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The Relationship between Level of Religiosity and Past Suicidal Ideation in Gay Males

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Abstract

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Abstract

Gay males have higher than average rates of suicidal ideation, which has been attributed in part to the pressure to conform to societal religious norms. Using the theoretical frameworks of Durkheim and of Pescosolido and Georgianna, the purpose of this quantitative study was to explore the role of religiosity as a factor of suicidal ideation in gay males. In this study, 113 gay males completed an online survey regarding their level of religiosity as measured by the Religious Background and Behaviors Questionnaire, past suicidal ideation as measured by the Suicidal Ideation Measure, and certain predictor variables, including being "out" to family members, family being supportive, age, religious affiliation (current and during childhood), ethnicity, and population of town during childhood. Regression analyses found no direct statistical significance between level of religiosity and suicidal ideation. There was a predictive relationship, however, between level of family support, level of religiosity, and suicidal ideation. These findings support the Pescosolido and Georgianna theory that belongingness reduces suicidal ideation. The implications for positive social change include the need for mental health professionals to highlight the importance of positive support for gay males as a potential buffer to suicidal ideation.

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Dedication

To John, my partner, my life, who never stopped believing that I would eventually finish this process, even though it has taken such an inordinate amount of time.

Acknowledgments

I would like to acknowledge my parents, Lynn and Evan Turner, who kept me pursuing this, if for no other reason than to prove to them that I could. They may not realize it, but I have done things in my life simply in an attempt to make them proud.

I would also like to acknowledge all the other individuals in my life, including my children, my grandchildren, my friends, and my rather vast number of extended family members. Because this process has taken so long, they may not have believed that I would actually complete this little task. Hopefully, the fact that I have done this so late in life will serve to inspire some of the younger ones, especially my children and grandchildren.

Table of Contents

List of Tables

Chapter 1: Introduction to the Study

Introduction

Due to their sexual orientation, gay males are more likely to contemplate and/or attempt suicide compared to heterosexual males (Kitts, 2005; Ploederl, Faistauer, & Fartacek, 2010; Schaaff, 2012); Remafedi, French, Story, Resnick, & Blum (1998) placed the different percentages of attempted suicides as significant as 18.1% for gay males, compared to 4.2% for heterosexual males. In a more recent study from Austria, Schaaff (2012), claimed that as high as 47% of all suicide attempts were by sexual minority individuals. Any study that attempts to identify potential reasons behind this phenomenon could be beneficial to those contemplating suicide and to those mental health professionals attempting to identify individuals who might be at risk. Identifying those at risk and the underlying reasons for suicidal ideations can assist mental health professionals about specific issues to address during therapy.

Background

The prevalence of suicidal ideation for gay males is significantly higher than for heterosexual males; these percentages are as much as two to three times higher (House, Van Horn, Coppeans, & Stepleman, 2011; King et al., 2008; Remafedi et al., 1998). Identifying the reasons why there is such a discrepancy between heterosexual males and gay males regarding suicidal ideation is a critical component to tackling the problem. Durkheim (1897) indicated a connection between suicide and religiosity, reporting that religion helps prevent suicidal ideation. However, Pescosolido and Georgianna (1989) challenged Durkheim's findings and reported that societal belonging, something that

religion promotes and cultivates, was the reason for this decrease in suicidal ideation, not the religion itself (as cited in Colucci & Martin, 2008).

There has been significant research regarding the varying doctrines about suicide within specific world religions. Tubergen, Grotenhuis, and Ultee (2005), for example, reported that Protestants were more likely to commit suicide than were Catholics. Further, Lizardi and Gearing (2010) reported a higher rate of suicide within members of Native-American religions, whereas there was a lower rate within members of African religions. Previous researchers have indicated there may be a connection between religion and emotional and psychological problems amongst gay males, including suicidal ideation (Schuck & Liddle, 2001). Whitley (2009) established a negative connection between 5 out of 7 forms of religiosity and attitudes toward gay males. Helminiak (2008) found a disconnect between the psychological wellbeing of lesbians and gay males and religious doctrines (Helminiak, 2008). These findings indicate that religion and homosexuality have been at odds with each other for centuries.

In this current study, the attempt was to establish a connection between the higher percentages of suicidal ideation in gay males, the role of religion, and an individual's religious upbringing, which is a perceived gap in the existing literature. There has been research surrounding the high rates of suicidal ideation in gay males; however, there are significant gaps in the research with regard to any potential connection between suicidal ideation and the level of religiosity and the religious doctrine with which the individual aligns himself. This existing research is further delineated in Chapter 2.

Researchers have not determined how specific religious affiliations might influence suicidal ideation amongst this portion of society's members whose sexual orientation is not accepted by the religious affiliations in which they were raised and/or with which they identify. Certain religious doctrines condemn homosexuality, making it difficult for individuals to cope with the discrepancies between their religious beliefs and their tendency toward same-sex attraction (Sherry, Adelman, Whilde, & Quick, 2010). Another identified gap is how the level or intensity of the individual's religiosity might contribute to suicidal ideation. In this study, the attempt was to begin to close these perceived knowledge gaps in society.

Problem Statement

There is a higher rate of suicidal ideation amongst gay males than their heterosexual counterparts (House et al., 2011; King et al., 2008). Gay males have significant psychological and emotional conflicts between their sexuality and their religiosity, including a potential increase in suicidal ideation (Schuck & Liddle, 2001). However, there is a lack of research attempting to directly connect an individual's religious doctrine with these thoughts of suicide.

It is conjectured that there is a relationship between religious doctrine and suicidal ideation for peoples from various religious doctrines, but this may be especially true for gay males. Much research has been conducted about the relationship between homosexuality and suicidal ideation, and a significant correlation has been found (Kitts, 2005). Additionally, there has been research regarding the views about suicide from several religious doctrines, such as by Tubergen et al. (2005) and Lizardi and Gearing

(2010). In this study, it was determined that if there is a definable and significant connection between a person's level of religiosity and specific religious doctrines and the higher rates of suicidal ideation amongst gay males.

It was hoped this information could have been used to help those gay males who might be at risk of suicide. There are many factors that could potentially contribute to suicidal ideation in gay males, and in this research there was no attempt to indicate that there is only one reason for suicidal ideation in gay males. In this study, there was an attempt only to determine if there is a significant connection between suicidal ideation in gay males and their individual level of religiosity.

Purpose Statement

The purpose of this study was to explore any relationship that a gay male might perceive between his sexual orientation, his religiosity, and any potential thoughts he might have toward suicidal ideation. Certain gay males have contemplated and even attempted suicide because they were unable to reconcile their religious doctrines with their homosexuality (Sherry et al., 2010). However, few scholars have found a direct link between religious doctrines and suicidal ideation amongst gay males. In this study, several of the more prominent religions throughout the United States were addressed as to how their specific doctrines and the individual's level of religiosity might influence thoughts of suicide in gay males. The religions covered depended upon who responded to the questionnaires; the respondents' varying religious backgrounds (e.g., Christianity, Judaism, Mormonism, etc.) allowed for a representation and understanding of the variety of religions within the United States. The dependent variable for this study was the

suicidal ideation score. The independent variables for the Pearson product-moment correlations were those items on the demographic questionnaire (Appendix A) that provided enough specific data to conduct the Pearson product-moment correlations. These demographic variables were added as control variables in the multiple linear regression model. The independent variable for the multiple linear regression was the participant's level of religiosity. The targeted study group was gay males.

Hypotheses

The primary research question for the study was the following: Does a gay male's level of religiosity significantly influence his potential for suicidal ideation? The hypotheses for this study were as follows.

$H_0$1: There is no relationship between a gay male's suicidal ideation and his past level of religiosity.

$H_1$1: There is a relationship between a gay male's suicidal ideation and his past level of religiosity.

$H_0$2: A gay male's level of religiosity does not significantly affect his suicidal ideation when specific predictor variables are present.

$H_1$2: A gay male's level of religiosity significantly affects his suicidal ideation when specific predictor variables are present.

Nature of the Study

In this study, males living in the United States who self-identified as gay were contacted to determine whether they have had suicidal ideation at some point in their lives. In addition, information about their religious upbringing and religious past was

gathered, including their specific religious upbringing (e.g., Christian, Jewish, Buddhist, etc.), their level of current and past belief in their specific religion (e.g., if they attended religious services regularly or if they prayed during the past year or at any time in the past). Then statistical analyses (Pearson product-moment correlations and multiple linear regression) were performed of the dependent variable (suicidal ideation) and the independent variables (religiosity and the various demographic variables) in order to determine if there were any identifiable and significant correlations.

The instruments used for data collection for this research study were the demographic questionnaire, the Religious Background and Behaviors Questionnaire (Connors, Tonigan, & Miller, 1996), which is a brief measure of religious practices used to capture behaviors traditionally associated with religiosity, and the Suicidal Ideation Measure (Klein et al., 2013), which is an assessment used to identify individuals who have previously had thoughts of suicide. This instrumentation is more specifically delineated in Chapter 3 of this research paper.

The study included a quantitative, nonexperimental, correlational design. The participants were all self-identified gay males residing in the United States, and were contacted through various Lesbian, Gay, Bisexual, Transgender, & Questioning (LGBTQ) organizations and through instruments available on the Internet, via social media and survey sites (e.g., FaceBook and Survey Monkey). Additionally, a snowball sampling technique was used to further expand the pool of participants. The questionnaires presented to each participant to complete were the Religious Background and Behaviors Questionnaire (Connors et al., 1996) and the Suicidal Ideation Measure

(Klein et al., 2013). Each participant was asked to fill out a demographic questionnaire. The participants were asked to fill out the survey on Survey Monkey; or, if they preferred, a self-addressed, stamped envelope was provided for them to mail the materials for inclusion in the research. The participants were not required to identify themselves, other than as gay males residing within the United States. None of the participant's personal information was or will be published or made available to any other individual or entity.

Theoretical Frameworks

Durkheim's Theory of Suicidal Ideation and Religiosity

Durkheim's (1897) theory of suicidal ideation and how it can be influenced by religion was one of the initial theories used in this research study. The basic premise of Durkheim's theory is that individuals contemplate suicide because they do not feel that they are a part of society and those that do not participate in social outlets, such as religious activities, are more prone to suicidal ideation (Gearing & Lizardi, 2009). However, Durkheim's theory, for the purposes of this study, was only used as a basis for additional theory, which further explains the role religiosity can play in an individual's life. Durkheim's theory is further delineated in Chapter 2.

Pescosolido and Georgianna's Network Theory

Pescosolido and Georgianna (1989) expanded upon and disputed Durkheim's (1897) theory and is the main theory upon which the connection between religiosity and suicidal ideation were focused for the purposes of this study. Pescosolido and Georgianna theorized that it was not the level of religiosity within an individual that

lessened the possibility of suicide, but the feeling of belonging and social outlets through their religious endeavors that was responsible for less suicidal ideation (as cited in Colucci & Martin, 2008). Pescosolido and Georgianna's theory is further delineated in Chapter 2.

These two theories contributed to the study of the hypotheses of this research. Durkheim (1897) established a connection between suicidal ideation and individuals feeling at odds with the religion in which they live or grew up; gay males often feel this internal conflict between their sexuality and their religious doctrines (Longo, Walls, & Wisneski, 2011). Pescosolido and Georgianna took this concept a step further by indicating that these internal conflicts are not necessarily associated with religion as much as people not belonging to their social outlet, which is sometimes the case for gay males (as cited in Longo et al., 2011). Attempting to establish if these theoretical concepts can be present within gay males who contemplate suicide and are also religious can help to determine if there is a connection between religiosity, suicidal ideation, and homosexuality.

Operational Definitions

Homosexuality/Homosexual: The sexual and/or romantic attraction to the same sex (Helminiak, 2008).

Gay male: A male individual who self-identifies as homosexual.

Religiosity (independent variable): An individual's religious beliefs, which can be either from his past or be a part of his current religious beliefs, or from both. This term

refers directly to the level of an individual's religiosity as measured by the Religious Background and Behaviors Questionnaire (Connors et al., 1996).

Suicidal ideation (dependent variable): The contemplation of doing harm to oneself with the thought that it could possibly end an individual's life (Shtayermman, Reilly, & Knight, 2012).

Assumptions

Because there is no means to verify on the Internet the age of any particular participant, their country of residence, or that they are being honest, it was assumed that all participants followed the guidelines set forth in the requests for research participants and answered the questionnaires honestly. It was assumed that all participants possessed the necessary command of the English language to understand all aspects of the questionnaires and to respond appropriately. It was also assumed that the individual participants only filled out the questionnaires if they were gay males.

Limitations and Scope

This research study was limited in several aspects. The target demographic did not include females who are homosexual or gay males residing outside the United States; it did not encompass an appropriately sized sampling of all religions of the world, nor even within the United States. There are some potential biases regarding an individual participant's own prejudices about his religious upbringing; if the individual blames his religion for any difficulties he may have experienced, he may not have been capable or willing to answer the questions honestly. This study was also limited to those individuals who were familiar with the specific websites used (e.g., Survey Monkey).

The scope of this research encompassed gay males residing within the United States who identified with various religions. The scope of this research did not include individuals residing outside the United States. And, the scope of this research did not take into consideration the differences between particular religious doctrines preached within the United States that might be significantly different in another part of the world (e.g., there might be a difference between the prevailing Jewish doctrines within the United States than that presented within Israel). Additionally, this study may not accurately reflect all areas of the United States.

Significance of the Study

This research fills a gap in the knowledge about the relationship between religiosity and suicidal ideation in gay males. Little research could be located on these specific cross-relational factors. There is a plethora of information regarding the connections between religiosity and suicidal ideation, regarding the connections between suicidal ideation and homosexuality, and regarding the connections between homosexuality and religiosity. However, research on a connection between the variables specifically in gay males is limited, and researchers have not addressed any potential correlations between specific religious affiliations and the potential for suicidal ideation amongst gay males. This study is a beginning to addressing this gap in the literature.

This study contributes to the understanding amongst mental health professionals and amongst the targeted population. If a gay male is presenting with suicidal ideation and he has a high level of religiosity, the therapist who understands that there is a significant correlation between suicidal ideation in gay males and their level of religiosity

can formulate an approach to therapy that incorporates the client attempting to come to terms with the dichotomy between the client's religiosity and his conflicting sexual desires.

Research that contributes to the wellbeing of any segment of society, especially with regard to suicidal ideation and the attempted prevention of such a phenomenon, adds to positive social change. This study could also improve the health and wellbeing of individuals by affording them the opportunity to understand why they have these feelings of suicide by making the connection between their religious beliefs and their feelings of guilt, thus contributing to their individual dignity. Additionally, it is hoped that those religious organizations that do condemn homosexuality might take the results of this research and follow-up studies into consideration by incorporating the findings into their religious practices, doctrines, and teachings. The consequences to the study results could be controversial and difficult to portray to a society steeped in religious history. If this study had indicated that there was a significant correlation between these two variables, religiosity and suicidal ideation, in gay males, society and the mental health professionals who serve them would be better able to address this aspect of the problem of suicide.

Summary

Gay males have a higher risk of suicidal ideation than nongay males (Kitts, 2005; Ploederl et al., 2010). The key area of inquiry of this study is the degree to which a relationship exists between a gay male's sexual orientation and his religious doctrines. Chapter 2 provides an overview of the existing literature surrounding the three components of this research: religiosity, suicidal ideation, and gay males or

homosexuality, and any connections or correlations found between any combinations of two of these components. Chapter 3 presents the research that was conducted, including the instrumentation used, the means by which the potential participants were attempted to be contacted, and the way in which the gathered information was analyzed. Chapter 4 includes the findings garnered from the Pearson Product Correlation analysis and the multiple regression analyses, including tables depicting each of the findings. Chapter 5 provides an interpretation of these findings, perceived limitations of the study, recommendations for future research studies, and the implications of this study for social change.

Chapter 2: Literature Review

Introduction

The incidents of suicide, suicide attempts, and suicidal ideation amongst gay males are high; Cambre (2011) indicated that suicide attempts among gay males are as high as 20 to 40%. This percentage is higher than among heterosexual males; there is a correlation between a male's sexuality and his risk of suicide (House et al., 2011; King et al., 2008). Few scholars have attempted to identify correlations between religiosity, sexuality, and the potential for suicidal ideation. This literature review includes information from previous studies on potential correlations between homosexuality, religiosity, and suicidal ideation.

An individual's sexuality and religion are both components of his or her life (Subhi et al., 2011). Sexuality and culture have been studied over the past few decades, and a distinct connection between sexuality and culture has been established (Parker, 2009). Most adults in the United States claim a religious affiliation and most state that religion plays a role in their lives (Garcia et al., 2008). Religious doctrines have historically controlled how people view and conduct themselves sexually and within society (Parker, 2009).

When sexuality and religiosity are brought together, as they inevitably must be at some point in the transition from childhood to adulthood, there are bound to be consequences. How these two variables fit together depends on the doctrine of an individual's religion and how that specific religious doctrine meshes with that person's sexuality. If these two personal factors are at odds with one another, the conflict within

the person could be difficult to comprehend and reconcile (Stefurak, Taylor, & Mehta, 2010). Rosenfeld (2010) determined which aspects of a person's religiosity could be harmful and which could be helpful when integrating the person's religious doctrines into psychotherapy. In this study, it was attempted to determine if there is a connection between an individual's religiosity and homosexuality that can be so devastating the individual might consider suicide as the only viable alternative to actually coming to terms with this internal conflict.

Little research could be found on the specific issue of whether a person's religious affiliation or level of religiosity can be a determining factor in whether gay males attempt or idealize suicide; the exception being some indication by certain gay males that they may have contemplated suicide due to a conflict between their religious doctrines and their sexuality. However, a connection has been found between homosexuality and suicidal ideation (Kitts, 2005). Research about how certain religions view suicide is available, such as Catholicism, where suicide is considered a sin similar with murder (Tubergen et al., 2005). Other researchers have examined how conflicts between homosexuality and religion can be difficult to resolve, such as in certain Christian religions where same-sex sexual acts are considered a sin and, in some cases, are punishable acts (Halkitis et al., 2009; Harris, Cook, & Kashubeck-West, 2008; Whitley, 2009). In this literature review, the pairings (i.e., "homosexuality and religiosity," "religiosity and suicidal ideation," and "suicidal ideation and homosexuality") that have been previously examined will be discussed.

Literature Research Strategies

Five online databases were searched for this literature review, including PsycINFO, PsycARTICLES, Psychology: A SAGE Full-Text Collection, LGBT Life with Full Text, and Google Scholar; all of these, except Google Scholar, were accessed through the Walden Library. Because there are three components necessary for this research (i.e., homosexuality, religiosity, and suicidal ideation), all three of these components were input for initial searches in each of the above-mentioned databases.

Organization of the Review

Because of the available data on pairings of two of the three components, the review of the existing literature is organized into three basic sections. Each section coalesces two of the three components, homosexuality, religiosity, and suicidal ideation into each of the three possible combinations. This approach is necessary because not much literature could be found combining all three components, which indicates the affect of religiosity on the suicidal ideation of gay males. The current research is a particular subject that apparently has not been studied thoroughly.

The first subsection of the Review of Related Research is Homosexuality and Suicidal Ideation. This subsection integrates the existing current research dealing with same-sex-sexually oriented individuals and all aspects of suicide—contemplation, attempts, or actual successes. The amount of accurate information about successful suicides and why these individuals killed themselves is lacking. It is often difficult to assess why someone has killed himself or herself when the person cannot be asked after the act has been accomplished. There has not been as much recent research done on this

particular combination of two variables. However, there is enough information to identify some themes surrounding the two theories about suicide used in this study—those of Durkheim (Gearing & Lizardi, 2009) and Pescosolido and Georgianna (Colucci & Martin, 2008). These two theories are delineated in detail later in this chapter.

The second subsection of the Review of Related Research is Suicidal Ideation and Religiosity. This subsection incorporates the recent research found on the role of religion, historically and currently, on suicidal ideation, suicide attempts, and follow-throughs. There is also information about how the various religions around the world view the act and ideation of suicide.

The third subsection of the Review of Related Research is Religiosity and Homosexuality. This subsection includes past research about how various religions around the world view homosexuality and how these institutions have influenced people who have same-sex sexual desires. There is information regarding the role individuals' religious doctrines and upbringings contribute to their feelings of self-hatred and internalized homophobia. In contrast to the other two variable combinations, there has been a plethora of research done in recent years with this combination of the variables.

Theoretical Foundation

One of the seminal theories of suicide is Durkheim's (1897) concept that one of the main reasons individuals kill themselves or attempt to do so is because of their inability to become integrated into the dominant culture, and religious doctrines act as a catalyst for such integration (as cited in Sisask et al., 2010). Because the dominant cultures around the world are more heterocentric than homocentric, some gay males may

experience difficulty integrating into these cultures. Durkheim, however, stressed that religion, not community involvement, was the main deterrent to suicide. Durkheim's theory will be explored throughout this research study. However, this theory does not include a focus on those members of society, gay males, for example, who do not naturally adhere to some of the specific teachings of certain religious doctrines. Because of this perceived lack of inclusion on Durkheim's part, this theory is challenged—at least as it pertains to homosexuality.

Pescosolido and Georgianna's (1989) theory that community involvement with an individual's coreligionists is more likely the reason an individual is less prone to contemplate suicide is presented. This theory may be used to explain why gay males would be more at risk for suicide even though they are religious, and possibly because they are religious, as they would not feel they were a part of their community. This theory could help support the evidence that gay males are more likely than heterosexual males to have an affinity toward suicidal ideation, attempted suicide, and follow-through, because they sometimes cannot, by virtue of their sexual orientation, become an integral part of their religion-influenced communities and cultures.

These two seemingly opposing theories, when properly scrutinized, are not dissimilar from each other when it comes to theorizing why gay males have such a high rate of suicide; both theories have at their core the notion that people who do not integrate into their culture are more likely to ideate, attempt, or commit suicide. The theories differ on the underlying methods of and reasons for the necessary integration, religious doctrine or community involvement. Because same-sex-attracted individuals often do

not successfully integrate into their culture and religion, especially young gay males, a "marrying" of these two theories can help to establish a reasonable basis for research.

Durkheim (1897) and Pescosolido and Georgianna (1989) offered a sufficient framework for the research of this study. Durkheim indicated that religion, and religion alone, may be the reason why individuals ideate suicide. However, Pescosolido and Georgianna postulated that religion alone is not the reason; it is the affiliation with and acceptance of the community by way of religion that is the reason for a lessening of suicidal ideation amongst those with a higher level of religiosity. Because gay males often feel as if they are not a part of and not accepted by the communities in which they grew up, especially when religiosity is prominent, a study combining these theories could help to establish rather religion or community involvement are at the core of the reasons for the higher rates of suicidal ideation amongst gay males. This study does not necessarily solve the "disagreement" between Durkheim and Pescosolido and Georgianna, but their theories served as an appropriate study point to establish if a person's level of religiosity correlates with higher rates of suicide when the individual does not feel as if his religion/community accepts that he is a gay male.

Review of Related Research

Homosexuality and Suicidal Ideation

At least 15 research studies between 1985 and 2005 have conclusively found a connection between homosexuality and suicidal ideation (Kitts, 2005); and several other studies have found that, overall, gay males were more likely to attempt and commit suicide than their heterosexual counterparts (House et al., 2011; King et al., 2008). A

more recent study indicated that as high as 18% of gay and bisexual adults surveyed had attempted suicide at some point in their lives (Ploederl, Faistauer, & Fartacek, 2010). Some additional studies have put this number between 20% to as high as 40% (Kitts, 2005), a staggering percentage, especially when compared to the rate amongst heterosexual males of 4.2% (Remafedi et al., 1998). This number does not take into consideration those individuals who have contemplated suicide, but have never made an attempt. Many of these suicide attempts are by adolescents. As many as one million adolescents attempt suicide each year, and gay male adolescents were more than twice as likely to make a suicidal attempt than were their heterosexual adolescent counterparts (Kitts, 2005).

The majority of the previous studies found that were completed prior to this current research focused on an adolescent population, which could be associated with the idea that adults in general are less likely to have suicidal thoughts (Meyer, Dietrich, & Schwartz, 2008). Although there are certainly many reasons besides their same-sex sexual attractions for adolescents to contemplate and/or attempt suicide, when gay male adolescents in at least two studies were asked why they attempted suicide, around 50% stated their reason was associated with their sexuality (Ploederl, Faistauer, & Fartacek, 2010; D'Augelli et al., 2005).

There have been efforts in some studies to distinguish between adults and adolescents in the gay community and how there are differences in prevalence of suicide attempts and ideation amongst these subgroups, as well as ethnic subgroups of same-sex orientation. In one study, it was determined that there are definitive differences between

adolescents and adults when it comes to suicide attempts; specifically, that younger gay males tend to attempt suicide more often than older ones (Meyer, Dietrich, & Schwartz, 2008). One of the most interesting findings of this Meyer, Dietrich, and Schwartz (2008) study is that they could find little difference between the ethnic groups as far as the preponderance of mental disorders. However, their study did indicate a significantly higher occurrence of attempted suicide amongst Blacks, Latinos, and other groups of color. They speculated that this is because of the difficulties surrounding "coming out" in a culture less tolerant of homosexuality, those cultures of color, than within the white communities. This does not suggest, however, that it is easy to "come out" in any culture.

Further, in the subcultural groups amongst same-sex sexually oriented individuals there is a discernible difference between the genders; there appears to be a greater number of incidents of attempted suicide and suicidal ideation amongst gay males than amongst lesbians (McAndrew & Warne, 2010). However, this same study could find no significant difference in the occurrences of mental health issues between the genders, which could suggest that males have a more difficult time accepting their same-sex sexual attraction than women do (McAndrew & Warne, 2010). This could also suggest that the cultures in which these individuals grew up are more accepting of same-sex sexual attraction in women than they are in males.

A male's sexual orientation and his reconciliation with the predominant culture in a given society can be a difficult process (McAndrew & Warne, 2010). Using Durkheim's (1897) theory of suicide, that the major reason people commit suicide is

because they are unable to integrate into the dominant religion, it stands to reason that gay males would have a higher likelihood of suicidal ideation, attempts, and actual follow-throughs; gay males do not fit into heterocentric religions. Hatzenbuehler (2011) indicated the social environment surrounding young gay individuals has a substantial affect on their ability to integrate into their cultures; and successful integration can significantly lower their risk of suicide.

However, a study from Norway raised questions regarding the notion of the importance of cultural integration (Hegna & Wichstrom, 2007). In this study, information was presented in Norway about how that particular society has embraced homosexuality over the past several decades, decriminalizing it in 1974, legalizing same-sex partnerships in 1993, having openly gay, high-profile political figures, and a more overall sense of acceptance of homosexuality amongst the general public. Hegna and Wichstrom discovered that despite this progression to a more inclusive society, the current suicide rate in Norway amongst gay male youths is still four times greater than amongst heterosexual youths.

Regardless of this societal acceptance, there is still a stigmatization surrounding being gay (Hegna & Wichstrom, 2007); it is extremely difficult to accept within oneself the concept that a person is attracted to members of the same sex, and, therefore, that person is not "normal." This is where society, culture, and religion can be separate: just because the dominant culture is outwardly accepting of homosexuality (legally and/or otherwise), it does not mean the religious doctrines with which an individual grows up are going to denote acceptance. When society is predominantly heterosexual, it promotes

heteronormative values, such as dating members of the opposite sex (Hegna & Wichstrom, 2007). The sexual attractions developing within young gay males is pushed aside and squelched for the more obvious and available heteronormativity, which is often hostile to gay males (Hegna & Wichstrom, 2007). When these two concepts cannot be reconciled, suicidal ideation can potentially be more prevalent.

Despite all the evidence over the past several decades to indicate gay males are more likely to attempt or contemplate suicide, the majority of gay males do not do so—or at least they do not succeed. Most grow up to be happy, productive members of society (McAndrew & Warne, 2010). Even though there is cause for concern, and mental health communities around the world ought to be aware, educated, and diligent toward the potential for gay males to think about and possibly attempt suicide, the likelihood these individuals will survive is substantive. This is something many mental health professionals are using in their therapeutic practices to indicate to the gay males they are treating that their lives can and probably will get better (McAndrew & Warne, 2010), and that there is support available.

The above being stated, there are people who attribute the difficulties accepting their homosexual feelings to their religious upbringing. One such individual indicated he felt sinful as a boy and in constant fear of the devil because of his same-sex attractions (McAndrew & Warne, 2010). The fear of god-like retribution brought upon this boy because of his inability to resolve the conflict between his religious doctrines and his budding sexuality brings this review around to suicidal ideation and religiosity.

To summarize this section on homosexuality and suicidal ideation, it is evident that a correlation has been identified through several studies between a male's sexual orientation and his risk of suicidal thoughts. Shtayermman, Reilly, and Knight (2012) found significant risk factors for suicidal ideation among college-age students, one of the most prominent being homosexuality. However, there are still several gaps in the research, which warrant further study. Because some of the research indicates that suicidal ideation amongst gay males is still significantly higher in certain societies that have at least outwardly embraced homosexuality (Hegna & Wichstrom, 2007), there appears to be other factors contributing to this higher rate than simply a more accepting society, at least when the acceptance comes from a legal standpoint. With this further understanding of the problem, there is presented a necessity to investigate other aspects of homosexuality, such as the internal conflicts and the various religiosities of gay males.

Suicidal Ideation and Religiosity

Durkheim (1897) was the first to propose a connection between suicidality and religiosity; he theorized that a higher level of spiritual commitment may contribute to emotional wellbeing by providing a source of order and meaning in the world, thus limiting the possibilities of suicidal ideation and/or actual acts of suicide (as cited in Gearing & Lizardi, 2009). In his book entitled *Suicide*, Durkheim not only found an inverse relationship between levels of religious commitment and a risk of suicide, he also found that Protestants were more likely to contemplate and commit suicide than were Catholics (Tubergen et al., 2005). This second concept opened his study up to criticism. Stack and Stark (1983) and Pescosolido and Georgianna (1989) each have challenged and

criticized Durkheim's findings; they presented their own theories, "religious commitment theory" and "network theory," respectively (as cited in Colucci & Martin, 2008). This latter theory is used in this study as an alternative and enhancer to Durkheim's theory. Pescosolido and Georgianna, and others over the years, have specifically challenged Durkheim's findings that Protestants were more likely to commit suicide than were Catholics.

In *Suicide,* Durkheim (1897) set forth his theory about the reasons societies produce victims of suicide. The basic premise of his theory is that suicides occur when individuals do not feel they are a part of a religion, and they do not have the social outlets necessary to feel accepted by such society (Tartaro & Lester, 2005). Durkheim's theory as a whole is rather widely accepted; however, there are dissenters from his theory. One such dissension relies on the fact that Durkheim did not take into account any potential psychological factors of the participants in his study (Fernquist, 2007). Regardless of the potential flaws within Durkheim's theory, some valuable information can be garnered by using his theory, some of which can be incorporated into the suicide rate amongst gay males—even though gay males were not part of Durkheim's original target population.

Although some studies over the past century or so have upheld Durkheim's (1897) findings, other studies have not. Pope (1976) presented one potential criticism that Durkheim may have overlooked, arguing that the Protestant-Catholic difference was more likely attributed to an underreporting of Catholic suicides (Tubergen et al., 2005). The Catholic Church was less likely to report suicides amongst their parishioners, as it was considered an unforgivable sin, resulting in the inability to enter the Catholic version

of heaven. Lester (1994) argued that Pescosolido and Georgianna's (1989) macro-level theory of religious commitment was the answer to the problems inherent in Durkheim's more micro-level theory (Tubergen et al., 2005). He argued that individuals who were more involved with their communities through their religions were less likely to contemplate suicide because they had support from their coreligionists; thus, it is not the religion itself, but the community involvement that created the significant difference between Catholics and Protestants in Durkheim's research for *Suicide*.

Since *Suicide*'s publication there has been much additional research done on Durkheim's (1897) presented theory, and the findings have widely been in agreement in at least one area; there is a distinct connection between an individual's level of religiosity and the possibility that she or he may contemplate and/or commit suicide (Gearing & Lizardi, 2009; Tubergen et al., 2005). Further, the research also indicates across the board that there is a lessening of suicidal ideation in people who are more involved with their religious communities (Tubergen et al., 2005); and this is a phenomenon found within all the dominant religions in the world, although in varying degrees (Gearing & Lizardi, 2009). What might be relevant with each of these studies is that there is a perceived connection between people's level of religiosity and their involvement with their religious communities; if a person is more religious, it stands to reason he or she will be physically more occupied with her or his coreligionists as part of a community. Again, it is potentially the community involvement rather than the religious affiliation that is key to the lessening of suicidal ideation.

This notion is supported by the research, which has determined that regardless of the specific religious denomination, there is a lessening of suicidal risks when a person is more religious and, therefore, more involved (Tubergen et al., 2005). However, differences between religious affiliations have been discovered (Gearing & Lizardi, 2009; Lizardi & Gearing, 2010). In two articles, Lizardi and Gearing (2009; 2010) have delineated the differences between various religions and the incidents of suicide and suicidal ideation within each.

Gearing and Lizardi (2009) discussed the four largest religions in the world, Christianity, Hinduism, Islam, and Judaism. Their findings showed that Christians had the highest rates of suicide, while members of the Jewish faith had the lowest rates. The authors had difficulty finding definitive numbers for Hinduism and Islam, but they were able to determine that there are lower recorded rates of suicide amongst members of Islam than amongst members of Christianity and Hinduism. The authors speculated this, much like Durkheim's (1897) Catholics, could be due to a lack of accurate reporting from the Islamic communities. They also mentioned that there have been reports of higher rates of suicide amongst Hindus, which they explain as potentially because there is a bit less of a stigma attached to suicide in Hinduism, which is possibly because they believe in rebirth. However, it should be noted, each of these four religious traditions, including Hinduism, outwardly condemns the act of suicide.

Lizardi and Gearing (2010) tackled the suicide rate differences between people who identify with Buddhism, Native-American religions, African religions, Atheism, and Agnosticism. Although there was no direct evidence found about the suicide rates

amongst Buddhists, the authors discovered the rate of suicide amongst Asian Americans and American/Pacific Islanders, who make up the bulk of Buddhists in the United States and around the world, was significantly lower than the national average; thus, they concluded, the suicide rate amongst Buddhists must be lower than in other religions. The authors discerned this was not an unexpected phenomenon, as Buddhists believe that if someone commits suicide, she or he will simply have to relive the burdens of the current life in their next one. This lifecycle would continue until the person reaches the state of nirvana and can move on to a better existence.

Within the Native-American and African religions, there are discernible differences with suicide rates (Lizardi & Gearing, 2010). Native Americans have a suicide rate 1.7 times greater than the national average; and traditional African religions show a significantly lower occurrence of suicide. The authors of the study speculated the higher rates amongst Native Americans could be due to their cultural differences as much as or more than their religious doctrines, citing higher rates, among other suicide triggers, such as depression, domestic violence, and alcoholism amongst this segment of the population in the United States. For the traditional African religions, there has not been enough research to make any determinations about why the rates of suicide amongst African religions are lower than the averages.

The suicide rates for Atheists and Agnostics within the United States were virtually impossible to determine (Lizardi & Gearing, 2010). This, the authors speculated, is due to the low percentage of individuals who adhere to one of these two belief systems. Although there is a significant number (13.2%) of people who identify as

nonreligious, those who align specifically with Atheism and Agnosticism is as low as 0.4% and 0.5%, respectively. However, there is evidence from a Smith-Stoner survey done in 2007 that indicated 95% of self-identified Atheists were in support of physician-assisted suicide (Lizardi & Gearing, 2010), a practice with which most religions would not agree.

Gielen, van den Branden, and Broeckaert (2009) found substantive differences between the various religions and their attitudes toward physician-assisted suicide (PAS). Liberal Protestants, Jews, and those without a religious affiliation were amongst the most supportive of PAS, while conservative Protestants and Catholics were the most oppositional to the idea (Burdette, Hill, Moulton, 2005). Even highly religious physicians overwhelmingly oppose PAS; 84% of highly religious physicians in the United States, as compared to 55% of those with low religiosity object to PAS (Curlin et al., 2008). There is speculation that the training and ideological factors to which physicians generally adhere could play an equally important role in their attitudes toward PAS as do their religious doctrines (Gielen et al., 2009); however, it seems difficult to argue that religious doctrines amongst physicians play no role when the percentages of 84 versus 55 are presented. The one religious ideology that stood out as being the most opposed to PAS was Hinduism (Curlin et al., 2008), which seems somewhat contradictory to the few existing studies that indicate Hindus tend to be more accepting of the concept of suicide in general.

One study was found portending to contradict the findings of Durkheim (1897) and others. Hills and Francis (2005) found there is no substantive linkage between

suicidal ideation and an individual's level of religiosity. Their quantitative research analysis indicated no increases in suicidal ideation between (a) individuals who were not religious and those who were, (b) less frequent churchgoers and more frequent churchgoers, and (c) people who prayed infrequently and those who prayed daily. Although this is only one study, and it does not necessarily negate the findings of the previous studies, it does give rise to the need for further study before conclusions should be made, especially when it comes to religiosity and the role it plays in the lives of gay males.

Many of the existing studies indicate some aspects of religiosity play a significant role in suicidal ideation; however, it is not clear what that role is and how important it is. There is also dissension amongst some of the authors of the existing research as to whether it is an individual's religiosity or the cultural involvement that tends to accompany religious affiliation that is the causal link to a lessening of suicide risk (Durkheim, 1897; Gearing & Lizardi, 2009; Pescosolido & Georgianna, 1989; Tubergen et al., 2005). Further, there is evidence that an individual's specific religious doctrine can make a difference in suicidal ideation, which is supported by research by Gearing and Lizardi (2009; 2010). There does not appear to be enough evidence to predict the potential for suicide risk amongst individuals adhering to any particular religious doctrine, except in a more general sense. However, there is plenty of evidence supporting a significant influence on suicidal ideation amongst homosexuals. The remainder of this literature review focuses on this concept; the influence religiosity has

on homosexuals, and specifically to the acceptance of their sexual orientation within themselves and their religion-infused cultures.

Religiosity and Homosexuality

It is often difficult to sort out the differences between culture and religion; culture expresses religion and religion expresses culture (Helminiak, 2008). Because religion and culture are presumably expressions of each other, it is not problematic to understand the importance of feeling included socially in a person's religion, especially as young males and females. Both Durkheim's (1897) and Pescosolido and Georgianna's (1989) theories of suicide support this notion. Durkheim argued that suicide is caused by the inability to integrate into the dominate culture and that religion can be a catalyst for such integration; thus, religion, he concluded, helps prevent suicide. Pescosolido and Georgianna argued that community involvement, not the religion itself, is more likely the reason people do not commit suicide. With either theory, it could be argued that integration into and acceptance by a community, culture, and religion, or at least some part of that culture and community, is a possible prevention of suicide.

If we accept that religion *is* culture, and vice versa, a study of various stances religions around the world take on homosexuality would be of tremendous importance to the prevention of suicide in gay males; understanding a psychotherapy gay-male client's particular religion could help address the specific challenges posed by that religion's doctrines. Public opinion around the world, which is often shaped by the religious doctrines of the specific cultures, about homosexuality varies greatly (Adamcyk & Pitt, 2009). Some countries have gone so far as to legalize same-sex marriage (e.g., Belgium

and The Netherlands), while within other countries, same-sex sexual activity is punishable by death (e.g., certain Muslim countries) (Adamcyk & Pitt, 2009). A country's laws, regulations, and public policies are shaped by their cultures and the religious doctrines of their citizens (DeLaet & Caufield, 2008). So, it could be argued that religion plays an influential role in the laws governing many countries around the world.

Religious doctrines about homosexuality vary greatly from one religion to another, and these doctrines have been significantly altered over the centuries (Helminiak, 2008). The indigenous people of Africa and the Americas embraced homosexuality as a normal function of life and sexual intimacy; their religious teachings featured stories of same-sex sexual exploits by their forefathers and religious leaders, and an inclination toward homosexual dreams by tribal leaders or shamans was considered a sacred calling to be respected (Jacobs, 1997; Williams, 1992). The origins of Chinese religion in their society originated from two differing ideologies, that of Taoism and Confucianism; however, both of these were replete with stories of homosexuality within their literature and poetry (Wawrytko, 1993). They basically accepted same-sex sexual interactions as long as these interactions did not interfere with societal duties, such as the obligation to procreate.

Buddhism and Hinduism have become unclear over the centuries about their specific stances on homosexuality. Buddhism has historically taken a rather neutral attitude toward homosexuality, and very little is mentioned about it in modern-day Buddhism (Wawrytko, 1993). However, Buddha told stories of past lives when he had

homosexual experiences with his attendant, Ananda. Hinduism is also historically somewhat vague about homosexual experiences, but the more modern stance is that it is repugnant and a punishable offense (Sharma, 1993).

Contrary to the somewhat more relatively liberal responses regarding homosexuality found throughout Asia, western civilizations have historically adopted religious ideologies that are generally far less favorable to same-sex sexual experiences and practices. Relying on their biblical teachings and their own distinctive interpretations of them, Judaism, Christianity, and Islam have all taken a rather negative approach to same-sex relationships (Armstrong, 1993). Judaism has been outright condemning of homosexuality in the past, and certain, more orthodox segments of Judaism still adopt this belief. However, there are now some within the Jewish faith with more contemporary views who have accepted homosexuality, and this seems to be a trend in many of their teachings (Armstrong, 1993). Islam, on the other hand, historically and contemporarily outright forbids same-sex sexual relations; and within many Islamic countries, it is not only a sin, it is a punishable crime, sometimes invoking the death penalty (DeLaet & Caufield, 2008). However, in their segregated societies, where there is little possibility for sexual relations with the opposite sex outside of marriage, homosexual acts and relationships serve as a viable alternative within the privacy of their own homes (Armstrong, 1993).

Christianity, the preponderate religion within the Americas and Europe, supports views ranging from complete acceptance of homosexuality within certain Christian religions to outright condemnation of it as a sin. Historically, the biblical teachings of

Christianity have not supported same-sex interactions; however, this phenomenon does not appear to have become prevalent until Christianity's second millennium, as initially there was mostly an indifference to homosexuality (Countryman, 1988). In the second millennium, however, many Christian religions began to adopt the concept that sex was solely for the purposes of procreation, and this sentiment has prevailed throughout some Christian religions ever since (Boswell, 1980). This sentiment has caused many people with homosexual inclinations to have difficulties allying their religious doctrines with their inherent same-sex sexual desires (Halkitis et al., 2009; Harris et al., 2008; Whitley, 2009). These struggles that gay males experience have contributed to their internal sense of wellbeing and, in some cases, have created internalized homophobia.

This internalized homophobia is one of the key factors necessary to explore in order to alleviate the desire many gay males have for self-harm and suicidal ideation; and, these attitudes have been found to be closely related to the religious doctrines of their parents and families and the religious upbringing they experience (Harris et al., 2008). Internalized homophobia could be defined as the conflict a person experiences within oneself when that person does not want to accept the desires of same-sex attraction that are becoming more prevalent, or have possibly been prevalent for some time. It is basically a hatred of oneself and an internal and often suppressed identity. Internalized homophobia has been positively linked to conservative religious doctrines and to an increased risk of suicide (Sherry et al., 2010). There are specific therapeutic approaches to counseling individuals with same-sex attraction focusing directly on the potential for

internalized homophobia; one such approach is mindfulness, which has yielded some positive results (Tan & Yarhouse, 2010).

This internalized homophobia does not happen without some assistance from outside influences; self-hatred is not a naturally occurring phenomenon. There is a plethora of evidence to support hatred of gay males from outside sources; and religious communities have spearheaded much of this hatred toward these individuals. Vincent, Parrott, and Peterson (2011) found that religious fundamentalism increases homophobia and acts of aggression against gay males. Rowatt et al. (2006) surveyed a Protestant college in south-central United States and found the students displayed negative explicit and implicit attitudes toward gay males, much more so than toward heterosexuals. Wilkinson and Roys (2005) conducted two studies regarding the impressions of the sexual activities of gay males and lesbians; and when the target population was gay males, the authors found religiosity contributed to negative impressions of this population. Interestingly, this was not the conclusion regarding the target population of lesbians; religiosity did not play a significant role in negative attitudes toward them (Wilkinson & Roys, 2005). Jonathan (2008) found that religious fundamentalism and right-wing authoritarianism were both predictors of negative attitudes toward gay males; however, this same study indicated Christian orthodoxy predicted more positive attitudes.

The research about the influences religiosity has upon gay males and how they feel about themselves is abundant and rather unanimous. It is also clear that the specific religious doctrine makes a substantive difference in how others perceive gay males, and how they perceive themselves (Helminiak, 2008). From the most accepting of religions

(e.g., Native-American religions) to the indifferent religions (e.g., Hinduism) to the most nonaccepting religions (e.g., Islam), there is a distinctive difference amongst these religious doctrines; and further study of the influence these religious doctrines have upon gay males appears warranted, especially when it comes to determining who may be more at risk for suicidal ideation.

Literature Review Related to Key Concepts

The literature related to the key concepts involved in this study come from Durkheim (1897) and from Pescosolido and Georgianna (1989). Durkheim approached his study on suicide and religion by relying solely on a person's religiosity as the determining factor of whether an individual ideates suicide. What Durkheim failed to include in his assessment is the sense of belonging that religion can provide, regardless of the religious doctrine being set forth. Pescosolido and Georgianna, almost 100 years later, presented their understandings of the sense of community and belonging to individuals who are affiliated with a religious organization, concluding that it was this sense of belonging rather than the religious doctrine itself that was responsible for a lessening of suicidal ideation. Gay males have the same desires for relationships with others as their heterosexual counterparts (Wilkinson and Roys, 2005); combining these two theories could present a correlation between the variables of homosexuality, religiosity, and suicidal ideation.

Even though there is substantive consensus with the existing research, there are still some controversies that exist. The key question of whether Durkheim (1897) is correct or whether Pescosolido and Georgianna (1989) are correct is not going to be

unanimously accepted. Helminiak (2008) has done extensive research on world religions and its influences on homosexuality, concluding that certain religious doctrines (i.e., Catholicism and Christianity) are not congruous with acceptance of homosexuality; however, there is dissention about this. In her review of Helminiak's article, Punton (2008) claimed that the Catholic Church does not discriminate against homosexuals, indicating that the church accepts homosexuals as long as they do not engage in the sexual act itself. Punton equates this to any heterosexual sexual act outside of marriage, which is also not acceptable to the Catholic Church.

Summary

The existing research thus far has been significant when correlating issues with gay males and their various religious doctrines; and there have been a number of studies identifying that gay males have a significantly higher risk for suicidal ideation, attempts, and follow-throughs. Research has addressed the problems and feelings associated with these often conflicting identities within gay males; however, little research has expressed that these conflicts regarding religiosity and homosexuality can be so intense they can contribute to suicidal ideation. Nor has there been much research identifying the specific religious doctrines and how they individually contribute to this phenomenon.

Durkheim's (1897) research appears to have correctly correlated a sense of belonging to a community as a source to alleviate suicidal ideation, although he seems to have misidentified the reasons as belonging to and being more religious in nature. Pescosolido and Georgianna (1989) appear to have more appropriately delineated between religiosity and a sense of belonging to a community as the causal effect for the

lessening of suicidal ideation. Even though there has been some limited research correlating religiosity and suicidal ideation amongst gay males, there has not been distinctive correlation made between an individual's level of religiosity and how specific religious doctrines contribute to suicidal ideation within gay males.

Chapter 3: Research Method

Introduction

In this chapter, the research and the hypotheses, the theories incorporated into the research, and the methodology used are described. The design and approach to the research are discussed, including the justification for such research. The population demographics from which the data were gathered and the methods used to obtain such data are also delineated. Additionally, the eligibility criteria for the participants of the study, the characteristics of the sample, and the sampling size are described.

The testing instrumentation, which consisted of the two existing surveys used for data collection are discussed in detail. This discussion includes information about the concepts measured by each of the instruments, how the scores were calculated, and their reliability and validity. This chapter includes the various processes incorporated to solicit the participants, including the measures taken to protect them and their anonymity; the methods employed for gathering the raw data, including a detailed description of the variables in the study; and where the raw data are located. The various aspects of the data collection and analyses necessary to support the hypotheses, each variable used, and a description of the parameters of the study are also included in this chapter.

The variables compared were suicidal ideation, religiosity, and the various predictor variables from the demographic questionnaire (Appendices A, B, and C). Suicidal ideation (Posner et al., 2009) was the dependent variable and religiosity (Connors et al., 1996) was the primary independent variable; and the data from the demographic questionnaire were the various control variables used for the initial Pearson

product-moment correlations and include the eight demographic variables (Appendix A). The targeted demographic was gay males. It was hypothesized that there is a positive correlation between suicidal ideation in the targeted population and their level of religiosity (i.e., the more religious a male who self-identifies as gay is the more likely he is to ideate suicide).

Research Methodology Conducted

The methodology used for this study was correlation research. The relationship between the level of religiosity and suicidal ideation in gay males was studied to determine if there was a correlational relationship. It was expected that there would be a positive correlation regarding religiosity and how it can engender internalized trauma in individuals with same-sex sexual desires. Some of these individuals could resort to suicidal ideation as the only viable alternative to either not acting upon these sexual yearnings or to rid themselves of the guilt associated with these sexual yearnings.

After each participant completed the surveys and the demographic questionnaire, the information gathered was statistically analyzed. Initially, all variables were summarized using descriptive statistics (means, standard deviations, percentages). The selected statistical method to garner an understanding of the relationship between the various variables was the Pearson product-moment correlations and a multiple linear regression. Other methods would not be sufficient to ascertain the expected outcomes, and they would not help to determine the possibility that the variables might be independent of one another.

Research Design and Approach

The research design and approach to this study was correlational and quantitative. In the hypotheses, whether religiosity was significantly related to suicidal ideation amongst gay males was explored. Pearson product-moment correlations analyses and a multiple linear regression analysis were used for this study, which is appropriate when the variables are quantitative and possess a linear relationship (Rumsey, 2007). These analyses are used to explain potential connections between the variables and allow for predictions of the possible behavior of individuals who fall within the criteria of the studied population (Huberty, 2003).

Setting and Sample Size

Because of the nature of this study, it was expected that there was some reluctance on the part of certain participants to be forthcoming with revealing personal information necessary to be collected for this study. A person's sexual orientation, suicidal ideation, and religiosity are not subjects about which people wish to always be honest. The primary intended method of collection was to use Internet websites (e.g., Survey Monkey), which are designed for data collection, using the snowball sampling method in order to find willing participants. Gay males are members of hidden populations; Kendall et al. (2008) stated that the snowball sampling method is an efficient and effective means of conducting research on hidden populations. The snowball sampling method entails finding initial participants and asking each of them to ask their friends and/or acquaintances to participate in the study (Faugier & Sargeant, 1997). All individuals referred for participation were identified as individuals who met the

characteristics of the targeted participants prior to being allowed to complete the surveys and the demographic questionnaire.

The initial participants for this study were located through various sources. Several of these sources were through organizations that cater to the LGBTQ community. For convenience, the research was primarily located within Southern California and other areas of the Southwestern United States, where there are several LGBTQ organizations (e.g., the LGBTQ centers listed in Appendix D). Several of these areas are considered "melting pots" of individuals from around the United States. Individuals were contacted online through social media and survey sites, such as FaceBook and Survey Monkey. Additionally, each of the 17 LGBTQ centers was contacted with the hope that they would distribute the surveys to their members, who were asked to take the survey online. It was hoped that the combination of these LGBTQ centers (Appendix D) and the social media outlets on the Internet would be representative of the gay male population across the United States.

All eligible participants were required to reside within the United States, be at least 18 years of age, and self-identify as gay males. The minimum age of 18 years to participate was to ensure that all participants were consenting adults, thus eliminating the need for parental consent. There was no requirement for ethnicity, as it was hoped a diverse ethnic population would be found to participate in this study, but this information was included as part of the demographic information requested. It was also hoped that there would be a cross-sectional representation of the various prominent religions within the United States, namely, Christianity, Judaism, Islam, Buddhism, Hinduism, and so on,

which would be included as part of the demographic information requested. The nature of the results of the study would be determined by the represented religions of the individual participants.

A multiple regression model was calculated to address Hypotheses 2. In this model, the dependent variable was suicidal ideation and there were eight independent variables, extracted from the demographic questionnaire (Appendix A). To determine the needed sample size for this multiple regression model, the G*Power 3.1 software program (Faul et al., 2009) was used. Based on a medium effect size ($f^2 = .15$), an alpha level of $\alpha = .05$, the needed sample size to achieve sufficient power (.80) was 113 respondents because all of the predictor variables from the demographic questionnaire (Appendix A) were usable (i.e., there was enough variety from the respondents) after the data had been collected. The sample size would have been adjusted downward, if necessary, depending on the data collected, and according to the Faul et al. (2009) G*Power 3.1 software program. The final number of participants who did complete the online survey was 113.

Materials and Procedure

Participants in the research were recruited and surveyed via online methods (through the website Survey Monkey) and via member lists of the LGBTQ centers. As this area is considered a melting pot of individuals from around the United States, the experiences of the gay males within these communities was expected to be representative of several areas from within the United States. Online surveys containing the demographic questionnaire and the two surveys were created. The packets contained (a)

an explanation of the study (Consent Form), which includes assurances for the participant's anonymity and that informed consent is implied by his participation; (b) a form requesting demographic identifying information (i.e., gender, age, sexual orientation, ethnicity, religious affiliation during childhood and currently); (c) a copy of the "Help Sheet," which includes national and local helpline information; (d) the survey entitled Religious Background and Behaviors Questionnaire (Connors et al., 1996); and (e) the survey entitled Suicidal Ideation Measure (Klein et al., 2013).

These online surveys were primarily distributed via the Internet and, for those who were willing to help, through various LGBTQ organizations located throughout the Southwestern area of the United States. E-mails were sent to the LGBTQ organizations listed in Appendix D in an attempt to solicit their cooperation and input on how to contact potential participants through these organizations; and they were asked if they were willing to assist in the distribution of the online survey information.

The national hotlines were provided in the online consent form, so any potential participant would have this information regardless of whether he decided to participate. All those participants who completed the surveys were offered a t-shirt of their choice as compensation. These t-shirts would have had one of the following sayings on them: (a) "I'M NOT THE 'BOY NEXT DOOR,' I'M THE 'BAD BOY' DOWN THE STREET!"; (b) "I DRINK, THEREFORE, YOU'RE CUTE!"; (c) "BEFORE YOU BELIEVE YOURSELF TO BE PARANOID, MAKE SURE PEOPLE ARE NOT, IN FACT, OUT TO GET YOU!"; (d) "I CAN'T BE WRONG! I READ IT ON THE INTERNET!"; or (e) "JESUS IS COMING! LOOK BUSY!" Those participants who filled out the surveys

online were asked to provide an address, if they selected to obtain a t-shirt. Even though the offer of a t-shirt was extended, no participants took advantage of this.

Instrumentation

Demographic Questionnaire

Each participant completed a demographic questionnaire (Appendix A) in order to establish a set of predictor variables. Those demographic questions that offered enough diversity in the participants' answers (e.g., a variety of age groups) were used as the predictor variables for the purposes of the analyses with Pearson product-moment correlations. These predictor variables were then used for the multiple linear regression analysis.

Religious Background and Behaviors Questionnaire

The Religious Background and Behaviors Questionnaire (Connors et al., 1996) was created as a brief measure of religious practices and is intended to capture behaviors traditionally associated with religiosity. The Religious Background and Behaviors Questionnaire consists of thirteen items. The first item asks the respondent to choose the religious descriptor that best describes him (i.e., atheist, agnostic, unsure, spiritual, or religious). The set of questions in the second item (i.e., For the past year, how often have you done the following?) are designed to measure the participant's religious behavior over the most recent year and is responded to on an eight-point Likert scale (1 being the lowest score, 8 being the highest score) and includes: (a) thought about God, (b) prayed, (c) meditated, (d) attended worship services, (e) read-studied scriptures, holy writings, and (f) had direct experiences of God. The set of questions in the third item (i.e., Have

you ever in your life…?) are designed to measure the participant's lifelong religious behaviors and is responded to on a three-point ordinal scale and includes: (a) believed in God, (b) prayed, (c) meditated, (d) attended worship services regularly, (e) read scriptures or holy writings regularly, and (f) had direct experiences of God. The Religious Background and Behaviors Questionnaire consists of two main components: the "God Consciousness" component, which comprises five items, and the "Formal Practices" component, which comprises eight items.

Regarding validation of the Religious Background and Behaviors Questionnaire (Connors et al., 1996), the survey was originally administered to 1,726 individuals who were suffering from alcohol abuse. Regarding the validity of the Religious Background and Behaviors Questionnaire, scores of the total Religious Background and Behaviors Questionnaire scale were found not to be related to demographic or current level of depression; and scores did not vary significantly as a function of pretreatment alcohol involvement (Connors et al., 1996). Scores on the Religious Background and Behaviors Questionnaire were related to religious service attendance, seeking of meaning, and participation in AA meetings. The most robust association found was between the Religious Background and Behaviors Questionnaire scores and reports of attendance at religious services during the three-month period just prior to intake. Modest relationships were found between the Religious Background and Behaviors Questionnaire scores and seeking of purpose. Additionally, scores on the Formal Practices Scale of the Religious Background and Behaviors Questionnaire were found to be negatively related to purpose of life (Connors et al., 1996).

Regarding reliability of the Religious Background and Behaviors Questionnaire (Connors et al., 1996), the internal consistency of the two components ("God Consciousness" and "Formal Practices") of the Religious Background and Behaviors Questionnaire and the overall Religious Background and Behaviors Questionnaire scale was satisfactory; and test-retest correlations were exceptionally high (r = .94 or higher), indicating a high degree of replication reliability. Information regarding the reliability of the Religious Background and Behaviors Questionnaire was presented via the PsycTESTS database of the American Psychological Association (APA), which indicated that internal consistency was acceptable to good (total score = .86) and a correlation between components across the samples was stable (Cronbach's alpha = .60). The Religious Background and Behaviors Questionnaire is considered a reliable source of information about an individual's level of religiosity.

Suicidal Ideation Measure

The Suicidal Ideation Measure (Klein et al., 2013) was created as a quick measure of suicidal ideation as part of a study to determine the onset of Major Depressive Disorder (MDD) in young adults and is intended to ascertain whether an individual has had past thoughts of suicide. The Suicidal Ideation Measure was adopted from the CES-D (a self-report depression scale for research in the general population) and consists of four questions: "I thought about killing myself"; "I had thoughts about death"; "I felt my family and friends would be better off if I were dead"; and "I felt that I would kill myself if I knew a way." These questions were designed to indicate if the respondent has ever

ideated suicide, and it is responded to on a four-point Likert scale (1 being rarely or none of the time and 4 being most or all of the time).

Regarding validation of the Suicidal Ideation Measure (Klein et al., 2013), the survey was originally part of the Oregon Adolescent Depression Project (OADP), which included this measure with seven other measures, assessing subthreshold depressive symptoms, self-rated physical health, self-esteem, major life events, daily hassles, perceived social support, and childhood physical and sexual abuse. The OADP was a longitudinal study, with the participants assessed on four separate intervals from a mean age of 17 until they reached a mean age of 31. The first interval included 1,709 individuals (mean age of 17) from nine Oregon high schools. At the second interval, one year later, there were 1,507 of the original participants (mean age of 18). At the third interval, all the participants (mean age of 25) with a history of psychopathology by the second interval (n=644) and a random sampling of those without a history of psychopathology (n=457) were invited to participate in the third interval; 941 (85%) of the 1,101 completed the assessments at the third interval. At the fourth interval, 502 participants (mean age of 31) completed the final assessments. These final 502 participants had no lifetime history of mood disorder through the second interval and had no lifetime history of bipolar or psychotic disorder through the fourth interval.

Of the 502 individuals who completed the fourth interval, 183 had been diagnosed with MDD and 319 had not been diagnosed with MDD. Of these, 180 and 314, respectively, contained usable data on the Suicidal Ideation Measure (Klein et al., 2013). Scores of the total Suicidal Ideation Measure scales were found to be a reliable symptom

variable that accurately predicts the onset of MDD. Regarding reliability of the Suicidal Ideation Measure, the overall Suicidal Ideation Measure scale was high (r = .95), indicating a significant degree of reliability. Information regarding the reliability of the Suicidal Ideation Measure was presented via the original article regarding the survey (Klein et al., 2013); and the PsycTESTS database of the APA indicated that the correlation between components across the samples was stable (Cronbach's alpha = .84). The Suicidal Ideation Measure is considered a reliable source of information about an individual's propensity to ideate suicide.

Data Collection

Data collection was accomplished via an online survey (i.e., through Survey Monkey) and, for those LGBTQ centers that assisted, through their member databases. Each participant was provided with an explanation of the research study and the materials: (a) a consent form (this was the first form the participant saw); (b) information about national and local suicide and LGBTQ help lines; (c) the two surveys; and (d) the demographic questionnaire, which indicates that the participant self-identifies as a gay male and includes questions for as many as eight potential predictor variables (Appendix A). It was hoped that these two methods of data collection would have provided diversity in the religious demographic category, which was possible, as larger city "gay areas" and the Internet are generally populated with individuals from varying religious doctrines.

Data Analyses

The dependent variable for this study was past suicidal ideation of the participant, as indicated by the Suicidal Ideation Measure (Klein et al., 2013). A series of

demographic variables were gathered for each participant that included the eight predictor variables set forth on the demographic questionnaire (Appendix A). For the primary independent variable, each participant completed the Religious Background and Behaviors Questionnaire (Connors et al., 1996), which yielded the participant's level of religiosity. The combination of the demographic predictor variables with the Religious Background and Behaviors Questionnaire and the Suicidal Ideation Measure scores were combined to indicate the participant's potential risks for suicidal ideation.

Alpha level for this study was set at $p = .05$. However, due to the exploratory nature of this study, findings significant at the $p = .10$ level were noted to suggest avenues for future research.

Data were initially tabulated using standard summary statistics (means, standard deviations, frequencies, and percentages). As a general data analysis approach, bivariate comparisons were performed using Pearson product-moment correlations and *t* tests for independent means or one-way ANOVA tests. Multiple regression prediction equations were created to test the hypotheses.

Pearson product-moment correlations analyses and multiple linear regression are considered the best approaches when attempting to predict a statistically significant characteristic from this type of hypothetical formula (Boslaugh & Watters, 2008). Pearson product-moment correlations and multiple linear regression are appropriate when the variables are quantitative in nature and have a linear relationship (Rumsey, 2007). The variables in this research study are quantitative, as they come from surveys requiring the participants to answer multiple questions used in the primary analyses. Pearson

product-moment correlations and multiple linear regression allow for the prediction of and an explanation for the relationship between variables (Myers, Enrick, & Melcher, 1974). The variables in the presented hypotheses were best analyzed through Pearson product-moment correlations and multiple linear regression approaches.

Protection of Participants

No research was conducted until such time as full approval of the Walden University Institutional Review Board was approved for this study (IRB Approval #03-21-14-0112440). Information regarding the nature of the study, the participant's right to withdraw from the study at any time, and their implied informed consent was provided to each participant prior to asking them to fill out the documents in the packets. As stated previously, there was no reason to include the individuals' name or contact information in the final report of the research study. No personal information outside the requisite information for the study to be effective was necessary, and nothing else was asked of the participants.

Data have been password protected on a personal computer. Any personal individual data have not been nor will not be discussed with anyone. All participants were treated with dignity and respect, and they were not coerced into taking part in the research. They were asked one time if they were interested in participating. If they showed an interest, an explanation of the research was provided to them, and they were asked to fill out the surveys and the demographic information.

In order to prevent any potential distress amongst the participants that were contacted via the Internet, information about a national suicide hotline (i.e., National

Suicide Prevention Lifeline, 1-800-273-TALK [8255], www.suicidepreventionlifeline.org) and information about national and local LGBTQ community organizations (i.e., www.lgbtcenters.org/Centers/find-a-center.aspx) was provided to all participants in case any of them needed to contact someone after dealing with these sensitive issues. Additionally, a list of local mental health, affirmative therapy locations, and LGBTQ organizations at the local level were provided to all participants, wherever the local area was in which the participant lives.

Summary

The nature of this study does not require the manipulation of any of the variables. The data collection and analyses present no foreseeable issues, other than those addressed within this chapter. The only issue that could have been potentially problematic is whether asking the questions contained on the instrumentation might have brought about memories and emotions that the participants may not have previously and appropriately addressed. However, the information provided to the participants should have been sufficient for them to attain any assistance they may have needed. The instrumentations selected are valid and reliable, and should be adequate for the studied population of this study. In Chapter 4, the results of the data collection and the statistical analyses are discussed.

Chapter 4: Results of the Research Study

Introduction

The purpose of this study was to explore the relationship between sexual orientation, religiosity, and suicidal ideation among gay men. Data were collected from 113 survey participants. The primary research question for the study was the following: Does a gay male's level of religiosity significantly influence his potential for suicidal ideation? This question was accompanied by two null hypotheses and two alternative hypotheses.

$H_0$1: There is no relationship between a gay male's suicidal ideation and his past level of religiosity.

$H_1$1: There is a relationship between a gay male's suicidal ideation and his past level of religiosity.

$H_0$2: A gay male's level of religiosity does not significantly affect his suicidal ideation when specific predictor variables are present.

$H_1$2: A gay male's level of religiosity significantly affects his suicidal ideation when specific predictor variables are present.

In this chapter, the findings of the research study are discussed. The recruitment of participants and the planned data collection process will be reiterated, with discrepancies, if any, that may exist from the previously discussed approaches. The composition of the sampled participants will be discussed, as well as how it related to the overall population. The results of the research will be addressed, including analyses of the collected data. Various tables supporting the data analyses will be presented

throughout the chapter, which are also included in the appendices. Finally, the data and results will be summarized.

Data Collection

The data for this research study were collected during a 3-month period (April 1, 2014 – June 16, 2014). Although several methods of participant recruitment and data collection were discussed previously, only two methods were actually used. The first method to obtain participants was by contacting various LGBTQ organizations throughout the Southwestern United States and asking them to let their members know about the survey, which was placed onto Survey Monkey (surveymonkey.com) on the Internet. The other method of recruitment was through the snowball effect, which allowed for initial participants to ask people they knew to take the online survey. Judging from the resulting participants, the latter method of snowballing was significantly more effective than through contacting the various LGBTQ organizations and their members.

The characteristics of those sampled were rather varied for several of the demographics targeted, but not as varied for others. For example, the ages of the participants were fairly representative of the population (with the exception of the 18 to 20 age group), as was race/ethnicity and town size (population) of childhood cities. However, the religious affiliations, both current and while growing up, skewed toward three religious affiliations: Protestant (39.8%), Catholic (31.9%), and Mormon (15.9%) while growing up (with 12.3% reporting nonreligious or other); and Protestant (15.9%), Catholic (17.7%), and Mormon (8.0%) for current (with 58.4% reporting nonreligious or other). These do not reflect the population of the United States, which is 52% Protestant,

24% Catholic, 2% Mormon, and 22% other or nonreligious (Kohut & Rogers, 2005). Additionally, there was a significant difference in those individuals who had a specific religious affiliation growing up (3.5%) and those who do not affiliate with a current specific religion (45.1%). Possible reasons for the above discrepancies are discussed in Chapter 5.

Demographics

Table 1 displays the frequency counts for selected variables. As for family awareness status: 11.5% of the respondents had families who were not aware of their sexual orientation; 31.9% had families who were aware of their sexual orientation, but they viewed their family members as unsupportive; and 56.6% had families who were aware of their sexual orientation and were supportive. Ages of the respondents ranged from 18 to 76 years (M = 40.85, SD = 13.39). The most common religious affiliation while growing up was either Catholic (31.9%) or Protestant (39.8%). Four respondents (3.5%) answered that they had no religious affiliation growing up. The most common current religious affiliation was either Catholic (17.7%) or Protestant (15.9%). Fifty-one respondents (45.1%) answered that they had no current religious affiliation. The most common racial/ethnic backgrounds were either Caucasian (46.9%) or Hispanic (18.6%). The three most common states for childhood locations for these survey respondents were California (60.2%), Utah (10.6%), and New Mexico (4.4%). Thirty-five percent of the respondents had high or very high levels of past suicidal ideation (M = 2.40, SD = 0.87).

Table 1

Frequency Counts for Demographic Variables (N = 113)

Variable	Category	*n*	%
Family Awareness Status			
	Family not aware	13	11.5
	Family aware but unsupportive	36	31.9
	Family aware and supportive	64	56.6
Age Group*			
	18 to 20 years	4	3.5
	21 to 29 years	21	18.6
	30 to 39 years	32	28.3
	41 to 49 years	26	23.0
	50 to 59 years	19	16.8
	61 to 76 years	11	9.7
Religion Growing Up			
	Catholic	36	31.9
	Protestant	45	39.8
	Mormon	18	15.9
	None	4	3.5
	Other	10	8.8
Religion Current			
	Catholic	20	17.7
	Protestant	18	15.9
	Mormon	9	8.0
	None	51	45.1
	Other	15	13.3

Table Continues

Race/Ethnicity			
	African-American	9	8.0
	Asian/Indian	5	4.4
	Caucasian	53	46.9
	Hispanic	21	18.6
	Middle Eastern/Arab	4	3.5
	Native-American	5	4.4
	Multiracial	16	14.2
State			
	California	68	60.2
	New Mexico	5	4.4
	Utah	12	10.6
	Other States	28	24.8

Note *Age: M = 40.85, SD = 13.39.

Table 2 displays the descriptive statistics for the dependent selected variables. These variables were the religiosity scale score (M = 18.65), and the suicide ideation scale score (M = 2.40). It should be noted that compared to the original sampling upon which this survey instrument was normalized, the respondents in this sampling had substantially higher average scores for suicidal ideation (M = 2.40).

Table 2

Descriptive Statistics for Dependent Variables (N = 113)

Variable	*M*	*SD*	Low	High
Religiosity Scale	18.65	11.98	1.00	50.00
Past Suicidal Ideation Scale	2.40	.87	1.00	4.00

Data Analysis

In Hypothesis 1, which is addressed in Table 3, it was proposed that a gay male's suicidal ideation is significantly influenced by his level of religiosity. A Pearson product-moment correlation coefficient was computed to assess the relationship between the past suicidal ideation and level of religiosity. There was no statistically significant correlation between the two variables, $r = -.08$, $n = 113$, $p = .38$. Table 3 summarizes the results. No increases in past suicidal ideation were correlated with increases in levels of religiosity in gay males; thus, Null Hypothesis 1 was retained.

Table 3

Pearson Correlations for Predictor Variables with Dummy Coded Variables (N = 113)

Variable	1	2
1. Religiosity Scale	1.00	
2. Past Suicidal Ideation Scale	-.08	1.00
Family Aware and Supportive [a]	-.27***	-.17*
Age	-.25**	.00
Caucasian [a]	.01	.15
Town Size	.00	.10
Currently Had a Stated Religion [a]	.63****	.07

Note * $p < .05$. ** $p < .01$. *** $p < .005$. **** $p < .001$.
[a] Coding: 0 = No 1 = Yes.

In Hypothesis 2, it was proposed that a gay male's level of religiosity would significantly affect his suicidal ideation when specific predictor variables were present. Seven predictor variables were selected for the multiple regression analysis, including, (a) whether the participant's family was aware of his sexual orientation; (b) whether his

family was supportive of his sexual orientation; (c) the age of the participant; (d) the current religious affiliation of the participant; (d) religious affiliation during childhood; (e) his ethnicity/race; (f) and the population of the city in which the participant grew up. Of these seven predictor variables, one (having familial support) indicated a significant difference when a multiple regression analysis was performed.

Table 4 specifically addresses Hypothesis 2 and the predictor variables. The overall model was significant, $p = .01$ and accounted for 14.4% of the variance in the level of past suicidal ideation, which is a modest finding, leaving 85.6% of the variance unexplained. This indicates that past suicidal ideation was higher when respondents did not have the support of their family members with regard to their sexual orientation, $\beta = -.27$, $t(-2.79)$, $p = .006$ and the respondent had lower levels of religiosity, $\beta = -.30$, $t(-2.53)$, $p = .01$. In addition, although it did not reach the level of significance, suicidal ideation was slightly higher for Caucasians, $\beta = .21$, $t(2.24)$, $p = .03$, and respondents who had a current stated religion, $\beta = .25$, $t(2.15)$, $p = .03$, than for other ethnic groups. This combination of findings provided support to reject the Null Hypothesis 2.

Table 4

Suicidal Ideation Based on Level of Religiosity and Demographics Variables (N = 113)

Variable	*B*	*SE*	*β*	*t*	*p*
Intercept	2.61	.32		8.26	.001
Family Aware and Supportive*	-.47	.17	-.27	-2.79	.006
Age	.00	.01	.00	.02	.99
Caucasian*	.37	.16	.21	2.24	.03
Town Size	.00	.00	.12	1.35	.18
Currently Had a Stated Religion*	.43	.20	.25	2.15	.03
Religiosity Scale	-.02	.01	-.30	-2.53	.01

Note Full Model: (6, 108) = 2.99, $p = .01$. $R^2 = .144$.
*Coding: 0 = No; 1 = Yes.

In Table 5, the one-way ANOVA models for level of religiosity and level of suicidal ideation based on family awareness status are displayed. There was a significant main effect for level of religiosity, $F = 4.72$, $p = .01$, while there was no significant main effect for suicidal ideation, $F = 2.52$, $p = .09$. Post hoc analyses were performed using the Scheffe' tests to identify where significant differences existed. The analyses revealed that there was a significant difference in suicidal ideation and level of religiosity between respondents whose families did not know they were gay ($M = 26.92$) ($p = .01$) and respondents whose families knew they were gay and had the support of their families ($M = 16.36$) ($p = .01$). No other differences were found.

Table 5

One-Way ANOVA Models for Level of Religiosity and Suicidal Ideation (N = 113)

Scale	Status	*n*	*M*	*SD*	*η*	*F*	*p*
Religiosity*					.28	4.72	.01
	1. Family not aware	13	26.92	10.73			
	2. Family aware but unsupportive	36	19.75	11.43			
	3. Family aware and supportive	64	16.36	11.85			
Suicidal Ideation**					.21	2.52	.09
	1. Family not aware	13	2.54	1.11			
	2. Family aware but unsupportive	36	2.63	.76			
	3. Family aware and supportive	64	2.25	.85			

Note *Scheffe post hoc tests: 1 ≈ 2 (p = .17); 1 > 3 (p = .01); 2 ≈ 3 (p = .38).
**Scheffe post hoc tests: 1 ≈ 2 (p = .95); 1 ≈ 3 (p = .54); 2 ≈ 3 (p = .10).

Additional Findings

In Table 3, there are ten additional correlations for the five demographic variables with the religiosity and suicidal ideation scale scores. Four of the 10 correlations were significant: three with the religiosity scale, including (a) “family aware and supportive”; (b) “age”; and (c) “currently had a stated religion” and one with the suicidal ideation scale, including “family aware and supportive.” Specifically, there was a significant correlation between the two variables when religiosity was higher when: (a) the respondent did not have their family’s support, r = -.27, n = 113, p < .01; (b) the respondent was younger, r = -.25, n = 113, p < .01; and (c) the respondent had a current

stated religion, $r = .63$, $n = 113$, $p < .001$. In addition, suicidal ideation was higher when the respondent did not have their family's support, $r = -.17$, $n = 113$, $p < .05$.

Additionally, in Table 3, three variables were dummy coded so that they could be included in the correlation analysis. These variables were: (a) "whether their family knew and supported their sexual orientation"; (b) "whether they were Caucasian"; and (c) "whether they currently had a stated religion."

Summary

In summary, the responses from 113 surveys were used to explore the relationship between a gay male's sexual orientation, his level of religiosity, and suicidal ideation. For Hypothesis 1, the null hypothesis was supported, meaning that there was no significant correlation between suicidal ideation amongst gay males and their level of religiosity. For Hypothesis 2, the alternative hypothesis was supported, meaning that certain predictor variables (i.e., familial support) when combined with low levels of religiosity were significantly related to levels of reported suicidal ideation. In the final chapter, these findings will be compared to the literature, conclusions and implications will be drawn, and a series of recommendations will be suggested.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In this study, the relationship between levels of religiosity and suicidal ideation among gay males was explored. The study was conducted because of the significant differences between the rates of suicidal ideation and suicide attempts amongst gay males (18.1%) compared to heterosexual males (4.2%; King et al., 2008; Remafedi et al., 1998). This is a phenomenon that ought to be explored in order to determine any underlying causes that may be contributing to the discrepancy between these population demographics. The theory that religiosity may or may not be a contributing factor is only one of several possible determining factors.

Two hypotheses were considered during the process of this study. The first hypothesis was whether religiosity is a contributing factor to a gay male's suicidal ideation (i.e., the null hypothesis was the following: there is no relationship between a gay male's suicidal ideation and his level of religiosity). The second hypothesis was whether religiosity contributes to a gay male's suicidal ideation when other demographic variables are factored into the research (i.e., the null hypothesis was the following: there is no relationship between a gay male's suicidal ideation and his level of religiosity after controlling for demographic variables). The key findings of the research supported the first null hypothesis, but they did not support the second null hypothesis.

The key factor with regard to the second null hypothesis was the support of family members and level of religiosity. Those individuals who felt that they had the support of their family members with regard to their sexuality and had lower levels of religiosity

were less inclined toward suicidal ideation than those with lower levels of religiosity who did not have the support of their family members or whose family members were unaware of their sexuality. There was no significant difference when levels of religiosity were higher in each of these groups.

Interpretation of the Findings

A possible interpretation of the results for the first hypothesis is that a gay male's level of religiosity is unrelated to his tendency toward suicidal ideation, which is in line with what Helminiak (2008) found. Another possible interpretation of these findings is that the level of religiosity is less relevant than the religious affiliation (Schuck & Liddle, 2001; Whitley, 2009), which was not specifically address in this research, as this was beyond the scope of this study. The lack of significant findings with regard to level of religiosity suggests the potential for additional research in this area. A study that focuses more on the specific religious affiliation of gay males could be beneficial, because it could take into account the beliefs amongst the various religions about suicide.

A possible interpretation for the modest findings of the second hypothesis (that gay males without familial support were more likely to ideate suicide than those gay males with familial support when their levels of religiosity were low) is an indication that religiosity at higher levels is acting as a substitute for positive familial support when a gay male has little or no familial support. This finding supports the research results by Pescosolido and Georgianna (1989) who indicated individuals who feel a sense of belongingness to a group and have support from this group are less prone to have thoughts of suicidal ideation, which is not necessarily simply due to the influences of

their religiosity. It could be argued that any individual, regardless of his or her sexuality, who did not feel that she or he had the support of family members, might tend more toward suicidal ideation than someone who felt supported by family. This is another area that may benefit from further research.

Pescosolido and Georgianna (1989) contended that Durkheim's (1897) theory depended solely on the influences of religion and overlooked the possibility that it was more the sense of belongingness to a societal group that was the reason for less suicidal ideation, and not the religion itself. The findings of this research study appear to support their supposition. The familial unit that supports them affords gay males a sense of belonging to a group.

Additionally, there were a couple of demographic variables that although did not reach statistical significance, appear worthy of further research. First, past suicidal ideation was higher for gay male Caucasians than other ethnicities. Second, gay males who had a current stated religion were less likely to have had past suicidal ideation than those who did not have a current stated religion.

There was also a difference noted with the number of participants who had a childhood religious affiliation and those who had a current stated religious affiliation. This difference between "growing up" and "current" number of individuals who claim "no religious affiliation" might be accounted for by the increased percentage of adult gay males and lesbians who have difficulty reconciling their sexual orientation with a specific religion (Henrickson, 2007).

There were several predictor variables that did not show any statistically significant relationships with either suicidal ideation or level of religiosity. These were age group, religion growing up, and city population during childhood. There is some existing research on why no statistical significance was found for these predictor variables. Although age is a factor in suicidal ideation and gay males, Stone et al. (2014) found that sexual minority youths (10-to-24-year-olds) ideate and attempt suicide as much as five to six times more often than other age groups; there were few participants in this current survey within this age group. Suicidal ideation is more prevalent amongst certain religious groups, such as Protestants being more likely to contemplate and commit suicide than Catholics (Tubergen et al., 2005). Suicide is more prevalent among gay males in more rural settings than in urban settings (Boso, 2013). That this current study does not indicate a statistically significant relationship for religious groups or city population could be because of the limited size of the sampling.

Limitations of the Study

There are several limitations of this study that arose during the process of collecting and analyzing the date that may have affected the reliability and validity of the results. Some of these limitations were anticipated as possibilities before the data collection began, whereas some of them were not. In this section, these limitations are discussed.

With regard to the initial survey instruments (i.e., the Demographic Questionnaire, the Religious Background and Behaviors Questionnaire, and the Suicidal Ideation Measure), the results gathered from these surveys are limited. These surveys are

used to examine rather complex phenomena with simplistic survey questions. Therefore, the results are limited by a degree of personal interpretation by the participants. A potential solution to this problem might be to conduct a follow up qualitative study that more deeply explores these complex questions, which could improve our understanding of them.

Specifically in the Religious Background and Behaviors Questionnaire, there are several subjective questions. Questions 2f and 3f both ask if the respondent has had direct experiences with God, which are rated on a Likert scale. The definition of a "direct experience with God" could mean different things to different people. Is a direct experience with God having him "answer" a prayer? Is a direct experience with God "feeling" his presence? Or, is a direct experience with God only when he "visits" the individual? This is not an easily answered question, and it is certainly open to personal interpretation. Additionally, this testing instrument is focused more on the past year of the participants' lives rather than at any point in their lives, which limits the scope of the survey and the results. Specifically in the Suicidal Ideation Measure, the participants may have been underreporting because this is such a sensitive subject, particularly among individuals who practice religion.

With regard to the gathering of data, some issues arose during the process of accessing potential participants. While finding these participants, it was discovered that the snowball effect has some intrinsic problems. Because the snowball effect relies on participants being recruited to the research study from personal contacts of prior

participants, the overall variability of the demographics is limited in scope, especially with regard to religious affiliation, state of residency, and to some degree, age.

Participants' religious affiliations skewed more toward Catholicism and Mormonism than what is representative of the population as a whole, which was probably due to the initial participants being from these religious groups. These individuals tended to personally know more Catholics and Mormons than any other religious group. The states of residencies tended to be concentrated more heavily within a small number of states, specifically California, Utah, and New Mexico. The concentrations in these areas appear related to the residence of the original study participants. The high number of Mormon participants in the study is understandable because Utah is known to have a high concentration of Mormons.

Although the study sample represented a wide range of ages, it does not reflect the larger population distributions within the United States. The sample skewed slightly older because the original participants were older and tend to know older individuals; this, in turn, caused the "snowballing" to skew to older participants.

Another noted limitation was the population distribution in some of the areas of higher concentration of participants, which are considered more conservative than what is reflective of the United States. This could also have skewed the participant demographic; therefore, the resulting data and analyses may not have been as reliable and valid as they could have been.

An important limitation is that there was no screening of the participants for clinical depression or whether they have ever received any mental health treatment,

including therapy or psychopharmacological intervention, which may have influenced the results. However, this was planned, as to have screened for any mental health issues was considered outside the scope of this study.

Recommendations

There are a number of recommendations for further research that arose from the process of this research study, from the participant demographic, from the data collected, and from the results of the analyses. First, expanding the demographics to include lesbians is one avenue of approach that could use the same variables and the same instrumentation. This would afford the opportunity to see if there are any differences between levels of religiosity, suicidal ideation, and gender as it pertains to members of the homosexual community. Expanding the demographic to include lesbians is also suggested for any of the following discussed recommendations for further research.

Examining religious affiliations as a primary variable is recommended for future research study. Determining if there is a higher level of suicidal ideation amongst gay males within specific religious affiliations could be beneficial for mental health workers. If mental health workers have an understanding that a gay male client's religious affiliation can cause issues as dangerous as suicidal ideation, this could assist them when determining a course of treatment. The individual's level of religiosity would still be relevant with this type of study. Even amongst the same religious affiliations, the level of religiosity between one member and another could be a causal factor in suicidal ideation. Those members of any given religion that are somewhat nonchalant about their religious teachings might not be as inclined toward suicidal ideation as those members who take

their religion's dogma more seriously. Including in this study elements that examine the influence of nonreligious spirituality and/or the level of homonegativity (hate speech, etc.) within religious settings as variables could also be beneficial.

Delving further into the age differences might be an interesting avenue to pursue in further research. The age differences of the participants was fairly well dispersed across the spectrum within the data collected for this study, so it is rather difficult to compare one generation to another. Focusing in on differing generations could prove beneficial. If a study were to compare gay males in their twenties to gay males in their fifties, a significant difference might be discovered about how religiosity has influenced suicidal ideation across generations. Another study could examine the differences in suicidal ideation and level of religiosity among gay males when the age at which the individual "comes out" is brought into the equation, which is a particularly sensitive time for gay males.

Because the participants for this study were heavily concentrated in certain states and areas, a study that better represents the residency distribution of the United States and outside of the United States could be beneficial. Having a comparison between various states, geographical areas, or certain cities might be beneficial, especially if such a study indicated that gay males from areas that have higher overall levels of religiosity (e.g., the southern United States) are more prone to suicidal ideation than areas with less religiosity (e.g., southern California). This same study could also compare rural areas to urban areas in order to determine if any significant differences exist when population concentrations are denser.

A study that divides the demographics into the various ethnicities is recommended for future research. The ethnicity variable in Hypothesis 2 indicated that gay male Caucasians tended toward suicidal ideation more than other ethnic groups. This could be worth exploring further as to why this is and if differences between other ethnic groups can be determined.

Given the significant findings regarding the impact of familial support on suicidal ideation among gay men, another recommendation for further research would be to identify if it is specifically the support of family members that is the causal reduction of suicidal ideation. Or would further research indicate that any supportive group of people would be beneficial? It might be beneficial to conduct a research study that compared familial support to support from an individual's religious affiliation with regard to gay males; or which compared familial support to peer support. Would a surrogate family be as beneficial, or more beneficial, than an individual's biological family when it comes to reducing suicidal ideation amongst gay males?

Implications

Although the results of the analyses did not support *Hypothesis 1* of this research study, the results did support *Hypothesis 2*. The findings suggest that more research is warranted. Previously mentioned limitations with the study narrow the scope of the generalizability and applicability of the results. However, even though further research should be conducted, there was some useful information that arose from the findings that are supportive of the theoretical framework used for this research.

Using the theory of Pescosolido and Georgianna (1989) when analyzing Durkheim's (1897) theory on suicide, it appears to be beneficial for individuals to have an affiliation or a sense of belongingness to some aspect of society in order to reduce the potential for suicidal ideation. The results of this research study support this theory. The implications of this for mental health workers are significant.

Accepting the premise of the significant findings from Hypothesis 2 (i.e., familial support lessens suicidal ideation in gay males with lower levels of religiosity), when mental health workers are designing a course of treatment for their gay male patients, it could be beneficial to attempt to solicit the support of the gay male's family members. If familial support is not possible or practical, it could be advantageous to encourage the patient to investigate the possibility of support from a different source. For example, the various LGBTQ organizations that are abundant throughout the United States offer support groups. These organizations offer groups of supportive and affirmative individuals in order to support their peers.

These findings should not be limited to mental health workers and their gay male patients; they should be brought to the awareness of religious organizations and family members of gay males. Dissemination of this information could help protect gay males from suicidal ideation and the potential results. Religious organizations should become aware of the support gay males need in order to cope with their sexuality, or the consequences could be dire.

Conclusions

The results of the analyses did not support Hypothesis 1 of this research study, but they did support Hypothesis 2. Because familial support was a protective factor against suicidal ideation, it seems the message that most captures the key essence of the study is the following. *Gay males should not attempt to "go it alone."* Any gay male who is prone to suicidal ideation should seek out the companionship of others to help him cope with this phenomenon, even if the support does not necessarily come from like-minded individuals. The most important finding is that support of a gay male's sexual orientation is essential when combating suicidal ideation, whether that support comes from family, a religious organization, or some other group of people.

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Appendix A: Demographic Questionnaire

Demographic Questionnaire
(Please circle your answer or fill in the blank.)

1. Do you identify as a gay male? YES NO
(If your answer is NO, please do not complete this packet.)

2. Are you "out" to your family members? YES NO

3. If yes, is your family supportive of your orientation? YES NO

4. What is your age? _____

5. What is your current religious affiliation? _____

6. What was your religious affiliation in childhood? _____

7. What is your ethnicity/race? (Circle one!)

African-American Asian/Indian Caucasian Hispanic

Middle Eastern/Arab Native-American Pacific Islander Multiracial

8. In what city (town) and state did you grow up? _____
(If there was more than one, please list them in the space below, and indicate at what age you moved to each city.)

9. What was the approximate population of this city/town? _____

Appendix B: Suicidal Ideation Survey

Suicidal Ideation Measure

1. I thought about killing myself.

2. I had thoughts about death.

3. I felt my family and friends would be better off if I were dead.

4. I felt that I would kill myself if I knew a way.

Note: Suicidal ideation was assessed using the sum of four items, each rated on a 4-point scale.

Test Format:
Items are rated from 1 (rarely or none of the time) to 4 (most, or all of the time).

Source:
Klein, Daniel N., Glenn, Catherine R., Kosty, Derek B., Seeley, John R., Rohde, Paul, & Lewinsohn, Peter M. (2013). Predictors of first lifetime onset of major depressive disorder in young adulthood. Journal of Abnormal Psychology, Vol 122(1), 1-6. Doi: 10.1037/a0029567

Appendix C: Religiosity Survey

Religious Background and Behaviors Questionnaire
RBB

1. Which of the following best describes you at the present time? (Check one.)

_____ Atheist - I do not believe in God.
_____ Agnostic - I believe we can't really know about God.
_____ Unsure - I don't know what to believe about God.
_____ Spiritual - I believe in God, but I'm not religious.
_____ Religious - I believe in God and practice religion.

2. For the past year, how often have you done the following? (Circle one number for each line.)

	Never	Rarely	Once a month	Twice a month	Once a week	Twice a week	Almost daily	More than once a day
a. Thought about God	1	2	3	4	5	6	7	8
b. Prayed	1	2	3	4	5	6	7	8
c. Meditated	1	2	3	4	5	6	7	8
d. Attended worship service	1	2	3	4	5	6	7	8
e. Read-studied scriptures, holy writings	1	2	3	4	5	6	7	8
f. Had direct experiences of God	1	2	3	4	5	6	7	8

3. Have you ever in your life:

	Never	Yes, in the past but not now	Yes, and I still do
a. Believed in God?	1	2	3
b. Prayed?	1	2	3
c. Meditated?	1	2	3
d. Attended worship services regularly?	1	2	3
e. Read scriptures or holy writings regularly?	1	2	3
f. Had direct experiences of God?	1	2	3

Source:
Connors, Gerard J., Tonigan, J. Scott, & Miller, William R. (1996). A measure of religious background and behavior for us in behavior change research. Psychology of Addictive Behaviors, Vol 10(2), 90-96. doi: 10.1037/0893-164X.10.2.90

Appendix D: LGBTQ Centers

Organization/ City	Phone/E-mail	Contact
OUTreach Center Antelope Valley, Lancaster	661-927-7433 sanie@outreachcenter.org	Sanie Andres 661-917-0090
ASI LGBT/Queer Resource Center Fullerton	657-278-4218 ashleymoore@fullerton.edu	Ashley Moore
The Center Orange County, Santa Ana	714-953-5428 darby.restorick@thecenteroc.org	Darby Restorick x119
L.A. Gay and Lesbian Center Los Angeles Dept.	323-992-7400 clinresearch@lagaycenter.org	Clinical Research
Gay and Lesbian Center of Greater Long Beach	562-434-4455 naltman@centerlb.org	Natalee Altman
South Bay LGBT Com. Org. Torrance	310-328-6550 theboard@southbaycenter.org	[Awaiting Information]
Bakersfield LGBTQ Bakersfield	661-302-4266 info@bakersfieldpride.org	[Awaiting Information]
San Diego LGBT Com. Center San Diego	619-692-2077 aquayle@thecentersd.org	Amanda Quayle x214
Pacific Pride Foundation Santa Barbara	805-963-3636 tyson@pacificpridefoundation.org	Tyson Halseth x111
Gay and Lesbian Com. Center of So. Nevada, Las Vegas	702-733-9800 relkins@thecenterlv.com	Bob Elkins x109
Fresno LGBT Com. Center Fresno	559-325-4429 chris@gaycentralvalley.org	Chris Jarvis 559-274-7577
One Voice Com. Center Phoenix	602-712-0111 chair@1vcc.org	Brad Wishon 623-570-6166
Diversity Center	831-425-5422	Sharon Papo

Santa Cruz	spapo@diversitycenter.org	x101
Rainbow Com. Center of Contra Costa County, Concorde	925-692-0090 kas@rainbowcc.org	Kas Shields
Pacific Center for Human Growth Berkeley	510-548-8283 press@pacificcenter.org	Leslie Ewing x213
Sacramento Gay and Lesbian Cen. Sacramento	916-442-0185 mandy.taylor@SacCenter.org	Mandy Taylor
San Francisco LGBT Com. Center San Francisco	415-865-5555 davidg@sfcenter.org	David Gonzalez 415-865-5615

Appendix E: Informed Consent Form – In-Person Format

Gay Males, Religiosity, and Suicidal Ideation
Informed Consent Form - In-Person Format

THIS FORM SHOULD BE THE FIRST PAGE YOU SEE. AFTER YOU HAVE READ THIS FORM, AND SHOULD YOU DECIDE TO CONTINUE, YOU ARE ACKNOWLEDGING THAT YOU HAVE BEEN THOROUGHLY INFORMED ABOUT THE NATURE OF THIS STUDY.

You are invited to participate in a research study about how a gay male's level of religiosity during childhood affects his potential for suicidal ideation. We ask that you read this Informed Consent Form before agreeing to participate in the study. This study is being conducted by Joseph Claybaugh, a doctoral candidate at Walden University.

Background Information: The purpose of this study is to gain an understanding of the influences religiosity has on the potential for suicidal ideation in gay males, and why the rates are significantly higher than for heterosexual males.

Procedures: If you agree to participate in this study, please continue to the next page of the packet, which indicates you understand its contents and the nature of the study. You will then be asked to complete a short demographics questionnaire and two short surveys. The demographics questionnaire asks you to confirm that you are a gay male, are at least 18 years of age, and that you understand English. If your answers to all three of these questions are yes, please continue with the rest of the demographics questionnaire, the suicidal ideation survey, and the religiosity survey. You should be able to complete all three of these items within 10 to 15 minutes. Once completed, please return these three items (the demographics questionnaire and the two surveys) to Joseph Claybaugh, either in person, via e-mail at xxxxxxxxx@xxxxxx.xxx or by using a provided self-addressed and stamped envelope.

Confidentiality/Privacy: This study is completely anonymous, and the records of this study will be kept private and confidential. In any report that might be published, no information will be included that will make it possible to identify you or any other participant. Research records will be kept in a locked file; and only the researcher will have access to the records.

Voluntary Nature of the Study: Your participation in the study is entirely voluntary, and you are free to withdraw at any time during the process of completing the surveys. If you decide to withdraw your participation you may do so without any recourse whatsoever.

Risks and Benefits of being in the Study: There are no physical risks and no individual benefits to participating in this study. Emotional upset while completing the questionnaires might be a possibility. Participants are not obligated to complete any parts of the questionnaires with which they are not comfortable. There are, however, potentially significant benefits to the gay community and the mental health community by helping mental health professionals to understand why suicidal ideation amongst gay males is so high. And it could assist them in helping their gay male clients understand and cope with any suicidal thoughts they might be having.

INFORMATION WILL BE PROVIDED IN THE PACKET ON A SEPARATE SHEET OF PAPER ("HELP SHEET") ABOUT NATIONAL SUICIDE HOTLINES, LOCAL CRISIS HOTLINES (WHERE APPLICABLE), AND LOCAL LGBTQ ORGANIZATIONS. CALL ONE OF THESE ORGANIZATIONS IF YOU FEEL THE NEED TO SPEAK TO SOMEONE AT ANY TIME. FEEL FREE TO KEEP THE "HELP SHEET" EVEN IF YOU DECIDE NOT TO PARTICIPATE.

NATIONAL HELPLINES ARE ALSO LISTED BELOW.

GLBT National Hotline	1-888-843-4564
The Trevor Project	1-866-488-7386
National Suicide Prevention Lifeline	1-800-273-8255
KHC Hope Line	1-800-442-4673

Conflicts of Interest: There are no potential conflicts of interest by agreeing to participate in this research.

Compensation: Compensation in the form of a designed t-shirt will be offered as a "thank you" for your participation. There are several designs from which to choose.

Contacts and Questions: The researcher conducting this study is Joseph Claybaugh. He can be reached via email at xxxxxxxxx@xxxxxx.xxx. The researcher's advisor is Dr. Tracy Marsh, who can be reached via email at xxxxxxxxx@xxxxxx.xxx. If you have questions or concerns about your rights as a

participant in this research, you may contact Dr. Leilani Endicott, who can be reached via email at xxxxxxxxx@xxxxxx.xxx or via telephone at xxx-xxx-xxxx.

Statement of Consent: By continuing onto the next page of this packet, you are acknowledging that you have read the above information. You have asked any necessary questions and received answers.

YOU SHOULD KEEP A COPY OF THIS INFORMED CONSENT FORM FOR YOUR RECORDS.

Appendix F: Informed Consent Form – Online Format

Gay Males, Religiosity, and Suicidal Ideation
Informed Consent Form - Online Format

THIS FORM SHOULD BE THE FIRST PAGE YOU SEE. AFTER YOU HAVE READ THIS FORM, AND SHOULD YOU DECIDE TO CONTINUE, YOU ARE ACKNOWLEDGING THAT YOU HAVE BEEN THOROUGHLY INFORMED ABOUT THE NATURE OF THIS STUDY. BY CLICKING THE "NEXT" BUTTON, BELOW, YOU ARE GIVING INFORMED CONSENT.

You are invited to participate in a research study about how a gay male's level of religiosity during childhood affects his potential for suicidal ideation. We ask that you read this Informed Consent Form before agreeing to participate in the study. This study is being conducted by Joseph Claybaugh, a doctoral candidate at Walden University.

Background Information: The purpose of this study is to gain an understanding of the influences religiosity has on the potential for suicidal ideation in gay males, and why the rates are significantly higher than for heterosexual males.

Procedures: If you agree to participate in this study, please continue to the next page of this survey, which indicates you understand its contents and the nature of the study. You will then be asked to complete a short demographics questionnaire and two short surveys. The demographics questionnaire asks you to confirm that you are a gay male, are at least 18 years of age, and that you understand English. If your answers to all three of these questions are yes, please continue with the rest of the demographics questionnaire, the suicidal ideation survey, and the religiosity survey. You should be able to complete all three of these items within 10 to 15 minutes.

Confidentiality/Privacy: This study is completely anonymous, and the records of this study will be kept private and confidential. In any report that might be published, no information will be included that will make it possible to identify you or any other participant. Research records will be kept in a locked file; and only the researcher will have access to the records.

Voluntary Nature of the Study: Your participation in the study is entirely voluntary, and you are free to withdraw at any time during the process of

completing the surveys. If you decide to withdraw your participation, you may do so without any recourse whatsoever.

Risks and Benefits of being in the Study: There are no physical risks and no individual benefits to participating in this study. Emotional upset while completing the questionnaires might be a possibility. Participants are not obligated to complete any parts of the questionnaires with which they are not comfortable. There are, however, potentially significant benefits to the gay community and the mental health community by helping mental health professionals to understand why suicidal ideation amongst gay males is so high. And it could assist them in helping their gay male clients understand and cope with any suicidal thoughts they might be having.

CALL ONE OF THE FOLLOWING NATIONAL HELPLINES, IF YOU FEEL THE NEED TO SPEAK TO SOMEONE AT ANY TIME.

GLBT National Hotline	1-888-843-4564
The Trevor Project	1-866-488-7386
National Suicide Prevention Lifeline	1-800-273-8255
KHC Hope Line	1-800-442-4673

Conflicts of Interest: There are no potential conflicts of interest by agreeing to participate in this research.

Compensation: Compensation in the form of a designed t-shirt will be offered as a "thank you" for your participation. There are several designs from which to choose. If you wish to receive one, you will need to include an address to which it can be mailed. However, be assured that your address will be immediately deleted from all files as soon as the t-shirt has been mailed. If you would like a t-shirt, please send me an e-mail (xxxxxxxxx@xxxxxx.xxx) and I will send you a list of the sayings and sizes.

Contacts and Questions: The researcher conducting this study is Joseph Claybaugh. He can be reached via email at xxxxxxxxx@xxxxxx.xxx. The researcher's advisor is Dr. Tracy Marsh, who can be reached via email at xxxxxxxxx@xxxxxx.xxx. If you have questions or concerns about your rights as a participant in this research, you may contact Dr. Leilani Endicott, who can be reached via email at xxxxxxxxx@xxxxxx.xxx or via telephone at xxx-xxx-xxxx.

Statement of Consent: By clicking on the "next" button, below, you are acknowledging that you have read the above information, and that you have no questions at this time to ask of the researcher.

YOU SHOULD PRINT A COPY OF THIS INFORMED CONSENT FORM FOR YOUR RECORDS.

Appendix G: Letter to LGBTQ Organizations

[date]

[name of contact]
[name of organization]
[address]
[e-mail address]

Dear LGBTQ Community Leader,

My name is Joseph Claybaugh. I am conducting research for my dissertation, which is the last requirement for my PhD in Clinical Psychology at Walden University. The title of my dissertation is "The Relationship between Level of Religiosity during Childhood and Suicidal Ideation in Gay Males."

I am contacting your organization in order to ask for your assistance in obtaining participants for my study, which will ask gay males questions about their religious background and their history of any suicidal ideation, as well as some general demographic information. I am requesting that you ask your members to fill out a short survey, created in Survey Monkey, addressing these issues. The survey is rather short and should only take about 15 minutes to complete. As an alternative to the online survey, I can send you packets to send to your members. I will pay for all shipping costs associated with this option. If I do not receive enough participants through these first two methods, I would like your permission to set up a table in your lobby (for a day or two) or at an event you might sponsor in order to obtain participants for my study. I have attached a copy of a letter for you to send to your members in order to request their assistance.

I have taken the appropriate steps through the IRB department at Walden University to assure the safety and confidentiality of any individual who agrees to participate in the study. The two surveys addressing level of religiosity and past suicidal ideation have been validated by prominent members of the psychological community. I have attached a copy of my Dissertation Proposal, which contains the surveys and a demographics sheet, and all the information you need to familiarize yourself with my study.

If you are willing to assist me in this matter, please let me know as soon as possible; I will immediately send to you an electronic copy of the packet for dispersal. If you are willing to allow me to set up a table in your lobby or at an event, I would give you substantial notice prior to any requested dates. (If you could send me a list of any events that might be appropriate, that would be helpful.) The requirements for setting up a table

are that I would need visibility by individuals in the area, but also the ability to have any participants fill-out the surveys without passers-by being able to observe their answers. My table will be set up in such a way as to ensure privacy, with "walls" blocking the view of any passers-by, or if a room is available, that would be great.

If you are willing to assist me in this study, please fill out the highlighted sections of the attached letter addressed to me, sign it, and return it to me. An electronic signature is acceptable, or you can sign a hard copy and mail it to me or scan and e-mail it to me. If you choose the e-mail option, please e-mail it to xxxxxxxxx@xxxxxx.xxx and also directly to Walden's IRB department at xxxxxxxxx@xxxxxx.xxx. If you would prefer to mail me a hard copy, my address is (redacted). If you have any questions, please e-mail me or call me at (redacted).

I would really appreciate your assistance in this study, as I believe it is an important issue that needs to be addressed for our LGBTQ communities around the country.

Sincerely,

Joseph Claybaugh

Appendix H: Community Research Cooperation Letter

[date]

Dear Joseph Claybaugh,

Based on my review of your research proposal, I give permission for you to conduct the study entitled “The Relationship between Level of Religiosity during Childhood and Suicidal Ideation in Gay Males” within the [name of organization]. As part of this study, I authorize you to contact individual patrons of the [name of organization], and to request they fill out a religiosity survey, a suicidal ideation survey, and a demographic sheet. Individuals’ participation will be voluntary and at their own discretion. Additionally, I agree to send copies of your packet to members of this organization via e-mail.

We understand that our organization’s responsibilities include: [insert a description of all you are willing to do to assist, plus any personnel, rooms, resources, and supervision (if any) that your organization will provide]. We reserve the right to withdraw from the study at any time if our circumstances change.

I confirm that I am authorized to approve research in this setting.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the research team without permission from the Walden University IRB.

Sincerely,

[Authorizing Official]
[name of organization]
[address]
[contact e-mail address and/or phone number]

Walden University policy on electronic signatures: An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically. Electronic signatures are regulated by the Uniform Electronic Transactions Act. Electronic signatures are only valid when the signer is either (a) the sender of the email, or (b) copied on the email containing the signed document. Legally an "electronic signature" can be the person’s typed name, their email address, or any other identifying marker. Walden University staff may verify any electronic signatures that do not originate from a password-protected source (i.e., an email address officially on file with Walden).

Appendix I: Help Sheet

Help Sheet

Listed below are several organizations and help lines in case you feel the need to talk to someone about anything, especially any issues/memories that may have arisen from your participation in this study.

PLEASE CONTACT ONE OF THESE ORGANIZATIONS IF YOU ARE FEELING STRESS OF ANY KIND FOR ANY REASON!

National Help Lines:

GLBT National Hotline	1-888-843-4564
The Trevor Project	1-866-488-7386
National Suicide Prevention Lifeline	1-800-273-8255
KHC Hope Line	1-800-442-4673

Local (Southwestern United States) LGBTQ Centers:

Bakersfield, CA	Bakersfield LGBTQ	1-661-302-4266
Berkeley, CA	Pacific Center for Human Growth	1-510-548-8283
Concorde, CA	Rainbow Com Center of Contra Costa County	1-925-692-0090
Fresno, CA	Fresno LGBT Community Center	1-559-325-4429
Fullerton, CA	ASI LGBT/Queer Resource Center	1-657-278-4218
Lancaster, CA	OUTreach Center, Antelope Valley	1-661-927-7433
Las Vegas, NV	Gay and Lesbian Com Center of So Nevada	1-702-733-9800
Long Beach, CA	Gay and Lesbian Center of Greater Long Beach	1-562-434-4455
Los Angeles, CA	L.A. Gay and Lesbian Center	1-323-992-7400
Phoenix, AZ	One Voice Community Center	1-602-712-0111
Sacramento, CA	Sacramento Gay and Lesbian Center	1-916-442-0185
San Diego, CA	San Diego LGBT Community Center	1-619-692-2077
San Francisco, CA	San Francisco LGBT Community Center	1-415-865-5555
Santa Ana, CA	The Center Orange County	1-714-953-5428
Santa Barbara, CA	Pacific Pride Foundation	1-805-963-3636
Santa Cruz, CA	Diversity Center	1-831-425-5422
Torrance, CA	South Bay LGBT Community Organization	1-310-328-6550

Help Outside United States:

Befrienders Worldwide	www.befrienders.org
International Lesbian, Gay, Bisexual, Trans and Intersex	www.ilga.org

Appendix J: Letter to Member of LGBTQ Organization

[date]

Dear [name of organization] Member,

We are inviting you to participant in a research study for a clinical psychology student's doctoral dissertation at Walden University, conducted by Joseph Claybaugh. The dissertation study is entitled "The Relationship between Level of Religiosity during Childhood and Suicidal Ideation in Gay Males." The aim of the study is to determine if there is any relationship between levels of a gay male's religious beliefs and the extremely high numbers of gay males who contemplate suicide each year, which is substantially higher than in heterosexual males.

The survey will take about 15 minutes to complete. If you choose to participate in this study or want more information, please click on the link to Survey Monkey, below, and read the consent form, which should be the first page you see. You must identify as a gay male and be at least 18 years of age in order to participate. If you so desire, there is a small "thank you" for your participation in the form of a t-shirt, which is further explained in the consent form.

[Survey Monkey link here]

Please note that your participation is entirely voluntary and you are welcome to withdraw your participation at any time during the survey. You are not obligated to complete the surveys if at any time you feel uncomfortable with the questions. This survey is completely anonymous. If you would like a t-shirt, you can provide any address you wish; your name will not be necessary. The package can be sent to "General Delivery."

Sincerely,

[Authorizing Official]
[name of organization]
[address]
[contact e-mail address and/or phone number]

Appendix K: Risk Factors for Suicide

Risk Factors for Suicide

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Major physical illnesses
- Previous suicide attempt
- Family history of suicide
- Job or financial loss
- Loss of relationship
- Easy access to lethal means
- Local clusters of suicide
- Lack of social support and sense of isolation
- Stigma associated with asking for help
- Lack of health care, especially mental health and substance abuse treatment
- Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma
- Exposure to others who have died by suicide (in real life or via the media and Internet)

Protective Factors for Suicide

- Effective clinical care for mental, physical and substance use disorders
- Easy access to a variety of clinical interventions
- Restricted access to highly lethal means of suicide
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships

- Skills in problem solving, conflict resolution and handling problems in a non-violent way

- Cultural and religious beliefs that discourage suicide and support self-preservation

Appendix L: Walden IRB Approval Letter

Walden University Institutional Review Board Approval Letter

Dear Mr. Claybaugh,

This email is to serve as your notification that Walden University has approved BOTH your dissertation proposal and your application to the Institutional Review Board. As such, you are approved by Walden University to conduct research via online methods only at this time. For the online survey completion, as the only role of the community partners would be to forward the invitation letter on your behalf, no letter of cooperation is needed for this specific element, as their forwarding the e-mail would imply their approval to do so.

With regards to on-site data collection though, this would require signed letters of cooperation for each organization where this will be done. The signed letter need to be submitted to and confirmed by the Walden IRB prior to collecting any data on-site.

Please contact the Office of Student Research Administration at xxxxxxxxx@xxxxxx.xxx **if you have any questions.**

Congratulations!

Jenny Sherer
Associate Director, Office of Research Ethics and Compliance

Leilani Endicott
IRB Chair, Walden University

Appendix M: Walden IRB Notice of Approval

Walden University Institutional Review Board Notice of Approval

Dear Mr. Claybaugh,

This email is to notify you that the Institutional Review Board (IRB) has approved your application for the study entitled, "The Relationship between Level of Religiosity during Childhood and Suicidal Ideation in Gay Males."

Your approval # is 03-21-14-0112440. You will need to reference this number in your dissertation and in any future funding or publication submissions. Also attached to this e-mail are the IRB approved consent forms. Please note, if these are already in an on-line format, you will need to update those consent documents to include the IRB approval number and expiration date.

Your IRB approval expires on March 20, 2015. One month before this expiration date, you will be sent a Continuing Review Form, which must be submitted if you wish to collect data beyond the approval expiration date.

Your IRB approval is contingent upon your adherence to the exact procedures described in the final version of the IRB application document that has been submitted as of this date. This includes maintaining your current status with the university. Your IRB approval is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, your IRB approval is suspended. Absolutely NO participant recruitment or data collection may occur while a student is not actively enrolled.

If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the IRB section of the Walden web site or by emailing xxxxxxxxx@xxxxxx.xxx.

Researchers are expected to keep detailed records of their research activities (i.e., participant log sheets, completed consent forms, etc.) for the same period of time they retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Please note that this letter indicates that the IRB has approved your research. You may not begin the research phase of your dissertation, however, until you have received the Notification of Approval to Conduct Research e-mail. Once you have received this notification by email, you may begin your data collection.

Both students and faculty are invited to provide feedback on this IRB experience at the link below:

Sincerely,
Jenny Sherer, M.Ed., CIP
Associate Director
Office of Research Ethics and Compliance
Email: xxxxxxxxx@xxxxxx.xxx
Fax: (redacted)
Phone: (redacted)
Office address for Walden University:
100 Washington Avenue South
Suite 900
Minneapolis, MN 55401

Curriculum Vitae

JOSEPH CLAYBAUGH (redacted)
Psychological Assistant & Doctoral Candidate (redacted)
Clinical and Forensic Psychology Phone: (redacted)
Cell: (redacted)

PRE-DOCTORAL INTERNSHIP EXPERIENCE IN:

- CLINICAL PSYCHOTHERAPY
- PSYCHOLOGICAL EVALUATIONS (CLINICAL AND FORENSIC)
- EXPERT WITNESS TESTIMONY (CHILD DEVELOPMENT, PARENTAL ALIENATION)
- PARENTING COORDINATION AND PARENT REUNIFICATION (ALIENATION CASES)
- DOMESTIC VIOLENCE
- 730 FAMILY EVALUATIONS

EDUCATION:

Walden University: Candidate for Doctor of Philosophy in Clinical Psychology, with a GPA of 4.0, expected to be awarded in November of 2014.

University of Phoenix: Masters in Business Administration, with a GPA of 3.92, awarded in 1999.

University of Phoenix: Bachelor of Science in Business Administration, with a GPA of 3.94, awarded in 1994.

United States Military Defense Language Institute: 47 weeks of intensive Russian language studies in 1983-1984, combined with university credits to obtain undergraduate degree equivalent in linguistics.

WORK EXPERIENCE:

November 2010 to present (periodically) – Over 3500 hours of Internship work at Kristina Roberts, PhD mental health services, focusing on forensic psychology and clinical mental health issues, including bipolar disorder, depression and anxiety disorders, stress-related disorders, family counseling and reunification. Performed over 1500 hours of psychological testing, assessment, and report writing.

August 2003 to July 2006 - I took this time off in order to travel the world; I visited 56 countries and over 200 cities during this period, bringing the total number of countries I have visited in my lifetime to 74.

July 1990 to July 2003 – Sony Pictures Entertainment, Inc.

Director of Music Administration: Responsible for drafting legal documents for music contracts. Responsible for reading and analyzing existing contracts from around the world to determine if the music in a motion picture was properly cleared for worldwide distribution in all media (e.g., theatrical, television, DVD, etc.).

January 1988 to May 1990 - Miranda Galleries

Office Manager/Administrator: Responsible for all requisite duties for administration of retail fine art gallery; for processing of sales; for organization of Accounts Payable; and for the processing and maintaining of financial records and statements.

December 1979 to December 1987 - United States Army

Russian Linguist: Monitored Top Secret communications from Russia for NSA (National Security Agency) during last five years of military experience. (I am not allowed to expand upon the specifics of this, as it would be a violation of national security.)

Office Administrator: Supervised three-to-five-person teams on the operation of sophisticated computer systems. Wrote, maintained, and was responsible for Top Secret material and documents. Worked on several separate computer and/or word processing systems and performed clerical duties throughout military career. Organized classes and materials for 13 Captain-Instructors for 2 years. Wrote classified training manuals. Entrusted to proofread classified documents others had written in each of my duty stations.

Held a Top Secret Clearance with a Special Background Investigation while in the military.

PSYCHOLOGY COURSE WORK FOCUS:

Advanced Psychopathology – A focus on advanced methods of diagnosing and treating psychopathological issues.

Biopsychology – A focus on the biological components involved with the human brain and psychological functioning.

Cognitive Psychology – A focus on cognitive psychological functioning.

Cultural and Psychology – A focus on the cultural aspects of psychology, including multicultural understandings and approaches to psychotherapy.

Ethical Standards of Professional Practice – A focus on the appropriate ethical behavior for professional practice in mental health.

History and Systems in Counseling and Psychology – A focus on the history and systems involved in psychology and psychological counseling methods.

Interview and Observation Strategies – A focus on the strategies behind interviewing and observing psychological patients and individuals.

Lifespan Development – A focus on human psychological development from birth through the elderly.

Multicultural Counseling – A focus on the multicultural issues involve in counseling individuals from various cultures around the world.

Psychological Assessment: Cognitive – A focus on psychological testing for cognitive issues and difficulties.

Psychological Assessment: Personality – A focus on psychological testing for personality issues.

Psychology of Personality – A focus on the psychology behind personality characteristics and disorders.

Psychology and Social Change – A focus on how psychological issues affect social change in societies around the world.

Psychopharmacology – A focus on the medications involved in the treatment of psychological disorders.

Psychotherapy Interventions I and II – A focus on psychotherapy interventions, including Evidence-Based Therapy and many other commonly used approaches to psychotherapy.

Research Design – A focus on the components of research design utilized in dissertations and scientific research projects.

Social Psychology – A focus on the social aspects of psychological functioning.

Tests and Measurements – A focus on the tests and measurements utilized in dissertations and scientific research projects.

ADDITIONAL TRAINING/CONTINUING EDUCATION:

8-Hour Custody Update Training for California Rules of Court 5.225 (8 CEUs – CA Rule of Court 5.225), Leslie Drozd, PhD, Psycho-Legal Associates, Inc., Sherman Oaks, CA, April 9, 2011.

Conducting Child Custody Evaluations (10 CEUs – CA Rule of Court 5.225), Mark Ackerman, PhD, Specialized Training Services, Inc. – Home Study Course, July 2011.

Child Sexual Abuse in High Conflict Custody Disputes (6 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Chicago, IL, June 6, 2012.

Attachment and Brain Development: The Micro Context (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Chicago, IL, June 7, 2012.

Intimate Partner Violence, Relocation, Gatekeeping, and Child Custody (1.5 CEUs – CA Rule of Court 5.230), Various Presenters, Association of Family and Conciliation Courts, Chicago, IL, June 7, 2012.

The Credible and Helpful Custody Report (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Chicago, IL, June 7, 2012.

Challenges in Evaluating Relocation Cases Involving Young Children (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Chicago, IL, June 7, 2012.

Infants, Overnights, and Attachment: The Care-Giving Context (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Chicago, IL, June 8, 2012.

Attachment, Brain Science, and Development (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Chicago, IL, June 8, 2012.

The Perils of Virtual Venom: Latest Issues in Electronic Discovery (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Chicago, IL, June 8, 2012.

Has the Pendulum Swung? Revisiting the Psychological Needs of the Child (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Chicago, IL, June 8, 2012.

Accounting for Domestic Violence in Child Custody Evaluations (6.0 CEUs – CA Rule of Court 5.230), Various Presenters, Association of Family and Conciliation Courts, Phoenix, AZ, November 3, 2012.

A Roadmap to Research in Child Custody Evaluations (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Phoenix, AZ, November 3, 2012.

Ethics, Adjudication and Child Custody (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Phoenix, AZ, November 3, 2012.

Practical Ways to Apply Alienation Research in Custody Cases (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Phoenix, AZ, November 3, 2012.

Best Interests of Young Children (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Phoenix, AZ, November 3, 2012.

Symbol Supported Assessment (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Phoenix, AZ, November 3, 2012.

Memory, Reasoning and Decision-Making Skills Across Childhood (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Phoenix, AZ, November 3, 2012.

Risk Assessment for Family Law Professionals (2.0 CEUs – CA Rule of Court 5.225 and 4.0 CEUs – CA Rule of Court 5.230), Various Presenters, Association of Family and Conciliation Courts, Los Angeles, CA, May 29, 2013.

Keynote Address (1.0 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Los Angeles, CA, May 29, 2013.

Best Interests of the Child Standard (1.5 CEUs – CA Rule of Court 5.230), Various Presenters, Association of Family and Conciliation Courts, Los Angeles, CA, May 29, 2013.

Therapeutic Reunification (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Los Angeles, CA, May 29, 2013.

Lesbian, Gay, Bisexual and Transgender Domestic Violence (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Los Angeles, CA, May 29, 2013.

Plenary 1 – The Family Court of the Future (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Los Angeles, CA, May 29, 2013.

Plenary 2 – Shared Parenting: The Next 50 Years (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Los Angeles, CA, May 29, 2013.

LGBTQ Parenting Disputes: Best Interests and the Modern Family (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Los Angeles, CA, May 29, 2013.

Representing Transgender Parents in Court (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Los Angeles, CA, May 29, 2013.

Understanding Vicarious Trauma and Compassion Fatigue (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Los Angeles, CA, May 29, 2013.

Families Impacted by Incarceration (1.5 CEUs – CA Rule of Court 5.225), Various Presenters, Association of Family and Conciliation Courts, Los Angeles, CA, May 29, 2013.

PROFESSIONAL AFFILIATIONS:

American Psychological Association (APA)
Association of Family and Conciliation Courts (AFCC)
PSI-CHI - International Honor Society for Psychology