). Furthermore, this theory also postulates that LGBT individuals experience more significant social stress due to their stigmatized or social minority status.

Given their point of origin, stressors in sexual minorities are capable of affecting wellbeing, even if they are not subjectively measured as stressful. By taxing mechanisms of body stress (McEwen & Gianaros, 2010), depleting cognitive and affective regulatory resources (Richman & Lattanner, 2014), and excluding sexual minorities from health-promoting information, resources and power, sexual minority stressors will explicitly threaten mental and physical health as well as health-risk behavior of the person.

A leading source of social stress for LGBT community is religion. Religion plays a vital role in the lives of the Filipinos, especially under the influence of the Roman Catholic Church (United Nations Development Program; UNDP & United States Agency for International Development; USAID, 2014). The Roman Catholic Church constitutes over 80 percent of the Philippine population. As for Filipino Catholic youth, active and independent involvement in this religion and its exercises are still evident which mark them significantly for their being creative, dynamic and courageous (Cornelio, 2016). Given the Christian roots, the Catholic Church retains a conservative perception of social problems. It claims that same-sex attraction is not normal, deviant, and thus immoral. This, consequently implicates identity confusion, discomforts and struggles in the lives of LGBT Filipino Catholics. They are discriminated against, and are subjected to bigotry and stigma on the part of the community, which in effect, can contribute to poor mental wellbeing (Reyes et al., 2015). Moreover, several studies have investigated the conclusion of stressors on people residing at several disadvantaged identities at the intersection. For example, LGBT groups face bigotry and

heterosexism-related tension and could also be at elevated risk of adverse health consequences (Balsam et al., 2011). Similarly, Filipino LGBT adolescents face violence and discrimination that impact their wellbeing dramatically (Tang & Poudel, 2017). These experiences may diminish social standing and result in social friction with the others, which is believed to raise psychological discomfort, possibly contributing to higher risks of experiencing psychological depression and disorders (Perry et al., 2017). Primarily, gay men are viewed by society as separating their affective and sexual identity from the conventional paradigm of masculinity (Reyes et al., 2019). This may explain why gay men appear to be less respected since men are not considered as women's equal. Therefore, men who claim to be feminine are perceived as subordinate for displaying symptoms of vulnerability (Reyes et al., 2019), and have greater conflicts in their communities. Furthermore, studies suggest the religion-related stress felt by the LGBT may harm their wellbeing (Dahl & Galliher, 2012). However, despite the misconception that sexual orientation and religious relationships can lead to adverse consequences, some members of the LGBT community can combine their religiosity and sexual orientation by affiliation with religious and spiritual LGBT organizations (Lytle et al., 2015).

This research contends that given the societal strain, sexual minorities, primarily Catholic gay youth, can still make choices vital in understanding of who they are versus who they will be. According to Subhi and Geelan (2013), this process helps in addressing the homonegative connotation linked to the disturbing challenge of forming an authentic identity which can decrease the likelihood of losing psychological wellbeing. Ream (2001, as cited by Bogart et al., 2015) claimed that the biases and heterocentric values of a given group are faced by sexual minority religious persons witnessing confrontation. It was noted that there is also a threat and a durability dimension to the idea of inner religiosity. Bogart et al. (2015), indirectly discusses the risk factor of religiousness, which may predict the identification of an individual with a homonegative group atmosphere. However, there is a danger that a sexual minority of religious individuals may draw their inner religiousness through love and affirmation from their social atmosphere to complement signals from the homonegative.

This research includes empirical details on variables that may help to explain the risk factors of stress challenges for sexual and religious identification groups, particularly in the LGBT community, specifically among Catholic gay youth. In addition to identifying the numerous risk factors correlated with LGBT minority tension, it is crucial that researchers or psychologists, in particular, develop a deeper understanding of how their abilities might be applied to handle these possible psychological issues.

Hence, this study aims to describe the minority stress of being gay and Catholic among selected Filipino youth as basis for the development of a psycho-education module. This hopes to address the literature gap on sexual identity, religious identity, and minority stress and hopes to provide researchers and mental health practitioners' further insight on how to promote the mental health and psychological wellbeing of the LGBT community.

Objectives

Findings of this research are intended to help create and incorporate future psychological intervention programs that could meet the needs of Filipino Catholic gay youth. Also, this study specifically aimed to;

1. Describe the profile of the participants in terms of their sexual identity, religious identity, and minority stress;
2. Determine if relationships exist among the participants' sexual identity, religious identity and minority stress;
3. Determine if sexual identity and religious identity together significantly predict the participants minority stress experience.

Materials and Methods

1. Research Design

This quantitative research, specifically predictive, adapted a cross-sectional design and an empirical analysis relating to the measurement of the outcome and the exposures in the study participants in a given point at time (Setia, 2016). Thus, this method utilized the research questionnaires for identifying and quantifying the respondents' level of sexual identity, religious identity and sexual minority stress.

2. Participants

Qualified participants for the study were 150 self-identified Filipino Catholic gay youths. The participants were selected using the following inclusion criteria: (1) Filipino citizenship; (2) self-identified as a gay individual; (3) age range of 18 - 24 years; (4) affiliated with the Catholic youth organization in the Diocese of Malolos, Bulacan for three years and above; and (5) Senior High School / College / Graduate students.

3. Instruments of the Study

The study made use of the following instruments:

Robofoto or Personal Information Sheet (PIS). The Robototo or Personal Information Sheet (PIS) is an instrument that was utilized to obtain socio-demographic information from the participants. This included (1) age; (2) gender; (3) grade level / college level; (4) number of years in any Catholic religious organization.

Gay Identity Questionnaire (GIQ), was developed by Brady, S. and Busse, W. J. in 1994 (Shi et al., 2020). The GIQ is intended to evaluate the stage of the development of the identity of gay participants. It is a 45-item checklist of true-false, comprising of statements that characterize beliefs related to the stages of gay identity. There are six stages, which include: confusion (first stage), comparison (second stage), tolerance (third stage), acceptance (fourth stage), pride (fifth stage), and synthesis (sixth stage). The overall number of responses that were "true" for each stage was computed. The stage with the uppermost number of true responses showed the

identity stage the participant was in. The computed internal consistency of each stage was as follows: tolerance (0.76), acceptance (0.71), pride (0.44), and synthesis (0.78) (Shi et al., 2020). The stages of confusion and comparison were not evaluated for their reliability. Moreover, in the study of Mohr and Fassinger (2000), GIQ is attributed to high scores on its validity.

Religious Identity Development Scale (RIDS) developed by Veerasamy in 2002 is a self-report scale of 28 items and is used to assess the religious identity status of an individual. A 5-point Likert-type response rating, ranging from strongly disagree (1) to strongly agree (5), is used with each subscale. Higher scores are representative of higher degrees of the subscale attribute. It involves six scales that evaluate the person's cognitions that correspond with the statuses of the Veerasamy's Experiential/Rational Model of Religious Identity Development: concrete, relational, confusion, cognitive-rationalization, exploration, and acceptance. Test-retest reliability for the subscales ranges from .61 to .81 (Grajales & Sommers, 2016).

Sexual Minority Stress Scale (SMSS) is used to characterize the psychological burden faced by sexual minorities (lesbian, homosexual, and bisexual) residing in a largely heterosexual society. Meyer (2003) organizes four elements of minority tension, varying from proximal to distal social factors: (1) internalized homophobia (internalized negative views and opinions against homosexuality) with 10 items; (2) fears of discrimination from others due to lesbian, gay, or bisexual, with 6 items; (3) level and satisfaction with level of outness (disclosure of sexual identity towards others) with 6 items and (4) experience of accumulative stressors (negative events) with 10 items, related to being perceived as LGB (e.g. discrimination, violence, bullying, and rejection based on sexual orientation). As a reference in identifying clients with SMS, reviewing specific items that might suggest distress ($IH \geq 3$, $ExR \geq 3$, $Clm \geq 3$, $SO \geq 4$, SMNE any item endorsed) is considered. The numbers listed have little values indicating distress. An average for subscales and the usage of the levels stated above indicates clinically significant distress. The calculated alpha coefficients of cronbach for SMSS scales are as follows: internalized homofobia (.839), fears of exclusion (.864), concealment (.831) and derogatory sexual minority incidents (.840) (Iniewicz et al., 2017).

All the instruments used in the study are in English language.

4. Procedure

Approval from the USTCRS Ethics Review Committee was sought before data gathering. Coordination letters for the permission to conduct the study were sent to the Diocese of Malolos, Parish Churches, and Catholic schools in Bulacan. The recruitment and screening processes followed with the observance of relevant privacy and confidentiality guidelines. As mentioned in the Informed Consent Form, gathered data, from respondents and their identity, were securely stored and would only be retained as long as needed in the study, as they would be destroyed after.

The study employed two types of strategies, (1) online platforms and (2) referral. Initially, the study created its recruitment campaign ad and posters. The recruitment advertisement and poster contained the following details: title and purpose of the study, qualifications of the participants, procedure of the participation, mode of participation (online or face-to-face), potential benefits of the study, and the researcher's contact details. Letter requests along with the recruitment advertisement were sent to concerned institutions including Parishes and Catholic Schools for dissemination.

Individuals who responded to participate were initially screened by the researcher to check if they have met the inclusion criteria. Individuals who met the qualifications, were contacted by the researcher via email or Facebook account. The researcher comprehensively explained the details of the study.

Moreover, individuals were asked if they prefer to participate online or personally. Consent were obtained foremost prior to individuals' participation. Participation online were completed via google form; the google form link were sent through participants' email, Facebook or Messenger account. For those individuals who preferred face-to-face participation, location and time depended upon the participants' preferred comfortable space. Furthermore, the study was mindful of the current pandemic situation. Corresponding to this, face-to-face participation observed strict health protocols.

The targeted number of students answered the needed research questionnaires: Robotfoto, Gay Identity Questionnaire, and Religious Identity Development Scale. This elicited the needed data for the quantitative phase of the study.

After all the scales were administered, the responses were scored and interpreted based on the scoring guide of each measure.

Tokens (food and drinks) were given to the participants as a gesture of appreciation for their voluntary participation in the study.

5. Ethical Considerations

The current study was approved by the USTCRS Ethics Review Committee for the data gathering process and data-gathering instruments. Approval from the Diocese of Malolos and / or Parish Priests, and administrators of the Catholic schools in Bulacan were also sought before the selection of the research participants and before the conduct of the study.

A written informed consent was presented to the participants and with their full consent, the full implementation of the research flow followed. Every participant was informed through an intensive discussion about the nature of the study, its objectives, procedure, risks and benefits. The participants were given clarity regarding their voluntary involvement and were assured that they could withdraw their involvement anytime during the course of the study.

The participants were given assurance that all data gathered in the development of the study would be used for academic and research purposes and without prejudice to their identity; they were informed of the utmost confidentiality that would be adhered to in managing, storing and disposal of the data.

Since the present study considered the sensitivity of the topic and vulnerability of the participants, a distress protocol was provided and spearheaded by a licensed psychologist. In addition, the researcher made sure that the participants would benefit from their participation through referrals to appropriate mental health practitioners, when a need arises.

Results and Discussion

Results

Table 1 Demographic profile of the participants (n=150)

| Profile | Frequency | % |
|--|-----------|------|
| Age | | |
| 18 | 22 | 14.7 |
| 19 | 23 | 15.3 |
| 20 | 36 | 24.0 |
| 21 | 32 | 21.3 |
| 22 | 10 | 6.7 |
| 23 | 20 | 13.3 |
| 24 | 7 | 4.7 |
| Education | | |
| Senior High School | 24 | 16.0 |
| College | 126 | 84.0 |
| Years of affiliation or membership in catholic organization | | |
| 3-5 years | 112 | 74.7 |
| 6-8 years | 25 | 16.7 |
| 9-11 years | 11 | 7.3 |
| 12-14 years | 1 | 0.7 |
| 15 above | 1 | 0.7 |

The demographic profile of the respondents shows that in terms of age, most of the respondents, at the time of the study, were within 20 to 21 years old (45.3%) and were mostly in college level, (84%) of the total participants. In terms of years of involvement in Catholic organization, most have been involved within three to five years (74.7%).

Table 2 Age (Mean and Standard deviation)

| Descriptive Statistics | | | | | |
|------------------------|-----|---------|---------|---------|----------------|
| | N | Minimum | Maximum | Mean | Std. Deviation |
| Age | 150 | 18.00 | 24.00 | 20.4867 | 1.71741 |
| Valid N (listwise) | 150 | | | | |

Table 2 shows the mean and standard deviation of the participants' age. It has a mean of 20.4867 and a standard deviation of 171741.

Table 3 Sexual identity, religious identity and minority stress profile of respondents

| | N | Mean | Std. Deviation |
|-------------------------------|-----|------|----------------|
| Sexual Identity | | | |
| Confusion stage | 150 | 1.58 | 0.24 |
| Comparison stage | 150 | 1.57 | 0.25 |
| Tolerance stage | 150 | 1.54 | 0.24 |
| Acceptance stage | 150 | 1.56 | 0.24 |
| Pride stage | 150 | 1.51 | 0.21 |
| Synthesis stage | 150 | 1.47 | 0.21 |
| Religious Identity | | | |
| Concrete | 150 | 2.93 | 0.61 |
| Relational | 150 | 3.22 | 0.84 |
| Confusion | 150 | 2.74 | 0.85 |
| Intellectualization | 150 | 2.50 | 0.63 |
| Exploration | 150 | 2.97 | 0.69 |
| Acceptance | 150 | 2.89 | 0.64 |
| Sexual Minority Stress | | | |
| Internalized Homophobia | 150 | 1.12 | 0.58 |
| Expectations of Rejection | 150 | 0.99 | 0.72 |
| Concealment | 150 | 1.32 | 0.90 |
| Satisfaction with outness | 150 | 1.71 | 0.84 |

Table 3 shows the profile of the participants in terms of religious and gay identity and minority stress. For the respondents' Gay Identity, results show that the stage with the highest mean is confusion which may indicate that the respondents are in the confusion stage. On the Religious Identity, the stage with the highest number of true responses indicates the identity stage the subject is in. Analyzing the table, the stage with the highest mean is relational, which may indicate that the respondents are in the relational stage. As far as sexual minority stress is concerned, the subscale with the highest score may indicate the area that contributes to the significant distress of a client. Based on the table, the subscale with the highest mean is satisfaction with outness; this may indicate that the respondents are satisfied with their level of outness. (This Part May Answer or Explain #2 for the Result Part Recommendation of the Reviewer)

Table 4 Sexual minority stress minimum and maximum score

| Descriptive Statistics | | | | | |
|---------------------------|-----|---------|---------|--------|----------------|
| | N | Minimum | Maximum | Mean | Std. Deviation |
| Overall | 150 | .39 | 2.71 | 1.3265 | .53262 |
| Expectations of Rejection | 150 | .00 | 3.00 | .9911 | .71778 |
| Concealment | 150 | .00 | 3.50 | 1.3178 | .89687 |
| Satisfaction with Outness | 150 | .00 | 4.00 | 1.7147 | .83549 |
| Internalized Homophobia | 150 | .00 | 2.56 | 1.1244 | .57698 |
| Valid N (listwise) | 150 | | | | |

Table 4 shows the minimum score of .39 (overall) and the maximum score of 2.71 (overall) for the Sexual minority stress.

Table 5 Correlation among the three variables; sexual identity, religious identity, and sexual minority stress

| | R | Sig. |
|---|-------|------|
| Religious Identity and Sexual Identity | -.146 | .075 |
| Religious Identity and Sexual Minority Stress | .593 | .075 |
| Sexual Identity and Sexual Minority Stress | -.474 | .000 |

Table 5 shows the correlation among the three variables; gay identity, religious identity, and sexual minority stress. Religious identity and gay identity were not significantly correlated, $r(150) = -.146$, $p = .075$. Religious identity and sexual minority stress were not significantly correlated, $r(150) = .593$, $p = .075$. However, sexual minority stress and gay identity were inversely correlated, $r(150) = -.474$, $p = .000$. This may imply that the higher the sexual minority stress, the lesser the individual's expression of gay identity.

Table 6 Regression analysis among the three variables; sexual identity, religious identity, and sexual minority stress

| Model | R | R square | Adjusted r square | Sig. F change |
|-------|-------------------|----------|-------------------|---------------|
| 1 | .475 ^a | .225 | .215 | .000 |

Table 6 shows the regression analysis among the three variables; gay identity, religious identity, and sexual minority stress. Sexual identity and religious identity together significantly predicted sexual minority stress, $R^2 = .225$, $F(2, 147)$, $p = .000$.

This research was intended to explore the relationship among religious identity, sexual identity, and sexual minority stress by a selected group of Catholic gay youths.

One's identity is complex, composing of various factors leading to the development of societal and personal identities. These multiple factors may lead to different conflicts such as personal and religious roles. This may be specifically true to LGBT (Lesbian Gay Bisexual Transgender) youth. Roland and Burlew (2017) emphasized that LGBT youth encountered various difficulties across different settings such as home, school, and religious organizations as they attempt to foster healthy and positive self-identities.

Respondents were most likely in the confusion stage of their gay identity. Leung (2021) discussed that confusion of individuals' gay identity may be attributed to one's environment persistent putting of LGBT community. In agreement, Gomez and Arenas (2019) emphasized that bisexuals experience a time of constant self-questioning regarding their sexuality; these individuals persistently make comparisons with other people's experiences leading to a path of confusion about their identity. Furthermore, Moore et al. (2019) explained that the theme of religion and the church's discussion of internalized homonegativity lead to much internal conflict; this happened due to individuals' attempt to reconcile religious teachings with their growing self-awareness of their sexuality. Respondents were most likely in the relational stage of their religious identity. Kaiser (2005) explained that relational stage of one's religious identity is limited to what is considered "sensible" or "just" and one's decisions are strongly dependent on the opinions and influence of significant others. Shilo et al. (2016) emphasized the significance of resilience social factors among Jewish gay and bisexual men. They further explained that only in the presence of social resources (social connections with the LGBT community and the acceptance of sexual orientation by friends), did they use positive religious coping result for better mental health outcomes. Discussing the sexual minority stress, respondents are most likely satisfied with their level of outness. Austin (2013) discussed that stigma interacts with and effects "outness" or disclosure of one's sexual orientation and/or gender identity to social contacts. Evans et al. (2019) discussed that greater level of outness associates to greater satisfaction with outness, with each variable related to better mental health.

Religious identity and gay identity were not significantly correlated. Religious identity and sexual minority stress were not significantly correlated. Contrastingly, Wright and Stern (2016) highlighted that spirituality may lead to positive psychological health outcome among sexual minorities. Wilkinson (2022) emphasized that combined wellbeing scores exhibit vital differences between sexual identity groups with the LGB group scoring lowest for combined wellbeing scores and foregrounded the significant dynamics between religion and sexual identity. Shurts et al. (2020) emphasized that lesbian, gay, and bisexual (LGB) individuals frequently experience internalized and/or externalized religious rejection due to their sexual orientation. Sexual minority stress and gay identity were inversely correlated; this may imply that the higher the sexual minority stress, the lesser the individual's expression of gay identity. In agreement, Stewart et al. (2015) discussed that sexual minority youth in religious schools were less likely to express their sexual orientation to students and teachers as compared to their counterparts in nonreligious school. Sexual identity and religious identity together significantly predicted sexual minority stress. In congruence, Crockett et al. (2018) discussed that being reared inreligious/spiritual communities often causes identity issues for lesbian and gay individuals. Maughan (2020) explained that sexual minority Christians (SMCs) with higher levels of anxiety in their relationship with God experience more suicidal ideation, greater internalized heterosexism, and more depression, greater anxiety, vulnerable to harassment and discrimination, and greater distress related to those experiences. Hence, these experiences worsen their mental health and well-being. Prominent conventional views of religions hold more negative attitudes towards homosexuality resulting to discrimination and coercion. Thus, this causes problems for lesbians and gays because it perpetuates stigmas and negative stereotypes of their sexual orientation (Reyes et al., 2019; Harris et al., 2008; Cárdenas et al., 2012). Pietkiewicz and Kolodziejczyk-Skrzypek (2016) discussed that the internalization of the principles of Roman Catholic Church triggered a conflict in becoming aware of one's homosexuality. Meyer and McHugh (2016) explained that LGB individuals residing in places with more protections under law provide more freedom for affiliation with the community and socialization far better than LGB individuals residing in less friendly environments. Greater participation in religious activities tends to show less support of homosexuality, contrastingly, those with no religious preferences show greater support to homosexuality (Reyes et al., 2019).

Limitations of the Study

The current study has some probable limitations that will be taken into consideration in interpreting the results and addressing future research. Foremost, sexual minority stress, religious identity, and sexual identity are typically measured via self-report, the fact that all of the study's variables were measured in this fashion suggests that the parameter estimates were sensitive to common method and common source biases.

The study focuses on Catholic LGBT of the province of Bulacan, therefore, it is not clear to what extent the findings can be generalized to the broader population. The pandemic has also cause alternative approach to data gathering such as online survey and tele-interviews.

Conclusion

This quantitative research, predictive, and in cross-sectional design is intended to explore the relationship among religious identity, sexual identity, and sexual minority stress by a selected group of Catholic gay youths. With 150 respondents who are Catholics and self-identified gay youths, the findings revealed that the participants' profile of religious identity, sexual identity, and sexual minority may be greatly affected by social environment. Emphasizing the findings of the study, only sexual minority stress and sexual identity had significant relationship; a person with higher sexual minority stress may exhibit less expression of one's sexual identity. Moreover, together, sexual identity and religious identity predicted sexual minority stress. One's sexual identity and strict adherence to one's religion may contribute to sexual minority stress. Furthermore, this study heightens awareness on the experiences of Catholic gay youths, how they cope with their identity and the teachings of their religion.

It could be further inferred that the aforementioned results could be a basis for the development of a psycho-education module. Evidence-based information for mental health professionals and stakeholders are warranted in developing intervention programs that will primarily focus on addressing the distress experienced by Catholic youths in the LGBTQ+ community. Future studies may include larger population beyond youth gays, to examine how religious identities and sexual identities develop minority stress among other members of LGBTQ+ community. Evidence-based information for mental health professionals and stakeholders are warranted in developing intervention programs that will primarily focus on addressing the distress experienced by Catholic youths in the LGBTQ+ community. Future studies may include larger population beyond youth gays, to examine how religious identities and sexual identities develop minority stress among other members of LGBTQ+ community.

References

- Austin, E. M. (2013) Contemporary issues in sexual orientation and identity development in emerging adulthood, *Emerging Adulthood*, vol. 1, no. 1. <https://doi.org/10.1177/21676968124691>
- Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011) Measuring multiple minority stress: The LGBT People of Color Microaggressions Scale, *Cultural Diversity and Ethnic Minority Psychology*, vol. 17, no. 2, pp. 163-174. <https://doi.org/10.1037/a0023244>

-
- Bogart, L., Dale, S., Christian, J., Patel, K., Daffin, G., Mayer, K., & Pantalone, D. (2015) Coping with discrimination among HIV-positive Black men who have sex with men, *Culture, Health & Sexuality*, vol. 19, no. 7, pp. 723-737. <https://doi.org/10.1080/13691058.2015.1091509>
- Cárdenas, M., Barrientos, J., Gómez, F., & Frías-Navarro, D. (2012) Attitudes toward gay men and lesbians and their relationship with gender role beliefs in a sample of Chilean University Students, *International Journal of Sexual Health*, vol. 24, no. 3, pp. 226-236. <https://doi.org/10.1080/19317611.2012.700687>
- Cornelio, J. S. (2016) *Being Catholic in the contemporary Philippines: Young people reinterpreting religion*, London: Routledge, Taylor & Francis Group.
- Crockett, J. E., Cashwell, C. S., Marszalek, J. F., & Willis, B. T. (2018) A phenomenological inquiry of identity development, same-sex attraction, and religious upbringing, *Counseling and Values*, vol. 63, no. 1, pp. 91-109. <https://doi.org/10.1002/cvj.12075>
- Dahl, A. L., & Galliher, R. V. (2012) LGBTQ adolescents and young adults raised within a Christian religious context: Positive and negative outcomes, *Journal of Adolescence*, vol. 35, no. 6, pp. 1611-1618. <https://doi.org/10.1016/j.adolescence.2012.07.003>
- Evangelista, Z., Dumaop, D., & Nelson, G. (2016) Journeying to a safe space: Sexual and religious identity integration of Filipino LGBT-affirmative church members, *Philippine Journal of Psychology*, vol. 49, no. 2, pp. 101-133, Available: <https://www.pap.ph/assets/files/journals/journeying-to-a-safe-space-sexual-and-religious-identity-integration-of-filipino-lgbtaffirmative-c.pdf> [14 September 2022]
- Evans, W. R., Bliss, S. J., Rincon, C. M., Johnston, S. L., . . . Balsam, K. F. (2019) Military service members' satisfaction with outness: Implications for mental health, *Armed Forces & Society*, vol. 45, no. 1, pp. 140-154. <https://doi.org/10.1177/0095327X177511>
- Gomez, J. P. P., & Arenas, Y. (2019) Development of bisexual identity, *Ciênc. Saúde Colet*, vol. 24, no. 5. <https://doi.org/10.1590/1413-81232018245.04382019>
- Grajales, T. E., & Sommers, B. (2016) Identity styles and religiosity: Examining the role of identity commitment, *Journal of Research on Christian Education*, vol. 25, no. 2, pp. 188-202. <https://doi.org/10.1080/10656219.2016.1191394>

-
- Harris, J. I., Cook, S. W., & Kashubeck-West, S. (2008) Religious attitudes, internalized homophobia, and identity in gay and lesbian adults, *Journal of Gay & Lesbian Mental Health*, vol. 12, no. 3, pp. 205-225. <https://doi.org/10.1080/19359700802111452>
- Iniewicz, G., Sałapa, K., Wrona, M., & Marek, N. (2017) Minority stress among homosexual and bisexual individuals—From theoretical concepts to research tools: The sexual minority stress scale, *Archives of Psychiatry and Psychotherapy*, vol. 19, no. 3, pp. 69-80. <https://doi.org/10.12740/APP/75483>
- Kaiser, H. A. C. (2005) *Religious identity development and personality*, Doctor Dissertation, Southern Illinois University.
- Leung, E. (2021) Thematic analysis of my “coming out” experiences through an intersectional lens: An autoethnographic study, *Front. Psychol*, vol. 12, 654946. <https://doi.org/10.3389/fpsyg.2021.654946>
- Levine, D. A., & Committee on Adolescence. (2013) Office based care for lesbian, bisexual, transgender, and questioning youth, *Pediatrics*, vol. 132, no. 1, pp. e297-e313. <https://doi.org/10.1542/peds.2013-1283>
- Lytle, M. C., De Luca, S. M., Blossnich, J. R., & Brownson, C. (2015) Associations of racial/ethnic identities and religious affiliation with suicidal ideation among lesbian, gay, bisexual, and questioning individuals, *Journal of Affective Disorders*, vol. 178, pp. 39-45. <https://doi.org/10.1016/j.jad.2014.07.039>
- Maughan, A. D. A. (2020) *An inconsistent god: Attachment to god and minority stress among sexual minority Christians*, Master's thesis, University of Tennessee.
- McConnell, E. A., Janulis, P., Phillips, G., II, Truong, R., & Birkett, M. (2018) Multiple minority stress and LGBT community resilience among sexual minority men, *Psychology of Sexual Orientation and Gender Diversity*, vol. 5, no. 1, pp. 1-12. <https://doi.org/10.1037/sgd0000265>
- McEwen, B. S., & Gianaros, P. J. (2010) Central role of the brain in stress and adaptation: Links to socioeconomic status, health, and disease, *Annals of the New York Academy of Sciences*, vol. 1186, no. 1, pp. 190-222. <https://doi.org/10.1111/j.1749-6632.2009.05331.x>
- Meyer, L. S., & McHugh, P. R. (2016) Sexuality and gender: Findings from the biological, psychological, and social sciences, *The New Atlantis*, no. 50, pp. 10-143.

-
- Meyer, I. H. (2003) Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence, *Psychological Bulletin*, vol. 129, no. 5, pp. 674-697.
<https://doi.org/10.1037/0033-2909.129.5.674>
- Mohr, J., & Fassinger, R. (2000) Measuring dimensions of lesbian and gay male experience, *Measurement and Evaluation in Counseling and Development*, vol. 33, no. 2, pp. 66-90.
<https://doi.org/10.1080/07481756.2000.12068999>
- Moore, S., Jones, M., Smith, J. C., Hood, J., . . . Hussen, S. A. (2019) Homonegativity experienced over the life course by young black gay, bisexual and other men who have sex with men (YB-GBMSM) living with HIV in Atlanta, Georgia, *Aids and Behavior*, vol. 23, Suppl. 3, pp. S266-S275.
<https://doi.org/10.1007/s10461-019-02658-7>
- Perry, N. S., Chaplo, S. D., & Baucom, K. J. (2017) The impact of cumulative minority stress on cognitive behavioral treatment with gender minority individuals: Case study and clinical recommendations, *Cognitive and Behavioral Practice*, vol. 24, no. 4, pp. 472-483.
<https://doi.org/10.1016/j.cbpra.2016.12.004>
- Pietkiewicz, I., & Kołodziejczyk-Skrzypek, M. (2016) Living in sin? How gay Catholics manage their conflicting sexual and religious identities, *Archives of Sexual Behavior*, vol. 45, no. 6, pp. 1573-1585.
<https://doi.org/10.1007/s10508-016-0752-0>
- Reyes, M. E. S., Ballesteros, K., Bandol, P., Jimenez, K., & Malangen, S. (2019) Religiosity, gender role beliefs, and attitudes toward lesbians and gays in the Philippines, *North American Journal of Psychology*, vol. 21, no. 3, pp. 559-572.
- Reyes, M. E. S., Victorino, M. C., Chua, A. P., Oquendo, F. Y., Puti, A. S., & Reglos, A. A. (2015) Perceived parental support as a protective factor against suicidal ideation of self-identified lesbian and gay Filipino adolescents, *North American Journal of Psychology*, vol. 17, no. 2, pp. 245-250.
- Richman, L. S., & Lattanner, M. R. (2014) Self-regulatory processes underlying structural stigma and health, *Social Science & Medicine*, vol. 103, pp. 94-100. <https://doi.org/10.1016/j.socscimed.2013.12.029>

Rodriguez, E. M. (2010) At the intersection of church and gay: A review of the psychological research on gay and lesbian Christians, *Journal of Homosexuality*, vol. 57, no. 1, pp. 5-38.

<https://doi.org/10.1080/009183609034445806>

Roland, C. B., & Burlew, L. D. (2017) *Counseling LGBTQ adults throughout the life Span*, Available:

<https://www.counseling.org/docs/default-source/default-document-library/counseling-lgbtq-adults-throughout-the-life-span-final.pdf?sfvrsn=2> [21 December 2020]

Setia, M. S. (2016) Methodology series module 3: Cross-sectional studies, *Indian J Dermatol*, vol. 61, no. 3, pp. 261-264. <https://doi.org/10.4103/0019-5154.182410>

Shilo, G., Yossef, I., & Savaya, R. (2016) Religious coping strategies and mental health among religious Jewish gay and bisexual men, *Arch Sex Behav.*, vol. 45, pp. 1551-1561.

<https://doi.org/10.1007/s10508-015-0567-4>

Shurts W. M., Kooyman, L., Rogers, R. C., & Burlew, L. (2020) Assessing the intersectionality of religious and sexual identities during the coming-out process, *Counseling and Values*, vol. 65, no. 1, pp. 15-37.

<https://doi.org/10.1002/cvj.12120>

Stewart, B. T., Heck, N. C., & Cochran, B. N. (2015) A comparison of sexual minority youth who attend religiously affiliated schools and their nonreligious-school-attending counterparts, *Journal of LGBT Youth*, vol. 12, no. 2, pp. 170-188. <https://doi.org/10.1080/19361653.2014.969864>

Subhi, N., & Geelan, D. (2012) When Christianity and homosexuality collide: Understanding the potential intrapersonal conflict, *Journal of Homosexuality*, vol. 59, pp. 1382-1402.

<https://doi.org/10.1080/00918369.2012.724638>

Tang, X., & Poudel, A. N. (2018) Exploring challenges and problems faced by LGBT students in Philippines: A qualitative study, *J Public Health Policy Plann*, vol. 2, no. 3, pp. 9-17.

United Nations Development Program; UNDP., & United States Agency for International Development; USAID. (2014) *Being LGBT in Asia: The Philippines Country Report*, Bangkok: Author.

-
- Wilkinson, D. J. (2022) Does sexual identity and religious practice have implications for individual's subjective health and wellbeing? Secondary data analysis of the community life survey, *Mental Health, Religion & Culture*, vol. 25, no. 6, pp. 563-577. <https://doi.org/10.1080/13674676.2021.2019206>
- Wright, A. J., & Stern, S. (2016) The role of spirituality in sexual minority identity, *Psychology of Sexual Orientation and Gender Diversity*, vol. 3, no. 1, pp. 71-79. <https://doi.org/10.1037/sgd0000139>
- Shi, X., Xu, W., & Zheng, Y. (2020) Heterosexual marital intention: Effects of internalized homophobia, homosexual identity, perceived family support, and disclosure among Chinese gay and bisexual men, *Journal of Homosexuality*, vol. 67, no. 4, pp. 452-467. <https://doi.org/10.1080/00918369.2018.1547558>