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RELIGIOUS STRESS AS A PREDICTOR OF ADULT SUBSTANCE USE DISORDERS AMONG SEXUAL MINORITIES

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Abstract:

Researchers have taken considerable interest in the relationship between religious stress and substance use disorders in adulthood among sexual minorities. The purpose of this study was to examine religious stress as a predictor variable for substance use disorders among sexual minorities. A sample of 105 self-selected participants identified as sexual minorities completed the survey. Data were analyzed using correlational analysis. Contrary to previous research, our results indicated no significant correlation between religious stress and substance abuse disorder in sexual minorities. While religious stress is difficult for individuals, our data indicates it may not lead specifically to substance use disorders.

Keywords:

Religious Stress, Sexual Minorities, Substance Abuse Disorder

Introduction

Religion is often considered a protective factor for heterosexual individuals (Dente, 2015). However, the research literature appears to indicate that individuals who are identified as sexual minorities either may not benefit from this protective factor or experience harm from

the conflict between religious identity and sexual identity (Balkin et al., 2014; Dente, 2015; Longo et al., 2013). It has been hypothesized that religious stress in childhood may increase the rate of substance use disorders in adulthood in individuals who identify as sexual minorities (Allen & Mowbray, 2016; Bean & Martinez, 2014; Shipley, 2014). Heterosexual individuals whose religion accepts and tolerates different sexual orientations have access to that protective religion factor (Hamblin & Gross, 2014; Moon, 2014). Sexual minorities are susceptible to religious stress as marginalized groups (Riggle et al., 2017; Page et al., 2013). Both religion and sexual orientation are essential aspects of identity (Beagan & Hattie, 2015). Religious stress is defined as an experience of authority figures impressing values onto an individual (Hamblin & Gross, 2013; Ogland & Verona, 2014). Sexual minorities often internalize shame of their sexual orientation because of the stress of conforming to religion or rationalizing their religious identity and sexual orientation (Mustanski & Liu, 2013; Pachankis et al., 2015). The stress an individual experiences from their religion can be more stressful and debilitating than the stress and shame individuals feel about their sexual orientation (Brewster et al., 2016; Rosenkrantz et al., 2016). Intersecting religious stress with sexual minority identity may contribute cyclically to personal and spiritual growth. Due to religion's influence, sexual minorities may experience religious stress in childhood when their families and religious organizations are nonaccepting of sexual orientation (Bidell, 2014; Brewster et al., 2016; Longo et al., 2013).

Literature Review

Religious stress may be a predictor of adult substance use disorders among sexual minorities, who experience spiritual stress when their families and religious organizations are nonaccepting of sexual minorities (Hamblin & Gross, 2014; Longo et al., 2013; Page et al., 2013). It has been hypothesized that this stress may be detrimental and increase substance use disorders in adulthood because sexual minorities are at a higher risk of developing mental health disorders. These adults may use substances to cope with various stress types, whether minority stress, internalized gay-related anxiety, or identity stress (Hamblin & Gross, 2014; Kerridge et al., 2017; Livingston et al., 2015; Page et al., 2013).

The topic of religious stress for sexual minorities has had minimal research, with the research is done with individuals under 24, males, and in specific geographic locations. Being more inclusive in terms of the age range, location, and gender may offer more insight into the effects of religious stress, specifically about substance use disorders among sexual minorities (Hamblin & Gross, 2014; Kerridge et al., 2017, Livingston et al., 2015; Page et al., 2013). Previously, researchers have found that the quality of life is lower for sexual minorities (Hamblin & Gross, 2014) than heterosexuals and is significantly worse for those who have experienced religious stress (Page et al., 2013). Religious stress contributes to substance abuse that strains societal resources (Hamblin & Gross, 2014; Hughes et al., 2016; Longo et al., 2013; Page et al., 2013).

Sexual minorities often have a higher rate of developing substance use disorders compared to heterosexuals; about 45% of individuals who identify as sexual minorities have a substance use disorder compared to 28% of heterosexuals (Hatzenbuehler, 2017; Hughes et al., 2016; Kerridge et al., 2017; Livingston et al., 2015). Limiting the development of substance use disorders for sexual minorities could lower both societal and economic impacts. Substance use disorders also significantly alter an individual's daily functioning and quality of life, on the individual's family, and society (Schneeberger et al. 2014; Dermody et al., 2016). Sexual

minorities with substance use disorders may suffer from a lower quality of life, especially if they have also experienced religious stress (Page et al., 2013).

For sexual minorities, religious stress could have a lasting impact on mental health into adulthood, precisely, the presence of substance use disorders. Religion is a protective factor for heterosexual individuals. However, sexual minorities either do not benefit from this protective factor or experience harm from the conflict between religious identity and sexual identity (Longo et al., 2013). Religion has been shown through research to improve mental health in heterosexuals, but those who identify as sexual minorities may experience the opposite effect (Beagan & Hattie, 2015; Hamblin & Gross, 2014; Longo et al., 2013; Page et al., 2013). These research studies found that the conflict between religious identity and sexual identity can cause stress for sexual minorities (Hamblin & Gross, 2014; Page et al., 2013). Other studies have identified mental health challenges such as depression or suicidal ideation or attempts as occurring at a higher rate for sexual minorities (Beagan & Hattie, 2015; Budge et al., 2016; Hamblin & Gross, 2014; Longo et al., 2013; Pachankis et al., 2015; Page et al., 2013; Williams 2017; Woodward et al., 2013) and Hatzenbuehler (2017).

The purpose of this quantitative study using a correlational design was to examine the relationship between religious stress and substance use disorders in sexual minorities. Previous researchers have focused on religious stress for sexual minorities (Beagan & Hattie, 2015; Longo et al., 2013) and substance use disorders in adulthood (Hatzenbuehler, 2017; Livingston et al., 2015) as separate variables; researchers have yet to examine whether there is a correlation between the variables.

Methodology

The target population was individuals who self-identified as sexual minorities who were at least 18 years old and lived in the United States. The RSSIQ was used to measure religious stress (Page et al., 2013). The RSSIQ is a five-item self-report measure that assesses the spiritual conflict between religion and sexual orientation. The SMAST is a 13 question self-report measure, including only yes or no answers to measure the likelihood of alcohol use disorder (Selzer et al., 1975).

Procedures for Recruitment, Participation, and Data Collection

Before the participants began the survey process, they learned of the survey through an attached link. The link to the survey site opened to a copy of the informed consent. The participants had to acknowledge the informed consent on the website before beginning the survey and indicate that they were over the age of 18, living in the United States, and identified as a sexual minority. The participants were not required to disclose their names or identifying information.

Data Collection and Analysis

For this research study, the online survey platform, Survey Monkey, was used to gather the participants' data. The participants' information collected the data, who self-selected to take the survey after seeing it posted on the LGBT Facebook page. The screening process included three questions: whether the individual was over the age of 18, living in the United States, and identified as a sexual minority. If the individual answered no to any of those questions, they were unable to access the survey. When the required number of participants had completed the survey, the data was imported to SPSS. The study used a correlational analysis and multiple regression to test the research questions to determine a relationship between the variables.

The purpose of this non-experimental quantitative study was to examine the relationship between religious stress in childhood and substance use disorders in adulthood among sexual minorities. The RSSIQ-TC, SMAST, and demographics questionnaire were utilized to address the research questions. Only completed surveys were included for data analysis. The completed assessments yielded an $N = 105$ with a 76% response rate.

Descriptive Statistics

Demographic characteristics were assessed on three categorical variables: gender (male, female, other), race (black, white, and other), and religious denomination (Christian, Catholic, Mormon, Atheist, or Non-religious, Spiritual, and Other). The final sample consisted of 105 adults aged 18 and older, with 37% of the sample between 25 and 34. Sixty-two percent of the sample population identified as female, and 26% as male. Participants reported having known about their sexual orientation for a mean of 17 years of age and a mode of 12 years of age, which is important to note because the average age does not reflect the most common age of awareness. The sample was not ethnically diverse, as 82% reported as white. A majority of participants, 53%, were from the Pacific Northwest region of the United States, and the remaining participants were from other regions of the country equally dispersed. All participants self-identified as sexual minorities.

Individuals in the study varied in age from 18 to 65, with 37% of the population between 25 and 34. The population was majority female (62%) and males (27%). All participants self-identified as sexual minorities.

Table 1: Descriptive Characteristics (n=105)

Characteristic		<i>n</i>	%
Gender	Male	27	26
	Female	65	62
Age	18-24	15	14
	25-34	39	37
	35-44	24	23
	45-54	15	14
	55-64	9	9
	65+	3	3

Results

The study's purpose was to examine if sexual minorities with religious stress are more likely to experience substance abuse.

Table 2: Means and Standard Deviations (n=105)

	<i>M</i>	<i>SD</i>
Religious Stress	19.2	6.2
Substance Abuse	.4	.5

Table 3: Correlational Analysis (n=105)

	<i>r</i>	<i>Sig (2-tailed)</i>
Religious Stress	1	
Substance Abuse	-.09	.32

Previous research has indicated a relationship between religious stress and substance abuse among sexual minorities. (Balkin et al., 2014; Dente, 2015; Hamblin & Gross, 2013; Longo et al., 2013; Page et al., 2013). However, those results were not duplicated within this study's parameters. While religious stress is difficult for individuals, our data indicates it may not lead specifically to substance use disorders (Hughes et al., 2016; Kerridge et al., 2017; Talley et al., 2014). The lack of a significant finding in this study sample demonstrates that religious stress does not necessarily predict substance use disorders in sexual minorities.

Conclusion and Discussion

Previous research studies have suggested that sexual minorities are at a higher risk of developing substance use disorders and that religious stress could contribute to these disorders (Hatzenbuehler, 2017; Hughes et al., 2016; Livingston et al., 2015). However, our study yielded different results. Possibly, our population being web-based, may have been biased towards religious identity issues. The sample was primarily female and below the age of 44. Both females and younger adults are less likely to identify substance abuse issues, with men being more likely to abuse illicit drugs and alcohol than females (Hatzenbuehler, 2017).

Interpretation of the Finding and Recommendations

The lack of significant findings in this study sample means that religious stress does not necessarily predict substance use disorders in adulthood. Sexual minorities are indeed susceptible to minority stress as marginalized groups (Riggle et al., 2017). Religious stress is a specific form of stress because of the conflict that a sexual minority might feel from religion (Page et al., (2013). Previous research focused on mental health factors and substance use disorders as specific mental health factors. Substance use disorders generally develop in adolescents, which is also the same as the age of awareness of sexual orientation (Page et al., 2013).

While religious stress is difficult for individuals, it may not lead specifically to substance use disorder. A review of the previous literature demonstrated a relationship between religious stress and substance use disorders. Hatzenbuehler (2017) included substance use disorders within his criterion for mental and behavioral health consequences for sexual minorities. The research suggested that the degree to which an individual honestly expresses their sexual orientation is the same as the degree that the individual experiences an internal peace (Riggle et al., 2017). Individuals who have substance use disorders do not experience internal peace and usually just the opposite, internal conflict, similar to how individuals experience religious stress

Using another type of data analysis rather than the correlational analysis may provide a better indication of the relationship between the variables beyond this current study's scope. Additionally, attending a sexual minority community center to deploy the survey might help

gather willing participants to complete the full survey and have a more representative sample of the population. Collecting data from a larger, more diverse sample could be helpful.

Conclusions

Previous research studies have suggested that sexual minorities are at a higher rate of developing substance use disorders (Hatzenbuehler, 2017; Hughes et al., 2016; Livingston et al., 2015). However, our study suggested that religious stress did not contribute to substance use disorders. Moreover, while our study did not find a statistically significant correlation between these variables, other studies have found a correlation between mental health and religious stress (Beagan & Hattie, 2015; Longo et al., 2013; Page et al., 2013). While our research did not find a correlation between religious stress and substance abuse, we believe that sexual minority individuals need support and understanding of their unique lived diversity experience within a heteronormative society to have a quality life and thrive.

Often, religious conflict may increase the likelihood of a negative sexual identity and create difficulties with self-acceptance while increasing the risk of internalizing problems such as depression, anxiety, and self-esteem (Page et al., 2013). Clinicians who work with sexual minorities should examine the impact of negative religious messages because the same messages can create significant conflicts with sexual identity. Individuals with a strong religious identity are often confused about separating their religious beliefs from accepting sexual minorities. Developing a positive sexual identity despite religious or social discrimination is critically important if we limit the negative risk factors for positive mental health among sexual minorities.

Individuals who identify as sexual minorities are often more susceptible to mental health disorders due to religion (Beagan & Hattie, 2015; Hamblin & Gross, 2014; Longo et al., 2013; Page et al., 2013). Limited research has studied religious stress and mental health in youth (Hamblin & Gross, 2014) and the stress from religion on the age of awareness (Page et al., 2013). The protective factors of religion are generally not available to sexual minorities as they are for heterosexuals (Hatzenbuehler, 2017; Hughes et al., 2016).

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