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Darren Jay Freeman-Coppadge

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HARMONY, DISSONANCE, OR HARM?

THE PSYCHOLOGICAL AND SPIRITUAL PROMISES AND PERILS OF GAY CHRISTIAN CELIBACY

A Dissertation Presented

by

DARREN JAY FREEMAN-COPPADGE

Submitted to the Office of Graduate Studies,
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ABSTRACT

HARMONY, DISSONANCE, OR HARM?
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OF GAY CHRISTIAN CELIBACY

August 2018

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Identity conflicts between sexuality and spirituality faced by religious lesbian and gay people have been described in literature, along with various methods to resolve such conflicts, including sexual orientation change efforts and identity integration. But a dearth of literature exists regarding celibacy as a means of resolving identity conflict. This study employed grounded theory to investigate the psychological and spiritual well-being of 12 current and former gay Christian celibates (GCCs). Results revealed how celibacy could harmonize sexuality and Christian spirituality, benefiting some celibates by providing them peace, satisfaction, and spiritual vibrancy. However, for many others, celibacy instigated dissonance between their beliefs and their sexual desires and
behaviors, leading to substantial challenges and harms that negatively affected their well-being. Participants, especially ex-celibate participants, described psychological, emotional, social, sexual, and spiritual harms. Implications for mental health practitioners working with clients struggling with conflicts between sexual and spiritual identities are discussed.
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CHAPTER 1
INTRODUCTION

Identity conflicts related to the intersection of sexuality and spirituality have been well-documented in social science research (Anderton, Pender, & Asner-Self, 2011; Rodriguez, 2010; Rodriguez & Ouellette, 2000). For lesbian, gay, bisexual, transgender, and queer (LGBTQ\textsuperscript{1}) people, religious beliefs and affiliation have been identified as having mental health benefits such as providing a sense of belonging and offering a source of resiliency (Dahl & Galliher, 2012; Lease, Horne, & Noffsinger-Frazier, 2005). Conversely, religion has also been found to contribute to internalized homonegativity (IH; also referred to as internalized homophobia and internalized heterosexism in some literature) and self-harm, leading to deficits in identity formation, mental health, and overall well-being (Dehlin, Galliher, Bradshaw, & Crowell, 2014; Longo, Walls, & Wisneski, 2013; Page, Lindahl, & Malik, 2013). Recent psychological literature has focused on identity integration—affirming both one’s sexuality and spiritual identity—as a means of reconciling such identity conflicts (Bartoli & Gillem, 2008; Bozard &

\textsuperscript{1} Throughout this paper, there will be subpopulations of the broader LGBTQ community referenced (e.g., in various studies), and the appropriate acronym will be intentionally used to represent those identities: L = lesbian, G = gay, B = bisexual, T = transgender, Q = queer).
Identity integration can take many forms, including participation in affirming faith communities, exploring lesser known faiths like Earth-spirited faiths, or remaining spiritual but not engaging with formal religious communities (Beagan & Hattie, 2015; Lease et al., 2005; Rodriguez & Ouellette, 2000; Smith & Horne, 2007). Yet many LGBTQ individuals who were raised in more literal religious communities prefer to retain the conservative, orthodox fundamentals of their faith that proscribe same-sex love and behaviors, or find themselves unable to integrate their sexual and spiritual identities (Haldeman, 2004; Tan & Yarhouse, 2010; Throckmorton & Yarhouse, 2006).

Psychological research has given much attention to sexual orientation change efforts (SOCE) as a means of navigating identity conflict to preserve spiritual identities. These ex-gay approaches encourage denial of LG identity for the sake of conforming to religious doctrines, to personal understandings of God’s ideals regarding sexuality, and to the expectations of faith communities in which LG Christians are embedded (Beckstead, 2012; Cramer, Golom, LoPresto, & Kirkley, 2008; Drescher, 2015). Several ministries, mostly Christian, have been devoted exclusively to helping people change their same-sex attractions, including the live-in program Love in Action (now Restoration Path), the Catholic group Courage, the Presbyterian-associated OnebyOne, the Mormon ministry Evergreen, and Jews Offering New Alternatives to Homosexuality (JONAH; Yarhouse, Burkett, & Kreeft, 2002). The largest and most well-known ex-gay group was Exodus International, an umbrella organization overseeing numerous other ex-gay parachurch
ministries and groups, but it closed in 2013 after its president apologized to LGBTQ people for causing the community hurt, shame, and guilt (Merritt, 2015; Steffan, 2013). Some of Exodus’s former groups have consolidated under the Restored Hope Network (Bailey, 2014) or exist today as standalone ministries.

SOCE methods used by these ministries include participation in spiritual practices such as confession, prayer, support groups, and guidance from spiritual leaders, but can also entail individual or group psychotherapy (Dehlin, Galliher, Bradshaw, Hyde, & Crowell, 2015; Yarhouse et al., 2002). The role of psychology practices combined with religiously-based motivations to prohibit same-sex attractions and behaviors has been fraught with controversy, especially since the overwhelming evidence suggests that SOCE are not only ineffective, with as little as 3% of participants reporting any shift in sexual orientation, but they have also been found to be harmful, in some cases causing anxiety, depression, and even suicidality (Beckstead & Morrow, 2004; Bradshaw, Dehlin, Crowell, Galliher, & Bradshaw, 2015; Haldeman, 2001; Shidlo & Schroeder, 2002; E. M. Weiss, Morehouse, Yeager, & Berry, 2010). The consensus within the American Psychological Association has been that the potential benefits associated with SOCE (e.g., improvements in spiritual life, family relationships, hopeful outlook, insight [Shidlo & Schroeder, 2002]) could be achieved without overt attempts to change orientation (APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation, 2009; Hancock, Gock, & Haldeman, 2012).

A convergence of factors has led to greater acceptance of LGBTQ people, including research, advocacy, and changing social attitudes. Events such as the closing of
Exodus and other similar programs are indicative of skepticism about SOCE even within conservative religious communities (Cruz, 2015; Merritt, 2015; Steffan, 2013). Amidst this changing landscape, gay celibacy has emerged as an alternative pathway to manage identity conflict for those who uphold traditional doctrinal standards (Bailey, 2014; Creek, 2013).

Among the Abrahamic religions (Judaism, Christianity, and Islam), celibacy as a vocation has been uniquely associated with the Christian faith. Christianity has a long history of lauding celibacy as a virtuous lifestyle, dating back to teachings from Jesus and Paul in the New Testament about remaining single for the sake of building God’s kingdom (see, for example, Matthew 19:2 and 1 Corinthians 7:8, New International Version). Several early Christian Church Fathers advocated for celibate living, and celibacy has been practiced for several hundred years, primarily by monastics and clerics, in both voluntarily and compulsory capacities (O’Malley, 2002). Conversely, with the exception of minor sects, Islam and Judaism have never espoused monasticism and have traditionally viewed celibacy negatively because it undermines values regarding marriage and procreation (Abbott, 2001, pp. 192-195).

Gay Christian celibacy (GCC) has arisen as a means for non-clerical Christian LG individuals to acknowledge their identities as sexual minorities while also upholding a traditional Christian ethic that prohibits same-sex sexual intimacy. GCC as a social phenomenon has gained increasing interest in the media in the past few years, focusing on how this community of people interacts with, overlaps with, and distinguishes itself from ex-gays, gay-affirming Christians, and the larger LGBTQ community (Ambrosino,
2015; Boorstein, 2014; Urquhart, 2014). But a dearth of literature exists about the psychological experiences of lesbian and gay Christian celibates in the social sciences. As such, little is known about the practice of gay celibacy as a means of healthy identity integration or its potential effects on well-being for those who pursue it. For example, it has been suggested that gay celibate identity is defined by an ideological agreement that same-sex sexual activity is immoral and therefore impermissible (Creek, 2013), but how well gay celibates behaviorally uphold their ideological standards, and how attempting to live up to such standards affects well-being, has not been adequately investigated. This study aims to expand upon existing data about GCC by exploring current and former GCCs’ experiences, while simultaneously exploring celibacy’s benefits, challenges, and potential harms in terms of psychological and spiritual well-being.

**LGBTQ Mental Health and Discrimination**

Social science research has established that in comparison to their heterosexual counterparts, LGBTQ people are at greater risk of mental health problems including depression, anxiety, substance use disorders, and suicidality (Haas et al., 2010; Mays & Cochran, 2001; Meyer, 2013). The minority stress model (Meyer, 1995, 2013) describes these risks as being contextualized responses to stigma and discrimination. For example, studies have empirically demonstrated how stressors such as victimization and IH are associated with mental health outcomes such as depression and anxiety, as well as physical health outcomes such as pain, gastrointestinal distress, cardiovascular problems, infections, and other ailments (Frost, Lehavot, & Meyer, 2015; Mereish & Poteat, 2015). Ample evidence has supported the model, particularly when considering discrimination.
based upon intersectional identities of orientation, gender, and race/ethnicity (Bostwick, Boyd, Hughes, West, & McCabe, 2014; McCabe, Bostwick, Hughes, West, & Boyd, 2010).

The role of religion as a source of stigma and prejudice in minority stress is not entirely clear (Barnes & Meyer, 2012). Religious communities, particularly those associated with major religions that have traditional orthodox foundations, have been characterized as being antagonistic toward LGBT people, deeming same-sex love to be sinful or abominable (Haldeman, 2004; Rodriguez, 2010). Indeed, the most vocal opponents to LGBT people in politics and media have been conservative Christian groups (e.g., Evangelical and Catholic churches and organizations), though Orthodox Jewish, Muslim, and other faith communities have likewise expressed disapproval of same-sex love and relationships (Balkin, Watts, & Ali, 2014; Harari, Glenwick, & Cecero, 2014; Minwalla, Rosser, Feldman, & Varga, 2005; Siraj, 2012). Thus, it is important to consider how religion impacts LGBTQ mental health and well-being.

**Religion: Helpful or Harmful?** Religion has generally been shown to be associated with better mental health in the general population, especially concerning depression and suicidality (Bonelli & Koenig, 2013). But religion has been both positively and negatively associated with well-being for LGBTQ people (Dahl & Galliher, 2012; Longo et al., 2013), likely due to the content of messages received within religious contexts and the effects those messages have upon the individual and their sense of identity as sexual and gender minorities (see, for example, Page et al., 2013). Literature has highlighted how non-affirming religious practices, advice, and guidance
can become manipulative or coercive (Super & Jacobson, 2011), leading to spiritually abusive bullying or neglect (Wood & Conley, 2014), which can have deleterious effects on LGBTQ people, including loss of spiritual identity, depression, lowered self-esteem, and poorer quality of life (Crowell, Galliher, Dehlin, & Bradshaw, 2014; Dehlin et al., 2014; Hamblin & Gross, 2013). Those subject to anti-gay or homophobic messages, especially those heavily involved with conservative churches, may internalize these messages, resulting in feelings of guilt, self-deprecation, fear of eternal damnation, depression, and suicidality (Gattis, Woodford, & Han, 2014; Kubicek et al., 2009).

Results from several studies have suggested a link between spirituality, IH, and seeking orientation change. Sherry et al. (2010) found that perceiving religious doubt as positive and being raised in a more liberal church were associated with less sexual identity shame, and a quest orientation (i.e., openness to religious doubt and uncertainty) was found to be negatively associated with seeking SOCE. Moreover, some evidence has shown that IH mediates the relationship between religiosity and seeking SOCE: those with more intrinsic religious orientations (i.e., religion is central to their lives) were shown to be more likely to seek SOCE in contrast to those with quest orientations (Tozer & Hayes, 2004). Alternatively, gay-affirming spiritual experiences have been shown to positively predict psychological health, mediated by the benefits afforded by spirituality and decreased IH (Lease et al., 2005). Other studies have corroborated how involvement with more liberal or gay-affirming religious communities can be beneficial for LGBTQ people of faith (Balkin et al., 2014; Haldeman, 2004; Rodriguez & Ouellette, 2000; Smith & Horne, 2007, 2008).
Managing Sexual and Spiritual Identity Conflict

For a religious or spiritual LG person, there appear to be three primary options for resolving identity conflict: (a) integrate both identities as an LG-affirming religious person, (b) reject spiritual identity and affirm only LG identity, or (c) reject sexual identity as an ex-gay religious person (Rodriguez and Ouellette, 2000; Sherry et al., 2010; Creek, 2013). These methods have various reported benefits as well as drawbacks. Ultimately, it is the overall health and well-being of the LGBTQ individual that should be prioritized (Bartoli & Gillem, 2008). Thus, questioning the harms related to these pathways is crucial, and implicit in this process is discerning to what extent sexual minorities are free to make autonomous choices about them. Healthy pathways are not necessarily ones that eliminate stressors, but rather provide the best balance between competing needs for authenticity and self-determination (Levitt et al., 2016), and in so doing, provide for the emergence of resiliency despite such stressors. For religious LG people, the choices are often between two unappealing options: remaining true to one identity at the expense of another, thereby preventing fully authentic living; or integrating identities, thereby limiting attainment of self-determined aspirations and goals due to facing discrimination in the form of decreased economic opportunities, decreased access to necessary services, and rejection by communities important to their well-being, such as spiritual communities, families, and close friends (see Levitt et al., 2016). Given the deleterious effects of minority stress on LGBTQ people, it is essential for research and clinical practice to help elucidate healthier options for those conflicted with religion. Extant literature clearly has gaps, as demonstrated in the remainder of this chapter, but
ample evidence exists to indicate the superiority of integration and preservation of LG identity strategies over prioritization of spirituality. Where gay celibacy lies on this continuum is unclear and in need of investigation.

**Integrating Identities.** In the past decade, counseling and psychology research has overwhelmingly emphasized client-centered integration strategies for resolving identity conflict. Various theoretical modalities and frameworks have been utilized in helping LGBTQ clients resolve identity conflict, drawing from postmodern, multicultural, social justice-oriented, feminist, and constructivist thought (Bartoli & Gillem, 2008; Beagan & Hattie, 2015; Bozard & Sanders, 2011; Buchanan et al., 2001; Haldeman, 2002, 2004; Horne & Noffsinger-Frazier, 2003; Lease et al., 2005; Sherry et al., 2010).

Levy and Reeves (2011) proposed a five-stage model for identity conflict resolutions based upon a grounded theory analysis of 15 GLQ religious individuals from the U.S. Southeast: awareness, initial response, new knowledge to catalyze progress, working through conflict, and resolution. Other research has conceptualized identity integration as a long-term or ongoing process rather than a singular event (Rodriguez, 2010; Rodriguez & Ouellette, 2000), and several studies have shown how resolution processes are intrinsically dynamic and often require modifications in religious beliefs, practices, or affiliations (Bozard & Sanders, 2011; Haldeman, 2010; Levy, 2012; Levy & Reeves, 2011; Rodriguez & Ouellette, 2000; Sherry et al., 2010). Making these necessary shifts in spirituality generally requires some means of processing homophobic messages, particularly for those with multiple oppressed intersectional identities (i.e., ethnic
minorities, gender identity minorities, etc.). Research has revealed that LGBTQ people employ a variety of methods to do so, including retaining positive aspects of their faith (e.g., the idea of a loving Higher Power) while minimizing homophobic messages through questioning one’s own religious upbringing, critiquing the morality of the message bearer, and/or appraising the theological or scientific foundations of the sacred text or practices that are used to promote the messages (Kubicek et al., 2009; Pitt, 2010a; Sullivan-Blum, 2004). This process has been described as being inherently one of personalizing spirituality, allowing LGBTQ people of faith to express their spirituality in diverse ways, including maintaining membership in traditional faith settings, exploring lesser-known faiths (e.g., Earth-spirited faiths like Wicca), and discovering the divine in personal experiences and connections (Halkitis et al., 2009; Smith & Horne, 2007; Worthington, Hook, Davis, & McDaniel, 2011).

**Prioritizing Sexual Identity.** For many LGBT individuals who have grown up in religious households, the pain, shame, and harm caused by religious institutions necessitates leaving their faith traditions completely in order to achieve psychological health and congruency (Sherry et al., 2010; Super & Jacobson, 2011; Wood & Conley, 2014). A recent study showed that in a sample of 1,612 Mormon same-sex attracted individuals, those no longer strongly affiliated with the LDS Church (especially those who had been excommunicated) fared better in terms of lower IH, sexual identity distress, and depression, and greater self-esteem and quality of life compared to those who were active in the faith (Dehlin et al., 2014). Thus, both integration of identities and rejection of faith altogether have been associated with improved well-being for LGBTQ
people who are conflicted about their sexuality and spirituality. There is, however, little evidence demonstrating that rejecting or dismissing one’s sexual identity produces similar benefits to well-being.

**Prioritizing Spiritual Identity.** LG people who are unable to reconcile their conflicting identities and choose to prioritize their spiritual identity generally hail from more conservative, fundamentalist, or authoritarian religious communities. Because their spiritual identities are so foundational to their self-concept (Haldeman, 2004; Tan & Yarhouse, 2010; Throckmorton & Yarhouse, 2006), they often desire to become heterosexual or embrace another ex-gay identity through SOCE—also known as reparative therapy, conversion therapy, or reorientation therapy (Beckstead, 2012; Cramer et al., 2008). The internal dissonance these individuals struggle with (Anderton et al., 2011) is closely linked to the internalized homonegativity they harbor in the face of heteronormative or homophobic contexts in which they exist (Beckstead & Morrow, 2004), and it ultimately propels them to seek orientation change (Tozer & Hayes, 2004).

Available psychological and sociological data indicates that most participants of SOCE have reported benefits, especially in the initial stages, which has been described as a type of “honeymoon period” (Shidlo & Schroeder, 2002, p. 252). Ex-gay philosophy provides a helpful framework to understand and accept the reality of one’s sexual orientation while simultaneously providing hope for internal congruency, maintenance of core doctrinal beliefs, and continued fellowship in their respective communities (Beckstead & Morrow, 2004). Benefits have been described along multiple domains: sociality, such as improved relationships (Bradshaw et al., 2015; Dehlin et al., 2015);
spirituality, such as decreased anger and increased acceptance from God (Byrd, Nicolosi, & Potts, 2008; Shidlo & Schroeder, 2002); and psychological health, including improvements in mood, anxiety, self-esteem, reduction in self-harm behaviors, and more positive outlook (Beckstead & Morrow, 2004; Bradshaw et al., 2015; Dehlin et al., 2015; Karten & Wade, 2010; Kubicek et al., 2009).

Despite consistent evidence that SOCE have resulted in benefits, these benefits generally have not been shown to be enduring. Participants have acknowledged feelings of disillusionment when they have not made progression towards heterosexuality (Sherry et al., 2010). Available data suggest that the overwhelming majority of people who attempt SOCE will not be successful, with effectiveness rates reported in contemporary studies ranging from about 3% up to a generous estimate of just over 20% (Bradshaw et al., 2015; Dehlin et al., 2015; Jones & Yarhouse, 2011; Shidlo & Schroeder, 2002).

Several studies have also shown that SOCE are associated with a potential for harm, sometimes persisting long past cessation of reorientation efforts, and often requiring psychotherapy to recover (Haldeman, 2001, 2010). Negative impacts have been described in areas of sociality, such as impoverished relationships and social isolation (Beckstead & Morrow, 2004; Dehlin et al., 2015; Fjelstrom, 2013; Haldeman, 2001; Shidlo & Schroeder, 2002); spirituality, such as loss of faith, excommunication, anger at God and religious communities (Beckstead & Morrow, 2004; Bradshaw et al., 2015; Dehlin et al., 2015; Shidlo & Schroeder, 2002); and psychological health, including poor mood, self-esteem, shame, disrupted sexual/gender identity development, and suicidality (Bradshaw et al., 2015; Dehlin et al., 2015; Flentje, Heck, & Cochran, 2013; Haldeman,
2001; Shidlo & Schroeder, 2002). Additionally, participants have described regrets about wasted time, energy, and money on these efforts (Dehlin et al., 2015; Flentje, Heck, & Cochran, 2014; Rix, n.d.). Though not described in SOCE-specific research, other social and sexual challenges may be related to pursuit of relationships with those of another sex. Research on “mixed orientation” relationships, where one partner identifies as a sexual minority and the other identifies as heterosexual (Buxton, 2005), has shown how mixed orientation marriages (MOMs) are fraught with higher rates of divorce and infidelity than marriages in the general population (Buxton, 2005; Dehlin et al., 2014; Kays & Yarhouse, 2010; Legerski et al., 2017; Yarhouse, Kays, Poma, Atkinson, & Ripley, 2011; Yarhouse, Pawlowski, & Tan, 2003).

Significant methodological weaknesses are prevalent in SOCE studies, including the use of non-random samples and the inability to validate self-reported claims. With the exception of a single prospective study (Jones & Yarhouse, 2011), SOCE studies have employed retrospective study designs with the inherent potential for recall bias. Moreover, there is possible researcher bias involved, since studies that showed more favorable results tended to be authored by those affiliated with more conservative religious backgrounds (e.g., Byrd et al., 2008; Jones & Yarhouse, 2011; Karten & Wade, 2010). Unsurprisingly, SOCE are fraught with controversy, and they continue to create ethical dilemmas for researchers and practitioners alike because of the delicate balance between respecting religion and affirming sexual minorities (Balkin et al., 2014; Benoit, 2005; Haldeman, 2002). Despite these drawbacks, the preponderance of evidence suggests that SOCE are almost always ineffective and while they have been associated
with benefits, for many, the net effects have been more harmful than helpful. Given such evidence, the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009) suggested that the putative benefits reported by SOCE participants could be achieved without attempts to change orientation (e.g., through general counseling or support groups aimed at coping with stigma), thereby reducing the risk of harm.

**Gay Celibacy**

Due to the aforementioned growing skepticism of orientation change even within conservative religious circles, for LG people whose faith cannot abide same-sex intimacy and love, celibacy remains an option to navigate identity conflict. Though celibacy is not a novel concept, it has recently emerged as a preferred viable, healthy option for LG people from traditional orthodox backgrounds. Within Christianity specifically, it has gained attention as a nascent social movement serving as a potential middle ground or “third way” to navigate conflicts between sexuality and spirituality (Redmond, 2014). Traditionally, Abrahamic religions such as Islam and Judaism have decried promiscuity, but have not accepted monastic lifestyles, nor have they viewed celibacy positively because it undermines cultural and religious mandates to marry and procreate (Abbott, 2001, pp. 192-195). Thus, Christianity alone has a history of legitimizing and practicing celibacy, most often as a commitment to monastic or clerical pursuits (Abbott, 2001; Sipe, 2003, 2008).

Celibacy has been a common practice within Catholicism for nearly a millennium, with the greatest expectation placed on clergy, but few data exist about how the practice
impacts priests’ well-being. Psychologists who have worked therapeutically with clergy have long criticized that it is an untenable and an often unhealthy practice for some, but with little empirical data to substantiate their claims (Celenza, 2004; Croghan, 1974; Gonsiorek, 2008). The best available research comes from 25 years (1960-1985) of ethnographic analysis conducted by Sipe (2003), a former monk and priest turned therapist who gathered information about 2,776 priests in and out of therapy by interviewing them—or those connected to them—about their sexual practices. Sipe (2003) concluded that only about 50% of clergy were actually celibate at any given point, and among them, only about 4% were said to have obtained “celibate achievement” as marked by stable celibacy integrated across spiritual, behavioral, and psychological domains. Eighty percent of this subset of priests practiced celibacy, but not in terms of psychological and spiritual integration, and they were susceptible to returning to sexual activity. Other sociocultural evidence by Anderson (2007) explored papal attitudes, and found that priests had varying opinions about the morality of compulsory celibacy for clerics in Catholicism, and some used sexually intimate friendships as a means of coping with its demands.

Non-clerical GCCs first became prominent as a formal group in the early 2000s when the Gay Christian Network (GCN; http://gaychristian.net) was launched. GCN is one of the largest and most well-known LGB Christian online communities. GCN has a mission to make space for both Side A (gay-affirming) and Side B (gay celibate) Christians. (GCN borrowed the Side A/Side B terminology from a now defunct website and forum called Bridges Across the Divide, whose mission was to create respectful
dialogue between those who disagreed about the morality of homosexuality [“The Sides of the Divide,” n.d.]). In the past five years, several Side B thinkers and writers have more publicly shared their stories and philosophies on their personal blogs, as well as on the communal blog Spiritual Friendship (http://spiritualfriendship.org). Since then, GCC has been a controversial topic of interest in the media (Bailey, 2014; Boorstein, 2014), with some contributors highlighting the need to accept gay celibates into the broader LGBTQ community (Urquhart, 2014), and others remarking on similarities between GCC and ex-gay philosophies (Ambrosino, 2015).

To date, there are only four studies known to this author describing the experience of gay celibacy in a non-clerical population, two of which are unpublished. In a quantitative analysis of over 1,600 Mormon non-heterosexuals, Dehlin et al. (2014) found that those in sexually active committed relationships had significantly better self-esteem and quality of life, and significantly lower levels of depression, internalized homophobia, and sexual identity distress compared to those who were celibate by choice. Moreover, those who were celibate by choice showed significantly greater sexually identity distress and internalized homophobia compared to those who were not sexually active because they lacked a partner (Dehlin et al., 2014, p. 299).

In a qualitative analysis of five gay celibates, Creek (2013) described how these men and women constructed their understandings of themselves and expressed rules about the appropriate bounds of sexual desire. Results showed that they maintained connections with several communities (including gay-affirming Christians, ex-gay Christians, and conventional church communities), while also maintaining a distinct
identity by considering lust and desire as neutral (in contrast to affirming Christians who celebrated same-sex desire or ex-gays who considered same-sex desire as sinful and in need of change).

A broader perspective on GCC experiences was described in the unpublished qualitative analysis presented by Yarhouse, Morgan, Anthony, & Sadusky (2015). They described how their eight participants saw their attractions as both a gift and a source of brokenness. Celibacy provided them with a sense of congruency, a feeling of closeness to God, emotional stability, and freedom to live out their values as they felt led. Relational benefits such as improved connection to others and the ability to be more available to others were also noted. However, participants described struggling with loneliness, but there was no mention of how these factors impacted their overall well-being. Additionally, it is difficult to interpret the significance of “improved connections” and how celibacy fostered such improvements.

A final quantitative analysis, a dissertation study that is unpublished as of this writing (Baker, 2016), examined archival data from a convenience sample of 118 GCCs. The study investigated a number of issues related to celibates’ lives, including attachment styles, well-being, psychological distress, and religiosity. The author concluded that most GCCs exhibited preoccupied or secure attachment styles, positive well-being, non-clinical levels of psychological distress, and high levels of religious activity. However, almost 20% of the study population measured in the moderate to extremely severe range on the depression subscale of the DASS-21, which is higher than the 12% of people in non-clinical samples who scored similarly (Crawford & Henry, 2003; Henry & Crawford,
While the modal trend demonstrated that GCCs had similar well-being compared to the general population, when the raw data provided in the study was calculated by the current study’s investigator, using mean as the measure of central tendency resulted in a less generous interpretation. Trends using means demonstrated that GCCs tended to have lower levels of well-being in most areas—including life achievement, personal relationships, feeling part of community, future security, and life as a whole—compared to normative values with a Western adult population (data were not analyzed for statistical significance; Deakin University, 2016). Moreover, nearly half of the population was categorized as having a preoccupied attachment style, and the author (Baker) found that preoccupied attachment was correlated with greater psychological distress (depression and anxiety) compared to the nearly 25% who were categorized with a secure attachment style.

Current Study

The aforementioned studies of non-clerical gay celibates provided the field of psychology a helpful introduction to this growing population of GCCs, but the results were only narrowly reflective of the practice of gay celibacy and the longevity and well-being associated with it. The study by Creek (2013), for example, was an analysis of a small subset of celibates she found while studying former participants in SOCE. The unpublished study by Yarhouse et al. (2015) explored this identity further, yet was limited to preliminary data about this population. Results from quantitative studies have been illuminating, with published data (Dehlin et al., 2014) demonstrating Mormon celibates generally had lower quality of life and psychological well-being compared to
those in relationships, and unpublished data (Baker, 2016) suggesting that GCCs tended to have insecure attachment styles that significantly impacted psychological distress. While the latter study concluded that GCCs generally exhibited quality of life similar to the general population, more conventional analysis methods showed their well-being to be somewhat lower than normative samples.

Both quantitative studies used a limited participant sample in that they only described current celibates’ experiences. Additionally, because Dehlin et al. (2014) studied a Mormon population, the external validity of the data, as applied to non-Mormon Christians, is unclear. But just as ex-gay studies that excluded the voices of ex-ex-gays (i.e., those who attempted SOCE but failed to achieve orientation change) tended to provide a far more optimistic portrayal of SOCE than those that included ex-ex-gays (Flentje et al., 2013, 2014; E. M. Weiss et al., 2010), so too excluding ex-celibate voices may similarly limit a global understanding of gay celibacy.

From previous research on resolving conflicts between sexuality and spirituality, it appears that integration strategies and prioritization of sexual identity have benefited LG people without evidence of substantial harm. Conversely, prioritizing spirituality through SOCE methods has been associated with significant (sometimes long-lasting) harm. It is difficult to determine to what extent harm may be associated with gay celibacy. On the one hand, by prohibiting themselves from experiencing the benefits afforded by same-sex intimacy, love, and companionship, they may endure significant loneliness and isolation, and may not be fully accepted by their churches or the larger LGBTQ community. On the other hand, GCCs tend to accept their sexual identity as LG
people, and some have been vocal about the mistreatment of LGBTQ people by churches (Boorstein, 2014), thus they may express or experience less IH than ex-gay individuals, which may mitigate the harm that is associated with SOCE.

The purpose of this current grounded theory study was to explore individuals' experiences of GCC and answer the question “What are the experiences of current and former gay religious celibates in terms of psychological and spiritual well-being?” This question was explored through one- to two-hour semi-structured interviews with current and former GCCs. Additionally, quantitative measures of psychological well-being (including a loneliness scale), spiritual well-being, and IH were used to supplement qualitative data and provide preliminary descriptive data about this developing community that could potentially serve as measures of interest in future studies.

Social justice stakeholders. This research will add to the growing body of literature on intersectional identities, and will elaborate on a largely ignored segment of LG people struggling with identity conflict. Intersectionality theory has its roots in Black feminist sociological literature, particularly as it pertains to multiply oppressed, overlapping identities related to gender, race, and class (Collins, 1998; Crenshaw, 1989). Intersectionality conceives of identities (especially oppressed identities) as being “interdependent and mutually constitutive” rather than distinct, independent aspects of the self (Bowleg, 2008, p. 312). Intersectionality theory has been extended to the study of several identities, though relatively few studies have focused on the intersection of sexuality and spirituality (see, for example, Gold & Stewart, 2011; Rodriguez, Lytle, & Vaughan, 2011; Yip, 2008). Thus, the results of this research will have significant
implications for social justice oriented researchers who study intersectionality, mental health practitioners who assist LGBTQ people in their coming out and identity reconciliation processes, and advocates for LGBTQ equality. Just as studies about SOCE have been used to inform major policy decisions, such as efforts to ban the use of reparative therapy in minors (see, for example, Moss, 2014), knowledge about GCCs could likewise be useful in policies directed towards providing effective and beneficial responses to those with identity conflicts.

Definitions. In this study, the terms spirituality and religion will be used throughout, with some minor distinctions. Technically, these terms have significant overlap. Worthington, Hook, Davis, & McCaniel (2011) have described spirituality based upon the object(s) considered sacred, thus contrasting religious spirituality (which considers a Higher Power as sacred) from humanistic spirituality (closeness to humankind) or nature spirituality (closeness to nature; p. 205). In much of the literature, spirituality tends to refer to individual, personal, and relational connection to that which is sacred or divine, whereas religion tends to connote a formal, structured, or organized framework within which faith is expressed (Halkitis et al., 2009; Miller & Thoresen, 2003; Smith & Horne, 2008). This distinction is important for examining faith in LGBTQ communities, because organized religions are not always accepting or affirming of sexual and gender minorities, thus LGBTQ individuals are left with limited options for exploring and claiming their spirituality. For the purposes of this study, spirituality will be used as a term to encompass personal, faith-based identities and practices, whereas
religion will be used to describe the organized bodies to which individuals belong, and the traditions and practices associated therewith.

With respect to this study’s population of interest, celibates are those who identify as having religiously- or theologically-based convictions that same-sex sexual intimacy is immoral. Within Christianity specifically, such individuals have been described in other literature as “Side B” people, in contrast to gay-affirming “Side A” people who believe that God condones some same-sex intimacy (Creek, 2013). Because gay celibate identity is based upon a belief system rather than behavior per se, a GCC may not be chaste (i.e., abstinent from same-sex sexual activity), but could presumably still identify as a gay celibate. It is their ideological agreement with the impermissibility of same-sex sexual activity that defines GCC (Creek, 2013), thus gay celibates in the present study should not necessarily be understood to be abstaining from sexual activity.

As a final note on terminology, internalized homonegativity (IH) describes negative beliefs and attitudes that LGB people have about homosexuality (Mayfield, 2001, p. 54), and is the notation used in this paper to encompass the similar concepts of internalized homophobia and internalized heterosexism.
CHAPTER 2

LITERATURE REVIEW

Many major religions (e.g., Judaism, Christianity, and Islam) teach values such as love, compassion, and goodwill, but traditional or orthodox wings of these communities also tend to proscribe same-sex behaviors and identities (Balkin et al., 2014). Thus, those LG people who are religious often find that their sexual identities conflict with their religious identities (Haldeman, 2004; Rodriguez, 2010). Literature has highlighted three primary ways to navigate identity conflict: (a) integrate both identities, (b) reject spiritual identity and affirm LG identity, or (c) reject sexual identity as an ex-gay religious person (Rodriguez & Ouellette, 2000; Sherry et al., 2010). Yet not all of these pathways have been associated with improved health and well-being for lesbian and gay religious people.

Research in the past decade has largely focused on identity integration as a healthy means of resolving identity conflict (Bartoli & Gillem, 2008; Buchanan et al., 2001; Haldeman, 2004, 2010), but an alternative means of navigating this conflict—orientation change—has also been highlighted, though there has been significant debate within the field of psychology regarding the merits and utility of sexual orientation change efforts (SOCE; Benoit, 2005). Data overwhelmingly suggest that such practices
are of little benefit, and have great potential for harm, including detriments to mental health such as depression, anxiety, and suicidality (APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation, 2009; Beckstead & Morrow, 2004; Hancock et al., 2012; Shidlo & Schroeder, 2002; E. M. Weiss et al., 2010).

There have been extraordinary advancements in LGBTQ rights since the Stonewall riots of 1969, such as the passing of antidiscrimination legislation in several states, the termination of the military’s Don’t Ask, Don’t Tell policy (1994), and the 2015 landmark Supreme Court decision Obergefell v. Hodges declaring same-sex marriage to be a constitutional right (Connell, 2013; Sobel, 2015). Amidst the backdrop of such extraordinary progress, conservative and Evangelical Christian communities in particular have recently conceded to the data that have amassed about SOCE and many prominent leaders within these communities have begun to disavow the practice (Cruz, 2015; Steffan, 2013). However, for those whose religious loyalties do not allow for affirmation of same-sex love, there has been increasing emphasis placed on the emerging gay Christian celibate community. Gay celibacy may stand as a potentially unique middle ground between rejecting LG identity and integrating those identities (Redmond, 2014) because gay celibates are comfortable claiming an LG identity, but do not affirm same-sex activities or relationships (Creek, 2013). While media attention focusing on the emergence of gay celibacy has increased in recent years (Ambrosino, 2015; Bailey, 2014; Boorstein, 2014; Urquhart, 2014), psychological literature on this population remains sparse.
Gay celibates should be distinguished from another sexual minority community that is also being newly explored by social scientists: asexual people. Asexuality is characterized by an enduring lack of sexual attraction and sexual desire (Bogaert, 2004, 2006; Yule, Broto, & Gorzalka, 2015), whereas gay celibates presumably have intact sexual desire that must be managed to attain the goal of chaste living (Creek, 2013; Sipe, 2008).

This paper will explore gay celibacy as a chosen pathway to manage conflicts between sexuality and spirituality, especially in terms of psychological and spiritual well-being. A review of relevant LGBTQ literature related to religion, specifically with respect to the impact that religion and spirituality have on the mental health of LG individuals, will elucidate possible benefits and harms that may be associated with gay celibacy. Moreover, a description of SOCE studies will highlight ways in which methods for altering LG identity have affected mental health both positively and negatively, as this may have relevance for gay celibates who do not fully affirm their sexual identities. The limited literature on non-clerical gay celibacy will be described, including an examination of mental health correlates to single living within the LGBTQ community. Finally, literature on loneliness and its impact on well-being will be highlighted, as extant data on gay celibates suggests that some of these individuals describe loneliness as a challenging aspect of celibate living (Yarhouse et al., 2015).

Conflict Between Sexual and Spiritual Identities

Significant evidence suggests that in comparison to the general population, LGBTQ people are at a higher risk of developing mental health problems as a result of
the stigma-filled, discriminatory, and prejudiced environments in which they live (Bostwick et al., 2014; Haas et al., 2010; Mays & Cochran, 2001; McCabe et al., 2010). Specifically, depression, anxiety, substance abuse, and suicide tend to affect sexual minorities more than their heterosexual counterparts (Haas et al., 2010; King et al., 2008; Westefeld, Maples, Buford, & Taylor, 2001). Meyer (2013) completed a meta-analysis of mental disorders in LGB people, and found that GB men were about twice as likely to report a lifetime prevalence of any mental disorder compared to heterosexual men, while LB women were found to have more than 3 times lifetime prevalence of mental disorders compared to heterosexual women. Furthermore, suicidal ideation was reported to be about twice as likely among gay men compared to heterosexual men, and the risk for suicidal ideation was up to 5-6 times more likely for LGB youth compared to their heterosexual counterparts. Other large-scale studies have reported that LGB people have a more than two-fold lifetime risk of suicide attempts compared to heterosexuals (King et al., 2008), and that LGB youth have 2-4 times greater odds of suicide attempts compared to heterosexual youth (Stone et al., 2014).

There are several factors that potentially contribute to mental health disparities among LGB people, including prejudicial events, stigma (with resultant anticipatory rejection/discrimination), and internalized homophobia (Burton, Marshal, Chisolm, Sucato, & Friedman, 2013; Fredriksen-Goldsen et al., 2014; McLaughlin, Hatzenbuehler, Xuan, & Conron, 2012; Meyer, 1995, 2013). Social science research has identified various sources of discrimination, including peer attitudes; laws that impede access to housing, employment, education, medical resources, and human services; and religion
(Barnes & Meyer, 2012; Harper & Schneider, 2003; Mereish & Poteat, 2015; Page et al., 2013; Rostosky, Riggle, Horne, Denton, & Huellemeier, 2010). Yet it is unclear to what extent religion provides a protective effect (i.e., a supportive foundation for coping with difficulties) in addition to its potential harms (i.e., conservative religious dogma creates or at least fosters discrimination and the experience of stigmatization). Evidence suggests that religion can be both a beneficial and harmful factor related to IH and self-harm (Longo et al., 2013; Sherry et al., 2010). It is perhaps the nature of one’s relationship to religion and spirituality which appears to determine the ultimate effect (Dahl & Galliher, 2012). One study of 170 LGB adolescents and young adults found that neither sexual minority stress nor religious stress directly related to negative mental health outcomes, but that negative LGB identity mediated the relationships between the two types of stress and mental health (Page et al., 2013), demonstrating that those who are able to maintain a positive LGB identity may be resilient to the religious intolerance they may encounter.

Several lines of research have evidenced the negative impact religious practice can have on LGBTQ people. Longo et al. (2013) conducted a survey of 250 non-heterosexual youth to examine ways in which religious tradition and religiosity impacted non-suicidal self-injury (NSSI) behaviors. Their results indicated that those raised with a secular worldview were 3.8 times as likely to engage in NSSI compared to those raised with a Christian worldview, demonstrating a protective effect of spirituality. However, results also showed that religiosity (i.e., the level of guidance provided by a youth’s religion) predicted NSSI, with those having a “great deal” of guidance 9.3 times more likely to engage in NSSI than those with little to no guidance (p. 283), suggesting that
more authoritarian forms of religion tend to be more harmful on sexual minority youth than less directed ones. Similarly, Gattis et al. (2014) found that religious affiliation moderated the relationship between perceived discrimination and depressive symptomatology for sexual minority youth, demonstrating that youth affiliated with denominations that endorsed same-sex marriage experienced depression secondary to discrimination significantly less than those that affiliated with denominations that opposed same-sex marriage and those who had no religious affiliation.

Kubicek et al. (2009) conducted a longitudinal, mixed methods study of Caucasian, African American, and Mexican young men who have sex with men (YMSM) in the Los Angeles County area. Thirty-six of these participants (matched by ethnicity) were recruited for a qualitative analysis to explore the effects of religious messages on their development. Many of them, particularly those raised in more conservative churches, and those having a strong connection to those communities, reported internalizing homophobic messages that brought about feelings of guilt, worthlessness, self-hatred, fear of eternal damnation, depression, and suicidality. Several participants reported use of maladaptive strategies to cope with their internal conflict, including substance abuse (drugs and alcohol) and overeating. Other research similarly highlights how affiliations with religion can be associated with spiritual abuses such as coercion, bullying, and/or neglect, and such abuses can result in negative mental health effects, including loss of spiritual identity, depression, lowered self-esteem, and poorer quality of life (Crowell et al., 2014; Dehlin et al., 2014; Hamblin & Gross, 2013; Super & Jacobson, 2011; Wood & Conley, 2014).
IH evidently plays a key role in mediating the relationship between spiritual identity and various outcomes. In an Internet survey of over 200 lesbian, gay, or same-sex attracted men and women, intrinsic religiosity significantly and positively correlated with a propensity to seek conversion therapy, while a quest orientation (i.e., openness to doubt and uncertainty about religion) was significantly and negatively correlated with the propensity to seek such therapy (Tozer & Hayes, 2004). Both intrinsic and quest religiosity were found to be mediated by IH, with the former having greater IH and subsequently greater desire to pursue SOCE in comparison to the latter.

A mixed methods analysis of online survey results from over 400 LGBT people further elucidated the connections between religion and internalized homophobia (Sherry, et al., 2010), suggesting that those who viewed religious doubts as positive (i.e., more quest oriented) and those raised in a more liberal church were less likely to experience internalized homophobia and shame about their sexual orientation. In addition, an analysis of 175 Black LGB 18- to 25-year olds found that while religiosity alone did not attenuate resiliency, the interaction between IH and religiosity did, though only accounting for about 3% of the variance in their hierarchical linear regression (Walker & Longmire-Avital, 2013). Those reporting greater IH tended to have greater resiliency if they had high religious faith compared to those with lower religious faith. These data are concordant with other studies showing that involvement in gay-affirming religious communities can be helpful for LGBTQ people of faith (Balkin et al., 2014; Rodriguez & Ouellette, 2000; Smith & Horne, 2007, 2008). Specifically, being associated with
affirming spirituality has been shown to correspond to psychological health, as mediated by the positive benefits afforded by spirituality and decreased IH (Lease et al., 2005).

Data demonstrating greater physical and mental health risks among LGBTQ people as compared to heterosexuals must be interpreted carefully. Such studies have been critiqued for focusing narrowly on deficits and deprivation among a subpopulation of LGBTQ people (Herrick, Stall, Goldhammer, Egan, & Mayer, 2014; Savin-Williams, 2001, 2008), rather than strength-based factors and resiliency in the face of hardships (Fenaughty & Harré, 2003; Mustanski, Newcomb, & Garofalo, 2011). Amongst the literature emphasizing negative outcomes associated with spirituality in LGBTQ people, much is based on scant direct empirical evidence, describing instead anecdotal experiences that practitioners have with clients or researchers’ gleanings from what little empirical evidence exists (Balkin et al., 2014; Haldeman, 2001, 2010; Super & Jacobson, 2011; Wood & Conley, 2014), which may depict a more negative view of the effects of spirituality than may be warranted. Simultaneously, quantitative analyses that contribute to our understanding of these issues tend to study specific subpopulations (e.g., Mormons, as in Crowell et al., 2014; Dehlin et al., 2014, or those affiliated with organized religions, as in Lease et al., 2005), thereby limiting generalizability of study findings.

While some research on religiosity within LGBTQ populations has sought to highlight the potential benefits of spirituality as a source of resilience (Sherry et al., 2010; Smith & Horne, 2007, 2008), most such studies are limited in their generalizability because they utilize convenience sampling, thus findings are limited to the wealthier,
more educated, less ethnically diverse, and more out subpopulations of LGBTQ people, which may not be representative of the broader community. Even studies which focus on more ethnically diverse populations still tend to have smaller sample sizes (e.g., Kubicek et al., 2009) and/or focus on subpopulations that are more educated and out (Walker & Longmire-Avital, 2013).

Notwithstanding some limitations in generalizability, some discordant findings about the relationship between spirituality and well-being among LGBTQ people, and no extant literature showing a causal relationship between religion and IH, research in this area has consistently demonstrated a correlation between religion and IH. It is common for those with a religious identity to experience conflict between their sexual and religious identities. How LGBTQ people of faith and social scientists (including psychologists, sociologists, social workers, and other mental health practitioners) have approached this type of conflict is the subject of the remainder of this chapter, along with relevant literature associated with each pathway, culminating in an exploration of gay celibacy as a little studied potential resolution.

**Integrating Sexual and Spiritual Identities**

Rodriguez (2010) observed that there has been a paradigm shift in the social sciences whereby research no longer dichotomizes LGBTQ people and religious people as opposing communities. Instead, it recognizes LGBTQ people as inherently spiritual beings. The fields of counseling and psychology have accordingly shifted therapeutic emphasis to client-centered strategies when dealing with identity conflict. Such approaches allow for clients to reject one aspect of their identity for the sake of the other
(Sherry et al., 2010), but researchers and practitioners have prioritized the need for internal congruence and well-being, which sometimes favors processes of identity integration (Bartoli & Gillem, 2008; Bozard & Sanders, 2011; Buchanan et al., 2001; Haldeman, 2004, 2010). Because of the delicate balance between respect for religion and affirmation of sexual minorities, navigating these issues has been fraught with ethical dilemmas, such as weighing the need for client autonomy against protecting clients from potentially dangerous ideologies that have not been informed by contemporary, empirical understandings of human sexuality (Balkin et al., 2014; Benoit, 2005; Bozard & Sanders, 2011; Haldeman, 2002).

Levy and Reeves (2011) conducted a grounded theory analysis of 15 American Southeastern GLQ individuals and identified a five-stage process of resolving conflict between sexuality and religion: awareness, initial response, catalytic new knowledge, working through conflict, and resolution. Briefly, the process involves individuals coming to understand their status as sexual minorities in light of their conflicting spirituality (awareness); an initial response that may involve hiding their sexuality and/or more heavily investing themselves in their religion, hoping for same-sex desires to go away; discovering or experiencing some challenge to their faith (new knowledge that catalyzes progress); working through the conflict by seeking more information, self-reflection, discussing the amassed knowledge, and trying new things such as experimenting with same-sex relationships and being open to new churches; finally achieving a sense of resolution. Resolution was described by participants as an ongoing, dynamic process characterized by a personalization of their faith which was identified by
some of the participants to be religious, but non-religious by others (Levy, 2012; Levy & Reeves, 2011).

Reaching a state of resolved (or resolving) identity integration often requires a shift or modification in religious beliefs or affiliations (Bozard & Sanders, 2011; Haldeman, 2010; Rodriguez & Ouellette, 2000; Sherry et al., 2010), thereby necessitating some means of processing the homonegative messages that LGBTQ people receive from their churches, families, friends, and communities. Critical appraisal of religious messages and finding meaningful ways to maintain faith by transforming it into something more congruent to LGBTQ people’s values and identities are repeated themes in studies of identity integration, especially for young LGBTQ people of color (POC) who may have to navigate cultural forms of homophobia in addition to religious forms.

Kubicek et al. (2009), for example, reported in the qualitative analysis of their mixed methods study that YMSM (two-thirds of whom were African American and Latin Americans) found ways to retain positive aspects of faith such as a loving Higher Power, while personalizing their faith through processes that entailed critical evaluation of their religious upbringing, the sacred texts of their communities, and the message-bearers of homophobia. Likewise, Pitt (2010) discussed how Black gay Christian men “neutralized” homophobic religious messages through devaluing messengers’ theological/scientific knowledge (deeming it outdated or misinformed), moral standing (acknowledging the messenger’s sins), inappropriate focus on homosexuality (recognizing how the frequency of mentions of homosexuality in the pulpit are disproportionate to its rare mention in the
Bible), and/or motivations (surmising that the messenger’s aim is to appease other congregants in order to gain power or money).

Gay-affirming practitioners have utilized various therapeutic and theoretical constructs to aid in integration of identities (Beagan & Hattie, 2015; Bozard & Sanders, 2011; Haldeman, 2004). Bartoli and Gillem (2008) espoused an approach that is flexible, providing resolutions that are temporary and incremental to maximize well-being in the moment. They drew from theoretical frameworks such as multiculturalism, psychology of religion, and the sociological concept of symbolic interactionism. Multicultural and feminist perspectives highlight the importance of validating all aspects of identity so as not to risk intra-client polarization, while attending to the influence of oppression on the situation (pp. 205-206). Findings from studies of the psychology of religion help clients understand the psychological underpinnings of their beliefs, allowing them to adjust their belief systems based on that understanding (pp. 206-207). Symbolic interactionism frames intersectional identity development processes through co-construction of meaning with others in individuals’ relevant communities (p. 203). Other postmodern theories have also been applied to integration, such as Narrative Therapy (Buchanan et al., 2001; Sherry et al., 2010). From this perspective, clients are encouraged to externalize negative, dominant stories; deconstruct this narrative; identify “unique outcomes” that attenuate or contradict the narrative; and then construct preferred ways of being. Finally, Haldeman (2004), a therapist with extensive experience treating clients with identity conflict, has recommended special attention to issues of attachment and family when doing integration work.

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There is poor empirical evidence for effective means of and therapies for identity integration for LGBTQ people conflicted with spiritual concerns. With the exception of the large, mixed methods study conducted by Sherry et al. (2010), the few published studies about integration processes have been mostly qualitative studies (Beagan & Hattie, 2015; Kubicek et al., 2009; Levy, 2012; Levy & Reeves, 2011; Pitt, 2010a) with rich material, but with small sample sizes, thus limiting how well we understand such processes. The field of psychology would indeed benefit from more research on such matters so that practitioners are equipped with sound therapeutic tools beyond the anecdotal experience offered by those who have embarked upon helping LGBTQ people with identity conflicts.

**Prioritizing Sexual Identity**

Many LGBTQ people whose sexual self-actualization is at odds with their religious upbringing jettison their spiritual identities altogether and adhere to agnostic or atheistic beliefs. Halkitis et al. (2009) collected cross-sectional religion and spirituality data on 498 LGBT people at a Pride event in a northeast American city and found that even though most (nearly 87%) were raised in religious homes, only about 64% identified as religious at the time of the survey, and only about a quarter of respondents held membership in a religious institution. Though the study was not designed to determine the cause of religious attrition, it is possible that the anti-gay sentiment or dogma promulgated by their religious institutions may have been a significant factor (Rodriguez & Ouellette, 2000; Super & Jacobson, 2011; Wood & Conley, 2014). For instance, Sherry et al. (2010) found that 40% of LGB respondents reported that their sexual
identity was the impetus for questioning their religious identity, and subsequently rejecting faith or seeking a more affirming spirituality.

For some LGBTQ people raised in religious traditions, the healthiest way for them to reconcile their competing identities may be to relinquish their faith. Dehlin et al. (2014), for example, found that among 1,612 Mormon same-sex attracted individuals, those who were active (i.e., attended services at least monthly) within the Church of Jesus Christ of Latter Day Saints (LDS) had the highest levels of IH and sexual identity distress (medium to very large effect sizes, $d = .61$ to 1.66) as well as worse depression, lower self-esteem, and poorer quality of life (small to medium effect sizes, $d = .17$ to .64) as compared to those who were inactive, on probationary status, resigned from, or excommunicated from the church. Those excommunicated from the church fared best in all five psychosocial realms. Thus, at least in some cases, LGBTQ people are healthier when not affiliated with their faith background, even if they are overtly rejected from their faith communities. There is less evidence suggesting healthy adjustment for those who attempt to retain their faith and relinquish their sexuality.

**Prioritizing Spiritual Identity**

LGBTQ people of faith unable to reconcile their conflicting identities tend to espouse orthodox beliefs that are rooted in strict interpretations of sacred texts that are upheld by leaders and lay people within their respective places of worship. Because their spiritual identities take precedence over other identities (Haldeman, 2004; Tan & Yarhouse, 2010; Throckmorton & Yarhouse, 2006), many seek to become ex-gay through sexual orientation change efforts (SOCE).
The first study to give legitimacy to the claims of SOCE was Spitzer’s controversial 2003 report on 200 same-sex attracted (SSA) men and women purporting to have changed their orientation (Drescher, 2015). He later recanted the merits of his study, noting that the major critiques of his study from its publication until its retraction were “largely correct” (Spitzer, 2012, p. 757). In short, the study suffered from a selection bias whereby participants were selected from ex-gay ministries and were highly influenced by powerful sociopolitical factors to report success, thus casting doubt on Spitzer’s conclusions about the possibility of orientation change (see, for example, Sandfort, 2003). Since then, there have been other minority reports on the favorability of SOCE as a means of healthy identity reconciliation. It is interesting to note that authors from conservative religious backgrounds who wrote about SOCE tended to study, highlight, and/or find results that demonstrated only its benefits (Byrd et al., 2008; Jones & Yarhouse, 2011; Karten & Wade, 2010), whereas gay-affirming researchers tended to remark on mixed benefits and harms (Beckstead, 2012; Beckstead & Morrow, 2004; Shidlo & Schroeder, 2002; E. M. Weiss et al., 2010), demonstrating a potential bias among the former group.

**Reported Benefits of SOCE.** Beckstead and Morrow (2004) described a model for seeking conversion therapy based upon a grounded theory analysis of 50 LGB Mormons whereby social factors (e.g., society, religious community, family, peers) within a heteronormative and/or homonegative context propelled members to seek congruence between their sexual lives and religious mores. Other research has provided empirical evidence for IH mediating the relationship between religiosity and seeking out
SOCE (Tozer & Hayes, 2004). As such, those seeking SOCE often report significant periods of secrecy about their sexual struggles (Levy & Reeves, 2011), have developed negative and shameful views about themselves (Dehlin et al., 2014), and have not been at peace because of the internal dissonance (Anderton et al., 2011). Orientation change approaches provide hope for congruency and initial acceptance of the reality of their orientation (Beckstead & Morrow, 2004).

With regard to social benefits, participants have reported improved relationships with families, peers, and their religious communities, presumably facilitated by the hopefulness and newfound promise of congruency found in reparative therapy philosophies (Bradshaw et al., 2015; Dehlin et al., 2015; Shidlo & Schroeder, 2002). Unsurprisingly, improvements in religious life and fellowship have likewise been reported, including increased spiritual activities (praying, studying sacred texts, attendance at religious institutions, etc.), decreased anger with God, and increased sense of acceptance from God (Byrd et al., 2008; Shidlo & Schroeder, 2002). Psychologically, SOCE participants have reported decreases in depression, anxiety, and self-harming behaviors as well as increases in self-esteem, self-acceptance, and hopeful outlook (Beckstead & Morrow, 2004; Bradshaw et al., 2015; Dehlin et al., 2015; Karten & Wade, 2010; E. M. Weiss et al., 2010).

The benefits afforded to SOCE participants were not necessarily long-lasting. In the developmental model of pathways to conversion therapy offered by Shidlo and Schroeder (2002), a distinct “honeymoon period” (p. 252)—marked by the initial relief associated with having a conceptual framework that simultaneously helped them to
understand their sexual struggles and prescribed a solution—could be followed by disillusionment when participants discovered they were not making anticipated progress towards heterosexuality. There is some evidence, however, that even ex-ex-gays who have abandoned SOCE look back on their experiences and see long-lasting benefits such as solidification of faith and sexual identity (E. M. Weiss et al., 2010, p. 309)

**Effectiveness of orientation change.** One benchmark for measuring the benefit of SOCE should be effectiveness of orientation change. Thus far, there has been little consensus on how to measure orientation change, which, by extension, makes it difficult to make empirical pronouncements about SOCE effectiveness (Haldeman, 1994). Most studies have relied upon self-report, but there are drawbacks because of difficulty in verifying participant claims. Fjelstrom (2013) studied 15 former SOCE participants who later went on to claim a lesbian or gay identity, and documented how several had convinced themselves that they were heterosexual during SOCE, often by ignoring or suppressing same-sex desire while simultaneously overemphasizing the significance of small indications of interest in those of another sex. Moreover, data on sexual fluidity (Diamond, 2000; Katz-Wise & Hyde, 2015) have highlighted how crucial it is to accurately measure sexual orientation. Many of the reported “successes” of SOCE may have been for those with bisexual or sexually fluid orientations, indicating that variables other than SOCE (e.g., attractions to those of another sex, or natural shifts in attraction) could have contributed to the change of sexual behavior and identity reported in the studies (Bancroft et al., 2003, pp. 453-455; Beckstead, 2012; Haldeman, 1994). Objective measures of sexual attraction exist, such as plethysmography, viewing time, eye-tracking,
and pupil dilation (Ebsworth & Lalumière, 2012; Rieger & Savin-Williams, 2012; Rosenthal, Sylva, Safron, & Bailey, 2012), but no such measures have been used in validating claims of SOCE.

Compounding the problem, there are myriad modalities involved with SOCE, including prayer, support groups (led by novices and/or professionals), biblical counseling, psychotherapy, and others. Most studies tend to study and analyze these methods simultaneously. Few studies have adequate sample sizes to analyze a particular method (exceptions include Byrd et al. [2008] and Bradshaw et al. [2015] which specifically examined psychotherapeutic methods), so parsing out which types of SOCE, or even which aspects of these types, could potentially contribute to orientation change would be impossible to determine based upon available data.

Despite these limitations to accurately assessing the effectiveness of SOCE, several studies have reported rates of success based on participant claims, all of which show the effectiveness of SOCE to be modest at best. Jones and Yarhouse (2011) reported a success rate of 23% among 61 SOCE participants after a six- to seven-year long longitudinal investigation that included 98 subjects at baseline and 61 at final assessment, yielding a dropout rate of nearly 38%. While the authors considered those who had achieved chastity (i.e., those who refrained from same-sex behavior) and those who continued to seek orientation change outcomes to be successful, the only successful category that accurately relates to orientation change was their “Success: Conversion” category, defined as those who had experienced “substantial reductions in homosexual attraction and substantial conversion to heterosexual attraction and functioning” (p. 413).
This study by Jones and Yarhouse (2011) is notable for being the only prospective, longitudinal, quasi-experimental study of SOCE, but it suffers from the same concerns that plagued Spitzer’s (2003) controversial study, namely threats to validity due to selection bias and use of self-reported claims from highly motivated individuals (some of whose very livelihoods depended upon the success of SOCE, such as Exodus ministry leaders). In addition, previous works have also highlighted the importance of including data from those who failed or who no longer participated in SOCE in order to have a more complete perspective about its effectiveness and harm (Beckstead, 2012; Fjelstrom, 2013; Flentje et al., 2013, 2014; E. M. Weiss et al., 2010). The Jones and Yarhouse (2011) study was unable to provide meaningful data from dropouts, which may have artificially elevated participant success. Indeed, the authors offered a subsequent analysis in which only participants who had been part of SOCE for less than a year at baseline were included, and all dropouts were considered failures; the success rate decreased to as low as 9%—a substantial drop. With all study participants included in the analysis, the success rate was calculated at 14%, assuming dropouts were all failures (this analysis was not reported in the study, but was calculated by the current study’s author based upon available study data.)

Success rates reported from other studies have been consistently small. Bradshaw et al. (2015) surveyed former and current LDS members (\(N = 1,612\), 898 of whom sought psychotherapy to cope with SSA. They reported that among those whose explicit therapeutic goal was orientation change, 80% found therapy to be ineffective or harmful, indicating that at most 20% determined therapy to be very or moderately effective. This
rate was further complicated by other mitigating factors, including having multiple aims of therapy and some participants having a shift in goals during their course(s) of therapy from orientation change to understanding or acceptance of their orientation. Using a subset of participants \((n = 720)\) who responded to an open-ended narrative prompt about their experiences, the researchers were able to make a determination about orientation change from 624 of these respondents, and found that only 22 (3.5%) claimed to have experienced a change in sexual attraction. A similar narrative analysis of the entire cohort \((N = 1,612)\) demonstrated that when examining all methods of dealing with SSA (personal efforts, support groups, psychotherapy, psychiatry, etc.), only about 3.1% reported experiencing any change in attractions (Dehlin et al., 2015). Moreover, when orientation change was a specific goal, mean effectiveness was reported to be lower and more harmful (medium to large effect sizes) in comparison to nearly all other methods in which orientation change was not a goal (Dehlin et al., 2015, p. 6).

Shidlo and Schroeder (2002) completed a mixed methods study with 202 LG individuals who sought SOCE. They were careful to minimize the import of their quantitative data, emphasizing instead the qualitative aspects of the study to spur development of quantitative measures. Yet their quantitative data is consistent with the studies previously discussed, showing a 13% success rate. When excluding celibate people, those who refused to identify their sexuality, and those who continued to have same-sex acting out behaviors, success (as measured by those claiming to have had a shift towards heterosexuality) was found in only 4% of the participants.
Significant methodological weaknesses are prevalent in all SOCE studies, including the use of non-random samples, retrospective study designs with inherent potential for recall bias (with the exception of Jones and Yarhouse [2011]), and the inability to validate self-reported claims. Nevertheless, when taken together, it seems evident that in general, SOCE methodologies are largely ineffective, producing success in as little as 3% of those attempting them, up to a generous estimate of about 20%. Thus, the vast majority of people who attempt orientation change may not experience such change, which may have the potential for deleterious effects on their psyches and general well-being due to disillusionment about the process.

**Harms of SOCE.** As previously discussed, researchers sympathetic to faith-based orientation change methods have tended to downplay harms (e.g., see Glassgold, Fitzgerald, & Haldeman, 2002). Jones & Yarhouse (2011), for example, found that their participants reported no harm *on average* in terms of psychological distress on the 90-item Symptom Checklist-90-Revised. Though the authors conceded the possibility that distinct individuals may have been harmed, describing findings in terms of average harm is a specious way to report iatrogenic effects. Comprehensive descriptions of harms, particularly rare and potentially life-threatening ones, are a hallmark of ethical research and good clinical practice. Conversely, researchers who have been more skeptical or critical of SOCE methods (representing the bulk of contemporary literature on SOCE) have demonstrated that those seeking SOCE are likely to experience both benefits and harms.
At present, there is inadequate empirical evidence to quantify a cost-to-benefit ratio for those seeking SOCE. Much of the relevant data is qualitative and unclearly depicts the overall effect of SOCE on well-being. For instance, the study by E. M. Weiss et al. (2010) revealed a greater prevalence of stated negative psychological states than positive ones on both ex-gay and ex-ex-gay message boards. However, in Beckstead and Morrow (2004), negative experiences were only more prevalent for those who had gone through SOCE and were now opponents of it as compared to those who remained proponents. The quantitative data is perhaps more revealing, though it too fails to definitively describe the overall effect. Participants in Bradshaw et al. (2015), for example, reported benefits to a greater extent than harms with psychotherapeutic efforts to cope with SSA in an LDS population, though for individuals who participated in therapy with the specific aim of orientation change, 37% rated the experience(s) as moderately or very harmful (21% and 16%, respectively)—nearly double the number who rated the therapy as moderately or very effective (only about 20% of participants).

Like the reported benefits of SOCE, harms have been described in social, spiritual, and psychological realms. Paradoxically, the specific harms raised have tended to be of opposite valence to the benefits reported. Specifically, seekers of orientation change have reported social difficulties such as worsened family relationships, general disconnection from others, avoidance of intimacy, cutting off other LGBTQ friendships or romantic relationships, and social isolation (Beckstead & Morrow, 2004; Dehlin et al., 2015; Fjelstrom, 2013; Haldeman, 2001, 2004; Shidlo & Schroeder, 2002). While many who departed from ex-gay approaches managed to keep their spiritual identities and
origin religions intact (E. M. Weiss et al., 2010), others lost their faith; were excommunicated; or felt distant from/angry at God, the church, and church leaders (Beckstead & Morrow, 2004; Bradshaw et al., 2015; Dehlin et al., 2015; Shidlo & Schroeder, 2002).

Perhaps most importantly, the deleterious effects of SOCE have resulted in significant psychological distress for many, which sometimes lasts well beyond cessation of SOCE and has even culminated in hospitalization; reported mental health harms included low self-esteem, shame, disrupted sexual/gender identity development, anxiety, depression, suicidal ideation, and suicide attempts (Beckstead & Morrow, 2004; Bradshaw et al., 2015; Dehlin et al., 2015; Flentje et al., 2013; Haldeman, 2001; Shidlo & Schroeder, 2002). Less frequently reported, but perhaps just as meaningful to those seeking and failing orientation change was the lost time, energy, and money spent on the endeavor (Dehlin et al., 2015). In an ongoing online survey of 417 ex-ex-gays (Rix, n.d.), the average length of time spent in therapy (n = 412 respondents) was 6 years and 10 months (range: < 1 month to 50 years). The participants who responded to questions about cost (n = 373) showed that while only about half spent more than $500 in total for their efforts, the sum of all participants’ costs ranged somewhere between $1.2 million and $2.1 million. In a study with 38 ex-ex-gay individuals, Flentje et al. (2013) found a more conservative, though still substantial, estimate of expenditures of about $7,000 on average spent on SOCE (Medn = $2,150.00). Finally, research on mixed orientation marriages (MOMs) may be relevant to those who pursue SOCE. Desires for heteronormative life, such as wanting a family or marriage feeling like “the right thing to
do” (Yarhouse et al., 2011, p. 45), generally account for the primary reasons sexual minorities report pursuing MOMs (Kays & Yarhouse, 2010; Wolkomir, 2009), but pressure or encouragement from religious communities is also often a motivating factor for such marriages (Legerski et al., 2017). Sexual minorities in MOMs can face significant stress in navigating their marriage and family relationships (Buxton, 2005; Corley & Kort, 2006; Hernandez, Schwenke, & Wilson, 2011; Wolkomir, 2009), ultimately contributing to high rates of divorce above 50% (Buxton, 2005; Dehlin et al., 2014; Yarhouse et al., 2003) and high rates of infidelity among sexual minority spouses ranging from about 41-62% (Legerski et al., 2017; Yarhouse et al., 2011, 2003). Those who pursue other-sex marriage in their SOCE may likewise endure damage to their relationships, damage that can spread to heterosexual spouses who can exhibit negative affectivity, such as feeling devastated and betrayed, as well as questioning their self-worth and masculinity or femininity, when their sexual minority partners disclose their sexual orientation to them (Hernandez et al., 2011; Wolkomir, 2009; Yarhouse et al., 2011).

In summary, SOCE appear to be ineffective for most who attempt them, and are equivocal at best in terms of risk-benefit, though there is sufficient reason to believe that the net effect is in fact harmful for many, and the negative effects can be long-lasting. For this reason, the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009) suggested that the benefits reported by SOCE participants could be achieved without attempts to change orientation (e.g., through general counseling or support groups aimed at coping with stigma). As such, it is reasonable to conclude that
identity integration is an inherently healthier means of resolving conflict between sexuality and spirituality. For those LG Christians whose spiritual identity is paramount and who do not believe they should engage in same-sex sexual intimacy, celibacy remains an option, but little has been presented in professional literature about the psychological merits of such a pathway.

**Gay Celibacy: A Healthy Middle Ground?**

In terms of categorizing pathways for navigating identity conflict, it is difficult to classify gay celibacy. On one hand, many gay celibates are fully aware and accepting of their sexual identities as LG people, and are even very vocal about the mistreatment of LGBTQ people by churches (Boorstein, 2014). On the other hand, because of their religious identities, they do not feel free to love and relate to others in a way that expresses and typifies their sexual identity. Some have suggested that gay celibacy is a type of middle ground or “third way” in terms of navigating the conflict between sexuality and religion—a path that neither denies sexual identity nor fully affirms it in a manner that puts one’s spiritual identity at risk (Redmond, 2014). While this may be true philosophically, the extent to which it is a psychologically healthy option remains unclear, especially if the pathway is not freely chosen, but rather imposed upon LG people of faith (whether explicitly or implicitly) by their spiritual communities, leaders, friends, and/or families. For example, in one study using a modified grounded theory analysis of open-ended textual responses from surveys of 82 celibates, the majority of respondents viewed their lack of sexual activity negatively, and tended to feel angry, depressed, and unhappy (Donnelly, Burgess, Anderson, Davis, & Dillard, 2001).
However, these participants were largely heterosexual, and all were “involuntary celibates” (i.e., virgins, single people, and partnered people who no longer had sex with their partners), so it is unclear to what extent these results could be generalized to LG Christian celibates who are purportedly voluntarily celibate.

It is unclear to what extent GCCs voluntarily choose celibacy. It has been suggested that conservative religious communities and beliefs may subtly coerce LGB people to become celibate (see, for example, Ackley, 2014). The voluntary nature of celibacy is likely to be a fundamental aspect of gay celibates’ sense of well-being, thus understanding motivations behind choosing celibacy will be key to interpreting data regarding their mental and spiritual health. Determining the extent to which gay celibates are being subtly influenced into celibate living would not necessarily be immediately evident without asking clarifying questions. Hostetler (2009) conducted a mixed methods study of 94 Midwestern single gay men with the aim of understanding voluntary singleness within the population. Identifying as “single by choice” was ultimately found to be an internal narrative strategy participants employed to make the best of their circumstances, casting doubt on the concept of freely chosen single living. While 65% identified as being “single by choice,” 83% of these men stated they would like/prefer to be in a relationship, 61% stated that they were in fact actively seeking one, and 62% said they would be happier if they had one. On an Adaptation to Singlehood Measure, only 13 men (21% of the 61 identifying as voluntarily single) reported that they (a) were happy/satisfied, (b) were not seeking partners, and (c) had a preference for being single. Additionally, none of the participants endorsed voluntary choice in the semi-structured
interviews conducted. Thus, singlehood was not generally considered to be a state of well-being for most gay men in the study, as they were unhappy not being in relationships. There is some evidence suggesting that both heterosexual and lesbian women have more positive attitudes towards current and future singlehood (Peterson, 2011), thus there may be gender-based differences in how singleness by choice manifests. However, other data show that lesbians and gay men tend to endorse greater well-being when partnered than when single (Wienke & Hill, 2009).

While there are indubitably people who are satisfied with remaining single long-term, not everyone who states that they are single by choice has made a conscious decision to do so, nor are they necessarily happy with that choice. Moreover, for those who do report satisfaction, it is unclear how long satisfaction remains beyond the period of study. It is crucial to understand how gay celibates perceive themselves in terms of control of their lives, and how their level of control impacts their well-being in both the short- and long-term. In so doing, it would be presumptuous to conclude that a lack of choice necessarily infers dysfunction, as some gay men have been shown to acclimate well to single living (Hostetler, 2009, 2012).

**Viability and Healthiness of Gay Celibacy.** Beyond concerns about the interaction of autonomy and well-being, another area that may potentially impact perceptions of well-being is success at living a celibate life (i.e., how well people are able to behaviorally achieve their ideological goal of chaste living). Whether LG Christian celibates voluntarily choose that path or are coerced to do so is subordinate to the question of whether celibacy is an inherently achievable, sustainable, and/or a healthy
practice for sexual beings. Unfortunately, there is a dearth of empirical data exploring long-term celibacy—and virtually none examining long-term gay celibacy—to aid in predicting much about its achievability, sustainability, or healthiness. It would be instructive then to look toward one of the only institutions that has lauded celibacy as a lifestyle: the Catholic Church.

**Celibacy in Catholic priesthood.** Even though the Catholic Church has espoused celibacy among its clergy for nearly a millennium, few data exist beyond speculation regarding the connection between celibacy, well-being, and homosexuality. While popular media has drawn a potential connection between the sexual identity and/or celibate status of Catholic clergy and the recent pedophilia scandals (Frawley-O’Dea, 2011), few concrete data exist to solidify the connection (Marcotte, 2008; Terry et al., 2011). Notwithstanding, psychologists who have worked therapeutically with clergy have opined that celibacy is often an untenable and even an unhealthy practice for some (Celenza, 2004; Croghan, 1974; Gonsiorek, 2008). Perhaps the best available research demonstrating the viability of celibate life for Catholic priests has been presented in the ethnographic study by Sipe (2003), a former monk and priest who later became a therapist (now retired). From 1960-1985, Sipe interviewed priests in inpatient and outpatient psychotherapy ($n = 497$), priests not receiving treatment ($n = 512$), and other people ($n = 504$) who observed priests in regard to their sexual practices (including nuns, victims of sexual abuse, and lovers who had been intimate with priests). His results examining reports of approximately 2,776 priests showed that only about 50% of clergy were actually celibate at any given point, and among them, only about 4% were said to
have obtained “celibate achievement” as marked by stable celibacy integrated across spiritual, behavioral, and psychological domains. The majority (approximately 80%) of this portion of priests practiced celibacy, but not in terms of psychological and spiritual integration, and they were vulnerable to returning to sexual activity. Meanwhile, the other 50% of clergy were sexually active. Additionally, Sipe observed that the majority of priests masturbated (which has traditionally been considered “intrinsically evil” in Catholicism; p. 74) and needed to do so to maintain celibate living. Similarly, Anderson (2007) found that many priests had sexually intimate friendships. Non-clerical LG celibates may also be likely to employ various erotic practices in their pursuit of celibacy, and may, like the priests studied by Sipe, experience some conflict or confusion about doing so.

Overall, very little is known about Catholic clergy and their success at celibate living. The Catholic Church has not been known to conduct or support many rigorous studies of its clergy (save for the John Jay study [Terry et al., 2011]), and the church’s reputation has been marred by a history of secrecy about its priests’ illicit sexual abuses. The available evidence is largely anecdotal from experienced practitioners and researchers (Anderson, 2007; Celenza, 2004; Gonsiorek, 2004), including the valuable ethnographic data presented by Sipe (2003), and therefore conclusions from these publications must not be overgeneralized. Nevertheless, a theme from several sources of data indicated that priests felt inadequately prepared in their training to live celibate lives, and that their failures sometimes had deleterious consequences for themselves and others, including sexual abuse (Marcotte, 2008; Sipe, 2003, 2008; Terry et al., 2011).
Considering that non-clerical LG Christians who choose a celibate life receive no training and do not necessarily have the institutional support incumbent to being in ministry, it is important to examine their preparedness, coping strategies, and the level of social support they may receive in choosing a celibate life.

**Non-clerical celibacy.** According to this author’s review, Creek (2013) is to date the only researcher to have published literature exclusively on non-clerical Side B Christians (i.e., gay celibates who attempt to abide by traditional doctrines that proscribe same-sex behaviors, in contrast to Side A Christians who affirm the morality of same-sex love and relationships). Creek conducted a qualitative study of 31 same-sex attracted individuals who had previously sought help through an ex-gay ministry. Five of these people were identified at the time as Side B. She sought to understand an emerging, sociological collective identity (i.e., the Side B community) by describing how these men and women constructed their understandings of themselves and expressed rules about their sexual desire. The results indicated that how Side B people conceptualized lust and desire was what distinguished their identity and separated them from Side A, Side X (ex-gays), and other conventional orthodox Christians. For these Side B individuals, desire was often described in a neutral manner, in critical contrast to the Side X presumption about the sinfulness of same-sex desire and the need to change it. Yet they also overlapped with all three of these communities in some way, thus equipping them with points of connection—particularly with other church organizations and members—while simultaneously providing a unique sense of communal identity. Side B people primarily managed their desire defensively (i.e., humor, minimization, and avoidance), not unlike
Side X (ex-gay) people as described in E. M. Weiss et al. (2010). When defensive options were inadequate, they also tended to seek support from others who could provide empathy and accountability to help keep desires in check (p. 127).

Creek’s study was limited in its scope of the LG Christian celibate experience because of its analysis of a narrow aspect of the gay celibate experience (i.e., how Side B people conceived of rules about desire, and how the community constructed its identity). Additionally, all the participants were originally recruited for another study of individuals previously part of the ex-gay movement, thus the sample may not be representative of the broader GCC community. Finally, Creek’s conclusion that gay celibates do not believe in the sinfulness of same-sex desire may be questionable, especially in light of orthodox doctrines, such as Catholic teachings about homosexual inclinations being “intrinsically” or “objectively disordered” (Catechism of the Catholic Church, 2016, p. 566), which may contribute to internalized homonegativity.

A broader perspective on LG Christian celibate experiences has been studied by Yarhouse et al. (2015). These authors utilized grounded theory and consensual qualitative theory to analyze eight gay celibates. The results indicated that participants generally saw their attractions as a complex mix of gift and brokenness. Moreover, the participants expressed several benefits to celibacy that were reminiscent of the benefits expressed by SOCE participants, namely that celibacy provided them with a sense of congruency, a closeness to God, emotional stability, a general sense of freedom to live out their values as they felt led, and relational benefits such as improved connection to others and the ability to be more available to others (presumably because they were not distracted by
romantic partners and/or children). The only challenging aspect of celibacy expressed by celibates was loneliness, with little data provided about how significantly this issue impacted their overall health and sense of well-being.

A quantitative analysis of 118 GCCs (Baker, 2016) attempted to describe correlates to their well-being and psychological states, specifically through the lens of adult attachment styles. The results indicated that nearly half of the sample exhibited preoccupied attachments, while about a quarter were described as having a secure attachment style. Preoccupied attachment was correlated with greater psychological distress (depression and anxiety) compared to those with secure attachment. Beyond the correlation between anxious attachments and psychological distress, the author found minimal deficits to well-being, concluding that GCCs generally exhibited well-being comparable to the general population, non-clinical levels of psychological distress, and high levels of religious activity. Upon closer inspection, however, almost 20% of the study population fell in the moderate to extremely severe range on the depression subscale of the DASS-21, while the expected incidence of similar ratings among the general population is 12% based upon normative data (Crawford & Henry, 2003; Henry & Crawford, 2005). Regarding well-being, the author reported modes as the measure of central tendency, concluding that GCCs had similar well-being compared to the general population because participant modal trends showed GCCs rated their well-being at 80% or above in six of the nine areas of well-being evaluated by the Personal Well-Being index (PWI), in comparison to the 70-80% normative range. Nonetheless, this interpretation of the data overlooks the lower than expected well-being of some
participants (i.e., the percent of participants rating their well-being at 60% or below in various areas). Describing the data from this perspective illustrates how nearly 40% of the participants rated their satisfaction with life as a whole, nearly 50% rated satisfaction with personal relationships, and about 60% rated their satisfaction with future security at levels below the general population. Moreover, the author of the current study examined Baker's (2016) raw data based upon means, a more conventional measure of central tendency, revealing that GCCs tended to have lower levels of well-being in most areas, including life achievements (61.10 vs. 72.92), personal relationships (58.64 vs. 80.89), feeling part of community (59.66 vs. 72.49), future security (55.08 vs. 72.79), and life as a whole (66.69 vs. 77.58) compared to most recent available normative values within a Western adult population in 2016 (data was not analyzed for statistical significance; Deakin University, 2016).

There is further evidence among a Mormon population of same-sex attracted individuals showing that celibacy resulted in poorer psychosocial well-being (small to medium effect sizes in terms of IH, sexual identity distress, depression, self-esteem, and quality of life, $d = .21$ to $d = .73$) in comparison to gay Mormons in sexually active committed relationships (Dehlin et al., 2014). This study also analyzed differences between those who were celibate “by choice” (the population most like the current study’s target population of GCCs) and those who were celibate “due to lack of partners” (p. 299), showing no difference in terms of psychological and well-being measures, though those celibate by choice harbored greater sexual identity distress ($d = .71$) and internalized homophobia ($d = .83$). These findings suggest that gay celibacy may in fact
be associated with significant limitations in well-being, which may possibly be influenced by loneliness.

When participants in Yarhouse’s (2015) study were asked how churches could better help gay Christians, most answers were related to creating a safe space for them and facilitating closer connection to others, which, on the surface, could be construed as contradictory considering that five out of eight participants highlighted the relational benefits of celibacy. As has been shown in SOCE literature, harms tend to be minimized when participants were mainly proponents currently involved in the method under examination. Thus, the study of GCC may benefit from expansion of the participant pool beyond those who currently identify as celibates to include those who are ex-celibates. Moreover, how GCCs manage the relational aspects of their lives deserves deeper exploration, especially as related to the experience of loneliness, given the potential impact that loneliness may have on well-being in this population (Sipe, 2003). This study will therefore include the voices of ex-celibates, and will focus on psychological and spiritual well-being.

**Loneliness and celibacy.** Whether freely chosen, coerced, or subtly influenced, gay celibacy might be expected to be associated with struggles with loneliness, and qualitative data have in fact indicated this to be the case (Yarhouse et al., 2015). Abundant social science literature provides evidence for a connection between loneliness and single status, including cross-national studies (Stack, 1998). What remains unknown is the impact loneliness may have on gay celibates, especially if experienced long-term. It is possible that some gay celibates tolerate loneliness well, accommodating to single
living much like some of the voluntarily single gay men studied by Hostetler (2009, 2012). However, Hostetler (2009) also found that most single gay men were unhappy with that status and preferred to be in a relationship.

Among clerical celibates, Sipe (2003) found celibacy for Catholic priests to be practiced and well-integrated into psychological and spiritual wholeness for only 2% of his population, with another 8% having achieved “consolidated celibacy,” whereby behaviorally they had achieved a state of celibacy despite some past failures and difficulty with psychological and spiritual integration. He found loneliness to be a common theme among priests, particularly as a vulnerability making them susceptible to sexual acting out (p. 298). Likewise, other sociocultural research indicated that priests employ various means to cope with the demands of compulsory celibacy, including taking on sexually intimate friendships (Anderson, 2007).

Without formal institutional supports and in light of stigmatization by their religious communities, non-clerical gay celibates may be susceptible to emotional and sexual consequences of loneliness. Emotional deficits may significantly impact psychological and spiritual well-being, and loneliness may have adverse health consequences (e.g., unprotected, anonymous sex as a means of relieving built-up sexual tension, leading to contracting/spreading sexually transmitted infections, including HIV/AIDS).

It is important to distinguish the types of isolation that contribute to loneliness. A three-factor conceptualization of loneliness has been described by Cacioppo, Cacioppo, & Boomsma (2014), and the model has empirical support (Hawkley, Brown, &
Loneliness is at least comprised of *intimate isolation* (lack of a supportive person in one’s life to affirm their value and worth), *relational isolation* (lack of friendship and family connections), and *collective isolation* (lack of connection to a group or social identity). Presumably, celibates have adequate agency to mitigate the impacts of the latter two types of isolation, which bodes well for adjustment to single living, but intimate connections would be a challenge because marriage and long-term romantic relationships are typically the best predictors of satisfying this type of connection (Hawkley et al., 2005). Unfortunately, because these aspects are separable, they are not likely to be substituted for one another (i.e., more time with friends and family does not nullify the need for intimate connection). Celibates are thus tasked with finding such relationships in non-traditional, counter-cultural (and non-sexual) ways, which may explain why gay celibates have reported wanting intimate partnerships and stable, close relationships despite stating that celibacy had relational benefits in their lives (Yarhouse et al., 2015). Celibacy frees these individuals to invest in friendships and familial relationships, but does not satisfy the need for a committed, emotionally intimate partner.

A recent review of loneliness literature by (Hawkley & Cacioppo, 2010) showed that loneliness was correlated with widespread effects on cognition (cognitive decline, dementia, Alzheimer’s disease, decreased executive functioning), mood/behavior (psychosis, suicidality, depression, anxiety, stress, fear, and anger), and physical health (cardiovascular risk, compromised immune response, and all-cause mortality). These
deficits remained consistent even after controlling for confounding factors such as depression.

There is some recent evidence that loneliness is associated with sexually compulsive behavior in GB men. Chaney & Burns-Wortham (2015) studied sexual compulsivity among 305 GB men from a large, Southeastern American city and found that loneliness accounted for 10% in the variance, along with self-esteem (13%) and non-disclosure of orientation to one’s mother (14%). This study concurred with other data showing how loneliness, shame, and poor relationships mediated the relationship between sexual minority stressors (such as discrimination, rejection, and internalized homophobia) and psychological and physical distress (including depression, anxiety, and various physical ailments) among 719 adult LGBTQ people (Mereish & Poteat, 2015). Thus, loneliness and its effects should not be minimized, especially because they have been shown to be additive over time (Caspi, Harrington, Moffitt, Milne, & Poulton, 2006; Hawkley & Cacioppo, 2007). While it is unclear to what extent studies on loneliness can be applied to GCCs, the long-term consequences of loneliness may be of particular concern for the study of gay celibates because they are choosing a course that may include a lifetime of struggles with loneliness.

Summary

There appears to be no data beyond qualitative descriptive literature on constructs of LG celibate identity and community, except for the previously published data by Sipe (2003) regarding Catholic clergy, and the unpublished dissertation by Baker (2016), though its findings are questionable. Given the emergence of this new community
(Ackley, 2014; Ambrosino, 2015; Bailey, 2014; Boorstein, 2014; Urquhart, 2014), and a possible increase in growth as more Christians abandon SOCE approaches (see, for example, Merritt, 2015; Worthen, 2016), this is an area of research that is in great need of exploration, particularly with regard to issues of physical, mental, emotional, and spiritual well-being.

Social science literature has established that SOCE can be harmful to mental health, but what precisely mediates this harm is unknown. Orientation change is the putative cause of distress in SOCE, but it is questionable if that is truly the case. In E. M. Weiss et al. (2010), for example, the most commonly reported social consequence was loneliness (28 of 39 who reported on social states), with one ex-gay person explicitly expressing how loneliness would have contributed to suicidal ideation had they known beforehand the course of their life (p. 305). Thus, gay celibates may similarly be at risk of experiencing psychological and spiritual distress, and ex-celibates may be most likely to report such events.

The little research that has been conducted with this population has been generally limited by the samples: either small samples in qualitative literature, with no indication that an ample number of participants were included to get an adequately broad description of the experience of GCC; or by restriction to a particular subset of Christians, such as the focus on Mormons in Dehlin et al. (2014); or by selection of only current proponents of gay celibacy, with no inclusion of people who have since moved on from celibate pathways (i.e., ex-celibates). This study will expand on previous literature and broaden the scope of gay celibate experiences, with an emphasis on psychological
and spiritual well-being. Specifically, it will seek to understand how celibacy may enrich or harm their lives, especially with respect to how religiosity serves as a source of resilience and discrimination in heteronormative contexts. Simultaneously, it is important to understand how gay celibates manage their sexual urges and desires, their loneliness, and any other associated negative psychosocial or physical health detriments. One caveat to the expansion of data with the current study involved the expected inability to expand on racial/ethnic diversity. The researcher’s experience with gay Christian communities is that they are predominately White, and indeed the previous studies of GCCs were based on the experiences of mostly White participants, reaching nearly 90% or above in the largest of these studies (Baker, 2016; Dehlin et al., 2014). Given the small number of participants in most qualitative studies, it was anticipated that the current study would, like previous GCC studies, describe the experiences of GCC from a mostly White, Western perspective.
CHAPTER 3

METHOD

Participants

A total of twelve participants were recruited for the study, all of which met inclusion criteria. Inclusion in the study required participants to (a) be adults 18 years of age or older; (b) identify as lesbian, gay, or otherwise same-sex attracted; (c) be currently practicing or have previously practiced celibacy, and (d) claim a Christian-based religious or spiritual identity (or previously claimed a Christian-based religious or spiritual identity when having practiced celibacy). While celibacy may be practiced by other religions, gay celibacy as a social movement has so far been espoused primarily by Christian LG people (Ambrosino, 2015; Boorstein, 2014; Creek, 2013; Yarhouse et al., 2015).

It was important to ensure that participants were not asexual. An overlap between these two identities would have confounded the study results, particularly with respect to findings regarding the well-being and viability of celibacy. For instance, asexual people may respond differently to long-term living without sexual intimacy than sexual individuals who choose to remain celibate purely for religious reasons. It has been suggested that comparing bisexuals who pursue SOCE to lesbians and gays who pursue it has led to negative impacts on mental health through disillusionment when LG people
could not change their orientations and have successful relationships with those of another sex like bisexuals could (see, for example, Haldeman, 1994). This study seeks to avoid similar comparisons of divergent populations. As such, asexual individuals were screened out of the participant pool by asking potential participants if they identified as asexual, and if they had enduring sexual attraction, desires, and interests in others, which are key distinguishing characteristics between sexual and asexual people (Bogaert, 2004, 2006). Clarifying questions to help distinguish celibate from asexual individuals were based on the 12-item Asexual Identification Scale (AIS; Yule et al., 2015, Appendix A). During screening, only one potential participant’s identity as an asexual person was unclear because of ambivalent statements made about sexual desire, but an AIS score of 29—well below the threshold of 40 which identifies asexual-identified people—did not justify study exclusion, thus the participant remained in the study.

The demographic data of the participants was aggregated to protect the anonymity of participants, though non-identifiable data were provided (see Table 1). Of the 12 participants, seven identified as current celibates, and five identified as former celibates. Eight of the participants (including all the ex-celibates) reported previously identifying as ex-gay or attempting to change their orientation at some point (Table 1). The lead investigator’s experience with gay Christian communities, including ex-gay and GCC groups, is that they are predominantly White, thus it was anticipated that the study population would be mostly or exclusively White. Indeed, the current study’s participant pool was almost exclusively White-identified, except for one participant (ethnicity withheld to protect the participant’s anonymity). One participant was international while
the remaining participants were from across all regions of the United States: three from the West Coast, three from the East Coast, three from the South, and two from the Midwest. Their ages ranged from 23-50 at the time of their interviews.

Socioeconomically, participants were well-educated (one completed some college, eight completed bachelor’s degrees, and three completed master’s degrees) and mostly middle-class (one was unemployed, four were low-wage earners of less than $25k/year, and the remaining seven were lower to upper middle-class wage earners ranging from $25k-$99k/year). Nine identified as males and three as females. All male participants identified as gay and all the female participants identified as lesbians. Current celibates all associated with conservative Christian denominations (e.g., Evangelical Protestant); ex-celibates were all part of conservative Christian denominations when they were celibate, but all continued to identify as Christians at the time of their interviews although they were not all formally associated with a faith community.
Table 1

*Participant Celibacy Status and Ex-Gay History*

<table>
<thead>
<tr>
<th>Participant (P)</th>
<th>Celibacy Status</th>
<th>Ex-Gay/Side X History</th>
</tr>
</thead>
<tbody>
<tr>
<td>P01</td>
<td>Ex-celibate/Side A</td>
<td>Yes</td>
</tr>
<tr>
<td>P02</td>
<td>Celibate/Side B</td>
<td>No</td>
</tr>
<tr>
<td>P03</td>
<td>Ex-celibate/Side A</td>
<td>Yes</td>
</tr>
<tr>
<td>P04</td>
<td>Celibate/Side B</td>
<td>Yes</td>
</tr>
<tr>
<td>P05</td>
<td>Celibate/Side B</td>
<td>No</td>
</tr>
<tr>
<td>P06</td>
<td>Celibate/Side B</td>
<td>No</td>
</tr>
<tr>
<td>P07</td>
<td>Celibate/Side B</td>
<td>Yes</td>
</tr>
<tr>
<td>P08</td>
<td>Ex-celibate/Side A</td>
<td>Yes</td>
</tr>
<tr>
<td>P09</td>
<td>Ex-celibate/Side A</td>
<td>Yes</td>
</tr>
<tr>
<td>P10</td>
<td>Celibate/Side B</td>
<td>No</td>
</tr>
<tr>
<td>P11</td>
<td>Ex-celibate/Side A</td>
<td>Yes</td>
</tr>
<tr>
<td>P12</td>
<td>Celibate/Side B</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Design**

This was a qualitative study using grounded theory methodology and the constant comparative method (Glaser & Strauss, 1967) to analyze GCCs’ experiences. Quantitative data were also collected and nested within the context of the qualitative results, serving to augment qualitative findings and provide preliminary data about this community that could potentially serve as measures of interest in future studies (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005), as well as to compare findings to available quantitative studies of GCCs (see discussion).
Grounded Theory. Grounded theory was devised as an inductive means of developing theory about a particular social phenomenon (Glaser & Strauss, 1967), and was rooted in the sociological concept of symbolic interactionism, which postulates that reality and meaning are constructed by interpersonal interactions through the medium of shared symbols (Fassinger, 2005). Among grounded theorists, several credible methodologies and interpretive strategies have been employed (Rennie, 2000), but core features remain fairly consistent in that the theory emerges from data derived from the actual lived experiences of a particular group, and is interpreted in a reflexive process involving the researchers (Fassinger, 2005; Levitt, 2015). As such, grounded theory is an excellent tool for discovery-based research (Ponterotto, 2010), and was considered ideal for describing the benefits and challenges of GCC based upon participants’ lived experiences.

Qualitative Research Questions. In the present study, grounded theory was utilized to answer the main research question: “What are the experiences of current and former gay religious celibates in terms of psychological and spiritual well-being?” To understand the experience of gay celibacy, and to elucidate benefits and challenges related to it, several questions were explored during semi-structured interviews with participants along four domains of interest: (a) meaning and motivations associated with pursuing gay celibacy, (b) benefits and challenges GCCs experience in global, psychological, and spiritual realms; (c) management of romantic and sexual urges or desires; and (d) self-conceptualization in past, present, and future with regard to celibacy. Interview questions appear in Table 2. The interview questions were developed by the
investigator to capture the experience of GCC from both current and former proponents, drawing from his knowledge about the community gleaned from examining the scant available literature, media reports, and his personal observations and interactions with GCCs. Consistent with grounded theory methodology, and to enhance credibility, the investigator asked each participant about the adequacy of these questions in capturing their experiences, and solicited feedback about additional or more appropriate questions to ask future participants. Thus, interviews were dynamic, and questions were modified based upon participant feedback.
<table>
<thead>
<tr>
<th>Current Celibates</th>
<th>Ex-celibates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cluster A: Meaning &amp; Motivation</strong></td>
<td><strong>Cluster A: Meaning &amp; Motivation</strong></td>
</tr>
<tr>
<td>1. What does being a L/G Christian celibate mean to you?</td>
<td>1. What did being a L/G Christian celibate mean to you?</td>
</tr>
<tr>
<td>2. How long have you identified as an L/G Christian celibate?</td>
<td>2. How long did you identify as an L/G Christian celibate?</td>
</tr>
<tr>
<td>3. What led you to choose a path of celibacy?</td>
<td>3. What led you to choose a path of celibacy?</td>
</tr>
<tr>
<td>4. How have you identified or understood yourself previously in terms of your sexual and spiritual identities?</td>
<td>4. How have you identified or understood yourself previously in terms of your sexual and spiritual identities?</td>
</tr>
<tr>
<td>5. Describe any organizations, groups, or ministries you have been involved with in your journey towards celibacy. How long have you been involved or were you involved in those groups?</td>
<td>5. Describe any organizations, groups, or ministries you have been involved with in your journey towards celibacy. How long have you been involved or were you involved in those groups?</td>
</tr>
<tr>
<td><strong>Cluster B: Benefits &amp; Challenges</strong></td>
<td><strong>Cluster B: Benefits &amp; Challenges</strong></td>
</tr>
<tr>
<td>1. What benefits do you see to being celibate?</td>
<td>1. What benefits did you see to being celibate?</td>
</tr>
<tr>
<td>2. How has living as a gay celibate enriched your life?</td>
<td>2. How did living as a gay celibate enrich your life?</td>
</tr>
<tr>
<td>3. What challenges are associated with being a L/G celibate? How have you managed these challenges?</td>
<td>3. What challenges were associated with being a L/G celibate? How did you manage those challenges?</td>
</tr>
<tr>
<td>4. In terms of mental and spiritual well-being, what are the greatest challenges (if any) associated with being gay and celibate (based on your own experience, and the experiences of others you have known who are/were L/G celibates)?</td>
<td>4. In terms of mental and spiritual well-being, what were the greatest challenges (if any) associated with being gay and celibate (based on your own experience, and the experiences of others you have known who are/were L/G celibates)?</td>
</tr>
<tr>
<td>5. What psychological struggles have you endured in pursuing celibacy? What psychological benefits have you gained from it?</td>
<td>5. What psychological struggles did you endure while pursuing celibacy? What psychological benefits did you gain from it?</td>
</tr>
<tr>
<td>6. What spiritual struggles have you endured in pursuing celibacy? What spiritual benefits have you gained from it?</td>
<td>6. What spiritual struggles did you endure while pursuing celibacy? What spiritual benefits did you gain from it?</td>
</tr>
<tr>
<td>7. How satisfied are you with being celibate?</td>
<td></td>
</tr>
</tbody>
</table>
Cluster C: Desire/Urge Management

1. When you have sexual desires and/or urges, how do you manage or cope with them when they arise?

2. In the past, how often did you have urges to masturbate, view pornography, have sexual contact with others, or engage in any other sexual activities? How often now? How have you coped with these urges?

3. Are you currently having or have you ever had sex or intimate relations with someone else during the period that you have identified as a L/G celibate? If so, how do you make sense of what happened in light of your convictions?

4. If you are having or ever had sex/intimate relations with someone else during the period you have identified as a L/G celibate, did you ever contract or were you ever at risk of contracting an STI including HIV/AIDS? How often do you use/have you used protection during sexual activities? What form(s) of protection do you use/have you used?

Cluster D: Self-Conceptualization

1. Have you talked with others and/or sought guidance from others about celibacy as a L/G person?

2. What have people (e.g., family, friends, church community, church leaders, therapists, society) said to you about celibacy? How has that impacted you?

3. What professional and/or spiritual help have you sought with relation to conflict between your sexual/spiritual identities? What has been helpful about that? What has not been helpful or has been harmful? What would you have wanted to know or have heard from therapists/counselors/advisers?

4. What would you want other people to know about being a L/G celibate?
4. What would you want other people to know about being a L/G celibate?

5. Are there times when your celibate identity or practice was more (or less) important to you? How did this fluctuation manifest itself internally and in your external behaviors? Why did the importance fluctuate for you?

6. What would the ideal future look like for you (in terms of religious community, relationships, etc.)?

Credibility Questions

1. Is there anything that I did not ask that you feel is important to mention?

2. Is there anything you think would be important for me to ask future participants?

3. Was there anything that you did not share with me, or were uncomfortable sharing with me, for any reason (e.g., being an ethnic minority, out gay man who is not celibate?)

Quantitative Data

Several instruments were used to provide descriptive data about participants, with the aim of supplementing information derived from qualitative interviews, and to compare findings from the study to other studies of GCCs. Participants’ measures of well-being and level of IH were explored using established cutoff scores and/or compared to appropriate available norms or previously studied populations. These measures also provided important information about this little-studied population that may serve as springboards for further research. Immediately after completing semi-structured interviews, participants were sent a link to an online survey containing the battery of quantitative measures, and were asked to complete the survey within an hour of receipt.
**Demographics.** The online survey began with checkbox demographic questions, the results of which were aggregated to protect participants’ identities as previously described. The demographic questions asked participants about their age, race/ethnicity, education level, socioeconomic status (SES), place of residence (country, state or region, city), gender identity, sexual orientation identity, religious identity (including denomination or sect), religious convictions regarding same-sex relationships, length of time identified as celibate, relationship status (including committed but non-sexual relationships, or “covenant relationships”), past/present sexual urges, sexual activity in the past year, and coping strategies to manage sexual urges (ignoring desires, distraction, masturbation, pornography, anonymous sexual activity, short-term or long-term relationships with or without sexual activity, prayer, support groups, counseling, etc.).

**Well-being and Psychological Distress.** Psychological and spiritual well-being were evaluated quantitatively using several measures to capture a broad, global perspective, including a measure of life satisfaction and measures of psychological distress (depression and loneliness).

**Center for Epidemiological Studies—Depression—Short Form.** The CES-D-10 (see Appendix B) is a shortened 10-item version of the original 20-item CES-D designed to assess for depression in the general population (Radloff, 1977). The CES-D was originally tested primarily in community samples, but also in a small psychiatric sample, and demonstrated good internal consistency ($\alpha = .85$ in the general population, $.90$ in the patient sample), moderate 3- to 12-month test-retest reliability ($r = .48-.59$ in most samples), and good construct validity as evinced by convergence with other self-reported
scales of depressive symptomatology and distinction from scales measuring constructs such as positive affectivity and social functioning (Radloff, 1977). The CES-D-10 has likewise been studied in numerous community and clinical populations, and has been used extensively in research (Andresen, Malmgren, Carter, & Patrick, 1994; Bjorgvinsson, Kertz, Bigda-Peyton, McCoy, & Aderka, 2013). It was originally devised by Andresen et al., (1994) to improve clinical and research utility by making the CES-D shorter and quicker to administer. Its psychometric properties as studied in a non-clinical, relatively healthy older adult population demonstrated good test-retest reliability ($r = .71$ one to four weeks after baseline, and $.59$ 12 months after), as well as good predictive agreement with the full measure ($\kappa = .97$, $p < .001$) with a cutoff score of $\geq 10$ for identifying depressive symptoms (Andresen et al., 1994). Additionally, the CES-D-10 showed good convergent validity with measures of poor health status ($r = .37$) and stress ($r = .43$), as well as strong divergent validity from a measure of positive affect ($r = -.63$); factor analysis revealed that it retained two of the factors associated with the CES-D, namely positive and negative affect, but did not load the other two factors: somatic/retarded activity and interpersonal factors (Andresen et al., 1994; Radloff, 1977).

The assessment requires recipients to indicate how often over the last week they have felt (e.g., “I felt fearful”) or behaved (e.g., “I had trouble keeping my mind on what I was doing”) in ways that would indicate depression. Items are scored on a scale ranging from 0 (rarely or none of the time [less than 1 day]) to 3 (all of the time [5-7 days]), with two items reverse scored, to create a composite score ranging from 0-30. Higher scores correspond to more severe depression. Recent research on psychiatric populations has
called into question the established cutoff scores of 8 or 10, which are adequate for assessing depression severity given good sensitivity (Bjorgvinsson et al., 2013), but should be increased to about 16 to increase diagnostic specificity (R. B. Weiss, Aderka, Lee, Beard, & Bjorgvinsson, 2015). Nevertheless, the suggested cutoff score of 10 was used for this study given that the participants were from a non-clinical sample. Overall, the CES-D-10 is a valid and reliable measure of depression which has been utilized in both clinical and non-clinical populations across racial and ethnic groups in several countries, and has been shown to have moderate to high correlations with measures of anxiety, worry, and stress (Andresen et al., 1994; Bjorgvinsson et al., 2013; R. B. Weiss et al., 2015), making it a good marker for psychological distress. For the current study’s sample, Cronbach’s alpha was $\alpha = .73$.

**Satisfaction with Life Scale.** The SWLS (Appendix C) is a short, 5-item measure of subjective, cognitive judgments about one’s current life satisfaction, scored on a 7-point Likert scale from 1 (strongly disagree) to 7 (strongly agree), with higher scores corresponding to greater satisfaction. It was found to have good internal consistency ($\alpha = .87$) and 2-month test-retest reliability ($r = .82$; Diener, Emmons, Larsen, & Griffin, 1985) in a sample of college undergraduates ($N = 176, M = 23.5, SD = 6.43$). Subsequent analyses have demonstrated consistently high internal reliability ($\alpha$ generally $\geq .79$), but long-term (four-year) test-retest correlation coefficients have been as low as .54, indicating the measure is at least partially sensitive to changing life circumstances (Pavot & Diener, 1993). SWLS normative data has been described in several other populations including diverse sets of students and adults; the test is now available in several
languages, and has shown good convergent validity with other measures of well-being, while showing distinction between measures of emotion-based well-being (Pavot & Diener, 1993; Pavot, Diener, Colvin, & Sandvik, 1991). Life satisfaction is assessed by sample items such as “In most ways my life is close to my ideal” and “If I could live my life over, I would change almost nothing.” Scoring can range from 5 (extremely dissatisfied) to 35 (extremely satisfied), with a score of 20 indicating a neutral stance of being neither satisfied nor dissatisfied (Pavot & Diener, 1993). Cronbach’s alpha for the current study sample was α = .89.

**UCLA Loneliness Scale—Version 3.** The original UCLA Loneliness Scale (ULS) was a 20-item measure of loneliness and social isolation that showed good internal consistency (α = .96) and test-retest reliability (2-month r = .73) in undergraduate students at two large universities (Russell, Peplau, & Ferguson, 1978). Changes have been made to the items over the years because of confusion in readability and comprehension. The new ULS Version 3 (ULS-3, Appendix D) contains 9 reverse-scored, positively-worded items indicating a lack of loneliness (e.g., “How often do you feel that there are people who really understand you?”), and 11 negatively-worded items indicating loneliness (e.g., “How often do you feel alone?”), rated on a scale from 1 (never) to 4 (always), with higher scores corresponding to greater loneliness (Russell, 1996). The test was well-validated in college students, teachers, nurses, and elderly adults showing high internal consistency reliability (α ranging from .89 to .94), 1-year test-retest reliability (r = .73), convergent validity with other loneliness measures, and good construct validity as correlated with well-being measures. A review of several studies
using the ULS-3 demonstrated a mean alpha of .92 ($SD = 0.03$, range .86-.95), confirming the measure’s reliability (Vassar & Crosby, 2008). It has also specifically been used in an LGB college student population in comparison to heterosexual counterparts (Westefeld et al., 2001). Cronbach’s alpha for the current study’s participants was $\alpha = .94$.

**Internalized homonegativity.** IH was analyzed with the Sexual Identity Distress (SID) Scale (Wright & Perry, 2006). The SID Scale (Appendix E) is a short 7-item measure of internalized homophobia validated in a sample of Midwestern American LGB youth. The measure was found to have good internal consistency ($\alpha = .83$), test-retest reliability, and criterion validity (Wright & Perry, 2006). Items are rated on a 5-point Likert scale from 1 (*strongly agree*) to 5 (*strongly disagree*), with higher scores corresponding to greater internalized homophobia. The SID is a brief but reliable and valid measure that captures positive feelings, such as “I have a positive attitude about being (gay/lesbian/bisexual),” as well as negative feelings associated with LGB identity, such as “I often feel ashamed that I am (gay/lesbian/bisexual).” Scores can range from 7-35. The tested population mean was 13.58 ($SD = 4.49$). More recently, in a large study of same-sex attracted Mormon adults (mean age 36.9 years, $SD = 12.58$), mean SID scores were approximately 10 ($M = 10.16$ for men, 9.49 for women) for participants who had sought SOCE, and approximately 7 ($M = 7.01$ for men, 7.04 for women) for those who had not (Dehlin et al., 2014). For the current study’s participants, Cronbach’s alpha was $\alpha = .78$. 

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**Participant Survey Characteristics.** The quantitative measures as seen in Table 3 also provided some contextual understanding of the participants. On average, participants’ responses did not indicate that they were psychologically distressed or distressed about their gay identity based upon comparison with cutoff scores or studies with LGB populations. One current celibate and two ex-celibates surpassed the cutoff score for depression (i.e., scores ≥ 10) on the CES-D-10, while the remainder among each group scored below that threshold. Two current celibates and one ex-celibate had satisfaction scores in the dissatisfied range on the SWLS. One current celibate had a loneliness score above the standard deviation of normal based upon an LGB sample population. While IH scores for celibates and ex-celibates were slightly higher than from the reference group of LG Mormons, they were all within a standard deviation of the mean for the group of Midwest American LGB youth used for scale development (Wright & Perry, 2006). The implications of the quantitative data on the qualitative study findings are expounded upon in the discussion section.
Table 3

Participant Quantitative Survey Results of Well-Being and Psychological Distress

<table>
<thead>
<tr>
<th>Measure</th>
<th>GCCs</th>
<th></th>
<th>Ex-GCCs</th>
<th></th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Depression (CES-D-10)</td>
<td>5.4</td>
<td>3.8</td>
<td>7.4</td>
<td>4.3</td>
<td>Score ≥ 10 implies depression (Andresen et al., 1994)</td>
</tr>
<tr>
<td>Satisfaction (SWLS)</td>
<td>23</td>
<td>7.3</td>
<td>20.8</td>
<td>7.3</td>
<td>Score &gt; 20 implies satisfaction (Pavot &amp; Diener, 1993)</td>
</tr>
<tr>
<td>Loneliness (ULS-3)</td>
<td>45.86</td>
<td>12.32</td>
<td>41.60</td>
<td>9.40</td>
<td>Mean score 47.78 for Midwest LGB college students, 39.74 for heterosexual control (Westefeld et al., 2001)</td>
</tr>
<tr>
<td>Internalized Homonegativity (SID)</td>
<td>15.3</td>
<td>4.5</td>
<td>12.8</td>
<td>2.4</td>
<td>Mean score 7 for LG Mormons who hadn’t pursued SOCE, 10 for those who had (Dehlin et al., 2014)</td>
</tr>
</tbody>
</table>

**Participant Screening.** In addition to the quantitative measures used in the survey, an additional measure served as a source of questions to screen out asexual participants: the 12-item Asexual Identification Scale (Yule et al., 2015, Appendix A). The AIS-12 is based on eight concepts such as sexual attraction/desire, activity, identity, and relationships, which were highly internally consistent (α ranging from .703 to .941).
The measure showed convergent validity with the Solitary and Dyadic subscales of the Sexual Desire Inventory (SDI); asexual people showed negative correlations between AIS-12 and SDI subscale scores ($\alpha = –.19$ and $–.57$, respectively). Additionally, the measure showed good discriminant validity from measures of negative sexual experiences (Childhood Trauma Questionnaire), interpersonal problems (Short-Form Inventory of Interpersonal Problems—Circumplex Version), and personality traits (Big-Five Inventory). Items such as “I experience sexual attraction toward other people” and “My ideal relationships would not involve sexual activity” are rated on a scale from 1 (completely false) to 5 (completely true). Scores are summed with higher scores indicative of asexuality. The authors have proposed a cutoff score of 40/60, such that those scoring greater than 40 on the AIS-12 are considered asexual, based upon the study population in which 93% of asexually-identified individuals scored above 40, while 95% of sexually-identified participants scored below 40. No Cronbach’s alpha was calculated for the current study because only one participant was administered the AIS-12.

**Procedure**

Because of the difficulty in recruiting a diverse, random sample of LGBTQ people, most studies of these populations recruit using convenience sampling and/or snowball methods, resulting in largely homogenous samples (majority White, Christian, urban, educated, and relatively wealthy individuals). It is difficult to recruit more diverse samples because many LGBTQ people (especially poorer, less educated, and ethnic minority individuals) are not often associated with sexual minority organizations, the primary sources for recruiting research participants (McCormack, 2014). In the current
study, the participant pool did not exhibit the racial/ethnic or educational diversity reflective of the larger LG population, though it was similar to the demographic characteristics of larger studies of GCCs (Baker, 2016; Dehlin et al., 2014). There was, however, moderate diversity in SES and age, as well as diversity of geography and relational philosophy (e.g., some gay celibate participants promoted single living, while others espoused having nonsexual committed relationships with others of the same sex).

The first round of participants was recruited from gay Christian websites that have catered to GCCs (e.g., in their organization’s mission and philosophies, such as the Gay Christian Network, or GCN), as well as GCN-affiliated social media sites. Additionally, social media and online blogging communities specifically devoted to GCCs were targeted, including the largest known community of this type: Spiritual Friendship (http://spiritualfriendship.org). GCCs who have public blogs that were largely or in part based on celibacy were also used in early participant selection. Leaders of the selected Christian groups were contacted, asking permission to use their social and online platforms to recruit participants for the study. Only representatives from GCN responded to the investigator. However, permission was not necessary to recruit from GCN-affiliated social media pages, so initial participants were mostly recruited from those sites.

Individuals who contacted the primary researcher were screened for inclusion via brief phone interviews. During these phone interviews, participants were told about the study, and if prompted, the primary investigator divulged his own identity and history with struggles between sexual and spiritual identities (see contextual factors for details).
Snowball sampling was employed to collect further rounds or “waves” of participants (Heckathorn, 2011). Snowball sampling is routinely utilized in sociological research, particularly when attempting to study small, stigmatized, and/or underexplored groups (Noy, 2008). While originally devised to start with a random selection of individuals (Goodman, 1961, 2011), the method has evolved through the years into chain-referral convenience sampling of populations that are difficult to reach (Biernacki & Waldorf, 1981; Heckathorn, 2011). However, once the theory began to emerge from initial participant data, theoretical sampling, as articulated by Glaser and Strauss (1967), in combination with snowball sampling drove participant selection. Theoretical sampling in grounded methodology suggests that when there are gaps, undeveloped concepts, or departures in participant perspectives within the theory, further recruitment is aimed at enriching and broadening these areas to fully develop the theory (Breckenridge & Jones, 2009; Draucker, Martsolf, Ross, & Rusk, 2007; Levitt, 2015). Theoretical sampling was utilized in the second and third waves of recruitment to gain perspective from female-identified participants and explore any potential gender differences in experiences of GCC (no substantial differences were identified by the three female participants), as well as to increase the number of ex-celibates such that the experiences of those who had left celibacy were adequately described.

Participants completed one- to two-hour semi-structured interviews exploring the themes indicated in the research questions. Interviews were completed by videoconference using Zoom. Zoom software is a user-friendly, encrypted videoconferencing platform that is HIPAA compliant, with audio/video or audio-only
functionality (for participants who are uncomfortable being seen) and the capability to record interviews in both formats as well. Additionally, a backup digital recorder was also used to record audio of all interviews.

Immediately after completing interviews, participants were sent a link to the online survey hosted by Qualtrics, which took participants approximately 10-20 minutes to complete. After qualitative results were finalized, clients were sent an e-mail soliciting feedback about how well category descriptions matched their experiences. Participants were offered $25 to complete the interview, $5 to complete the survey, and $5 to complete the feedback form.

**Data Analysis**

A grounded theory methodology as articulated by Rennie and colleagues (Rennie, 2000; Rennie, Phillips, & Quartaro, 1988) was adapted and employed to interpret the qualitative data using the constant comparative method. Recorded data was transcribed and coded for meaning units after the interview took place. NVivo for Mac 11 software was used to compare meaning units based on commonalities, thereby creating initial categories and higher order categories until a core category emerged (Glaser & Strauss, 1967; Ponterotto, 2010). Saturation was reached at interview 9, at which point no new categories were created in the hierarchy from interviews. Three further interviews were completed in another wave of participant recruitment to ensure saturation had been reached (Levitt, 2015).

Given the complex nature of the phenomenon in question, and the paucity of research on this population, it was important to have extensive hierarchical categorization
to ensure that ideas from the participants’ own words were not lost in higher levels of category analysis, thereby protecting against interpretations that reflected the investigator’s bias rather than the participants’ lived experiences (Levitt, 2015). Because experiences between the two groups of participants (current and former GCCs) did not differ substantially, a single hierarchy was created with the combined participant data. A hermeneutic analysis of the hierarchy was employed to detect patterns of responses that differed between current and former GCCs (Levitt, 2015). Such secondary analyses have been found to be important when aiming to guide practice around a phenomenon of interest (see, for example, Levitt & Williams, 2010). As this study was oriented towards social justice and LGBTQ equality, a secondary analysis was deemed beneficial towards guiding clinical practice and policies related to effective responses to those struggling with identity conflicts between sexuality and spirituality. If patterns of difference gleaned from the secondary analysis of the hierarchy were found, they were included near the end of the category descriptions in the results section, and overall patterns of differences were included in the core category description, with implications elaborated upon in the discussion section.

The quantitative measures were scored and mean scores were calculated. These mean scores were compared to normed or other LGB population data available in current literature. The quantitative data, along with the demographic characteristics captured in the survey, were used to describe the participants (see methods), and the scores were elaborated upon in the discussion section to contextualize the qualitative findings as they related to findings from other GCC studies.
**Contextual Factors.** In accordance with grounded theory methodologies, the study analysis and results were contextualized by the identity and experiences of the researcher (Rennie, 2000). In contrast to positivistic experimental psychology that assumes research findings are empirical and absolute based upon reports from a detached, objective observer (Richards, 1987), post-positive reflexivity understands the researcher to be an active subject in the study of human behavior and in a dynamic relationship with the phenomenon of interest, thereby having an impact on research findings (Levitt, 2015; Morawski, 2005). In qualitative research, reflexivity can be used throughout every aspect of research, from conceptualization to reporting of findings, to demonstrate how both the researcher and the participants co-construct the findings within a specified context (Burck, 2005, p. 242). In the present study, reflexivity was primarily used by the lead investigator to limit personal bias on the hermeneutical analysis and reporting of the findings, especially through acknowledging presumptions and biases, and by using memoing to reflect on and track his understanding of the data and the emerging theory, as is consistent with grounded theory (Berger, 2015; Fassinger, 2005).

The principal investigator identifies as an African American (with Native American heritage), cisgender, gay, Christian male. He has experienced sexual identity conflict and unsuccessfully attempted to resolve it through SOCE, but ultimately achieved identity integration (with a brief four- to six-month period of questioning gay celibacy in the interim). He maintains positive relationships with people who have chosen varied resolution pathways, including LGB people who have integrated identities, embraced sexual identity and lost their faith, chosen to remain ex-gay, and chosen
celibacy. In addition, he has experience with other intersectional, qualitative research, and approaches this research on GCCs with curiosity and scientific rigor, and was open to where the data led. During the screening, interviewing, data analysis, and writing processes, he volunteered his demographic information and previous journey related to struggles between sexuality and spirituality to any participants who asked, and elaborated on his experiences as needed.

Despite the author’s experience with and openness to a multiplicity of chosen identities in the LGBTQ community, he was not free of bias. While his extensive experience in the ex-gay community was deemed beneficial to him in certain ways, he also experienced and was witness to others’ experiences of significant harm in SOCE. As such, he carried assumptions about potential harms that may be associated with celibacy. He acknowledged these biases, and had in place various credibility checks to improve the rigor of the study by minimizing the extent to which these biases affected the hermeneutical analysis of participants’ own words and experiences (Fassinger, 2005; Levitt, 2015).

**Credibility Checks.** To ensure that qualitative analysis was consistent with what participants expressed during interviews and not overly affected by the principal investigator’s bias or misinterpretation of the data, multiple credibility checks were employed. First, at the end of semi-structured interviews, participants were asked about the thoroughness of the interview and its relevancy to their lived experience. None of the participants expressed an inability to share their thoughts and experiences during the interview, though some acknowledged that the interviewer’s stance as a gay-affirming
Christian did modify what and how they shared. For example, one participant was hesitant to share his views on the immorality of gay sex because he did not want to make the interviewer feel judged, but pushed himself to be honest nonetheless. Likewise, some of the ex-celibates felt that the interviewer’s gay-affirmative leanings facilitated more forthright sharing, expressing that they would have felt bad about elaborating as much on their gay-affirming journey had the interviewer been celibate or ex-gay. One early participant, a current celibate respondent, stated that they felt the interviewer would have understood them and their motivations to pursue celibacy better if the interviewer had been a GCC researcher. Upon self-reflection, the lead investigator acknowledged the truth in this participant’s sentiment, recognizing limitations in ever fully understanding anyone’s experience, but sought to minimize any distance or power differentials between himself and other participants (Burck, 2005). The researcher felt it was possible that part of the perceived distance in this instance may have been that the participant did not understand the nature of qualitative research and the need for the researcher to take a stance of not-knowing to ensure the participant’s meanings were gleaned rather than the interviewer’s biases, thus the interviewer made sure to explain this important aspect of the interviews with subsequent interviewees. No participants offered significant suggestions about improving the interview questions or process.

Throughout the interviewing and coding process, memo writing was utilized to facilitate the constant comparative approach and guide the coding process (Glaser & Strauss, 1967), and served as another source of credibility. These memos provided necessary information regarding the researcher’s ongoing thoughts about the data, as well
as associated biases and assumptions, which ultimately aided in providing the contextual basis from which to understand the results, and for discussing their limitations. Additionally, three external reviewers were consulted on category and theme elicitation as the analysis moved forward. Two of these reviewers were lesbian-identified Caucasian psychologists with expertise in qualitative methods and LGBTQ populations, one of which had extensive experience with grounded theory methodology, and the other had experience researching the intersection of sexual orientation and spirituality. The other reviewer was a heterosexual Caucasian female psychologist who likewise had expertise in qualitative research and issues of sex and sexuality. These reviewers, with varying degrees of involvement, served to ensure that categories appropriately reflected the meaning units that they comprised, and that category clusters stayed close to the lived experiences of participants and were not purely reflections of the primary investigator’s biases and assumptions, thereby reaching a consensus on the overall hierarchical structure and the subsequent emergent theory captured by the core category.

Finally, a survey was sent to interviewees once analysis was completed soliciting feedback about the congruency of main categories and their personal experiences with gay Christian celibacy. The feedback survey provided participants with a summary of the findings from each of the main clusters, as well as the core category, and asked them to rate how well the descriptions reflected their experiences on a 7-point Likert scale ranging from 1 (not at all) to 7 (very much). The form also asked participants to rate how well the overall findings described the experience of gay Christian celibacy in general, and how well they reflected the benefits, challenges, and harms that GCCs face in
pursuing celibacy. Finally, the survey gave participants the opportunity to add any final clarifications, thoughts, or suggestions for emphasis/de-emphasis related to the findings. Eleven of the 12 participants provided feedback, which was mostly positive, especially given the highly variable and distinct perspectives described by the participants. The respondents’ average rating of the overall findings was 6.00 (range = 3-7) and the average rating of the benefits, challenges, and harms of GCC was 5.82 (range = 3-7). One current celibate participant had a minority view, in which the decision to remain celibate had nothing to do with a gay orientation, making this participant’s feedback much more negative than all other participants’ ratings on most of the feedback questions. As such, the median rankings may be a more appropriate reflection of the participants’ views on the overall findings and their description of the experience of GCC (Mdn = 6.0) and the benefits, challenges, and harms of GCC (Mdn = 6.0). See Table 4 for mean ratings and Table 5 for median ratings; both tables list the combined, GCC, and ex-GCC ratings for each cluster, the core category, and the overall findings.

The ratings for each of the main categories and the core category are discussed in the respective descriptions in the results section. To retain the richness of meaning provided by all the participants in their feedback, the mean ratings will be elaborated upon in the results. In general, the ex-celibates’ ratings were higher than current celibates’ ratings, except for the second and third clusters describing GCC benefits and difficulty finding support as a GCC, respectively. The trend could be explained by the predominance of negative experiences that ex-celibates described with GCC, while the current celibates expressed a diversity of experiences that ranged from mostly positive to
mostly negative, making some themes more or less relevant to individual current GCC respondents.

Table 4

*Mean Feedback Survey Ratings: Overall, GCC, and Ex-GCC Ratings*

<table>
<thead>
<tr>
<th>Category</th>
<th>Overall Rating</th>
<th>GCC Rating</th>
<th>Ex-GCC Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$SD$</td>
<td>$M$</td>
</tr>
<tr>
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<tr>
<td>Overall Experience</td>
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<td>5.71</td>
</tr>
<tr>
<td>Overall Description (Benefits, Challenges, Harms)</td>
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<td>1.17</td>
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</tr>
</tbody>
</table>
Table 5

Median Feedback Survey Ratings: Overall, GCC, and Ex-GCC Ratings

<table>
<thead>
<tr>
<th>Category</th>
<th>Overall Rating $Mdn$</th>
<th>GCC Rating $Mdn$</th>
<th>Ex-GCC Rating $Mdn$</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Cluster 2</td>
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<td>Cluster 4</td>
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<td>Cluster 5</td>
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<td>Core Category</td>
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<tr>
<td>Overall Experience</td>
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</tr>
<tr>
<td>Overall Description</td>
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<td>6.0</td>
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</tbody>
</table>

(Benefits, Challenges, Harms)
CHAPTER 4
RESULTS

The 12 transcribed interviews produced 604 meaning units, which generated a 5-level hierarchy (Table 6). The highest level of the hierarchy contained a single core category summarizing five clusters of data regarding the experience of gay Christian celibacy. The five clusters contained 18 categories, which themselves contained 58 subcategories. Descriptors such as “many” or “some” will be used to indicate the number of participants whose interviews contributed to a cluster or category; these descriptors should not necessarily be interpreted as definitive quantitative representations of the broader GCC population, rather as indicative of the number of participants who found a theme important enough to mention during the interview. The following descriptors will be used in the reporting of the study results: few (1-3 participants), some (4-6), many (7-9), most (10-11), and all (12). With respect to describing the three approaches participants used to navigate sexuality and spirituality, the following terms will be used: gay affirming or affirming (embracing gay identity and gay sexual relationships), celibate (embracing gay identity but abstaining from sexual relationships), and ex-gay (rejecting gay identity and sexual relationships). Additionally, respondents tended to use the aforementioned theological “sides” language (i.e., Sides A, B, and X) interchangeably
with gay affirmation, celibacy, and ex-gay approaches, respectively. Finally, to preserve the anonymity of participants, their genders were masked in the reporting of the results and in the discussion whenever possible, though gendered language could not be avoided in some quotes for the sake of clarity.

Cluster 1: GCCs Are Inspired to Celibacy Through Conviction and Desire for Congruency With Religious Beliefs, But Can Also Be Heavily Influenced by Internalized Homonegative Beliefs

All participants provided themes contributing to this cluster which comprised four categories. Both former and current GCCs described decisions to pursue celibacy as being influenced by an interplay between extrinsic and intrinsic factors. While participants generally felt that they voluntarily chose celibacy out of a sense of conviction and a desire to feel that they were behaving in congruence with their Christian beliefs, they also acknowledged how entrenchment in heteronormative society and conservative, non-affirming religious communities contributed to their decisions as well, through an internalization of homonegative beliefs and attitudes.

Category 1.1: Many gay Christians struggle coming to terms with their sexuality, not always believing or understanding why homosexuality is sin, but internalize homonegativity from Christian environments. One respondent (P04) decried the notion that GCCs were a “hotbed of internalized homophobia,” and wanted to correct that stereotype. However, most (10) participants remarked on having internalized homophobic or homonegative beliefs that emanated from their conservative religious environments, causing negative affectivity such as inauthenticity, discomfort, fear, and
shame about being gay or becoming gay affirming. The effect of these internalized beliefs for many (8) presented a strong discord with the idea that God could bless gay sexual relationships or marriages, but many (8) also described more serious self-hatred or sentiments that God hated them because of their sexuality:

There was a vivid, potent desire to not be gay. There was never a question. I never even considered Side A until I was 27. I literally did not consider it. It was not a thought that entered my mind that . . . it might be okay. Like, in my family, I remember . . . when we went to Disney World. Pride Week at Disney World started right as we were leaving, and they hid my eyes from seeing . . . gay people. . . . My emotional definition of being gay was so vividly negative. . . . It was like anti-God, rebellious, inherently eccentric, couldn't have a normal life, and abominable and worthy of destruction. Like, that was my emotional definition. So, there was no possibility to even entertain Side A. (P01, ex-celibate)

Christian families, friends, and church communities were identified as sources of influence in teaching that homosexuality was sin. A few (3) participants described not having an intuitive sense that homosexuality was wrong, or that their parents did not pressure them to see it negatively, but their religion taught homosexuality was sin, thus causing internal conflict:

My heart has always been Side A. . . . Since I was a teenager, I looked at gay relationships and . . . [have] just been utterly baffled as to why this is sinful. Because theology, truth, needs to be pragmatic. . . . Whether
something is right or wrong, it needs to be manifested in real life and it can't just be theoretical, and . . . looking at gay relationships and seeing no good reason why this is sinful, and yet, this deep conviction that somehow it was. . . . And that dissonance was very difficult to maintain. (P08, ex-celibate)

On the other hand, some (6) described how their parents were either confused or in denial, refusing to accept that their children were gay and/or attempting to convince their children that they were not gay. Similarly, others (5) noted how their families, friends, and spiritual leaders were unhelpful when they came out, leaving them alone to figure out how to navigate their sexuality/spirituality conflict. Finally, many (7) participants described how their families exerted pressure on them not to affirm their sexuality and some (4) described how their friends did likewise.

**Category 1.2: Heteronormative pressures and non-affirming religious environments often make GCCs feel afraid and marginalized, delaying gay identity development and sexuality.** Most (10) participants described a profound awareness of heteronormativity in society and in their religious communities that often led them toward futile attempts at orientation change or ungratifying experimentation with other-sex partners. Traditional cultural norms, emphasizing the need for romance and sex, had the effect of making a few (3) feel marginalized, different, or abnormal for not pursuing romantic relationships:

I have a good friend who’s not gay, but who’s . . . a pretty close friend. . . .

[My friend] knows more or less my views on this subject because we’ve
talked about these things. . . . I didn’t see [my friend] for a few months, and then when we were sort of like reconnecting and catching up, [my friend was] like, “So, are you dating anybody now?” I didn’t really understand where that question was coming from because to me, it seemed like the subtext was, “Have you gotten over the celibacy stuff yet?” And I understand that, because from [my friend’s] point of view . . . it’s something that’s holding me back, and I get the sense that [my friend] does consider me to be . . . repressing an aspect of myself in all this stuff.

(P04, celibate)

Worry about the effects of loneliness as they aged because they had opted out of normative coupling also affected a few (3) participants. GCCs in celibate partnerships (CPs) and ex-GCCs were more likely to fit into society, but only ex-GCCs could have the marriages and families that many (7) expressed some desire to have.

Conservative religious environments constrained the choices of many participants (9) by influencing them to not become affirming. Christian families, schools, and churches exerted subtle social pressure (e.g., by solely promoting conservative, restrictive sexual ethics at the exclusion of more affirming messages), but also stronger, more forceful control over their lives, threatening participants with punitive responses for affirming sexuality and teaching about the dangers and sinfulness of homosexuality, along with the eternal consequences for it (Hell). These religious influences had the effect of delaying many (10) participants’ sexual identity development, forcing them to discover gay identity and healthier sexuality later in life:
I had inklings that . . . not that I was gay, but, you know, something wasn't “normal” . . . early on in my childhood. . . . It more felt like something I just didn't think about. Like it was just something that I decided I was going to not engage with consciously. . . . It's weird because when I think back on, um, my adolescence, and even high school. . . . I don't feel like I was actually a teenager ever. . . . It wasn't even like I was battling desires for [same-sex peers] or something. . . . It just did not happen. I don't know if those early experiences had the effect of just kind of putting sexuality off of my radar. . . . I was constantly trying to think of myself as like a normal straight person . . . never over and against something else. But just like, assuming that's what I would be. That I would get married to [a person of another sex] and have children. Because that's what my family expected of me. Always. (P06, celibate)

The above participant illustrated how growing up in a conservative Christian family at a conservative church had the effect of delaying exploration of gay identity and sexuality until college.

**Category 1.3: Many gay Christians were encouraged or pressured by Christian communities to attempt SOCE, intensifying difficulties with accepting gay identity and making celibacy more difficult than for those who accepted gay identities.** Most (10) participants mentioned pressure from Christian communities to attempt SOCE. One participant thought it was common among all gay Christians to at least consider SOCE:
I would say, in my own experience and the experiences of friends of mine, a lot of people start out trying to like pray the gay away. And like, they want to change. They want to become straight. I think some is because . . . that was the predominant . . . teaching in the church for so long, especially with Exodus [a now defunct ex-gay umbrella ministry]. I mean, my whole parents' generation, homosexuality was not something you talked about. It was just . . . this no-no. . . . You just pray and God will fix it. You can get married and have . . . six children and you’ll be great. (P05, celibate)

Many (7) experienced explicit pressure to attempt SOCE, generally by being sent to ex-gay ministries or therapists, though some sought out such services on their own. Families and friends applied subtle pressure on some (5) to change through implicit messages about the sinfulness of homosexuality, while others (6) attended churches that were connected with ex-gay ministries and offered SOCE as the only option for gay Christians.

Despite SOCE being commonly considered among gay Christians, not all participants extensively pursued it. All five of the ex-GCC participants had some history with SOCE, describing long-term vacillations between ex-gay and celibate ideologies such that even when pursuing celibacy, they sometimes were still hoping for change, blurring the distinction between SOCE and celibacy. The seven participants, both current and former celibates, who had the most significant attempts at SOCE generally described greater difficulty with accepting gay identity, potentially making celibacy more difficult for them than for those celibates who more readily embraced gay identity. As one participant remarked:
I never could have classified as the kind of like celibate gay who's like, "Well, I'm cool with myself, and I like [people of the same sex], and that's great. But . . . I just don't do anything with them." I never could have classified as that. And I'm really curious if there are lots of gay celibate people who do that. . . . Because that would be much healthier in my opinion.” (P01, ex-celibate)

While this category was well-represented by current celibate and ex-celibate respondents alike, secondary analysis revealed how only the ex-celibates (5) discussed the blurring of distinctions between their ex-gay and their celibate periods, while the current celibates who previously attempted SOCE tended to define distinct periods between wanting change, and abandoning change to pursue celibacy.

Category 1.4: Influenced by intrinsic and extrinsic factors, celibacy is mostly chosen for religious reasons—often by default to avoid sexuality/spirituality conflict, though sometimes without regard for sexuality. Having a conservative upbringing was a significant factor for many (8) in deciding to become celibate, as celibacy was one of few acceptable options which allowed them to remain in good standing with God and their spiritual communities. Some (5) described fearing the consequences of not choosing celibacy, believing it to be the safest option that didn’t risk Hell, disappointing God, or facing stigma and rejection in their spiritual communities:

It’s something I’ve spent some time thinking about, but, at the end of the day, the Lord comes back or, you know, I die and I'm standing in front of the Lord, I think that Side B's a safer option. And maybe, maybe that's a
little too fear-based, but at the same time, I'd rather be safe than sorry.

I don't want to disappoint the Lord. (P05, celibate)

Many (9) articulated not necessarily having a desire to be celibate, but celibacy becoming a decision by default, the best option between two unfavorable choices—orientation change and gay affirmation—that alone allowed them to accept a gay identity without displeasing God or their religious communities. As one participant stated after years of unsuccessfully attempting to change his orientation:

And people had always encouraged me to embrace my homosexuality, going all the way back to my high school drama teacher. And I just would not even consider it. . . . Not only because of what I'd been taught, but because of a sincere internal conviction . . . that it was wrong and that I would be doing something grievous and bad. So, from that point on, I gave up on . . . ever being with a [person of another sex]. I just thought, well, this is not going to happen. . . . forget it. And, and at that point . . . I drew that line in the sand. And I thought, “Well, so now my only option is to be celibate.” (P03, ex-celibate)

Like the above participant, many (7) respondents discussed how their sincere intrinsic religious beliefs about God and sexuality led them to celibacy. A few (2) even described how, beyond doctrinal convictions, their understanding of gender, sexuality, and the universe contributed to the conclusion that celibacy was right for them as gay Christians. In contrast to the majority of participants, a couple of participants described celibacy primarily as a higher calling to serve the world, while their sexuality played only
a minor or insignificant role in their calling—views that are more akin to traditional teachings of celibacy as a vocational calling rather than a mandate because of one’s orientation (see for example, Abbott, 2001).

In addition to intrinsic beliefs, several participants arrived at decisions to pursue celibacy through intrinsic feeling states. Many (7) respondents mentioned that experimenting with affirmative theology and same-sex relationships did not feel right or authentic to them, and a few (3) committed to celibacy only after experiencing it and later recognizing its benefits and ways that it cohered with their sense of self.

Secondary analysis of this category revealed how current celibates’ descriptions of decisions to pursue celibacy differed slightly from descriptions offered by ex-celibates. Only celibates (3) described early adolescent experimentation with gay identity or gay relationships in the LGBTQ community, followed later by experimenting with celibacy and discovering how it conformed to their authentic, whole sense of self. Additionally, a couple of celibates described celibacy as being in accordance with their understandings of gender and sexuality, and a couple described celibacy as primarily a higher calling, while no ex-celibates provided such explanations.

Cluster 1 feedback. Feedback for this cluster was very positive, with an average rating of 6.00. One current celibate clarified that only the more positive first half of the cluster description was personally resonant, but also acknowledged knowing celibates for whom the latter half of the description was applicable. Another current celibate likewise commented that heteronormative and systemic heterosexism only played a minor role in deciding to become celibate. Yet another current celibate highlighted how terminology
such as “delays in development” implied a gay-affirming bias with assumptions that gay identity and relationships were healthy while alternatives were abnormal and unhealthy, which is contrary to how GCCs would tend to frame their pursuit of celibacy. Even prior to requesting participant feedback, the lead investigator was careful not to conclude that foregoing gay relationships was inherently abnormal or unhealthy, and described delays in development primarily as delays in accepting gay identity, or delays in accepting a fully gay-affirming identity in the case of ex-celibates, thus the terminology remained unaltered in the study findings.

Cluster 2: Celibacy Can Offer GCCs a Rewarding Sense of Freedom and Congruence, Especially Through the Development of Spiritual Vibrancy That Orients Them Toward Service

The three categories from this cluster comprised themes from all participants, describing ways in which pursuing GCC benefited them and contributed to their relative well-being, not only by providing them with a sense of inner harmony and freedom because they were living in congruence with their religious beliefs, but also by developing spiritual vibrancy. To varying degrees, participants spoke of their spirituality as helping them transcend difficulties and focus their energies on serving others, often in a socially just manner, including advocacy for LGBTQ people and their acceptance in Christian churches.

Category 2.1: Transitions from ex-gay to GCC, or from GCC to affirming stances, are characterized by pain and loss, but gay Christians benefit from great freedom upon finding a way of life that provides congruence between sexuality and
spirituality. Many (9) participants talked about their journeys toward reconciling sexuality/spirituality conflict by experimenting with ex-gay, GCC, and affirming stances and the transition processes between those standpoints. For participants who had previously attempted SOCE, many (7) noted how transitioning from ex-gay to GCC or affirming stances brought about a sense of freedom and improved well-being, after experiencing despair or frustration when change did not occur. A few (3) discussed their genuine belief that they would change orientations, buoyed by promises offered by religious communities and ex-gay ministries; others (6) described their hopefulness for change, but they became frustrated and hopeless about the prospect, eventually discovering it was not possible. In terms of comparisons between ex-gay and affirming Christians, a couple of participants highlighted how they felt ex-gays tended to have much more shame than those who were affirming, and a few of the ex-GCCs (2) specifically remarked on how their greatest experience of liberation and improvement in well-being occurred only after becoming affirming.

Transitions to GCC or affirming stances were characterized by fear, pain, and loss. A couple of participants described how fear of losing close relationships with God and others made GCCs worried about becoming affirming, or made ex-GCCs worry about coming out as affirming once they had fully embraced their sexuality. Such a fear was in some cases warranted, as a few ex-GCCs (3) noted how they’d lost family, friends, and spiritual communities because of becoming affirming. Transitions to an affirming stance for some ex-GCCs (3) occurred through the support, patience, and provision of helpful gay-affirming information by their affirming friends, counselors, or
spiritual leaders. But for other ex-GCCs (3), the transition occurred through deep introspection catalyzed by the painful dissolution of a romantic relationship. Eventually, these ex-GCCs came to realize that same-sex love can be pure, Godly, and concordant with their understanding of spirituality and/or Scripture:

I see the love that my [romantic partner] has for me and that I have for my [romantic partner] as being reflective of . . . maybe like a speck of love that I believe God has for us. . . . I feel like if the relationship is . . . making you more like Jesus, then how can it be wrong? . . . I mean, I continually pray that if it’s wrong, God is going to give me the wisdom and shut these doors. But, as far as right now, no doors have been shut.

(P09, ex-celibate)

Nonetheless, both GCC and ex-GCC participants (6) highlighted how in contrast to their ex-gay pursuits, GCC offered them the freedom to embrace a gay identity, which improved their sense of well-being.

**Category 2.2: Celibacy can be personally rewarding and enhance well-being, especially through spiritual vibrancy and transcendence that provides resilience to difficulties and inspires service to mankind.** The greatest result of pursuing celibacy for many (8) participants was its impact on their spirituality, creating a vibrant, transcendent type of faith that was inherently other-focused. Some (6) spoke of how spiritually transforming GCC was for them, giving them time to seek God’s will for their lives, which inspired them to invest in spiritual work and ministry that served others. GCC was also described as helping some (5) to deepen their relationship with God,
which helped them to develop love and sensitivity to others. Sacrificing partners and family freed some (6) participants to serve others with their hospitality, time, energy, and finances:

Celibacy has really compelled me to work . . . hard on my prayer life and . . . my spiritual disciplines regarding how I interact with other people. I think I've been a much more empathetic person because of my experience of celibacy and better able to look at people I disagree with and am put off by and see the image of God. I've been challenged to be a lot more hospitable, and open, and generous . . . regarding other people. . . .

Celibacy has made me more alive. I think my affect is different than it was a few years ago. I've had people who have known me for years and haven't seen me in a while tell me that now I seem a lot brighter and . . . just more full of life than I was a few years ago . . . and when people tell me that . . . it makes me feel really good because I know that means I'm at least doing something right and living into what . . . God is asking me to do. (P10, celibate)

Spiritual transcendence was also noted to be personally beneficial to several participants. Celibacy served to improve a few (3) participants’ intimacy with God, providing them with a source of resilience to the pains they experienced in celibacy and other life struggles. Even the loneliness of celibacy helped remind some (4) about how much they needed God and support from others, ultimately having a positive impact on them.
In contrast to the experiences of most participants, a few (2) celibates remarked on how they initially felt that GCC was mandated by their religion because of their sexuality, but that they later came to see celibacy as primarily rewarding for its benefits, such as the freedom of time and resources that could be used for personal development or offered extravagantly towards the needs of others, or for its improvements to their well-being as they’ve lived into their higher calling. Thus, their sexuality had become a peripheral reason (or an inconsequential reason in one case) for choosing to remain celibate.

Secondary analysis revealed how current celibates contributed to this category more than ex-celibates. Only one ex-celibate described personal spiritual benefits related to their celibate period.

**Category 2.3: GCCs and ex-GCCs are aware of religion's abuse of LGBTQ people, thus many tend toward a socially-just inclusion of LGBTQ people in the church and reject the notion of forced celibacy as a prerequisite to acceptance.** The sensitivity to others that characterizes the experiences of many GCCs manifests not only as a socially-just type of service to humanity in general, but to LGBTQ people in particular. Many participants (7) were critical of the way the church had historically treated LGBTQ people, and genuinely wished to correct such injustices. Some (4) specifically intimated that celibacy should be a choice made by internal conviction, but should not be mandated on LG people or made a prerequisite for acceptance within the church. Recognition that not every gay Christian could pursue celibacy in a healthy way caused a couple of current celibate participants to believe that the church should allow
accommodations for LG people to be included, like this participant who implied that Christians tended to ignore or revel in the suffering of LG people but were responsive to the needs of heterosexuals:

I want the church to be more communal and more free. . . . Even if they insisted it [homosexuality] was sin, but they would accommodate that particular sin . . . because . . . that’s what they do for divorce. They think divorce is sin, yet, they accommodate for it. So, okay, can you at least do that? That if they [gay Christians] can't handle it [celibacy], you're not going to send them to the bonfire . . . while you roast s'mores . . . I mean, that's the thing, the heterosexuals, “if you can't handle it, and you're burning [with desire], get married.” Homosexuals, “you can't handle it and you're burning, oh, bring the marshmallows and we can have ourselves a bonfire.” You know? (P07, celibate)

Ex-GCCs also expressed desires to protect LG Christians from unhealthy attempts at pursuing GCC, but because of their own mistreatment by Christians, their sensitivity to oppressing those who are different caused a few of them (3) to explicitly avoid dismissing or disparaging the experiences of GCCs who were happy with celibacy.

Secondary analysis demonstrated how current and former celibates respected each other’s positions: some (3) ex-GCCs articulated a desire not to minimize the experiences of GCCs, while some (4) GCCs remarked on how celibacy should not necessarily be required for LG Christians to be embraced by the church, or acknowledged celibacy could not always be pursued in a healthy manner.
**Cluster 2 feedback.** Participant feedback on this cluster was rated lower primarily because of negative ratings from ex-celibates ($M = 4.25$) as compared to current celibates ($M = 6.00$). Except for one ex-celbrate, all other ex-celibates who completed the survey remarked on how negative the experience of celibacy was for them. One acknowledged that the part of the cluster focusing on the painful transitions from Sides X, B, and A was relevant to their experience, and another accentuated that they experienced freedom, spiritual vibrancy, and a focus on service to others only after becoming affirming. One ex-celbrate clarified that the struggles of celibacy often precluded GCCs from focusing on others because of their internal experience of suffering. Finally, a celibate participant also rated this cluster low, stating that they and other Side B people they were familiar with tended to focus on the “challenges of celibacy” rather than its benefits. The single ex-celbrate who rated this category highly (at 7) was also the participant identified in secondary analysis of Category 2.2 as the sole ex-celbrate to report positive spiritual benefits during their period of celibacy. No other current celibates provided verbal feedback, but four felt the category very much represented their experiences, rating it with 7s. The lead investigator did not change the wording of the study findings based upon feedback to maintain the diversity of experiences encompassed by all the participants, especially considering that participants’ concerns about highlighting harms were thoroughly described in Cluster 5.

Cluster 3: Vital Community Support Is Often Elusive Because Rejection From Heterosexist Religion and LGBTQ Community Requires GCCs to Seek GCC-Specific Relationships That Can Be Complicated by Sexual Desire
All participants contributed to this cluster of four categories by describing the importance of community support in their GCC journeys. Participants noted how celibacy was stigmatized by heterosexist society, including conservative churches that tended to denigrate GCCs for embracing gay identity. Simultaneously, the LGBTQ community and more progressive churches tended to deem GCCs as repressed and unhealthy. Thus, GCCs found it difficult to find support in either context, causing them to seek GCC-specific community, such as non-sexual dyads with other GCCs known as celibate partnerships (CPs), or larger affinity groups where GCCs live and work together. However, participants described how even these types of communities could be fraught with challenges, threatened by sexual desire which could dismantle close-knit relationships.

**Category 3.1: Most gay Christians see authentic community as necessary for well-being, and thus build spiritual community with like-minded others, but GCCs struggle to find churches that accept them as they are.** Having been raised in spiritual communities, most (10) participants continued to find them vital to their present and future sense of well-being, and thus sought to create authentic community. Some (6) described how authentic spiritual community was central to their ideal future life, including one ex-GCC who highlighted how becoming fully gay-affirming did not detract from spiritual ideals:

> I still would like spiritual community. And I’d still say what I want is a bit more vulnerable or authentic. . . .Because of the . . . deep satisfaction . . . of . . . this thing I wanted: . . . a life partner, and eventually children, and
getting to be a family. . . . I can have it [because of being fully gay-affirming]. And . . . that feels amazing. . . . I'm still very spiritual. I'm still thinking about going into ministry eventually. I still want a helping-oriented job. (P01, ex-celibate)

Finding a safe spiritual space was generally thought to be harder for GCCs, because ex-GCCs could attend affirming churches. Some participants (6) expressed how difficult it could be to find churches that welcomed GCCs as they were, because liberal churches tended to promote affirmation, which was contrary to most GCCs’ theology, while conservative churches tended to be wary of GCCs’ associations with gay identity, or questioned whether they were living celibately, especially if they were in celibate partnerships. The scrutiny and suspicion that conservative churches leveled at GCCs was described as especially hurtful and discouraging, as expressed by this participant complaining of the homophobia within conservative Christianity:

Despite the fact [that] . . . we can state our orthodoxy until we're blue in the face, and still, the mere fact that we use the word “gay” makes them [conservative Christians] think that we're secret heretics . . . That's really, really hard to take . . . and it's really frustrating. . . . The close-mindedness and the triviality that some Christians display . . . is really, really frustrating and sad to me.... and it does make me feel a little bit like “Well,” you know, "they're not even trying to be understanding. Why should I bother?" or . . . something also along the lines of . . . "You want a secret whore? I'll give you a secret whore." (P12, celibate)
Constant questioning of GCCs’ purity and intentions by conservative Christians was counterproductive, tempting this participant (P12) to defy them by living up to the stereotype of gay people as promiscuous. Despite GCCs’ wariness of seeking a haven in progressive churches, one celibate participant was attending an affirming church at the time of the interview, and another expressed greater comfort with affirming vs. conservative churches.

As expressed by many participants (8), GCCs generally found their spiritual homes in conservative, sometimes authoritarian, churches because the practices there and the level of control they offered felt comfortable to them and aligned with their theology. The rituals of more conservative, traditional denominations satisfied spiritual needs beyond issues related to sexuality for some (4) of them.

The struggles as gay Christians caused most (11) of the participants to seek support from like-minded others: for some (6), the struggles of pursuing SOCE inspired them to seek out ex-gay support from churches and ex-gay ministries; for those struggling with celibacy, many (7) sought support from GCC community, especially safe online communities where they could be free from the scrutiny of non-GCC people, while some (5) also sought support from spiritual communities wholly apart from other GCCs. But the ultimate benefit to their well-being was questioned by some (4) participants because of the magnitude of the loneliness they faced, or because supportive communities often did not know how to help GCCs, as articulated by this participant:

Nobody really knew how to help me. . . . Yeah, they [those at a religious institution the participant came out to] were all very . . . open, caring,
welcoming. But . . . they were still like . . . . “I don't know what to do with that.” I was like, "Yeah, me neither." (P06, celibate)

Nonetheless, GCC offered a few (3) participants a place within Christianity where they felt they could belong, especially considering the rejection that many gay Christians face when they are affirming.

Some participants (5) described how churches could do more to make GCCs feel like valued, validated parts of the community, such as giving them leadership positions within the church, and acknowledging GCCs and other singles by being sensitive to heteronormative, couples-related programming. Given their sense of invisibility within the church, some GCCs (4) described feeling most comfortable and understood only with other GCCs. Ultimately, GCCs (6) generally wished to have acceptance, without needing to fight to prove their worth or defend their motivations and holiness.

Secondary analysis revealed that only celibates (6) discussed their struggles to find churches that accepted them as they were, and tended to more often express their desire for a place to belong where they did not have to justify themselves. Relatedly, only celibates (5) described an appreciation for the rituals that conservative churches provided, and only celibates (4) articulated their comfort with the theology of conservative churches.

**Category 3.2: Many gay Christians have had positive coming out experiences in their conservative Christian communities, but many have also experienced maltreatment or strains on close relationships.** Despite struggles to find spiritual homes, many participants (8) described positive coming out experiences with Christian
family, friends, and peers from churches and schools, and many (7) likewise noted positive coming out experiences with their spiritual leaders and in their religious communities. A few (3) noted that people were sometimes intrigued by their celibacy and wanted to know more as a means of supporting them:

Most of my friends were okay with it [being gay]. Like . . . in our small group. . . . A lot of them had . . . questions because I was like the first . . . openly gay person that they'd known. . . . There was just a big Q&A a lot of times because they were just like, "Is this cool? Is this not cool?" Stuff like that. . . . It was, you know, one friend’s Mexican, one friend’s Black. [P11]’s gay. . . . Everybody's got stuff that they can't change. . . . They didn't see it as like, "We need to constantly pray for [P11]," and stuff like that. (P11, ex-celibate)

These positive experiences notwithstanding, their acceptance in these arenas was because they were not engaging in gay relationships, as some (6) participants acknowledged that they might not be as well-received were they to become affirming.

Alternatively, many participants (8) had also experienced, or had friends who had experienced, negative painful experiences discussing their sexuality in religious communities, resulting in shunning, and in some cases, being kicked out of their homes, churches, or schools. Gay sexuality produced significant strains on family relationships for many (9) participants, with some (6) noting how parents especially struggled with denial, having difficulty believing their kids were gay, and others (6) remarking on their parents’ negative reactions to them coming out, or them becoming affirming. Over time,
the parents of some (4) participants were able to accept their gay Christian children on some level, but their acceptance was rarely a total embrace, especially if their children were affirming.

Category 3.3: GCCs often face stigma and discrimination from many sources, causing them to cover their identities, which precludes them from finding help and support. The stigma that most (11) participants faced from religious communities caused them to hide or shut off part of themselves from being known at times, sometimes preventing them from receiving necessary support. Some participants described how receiving implicit and explicit homonegative messages from religious communities that homosexuality was wrong was the impetus for them to hide their sexuality from those communities. Many (7) had been treated poorly by religious communities, or feared they would be, which contributed to GCCs hiding their sexuality/spirituality conflict from others, or concealing their LG orientation:

In the church, oddly enough, even though I'm not [of the same denomination] . . . they're letting me teach . . . Bible study. And so, sometimes . . . I can't give examples that are from my life. . . I don't even think they would allow for me as a Side B person there. Like, I think I could go to other churches and be free about my desires, as long as I said I was celibate. But I don't even think here . . . they could handle that . . . The fact that you're even desiring same-sex, there's a defect, there's a sin issue going on. (P07, celibate)
Others (5) explained how they or their friends had been forced out of the closet in religious communities, contributing to their fear and mistrust. Being celibate was in some ways an advantage for a few (3) participants in that it allowed them to cover their gay identities and protect themselves because they did not have to explain same-sex relationships. On the other hand, a couple of ex-GCCs described how some of their initial fear of coming out was misplaced because upon becoming affirming, they found support from some Christians that they had previously hidden themselves from for fear of rejection.

Religious communities were not the only source of stigmatization. Most participants (10) also described misunderstanding and derision from society, including LGBTQ people, with many (9) describing how those in the LGBTQ community assumed GCCs were homophobic or repressed, making GCCs reticent to seek support from the community or make their celibacy known to those in the community:

I actually find that there's a certain degree of stigma associated with it [being celibate] in the gay community. . . . This could partly be in my own head, but I find it very difficult to come out as celibate. Because I think that the perception is that there's a fair degree of repression going on, or that . . . it's because I subscribe to a sort of authoritarian model of religion, or . . . that I've got internalized homophobia going on. . . . It is hurtful and it's frustrating, but on the other hand, it sort of doesn't even really feel like an attack directed at me. It feels like something that somebody would say
because they haven't given me a chance to say where those things are coming from in me. (P04, celibate)

Participants tended not to volunteer their identities as GCCs to people in general because they feared misunderstanding and judgment, and did not want to risk losing relationships, as reported by some (6). Others (5) discussed their experiences of being deemed strange or crazy for choosing to be celibate, which ultimately kept some (4) from revealing themselves and seeking help from others due to this level of societal stigmatization.

**Category 3.4: Support and companionship from other GCCs is vital to their success and well-being, thus many desire celibate partnerships or GCC communities, but sexual desire can complicate such relationships.** Given the level of stigmatization from multiple arenas, all participant described the need for GCC-specific support and community to cope with such difficulties. Several participants (6) described feeling isolated and alone at some point in their celibate journeys because they were cut off from other GCCs who could be a vital source of support and guidance for them. While most participants eventually found other GCCs for support, a few (3) expressed continuing to struggle finding adequate access to a community of GCCs. Many GCCs gain access to other celibates through online community groups, and some had access to other GCCs in their geographic vicinity, though in much smaller numbers than can be found online, thus fewer opportunities to forge friendships based on mutual interests.

To meet emotional and companionship needs, many participants (9) sought committed relationships with other GCCs. Some (6) desired to live and share their lives
with a committed group of GCCs (similar to a commune), sometimes specifying an exclusively same-sex committed group, though lesbian celibates generally did not specify a desire that the group be exclusively same-sex. One participant expressed their dream of such communal living in this way:

I think if I could have anything I wanted . . . it would be something like a community of Side B [same-sex people] . . . maybe paired, maybe not, I'm not sure . . . but living together, working together . . . praying together, going to church together. . . . And just kind of being a family. (P12, celibate)

On the other hand, a few (3) participants were equivocal, stating that they had a strong need for independence or did not have a vision for being part of a larger GCC community, though they were open to being part of smaller GCC groups or dyads.

Another means of getting emotional needs met described by many (7) was through committed non-sexual dyads, or celibate partnerships (CPs), with another celibate of the same sex. However, many (7) also were skeptical about the ability to keep same-sex physical affection non-sexual, thus making them wary about physical intimacy in CPs, or the viability of sustaining a successful CP:

I have a hard time imagining a committed, non-sexual friendship with another [person of the same sex]. Just because, I mean, in my own experience . . . having deep emotional connections with . . . other [people of the same sex] often leads to sexual temptation. So, I think that it could
be very difficult to . . . have like a successful, committed, nonsexual relationship. Seems like a very hard thing to do. (P05, celibate)

Indeed, a few (3) participants described how CPs that they’ve experienced or known of turned sexual, especially when both partners were attracted to one another, which catalyzed a painful dissolution of the relationship because of guilt about sinful sexual activity. Another concern related to being in CPs expressed by a few (3) participants was wariness that others would assume they are in gay sexual relationships, calling into question their Christian bona fides, and devaluing their unique loving commitments because GCCs see CPs as “qualitatively different than marriages” and like deeply sacred “committed friendships more than anything else” (according to P06).

Interestingly, some participants (5) opined that romantic relationships were inherently self-oriented and in conflict with the value of service to others that characterized celibacy. Yet, so many of the current celibates expressed a desire to be in CPs, which might detract from their other-centered service ideals, especially if the relationship was romantic in nature, which at least one participant (P12) described as being distinct from sexual in nature, thus feeling that CPs could theoretically be “licit” even if romantic, so long as there was no sexual activity.

Secondary analysis unsurprisingly demonstrated that current GCCs described their desire for CPs, along with reasons for and against pursuing them, more than ex-GCCs did.

Cluster 3 feedback. This cluster was rated very positively in feedback ($M = 6.23$), with four participants—both current and former GCCs— remarking on how deeply
it resonated with their experiences. One current GCC participant, however, rated the
category poorly, stating that community support from GCCs was not of interest because
of disappointment about how other GCCs reacted negatively to gay-affirming/Side A
peoples’ “milestones” (e.g., same-sex marriages). Likewise, a former celibate also
marked the cluster poorly, noting that their celibacy was not characterized by a search for
other celibates because of comfort within their chosen Christian community at the time,
despite Christian heterosexism.

**Cluster 4: Avoiding Dissonance Related to Identify Conflict Requires GCCs to Curb
Sexual Desires and Relationships, Which Can Be Exhausting and Lead to Unhealthy
or Risky Sexuality**

Themes from all participants were contained in this three-category cluster
illustrating how GCCs needed to curb their sexual desires to avoid the dissonance related
to being in same-sex loving, sexual relationships. GCCs described multiple methods to
curb desire, including distraction, avoidance techniques, and sublimation—processes
which for some led to a sense of inner harmony between sexuality and spirituality, but for
others were exhausting and led to unhealthy sexual repression, or sexual expression that
was inherently risky, potentially placing them in danger of contracting STIs.

**Category 4.1: To avoid identity conflict and live up to religious chastity
expectations, many GCCs curb sexual desire and same-sex relationships, which can
be exhausting and lead to unhealthy sexual expression or repression.** Apart from a
single celibate participant who believed that same sex marriages were compatible with
Christian living, most of the current GCC participants (5) expressed that God did not
condone gay sex, rendering same-sex relationships/marriages forbidden, thus seeing them as qualitatively different or inferior to heterosexual relationships. Transitioning to an affirming stance was then the only way that some (6) participants could conceive of meeting sexual, romantic, and companionship needs in a meaningful way, but others (6) expressed how such transitions would lead to an intolerable dissonance at the expense of their religious beliefs, thus they set limits on their sexual activity to preserve their more salient Christian identity:

I do believe that it's . . . simply the truth that homosexual activity . . . is actually intrinsically, morally wrong. . . . Now, that doesn't mean that I believe that everybody who engages in that activity is guilty or is like incurring guilt. There’s always the difference between the activity and the intention, the activity and the context, the activity . . . and what a person believes about that activity. All these things are involved. . . . So that means that for me to . . . have sex with other [people of the same sex], but also to hold . . . the beliefs that I do, would be sort of an intolerable cognitive dissonance for me. (P04, celibate)

Paradoxically, setting such limits on sexuality created a different type of dissonance for some. A few (3) noted how their beliefs about chastity conflicted with their desire for intimacy, sex, and companionship, while others (4) similarly described how their inability to live chastely caused dissonance between their beliefs and behaviors.

The impetus to place such strict control on sexual desire was discussed by some participants (6) who noted that gay Christians were subtly encouraged by their religious
communities to control desire by being rewarded with praise for being noble, sacrificial, and Godly in their chastity. However, these institutions rarely acknowledged the factors that led to successful chastity. Some participants (5) noted how it was easier for certain people to be celibate based on demographic factors and personal characteristics like age (older people have lower sex drives), gender (women have lower drives), naturally low need for sexual release, and/or amount of time being exposed to or attempting celibate living (those coming to celibacy later in life have already experienced sexual relationships, and those new to celibacy have not faced the long-term challenges or consequences of abstaining from sex). For a couple of participants who had previously pursued SOCE, curbing sexual desire was easier when they were ex-gay vs. celibate because at least as ex-gays, they had hope for an other-sex relationship, but no such hope when celibate. The blanket expectation by religious bodies that all gay Christians remain chaste created unrealistic expectations and heavy burdens on gay Christians:

I think that . . . in a lot of churches, there is this—maybe idolization is too strong a word—but there is this praising of . . . celibate people . . . who are able to let it [the need for sexual companionship] go, and people say, "Oh, what a self-sacrificing thing to do." And they're put on this platform and they say, "Oh, what a . . . noble self-sacrificing, Christ-like thing to do. They are carrying their cross." And [I’m] looking at that and being like, "I can't do that . . . it kills me. What happens if the cross . . . falls and crushes me? Because that's what it's doing right now.” And . . . just feeling this immense anguish and guilt over not being able to live up to that standard.
. . to that experience of "this is a refining, redemptive experience," and for me it was anything but. It wasn't refining and redemptive. It was like a depression, where it was a suffering that leads nowhere. (P08, ex-celibate)

Curbing sexual desire led to unhealthy sexual repression for some GCCs. Despite offense that a couple of participants took to being labeled as sexually repressed, some (6) acknowledged that they did indeed repress—or at least suppress—their sexual and romantic desires, which they recognized as being unhealthy and leading to unhealthy behaviors.

Having no sexual outlet in some cases led to the creation of dysfunctional same-sex friendships. Some (4) described a strong draw toward same-sex vs. other-sex friendships which had an erotic undertone. The lack of a sexual outlet obscured the way that some (5) sought out friendships and the erotic influences driving those relationships. The eroticism in friendships caused some (5) to cross sexual boundaries, actions which were often justified as being OK or as not being gay in nature:

This is one of the weirdest things of my experience that I still don't have language for. I created moderately homoerotic friendships. Definitely homo-romantic, without question. I would even say potently homo-romantic friendships. But I never . . . realized it until I became open to the possibility that being gay could be okay. . . . It wasn't until I was like, "This might be an okay thing" that I was like, "Oh, my God, all of that was gay!" But I did that [formed homoerotic relationships, but did not realize it] over and over again. . . . It's so weird to me. I'm like, “Did I become
crazy during this time?” Because like I would feel guilty about the
connection . . . I started to have like a physical relationship with a [person
of the same sex] . . . a friend . . . [My friend] still to this day doesn't
identify as gay . . . [My friend’s] probably just on a different place on the
[Kinsey] scale than I am . . . And we got close. Then eventually, I was
like sitting closer than probably would be normal, and then it was
definitely like snuggling. And then, eventually, there was like a kiss on the
head . . . These would be like discussed. [My friend’s] super intellectual
just like I was. It would be like, "What was that? Romantic? Is that gay?
How do we know it's romantic? How do we know it's gay?” It was this
slow rationalizing to make it not gay. (P01, ex-celibate)

Controlling desire led a couple of ex-GCCs to form unstable and unhealthy relationships
in general. Some (4) spoke of the delays in healthy sexual identity development that
shutting down their sexuality caused, and others (5) described how the work of
controlling desire was exhausting, and led to hopelessness about achieving a happy,
chaste life in the long run. Failures to control sexual desire caused many (8) to feel shame
and/or dissonance between their beliefs and their behaviors:

There are times when I can sort of feel God working in it [celibacy]. I
don't know what he's doing, but there are times when I can feel that. Those
are very rare. . . . My two common experiences are either I'm not really
trying to be celibate . . . in which I wouldn't even exactly say that I feel
guilty, but I sort of feel self-conscious a lot . . . but generally happy. . . .
Or, I am trying to be chaste, and I feel confused, sad, angry, and horny all the time. Not a great system. (P12, celibate)

This participant highlighted once again the paradox of choosing celibacy to avoid dissonance between sexual and spiritual identities, yet, experiencing other types of dissonance as a result.

**Category 4.2: Though some GCCs consider masturbation an acceptable outlet, most see all sexual activity as lustful and employ several methods to curb desire.** Participants reported multiple ways of dealing with their sexual desires as GCCs. A couple of participants intimated that masturbation could be a useful sexual outlet that freed celibates to focus on the work of God:

I would not be a healthy individual exercising celibacy if it wasn't for that [masturbation]. I feel like . . . the whole reason I was going through that cycle through the conservative church of . . . kissing my [same-sex partner] and then getting ex-communicated was because I had absolutely no relief at that point. I did not exercise that liberty [to masturbate]. And so, there's this constant suppression and it just totally occupied my mind as a result. Now . . . it's like . . . you’re hungry, you eat. It's when you're starving yourself, all of a sudden all you can think about is food. And I think that's kind of . . . unhealthy. So . . . when I'm talking to people and they say . . . “Well, I'm thinking about [the] celibacy option. . . .” I mean, don't try it . . . if you've got sexual drive. Don't try it without masturbating. (P07, celibate)
Conversely, many participants (7) strove to avoid sexual activity of any kind, including masturbation, because it was considered sinful lust. To cope with sexual urges, some (5) employed avoidance techniques (e.g., avoiding gay clubs or gay media that caused a longing for gay relationships), or distraction techniques (e.g., praying, meditating), and some (5) sought support and accountability from Christian peers and leaders. Sublimation of desire, or channeling sexual energy into other pursuits, was described by many (8) participants: some (5) focused on transcendent, other-focused, service-oriented spiritual ideals; some (4) invested sexual energy into artistic or intellectual pursuits; and a few (2) spoke of channeling sexual energy into platonic intimacy. Finally, some (5) participants got their sexual-romantic needs met through physical intimacy that was erotic, but they convinced themselves it was not gay or sexual (thus they felt they were not sinning), or through physical intimacy that was not explicitly sexual (e.g., cuddling):

I would say I've fooled around with other guys in the sense of . . . sleeping together and cuddling, but . . . I've never had penetrative sex with anybody. I've never had oral sex with anybody. . . . I do have some gay friends who I will cuddle with on a somewhat regular basis . . . mainly other celibate people. . . . But . . . I wouldn't call those sexual, because . . . I'm talking about like sitting on the couch next to the guy and like resting on his shoulder, or even leaning back into his lap, whatever. Those are things that I could see two very close friends doing. [Interviewer: Do you ever get aroused in any of that?] Yeah, yeah. Right. So, there's obviously something else going on. That's something that both I and the people that I
cuddle with have been pretty open about. . . . We're like, "Okay, so we know this is happening. Are we okay with this? Yeah, we're okay with that." Sort of like not where we were intending to go, but it's not something that we have any control over, so whatever. (P04, celibate)

Secondary analysis of this category revealed slight differences in how celibates and ex-celibates described curbing their sexual desire: only current GCCs discussed sublimating desire through focusing on service-oriented spiritual ideals (5) or through platonic intimacy (2), though there was equal mention among GCCs and ex-GCCs about sublimation through investment in intellectual or artistic pursuits. Only current celibates (5) discussed coping with sexual struggles by receiving accountability from others. Finally, only current celibates (2) described how masturbation could be a useful coping tool freeing their minds to focus on God and service.

**Category 4.3: Though most GCCs aim to avoid sexual activity, they all obtain sexual release through solo sexual activity, and some through partnered activity that can be unsafe and carry STI risks.** Despite exuding significant effort to control sexual desire and avoid all sexual activity, some participants (5) expressed that they weren’t very concerned about sexual falls because they were confident God would forgive them. The lack of concern was perhaps a means of assuaging guilt about their sexuality considering that all participants described at least occasional sexual release. Masturbation and/or nocturnal emissions were reported by many (9) participants, though they generally tried to abstain from masturbation, deeming it impure and sinful, especially when coupled
with lustful fantasizing. Pornography was seen as especially sinful because of its objectification and exploitation of others, though many (8) reported masturbating while viewing pornography.

Some GCCs described significant difficulty with abstaining from sexual relationships. A few (3) felt that pursuing celibacy caused them to become “promiscuous” (participants’ phrasing to express having sex with multiple partners), or have anonymous sexual encounters to satisfy unmet sexual needs. Unprotected, risky sexual activity with one or multiple sexual partners placed some (4) at risk of contracting STIs, like this participant who used Grindr to find sexual partners as a GCC:

I think, in the moment, there was a sense of connection that I had lacked and wanted with someone. . . . After it was over . . . I would wake up the next morning feeling awful. Like feeling so much guilt. . . . There were times when I hoped that even though we had whatever, it would develop into something deeper. And ultimately, they never did. [Interviewer: And when you were meeting these guys on Grindr, what were you doing?] Well, typically I . . . would just chat with them and stuff. . . . There were times though when I would try to plan a date and . . . it ended up just basically going back to the guy’s place . . . and getting physical. . . . I think I went, I guess, all the way . . . maybe once or twice. Mostly . . . it just consisted of . . . oral sex, making out. . . . Those two times [I went all the way], it was actually a threesome and so I was both [top and bottom]. . . . I
don't think I've ever used protection. . . . I think I kind of had the optimistic bias of “it couldn't happen to me.” (P09, ex-celibate)

Some (6) discussed getting their sexual and romantic needs met through intentional relationships where the sex was safer and more intimate, but such relationships risked dissolution because of guilt about the sexual activity.

**Cluster 4 feedback.** Feedback on this cluster was generally very positive, ranging from 5-7, except for one current celibate who rated the theme as not being personally relevant (score = 2), rendering an average rating of 5.91. The sole low-rating participant—a current GCC—acknowledged sexual repression early on in celibacy, but noted that presently, the acceptance of gay identity and being OK with masturbation allowed for ample satiation of sexual desires to foster energetic service to others. However, this particular experience of celibacy was well-articulated within the category prior to receiving feedback about it. One former GCC mostly resonated with the way in which celibacy contributed to unhealthy sexual expression, but clarified that the homoerotic relationships and codependent relationships that marked their celibacy were unhealthy “in a way,” but preferred to label them as “strange,” “non-ideal,” and “unusual.” Another current GCC objected to classifying prayer and meditation as purely distraction techniques, preferring instead to characterize those actions more positively as “looking toward” God, as opposed to “looking away” from sexual intimacy. Another current GCC noted that this theme was not necessarily personally relevant, but acknowledged it matched the experiences of many GCCs they knew. Finally, a current GCC noted that while sexual repression and avoidance were “regular problems,” this
characterization of celibacy should not necessarily be deemed “unhealthy.” The apparent contradiction of repression and avoidance as problems, yet potentially healthy, was not elaborated upon by the participant.

Cluster 5: GCC Can Be Satisfying and Fulfilling, but Those Pursuing It May Face Significant Psychosocial and Spiritual Challenges and Harms That May Require Mental Health Support Services

This cluster was comprised of themes from all participants and contained four categories. It highlighted the challenges and harms that GCCs face. Participants described a variety of experiences with celibacy, some feeling a great deal of peace about it, while others described significant harms along psychological, social, emotional, and spiritual domains that affected their functioning and well-being. Some additionally described having histories of mental disorders and traumas that either impacted or were exacerbated by their pursuit of celibacy. Finally, participants spoke about positive and negative experiences seeking mental health services. Most had sought services at some point, sometimes for reasons wholly outside of sexuality, however, providers sometimes made the mistake of attributing their problems to celibacy anyway. Moreover, providers also tended to attempt to influence celibates to choose another path: some conservative Christian counselors encouraged SOCE, while more liberal counselors pressured them to become affirming, ultimately creating mistrust of mental health services, erecting barriers to necessary help.

Category 5.1: Given a variety of expressions and experiences, GCC must be assessed on an individual basis: while some are satisfied and at peace with it, others
are dissatisfied and suffering. GCC was described in several ways by participants. For a
couple of participants, celibacy was about a higher calling and had little to do with their
sexuality. However, most GCCs chose celibacy because they felt it was the best way to
please God given an LG orientation. Some (4) described their celibacy purely in
behavioral terms: avoiding sexual activity. For others (3), celibacy was primarily a social
identity, but they found the chastity ideals difficult to live up to, thus they sometimes
preferred to use the label “Side B,” because they were not achieving chaste living despite
their beliefs about the sinfulness of gay sex. Celibacy was described as both a behavioral
aim and a social identity by many (7), though a couple of participants emphasized that
their celibate identity was less salient than or subsumed by their Christian identity. For
most of the ex-GCCs (4) celibacy was primarily about behavioral control of sexual
activity, thus they identified as celibate by default, because chastity was expected of them
by their Christian communities, even though they didn’t always socially identify with the
Side B community.

Given a variety of meanings for participants, their experiences of GCC were also
diverse. Some GCCs (4) reported being unhappy or dissatisfied in some way with their
celibacy, but they did not see an alternative way of living that brought about internal
harmony between sexuality and spirituality. Dissatisfaction at varying levels of intensity
at some point in their celibate journeys, that sometimes led to or was characterized by
poor mood and relationships, was described by many (7) participants. All the ex-GCCs
reported that they were more satisfied now as gay-affirming than they ever were as
celibates, even if they continued to struggle with psychological, emotional, or spiritual issues.

Though a few (3) participants could describe great benefits to celibacy, such as the ability to prioritize personal development, giving them the opportunity and freedom to enjoy themselves, their relationships, and their service to others, several participants (5) acknowledged having great difficulty with fully appreciating the present-moment benefits of celibacy. Most of the current GCCs (5) expressed that they were actively seeking ways to make celibacy more viable long-term as they wrestled with the challenge of remaining single and celibate. A desire for GCC role models and leaders to care for others and offer examples of how to successfully live out celibacy was expressed by some (4) of the current GCCs. On the other hand, a few of the celibate participants (3) reported being currently happy, satisfied, and at peace with their lives. Even some (4) ex-GCCs and less satisfied GCCs confirmed that they knew of GCCs who were satisfied and at peace with their lives. Thus, many GCCs and ex-GCCs alike (8) stressed the importance of individual paths and experiences with celibacy, cautioning against drawing unfair positive or negative conclusions about it, like this participant who articulated the broad range of experiences people had with GCC:

Gay Christian celibacy is extremely diverse. It is not one position. It is not one ideology. It is not one belief. It is not one practice. . . . Gay Christian celibates are just as diverse a group as married gay Christians, and as . . . partnered sexually active non-married gay Christians. . . . Celibacy is not . . . one thing either. It's not necessarily . . . [the] repressive thing that many
progressives seem to see it as, but it's also not rainbows and unicorns all the time. It's not the easiest thing in the world. It is something you have to work at and for some people, it is the most joyous, life-giving thing in the world. For other people, it is a torment. And for all of those people there are many different reasons that that way of life is chosen. (P10, celibate)

Notable differences between current and former celibates in descriptions of their life satisfaction were revealed in the secondary analysis. Only celibates (2) described their experience of celibacy being primarily about a high calling to service as opposed to associations with their sexuality. Only celibates (2) explicitly stated that their Christian identity was more salient than their sexual identity. And only celibates (5) described looking for methods to make their way of life more viable to live long-term. While both celibates and ex-celibates described struggles, ex-celibates (5) discussed feeling more satisfied and healthier choosing not to be celibate. The analysis indicated how gay Christians who see their Christian identity as superordinate to all others, and who experience celibacy as beneficial beyond reasons of sexuality may be able to maintain GCC identity. Additionally, it demonstrated that the feasibility of maintaining GCC identity long-term may be predicated upon subjective assessments of well-being, with those who feel unhealthy ultimately choosing to become affirming. Those who are deleteriously impacted by aims to remain celibate may need to modify their attachment to or understanding of their Christian identity.
Category 5.2: While some GCCs do not believe that they have been harmed by their pursuit of celibacy, others reported significant psychosocial and spiritual harms. Some participants (6) intimated that their pursuit of celibacy did not lead to deficits in psychological health or well-being, or that it improved it in some way, though they were generally equivocal about its benefits to well-being beyond spirituality as a form of coping. Simultaneously, many participants (9) reported that they experienced significant psychological stressors as a GCC that led to the development or exacerbation of anxiety, depression, and/or suicidality. A couple of participants remarked on the dissonance celibacy caused, which had negative psychological impacts:

Side B actually became damaging to my . . . mental, emotional, and even physical health, because I was . . . spending so much time consumed by this worry, and I think that honestly, part of the reason that I kind of lived this promiscuous lifestyle was because I had kind of bottled up my emotions, because I didn't want to fall in love. And so, it kind of came out in other ways, and more unhealthy ways. . . . Side B . . . comes with a lot of baggage that I couldn't handle. . . . I felt this intense loneliness almost all the time. Even when I was around friends. . . . I was so consumed with loneliness, and heartache, and that desire for a connection with someone.

(P09, ex-celibate)

However, it was difficult to determine the extent to which celibacy alone contributed to psychological harm because most participants (10) reported having pre-existing
psychological comorbidities such as depressive or suicidal symptomatology from a young age, and some (4) described a history of molestation or abuse.

GCC was associated with significant emotional pain and instability for many (8), leading to impoverished functioning and development. A few (3) spoke of the struggles of celibacy as leading to negative affectivity, including inwardly directed shame; a few (3) spoke of their struggles as inhibiting their productivity and functioning, sometimes stunting their personal and career development; and many (7) spoke of celibacy as being associated with pain which led to frustration, desperation, or hopelessness about the prospect of remaining celibate and happy long-term:

One of my fears is like, I'll be this old person. And . . . the state will have to institutionalize me because there won't be anyone there to like put me in a home or pay for it. So, I'll just be like, dying in this sterile, cold place away from anyone I know, losing my mind, just sort of being alone. (P06, celibate)

Harms in sociality and development of unhealthy relationships were also alluded to by most (10) participants, especially in light of the long-term impacts loneliness had. Though a few (3) felt they were acutely managing loneliness well, they worried how well they could do so in the future. More commonly, participants (5) described feeling alone, invisible to, or rejected from the communities in which they were embedded, or as if they did not fit into society. A couple of participants mentioned that their loneliness caused them to withdraw from important relationships, exacerbating their sense of isolation.

Relatedly, celibacy contributed to the development of maladaptive social skills and
formation of unhealthy, codependent relationships for some (5), like this participant who created a very meaningful but complicated (mostly heterosexual) friendship group with others who had similar mental struggles:

We were very emotionally authentic. It was not unusual to disclose emotions, which I think is something that people often reserve for their romantic relationship. Because I didn't have it [emotional intimacy], and because I was trying to get it, I think I helped create something that was . . . a more beautiful spiritual type of community. And obviously, . . . especially with the mental health disorders, the co-dependence got real messy. . . . The problems that a lot of people . . . deal with in their romantic relationships, we dealt with in friendships—which has another level of dysfunction and difficulty, because there's more people involved. It's kind of like trying to have polyamorous relationship, right? So, there's a difficulty that went along with it. . . . I'm so anti co-dependence now after that experience. (P01, ex-celibate)

In terms of spiritual health, a few participants (3) felt that celibacy had not led to any deficits in their spiritual health and well-being. On the other hand, some (6) shared experiences of feeling abandoned by God or spiritual communities, or struggling to maintain their faith. Some (5) described how the authoritarian and fear-based religiosity that initially influenced them to choose celibacy was ultimately damaging and destructive, while others (4) noted that they developed harmful views of God as rejecting,
despotic, distant, and/or punitive, which deleteriously affected them and their affective states:

And it affected my relationship with God as well, how I viewed God. I almost thought that I have to . . . get into a work frenzy. I’d work myself beyond where I would sleep trying to keep myself occupied. And then I just started to blame God for being a hard taskmaster. . . . It was almost like I gave myself the work order, forging God's name to it, and he [was] like "... You look at those work orders, and you'll find those aren't my signatures." (P07, celibate)

To understand and cope with some of the emotional pain and dissonance associated with celibacy, a few (3) described adapting their religious beliefs, though they maintained their beliefs about homosexuality and celibacy intact because, as some (6) reported, to change those convictions would have created intolerable dissonance and anguish for them. Instead of giving up on their faith or changing beliefs which they considered foundational to Christianity, they modified seemingly less crucial theological stances to accommodate shifting understandings of their sexuality or to justify their inability to remain chaste as a means of self-preservation:

That whole period of my life was just so complicated and confusing. . . . I would absolutely say that conservative Christianity was always my center. And, no matter what . . . form of it I was exploring . . . at the time, it was always traditional Christianity. It was always the . . . traditional ethic. . . . But maybe I could frame sexuality in a way that is benign. . . . It was a
bargaining with my traditional worldview. . . . It's almost like, the best way to see that whole period of my life was a bargaining, being in a dialogue, being held hostage by this traditional worldview and trying to bargain with it and make deals with it. (P08, ex-celibate)

Secondary analysis underscored how only current celibates (6) indicated they had not suffered any psychological harms because of celibacy (though most could not articulate any psychological benefits), or that they (3) had not suffered any spiritual harms, while all ex-celibates described harms in multiple areas. This analysis corroborated literature-based assumptions that ex-celibates would be more likely to describe harms than current proponents of celibacy.

**Category 5.3: For ex-GCCs who experienced significant psychological and spiritual challenges and harms, affirming their sexuality led to gradual improvements in functioning and well-being.** Ex-GCCs described several health benefits to their functioning and well-being because of transitioning from a celibate to an affirming stance. Most ex-GCCs (4) described improvements in psychological health, such as enhancements in mood, decreased anxiety, and decreased suicidality, with a concomitant increase in hope and peace, and they (4) also described improved sociality and new or renewed ability to forge healthy friendship, family, and romantic relationships. The decrease in unhealthy relationship patterns was described by some (3) of them as resulting from improved insights, acceptance, and learning how to set appropriate sexual and emotional boundaries and limits. Improvements in spiritual health and well-being were also described by some (3) ex-GCCs through relinquishing
damaging doctrines and beliefs. Some (3) even highlighted how they benefited from lessons learned as GCCs which they applied to their lives as they became affirming to help them remain in service to mankind and establish healthy relationships:

You know, the thing is, I agree with them [GCCs]. I agree that we live in a culture that overvalues romantic love, that idolizes it . . . to the neglect of other forms of love . . . all kinds of the other intimate, enriching forms of relationship in love and community out there, and that we've created society overly obsessed with sex and romantic love. The thing is, I agree with all that. I still fully affirm that, but none of that negates my need for romantic love. And realizing it makes me a better person . . . a more mature, more balanced, more whole person. I think it makes my relationships more whole. . . . That I don't have to put all of my needs into one relationship, and that, I think, is ultimately what I learned from them [GCCs]. And that was . . . a really, really good thing. (P08, ex-celibate)

Becoming affirming also led to mitigating STI risk. Some ex-GCCs (3) reported having less anonymous, less unprotected, and more intimate, safer sex, a benefit that may extend to GCCs who have sex because they are struggling to remain chaste:

I'd probably do it less [have less risky sex if I was affirming]. Because I have noticed that . . . when I'm open to dating . . . it's that like loosening of control somewhat. And so . . . I act out a lot less. Like, when I'm open to dating it's a lot easier to . . . control my eyes, I masturbate less, stuff like that. (P12, celibate)
These improvements notwithstanding, most ex-GCCs (4) did not report having problem-free lives after becoming affirming. They dealt with lingering issues that impacted them psychologically, socially, spiritually, and sexually, though with less severity:

Side A has brought a lot more peace. . . . The only obstacles that I face is that I do have a lot of straight friends who are of the Side B belief. And I fear coming out to them, because what will happen to our relationship? . . . Mental health-wise, I have a much better grasp on the issues that I deal with and I'm having a . . . much easier time understanding when these emotions happen to pop up. There are still times where I, you know, would feel suicidal or the urge to self-harm or get depressed. And sometimes they are really bad episodes. But it’s not like it was when I was going through this Side A, Side B, Side A, Side B kind of time and I think a lot of that is just because the peace I have about it has caused the mental issues to kind of just settle down a bit. (P09, ex-celibate)

Some (3) continued to experience strained relationships despite improved sociality, and a couple of ex-GCCs noted that after years of chastity, becoming affirming was temporarily accompanied by sexual experimentation and “promiscuity” (participants’ phrasing) that later subsided.

Unsurprisingly, secondary analysis revealed how only ex-celibates described the freedoms, changes, and continued daily struggles that can occur from abandoning celibacy.
Category 5.4: GCCs seek mental health services, sometimes to mitigate harms related to celibacy, but mental health professionals can be unhelpful if they are judgmental or misinterpret the presenting problem. Most participants (8) sought mental health services at some point in their lives, some (4) for reasons beyond struggles with sexuality/spirituality. Some (4) volunteered for or were sent to ex-gay therapists at some point, but all found it ineffective and generally damaging. Pharmacotherapy, such as antidepressants and anxiolytics, was necessary for some (4) participants to help with their sexuality and general life struggles, and some (6) definitively sought psychotherapy to deal with the psychosocial and spiritual struggles related to pursuing celibacy, like P03, who “was in therapy the whole time” while celibate. Therapy was described as ineffective or unhelpful for some (4) participants, especially when therapists did not directly engage the issues that were most pressing to GCCs, which was sometimes sexuality related, but not always.

Participants articulated how mental health professionals could be of service to them. Many participants (8) provided information indicating that therapists could be most helpful by attending to GCCs’ presenting problems, without assuming sexuality or spirituality was the root cause. A few GCCs (3) specifically expressed a desire for mental health professionals to accept their chosen path of celibacy without judging them or coercing them into different paths, such as SOCE or affirming pathways. For example, one participant had been to many psychiatrists and therapists in adolescence and young adulthood, most of whom were unhelpful or caused damage, until finding one therapist who was effective:
He accepted where I was coming from—as a viable, valuable path—and wanted to help me figure it out, instead of saying, like "Oh . . . no, you’ve got to choose something else. You need to be . . . completely true to yourself and become Side A." Or like, “This is not part of your . . . faith tradition, and be Side X.” Like it was, “Okay, this is what you're telling me. I see value in this. . . . Why don't you live that way and see what it's like? And I'll try to help you.” That was a God-send. (P06, celibate)

Therapists who respected GCCs’ decisions to pursue celibacy not only benefitted current celibates, but those disillusioned by celibacy as well, as discussed by some ex-GCCs (3) who indicated that if/when GCCs wish to consider becoming affirming, trusted therapists who have developed good alliances with them are in a good position to assist them with the arduous transition.

Secondary analysis revealed that only current GCCs (3) described seeking mental health services for reasons that were unrelated to sexuality or struggles with celibacy. Current GCCs (3) likewise expressed how therapists could be most helpful by not judging GCCs or attempting to convert them to another path. Moreover, only ex-celibates (3) articulated how trusted therapists who were walking with them through celibacy were able to help them transition to affirming when ex-GCCs felt ready to do so.

**Cluster 5 feedback.** Feedback from this cluster was mostly positive, ranging from 5-7, except for a current GCC who scored this theme a 2, providing an average score of 6.00. The low-ranking participant felt that becoming a GCC was very liberating, especially after several years as an ex-gay individual. The description of celibacy as
positive and health-promoting for some GCCs was well-defined in the cluster prior to receiving participant feedback. Another current GCC noted never having had a “pushy” therapist, Christian or otherwise, while another stated they personally hadn’t received mental health services, but “ached” for the many Side B people who had. A final current GCC suggested that “many ‘typical’ Christians would also require . . . mental health services if they truly grappled with the demands of Christ” because Jesus required “the very lives” of Christians.

Core Category: GCC Offers Harmony Between Christian Beliefs and Sexuality, but, Paradoxically, Religious Expectations Can Provoke Intolerable Dissonance Because of Exhausting and Harmful Attempts to Subdue Sexual Desire

These 12 interviews of current and former celibates produced five category clusters describing the experience of gay Christian celibacy. Themes from these interviews demonstrated how celibacy meant different things to those LG Christians who pursued it, varying from purely behavioral aims to a distinct social identity. But what united GCCs was a desire for harmony and congruence between their conservative Christian identities and their sexual identities as lesbian and gay people. Within the context of heterosexist society and conservative religious communities, and in conjunction with internalized homonegative beliefs and genuine conviction, all participants at some point felt celibacy alone allowed them to hold their conflicting identities in harmony. Some, through the process of experiencing celibate living, found that it was not only coherent with their religious beliefs, but that they benefited from celibacy and found it to be an ideal way of life. For them, it fostered well-being,
especially through development of spiritual vibrancy that offered them transcendence, resilience to difficulties, and oriented them to selfless, socially just service. However, many (including those who are well-adjusted and satisfied with celibacy) have found it to be an isolating experience, as they were unable to find needed support and connection in the LGBTQ community—deeming them repressed and a threat to hard-fought liberation and positive valuation—or in the very religious communities that require them to forego same-sex love and sexuality.

The combination of lofty personal ideals in concert with the burdensome expectations placed on GCCs by churches, without regard for mitigating circumstances that make celibacy easier for some people than for others, paradoxically provoked cognitive dissonance for many participants who initially pursued celibacy to move toward harmony and away from dissonance. For these individuals, the experience of celibacy was one of disharmony between their beliefs about chastity and their strong sexual desires and subsequent behaviors. The mandate to subdue sexual desire led to unhealthy sexual repression or expression, including unbridled, risky sex—sometimes with multiple partners—that carried a risk for contracting STIs. Additionally, the exhausting task of controlling sexual desire, and the dissonance it caused, created psychosocial and spiritual harms for them, sometimes necessitating psychotherapy and pharmacotherapy to mitigate their substantial troubles, ultimately forcing several to abandon celibacy and become affirming to preserve their mental health.

**Secondary hermeneutic analysis.** The “analysis of the analysis” (Levitt, 2015, p. 669) confirmed what the study investigator suspected as the hierarchy was beginning
to emerge: There was remarkable overlap in the experiences of GCC described by celibates and ex-celibates, as their combined interviews contributed to the creation of the core category. There were, however, notable patterns of difference where either current or former celibates highlighted aspects of a theme exclusively, or nearly exclusively, while the other group neglected to describe those aspects. Such patterns of difference may help guide the research and clinical practice of those working with gay Christians struggling with identity conflict, or the decision-making processes of struggling gay Christians themselves.

Overall, the secondary analysis revealed minor differences in how celibates and ex-celibates came to decisions about celibacy, experienced its benefits, suffered from challenges and harms, experienced community, and managed their sexual desire. Specifically, regarding decision-making, the analysis described how some current celibates who had opportunities to explore gay sexuality in early adolescence and later experimented with celibacy, found it to be more authentic for them and were able to feel peaceful about their decisions to be celibate. Conversely, celibates who previously attempted orientation change, and who maintained hopes of perhaps changing orientation even during their celibacy period, or who cycled between periods of SOCE and celibacy, eventually tended to abandon celibacy and become affirming. Additionally, some current GCCs explicitly described their Christian identity as more salient than other identities they harbored, while no ex-celibates spoke similarly about their identity. Thus, understandings and attachments to Christian identity impact decision-making regarding celibacy.
In terms of benefits, challenges, and harms, current celibates were much more likely to express the positive benefits of celibacy, including its enhancement to their spirituality; its potential to provide freedom of time, energy, and other resources; and improvements to well-being because of spirituality and other-centered service. They also rated themes about benefits (Cluster 2) higher than ex-celibates did. Conversely, current celibates described greater difficulty finding community and support. Despite their conservative theology and their proclivity towards ritual, the very doctrines that characterize homosexuality as sinful also make Christians in conservative churches skeptical or wary of LG people. Regarding sexual desire, current celibates described more methods to cope with the difficulties of controlling their desire, such as sublimation of desire into service or platonic intimacy, and avoidance of sex through accountability with others. Though current GCCs described a plethora of challenges and harms, a few felt that they had not experienced any psychological or spiritual harm, whereas no ex-celibates proclaimed the same, describing instead the freedoms and benefits of abandoning celibacy.

GCCs and ex-GCCs expressed some differences in their experiences with mental health services. Only current GCCs described seeking counseling or therapy for reasons beyond sexuality or celibacy struggles, expressing a desire for therapists not to presume that their celibacy is an issue needing to be addressed in therapy. Current GCCs also noted a desire for practitioners to be non-judgmental and accept their chosen path without attempting to influence them to pursue SOCE or gay affirmation. Ex-GCCs indicated how establishing a non-judgmental relationship in this way made therapists available to
effectively assist GCCs with transitions to gay-affirming stances if and when they decided to pursue it. The discussion section further explores some of the practical implications from the secondary analysis findings.

**Core category feedback.** The feedback about the core category was generally positive, with score ranges indicating that participants felt the core category *somewhat* (score = 4) to *very much* (score = 7) represented the experience of GCC. The average score for the core category was 5.36. One participant scored the category at a low level (2), acknowledging the damage and disharmony of controlling sexuality in an earlier period of life, but the participant’s current feelings of moral freedom to pursue gay relationships made celibacy feel like a beneficial calling from God, not a religious compulsion. This participant is the same one who rated Clusters 3-5 poorly as well. Again, the articulation of GCC as a varied experience that was chosen by some for its coherence with sense of self and positive benefits did not appear to adequately capture how this participant experienced celibacy, though the reasons provided in the feedback form for the low scores only reiterated the respondent’s experience as being positive, healthy, and not mandated by religion.

Another celibate felt the theme was only somewhat resonant primarily because church community was not seen as important, preferring instead to seek support from friends. Two other current celibates felt the theme was more relevant to other GCCs vs. themselves. Similarly, one ex-celibate felt the first part of the core category highlighting harmony between sexuality and spirituality was resonant, but not the latter part highlighting needs to curb sexual desire; the participant did acknowledge, however, that
the latter part was common among other GCCs. Conversely, a couple of ex-celibates felt
the core category was a very accurate summary of their experience. The contrasting
views expressed in the feedback of the core category illustrated the varied meanings and
experiences of GCC highlighted in Cluster 5. Through their interviews and through
feedback, the study participants continually underscored the danger of casting GCC in a
single light.
Table 6

*Experience of GCC: Categories and Number of Participants*

<table>
<thead>
<tr>
<th>Cluster/Category (# of Participants)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cluster 1: GCCs Are Inspired to Celibacy Through Conviction and Desire for Congruency With Religious Beliefs, But Can Also Be Heavily Influenced by Internalized Homonegative Beliefs</td>
</tr>
<tr>
<td>1.1 Many gay Christians struggle coming to terms with their sexuality, not always believing or understanding why homosexuality is sin, but internalize homonegativity from Christian environments (12)</td>
</tr>
<tr>
<td>1.2 Heteronormative pressures and non-affirming religious environments often make GCCs feel afraid and marginalized, delaying gay identity development and sexuality (12)</td>
</tr>
<tr>
<td>1.3 Many gay Christians were encouraged or pressured by Christian communities to attempt SOCE, intensifying difficulties with accepting gay identity and making celibacy more difficult than for those who accepted gay identities (10)</td>
</tr>
<tr>
<td>1.4 Influenced by intrinsic and extrinsic factors, celibacy is mostly chosen for religious reasons—often by default to avoid sexuality/spirituality conflict, though sometimes without regard for sexuality (12)</td>
</tr>
<tr>
<td>Cluster 2: Celibacy Can Offer GCCs a Rewarding Sense of Freedom and Congruence, Especially Through the Development of Spiritual Vibrancy That Orients Them Toward Service</td>
</tr>
<tr>
<td>2.1 Transitions from ex-gay to GCC, or from GCC to affirming stances, are characterized by pain and loss, but gay Christians benefit from great freedom upon finding a way of life that provides congruence between sexuality and spirituality (9)</td>
</tr>
<tr>
<td>2.2 Celibacy can be personally rewarding and enhance well-being, especially through spiritual vibrancy and transcendence that provides resilience to difficulties and inspires service to mankind (8)</td>
</tr>
<tr>
<td>2.3 GCCs and ex-GCCs are aware of religion's abuse of LGBTQ people, thus many tend toward a socially-just inclusion of LGBTQ people in the church and reject the notion of forced celibacy as a prerequisite to acceptance (10)</td>
</tr>
<tr>
<td>Cluster 3: Vital Community Support Is Often Elusive Because Rejection From Heterosexist Religion and LGBTQ Community Requires GCCs to Seek GCC-Specific Relationships That Can Be Complicated by Sexual Desire</td>
</tr>
<tr>
<td>3.1 Most gay Christians see authentic community as necessary for well-being, and thus build spiritual community with like-minded others, but GCCs struggle to find churches that accept them as they are (12)</td>
</tr>
<tr>
<td>3.2 Many gay Christians have had positive coming out experiences in their conservative Christian communities, but many have also experienced maltreatment or strains on close relationships (12)</td>
</tr>
<tr>
<td>3.3 GCCs often face stigma and discrimination from many sources, causing them to cover their identities, which precludes them from finding help and support (12)</td>
</tr>
<tr>
<td>3.4 Support and companionship from other GCCs is vital to their success and well-being, thus many desire celibate partnerships or GCC communities, but sexual desire can complicate such relationships (12)</td>
</tr>
</tbody>
</table>
Cluster 4: Avoiding Dissonance Related to Identity Conflict Requires GCCs to Curb Sexual Desires and Relationships, Which Can Be Exhausting and Lead to Unhealthy or Risky Sexuality

4.1 To avoid identity conflict and live up to religious chastity expectations, many GCCs curb sexual desire and same-sex relationships, which can be exhausting and lead to unhealthy sexual expression or repression (12)

4.2 Though some GCCs consider masturbation an acceptable outlet, most see all sexual activity as lustful and employ several methods to curb desire (10)

4.3 Though most GCCs aim to avoid sexual activity, they all obtain sexual release through solo sexual activity, and some through partnered activity that can be unsafe and carry STI risks (12)

Cluster 5: GCC Can Be Satisfying and Fulfilling, but Those Pursuing It May Face Significant Psychosocial and Spiritual Challenges and Harms That May Require Mental Health Support Services

5.1 Given a variety of expressions and experiences, GCC must be assessed on an individual basis: while some are satisfied and at peace with it, others are dissatisfied and suffering (12)

5.2 While some GCCs do not believe that they have been harmed by their pursuit of celibacy, others reported significant psychosocial and spiritual harms (12)

5.3 For ex-GCCs who experienced significant psychological and spiritual challenges and harms, affirming their sexuality led to gradual improvements in functioning and well-being (7)

5.4 GCCs seek mental health services, sometimes to mitigate harms related to celibacy, but mental health professionals can be unhelpful if they are judgmental or misinterpret the presenting problem (10)
CHAPTER 5

DISCUSSION

Through qualitative analysis, this study sought to describe a grounded theory of the experience of gay Christian celibacy. The 12 interviews with current and former lesbian and gay Christian celibates revealed that GCC was a search for harmony between religious and sexual identities, and a desire to avoid dissonance. Previous psychological literature on LG Christians has primarily focused on resolving conflicts between sexuality and spirituality through rejecting spirituality (non-religious but gay-affirming), rejecting sexuality (ex-gay), or integrating identities (religious gay-affirming), but GCC occupies a unique middle ground between the latter two options. Findings from this study demonstrated that celibacy promotes identity congruence and brings a sense of harmony for some GCCs, helping them to avoid cognitive dissonance.

Rodriguez (2010) reviewed the literature on LG Christians, including research that has been influenced by Festinger’s (1957) cognitive dissonance theory that purports individuals are negatively affected psychologically when they hold conflicting cognitions that are salient to self-concept. Themes derived from some participants’ interviews cohere with cognitive dissonance theory, as some GCCs alluded to the intolerable dissonance and anguish that would be caused by violating their religious convictions.
about the proscription of gay sexual relationships. Yet, for many gay Christians facing a crisis of identity conflict (Baumeister, Shapiro, & Tice, 1985; Rodriguez & Ouellette, 2000), the celibacy option instigates a different type of cognitive dissonance: one between cognitions (beliefs) and sexual desires/behaviors. Those for whom the latter dissonance outweighs the former are most likely to suffer harms in their attempts to pursue celibacy. How such harms are mediated is a crucial question for mental health researchers and practitioners if they are to understand how to best help LGB people conflicted about sexuality and spirituality.

**Benefits, Challenges, and Harms of Gay Christian Celibacy**

The positive benefits as well as the struggles, challenges, and harms related to pursuing celibacy reported by current and former celibates were remarkably similar to those reported in quantitative, qualitative, and mixed methods studies of those pursuing SOCE, along psychological, social, and spiritual domains (Beckstead & Morrow, 2004; Bradshaw et al., 2015; Dehlin et al., 2015; Flentje et al., 2013, 2014; Shidlo & Schroeder, 2002; E. M. Weiss et al., 2010). One participant (P10) reported that living into a calling to celibacy attenuated mental health stressors related to mental health diagnoses. Others noted how their vibrant spirituality provided them resilience not only to the challenges of celibacy, but to general life difficulties as well. The social benefits reported in this study were not as robustly described as they had been in ex-gay studies or other GCC qualitative analyses (Yarhouse et al., 2015).

**What’s the harm in that?** In contrast to those who proclaimed celibacy’s many benefits, many participants described significant challenges and harms. Psychologically,
participants reported experiencing new-onset or worsened depression, anxiety, and suicidality while pursuing celibacy. They also noted significant emotional instability and struggles such as pain, frustration, desperation, hopelessness, and other negative affective states—problems which arrested functioning, productivity, and sexual and relational development. Socially, several participants noted a multitude of deficiencies in social skills and ability to form healthy relationships. Moreover, churches, which would ideally be places of vital community support, often served to exacerbate social challenges of celibates. Liberal or progressive churches hold heterodox ideologies which they often pressure celibates to accept. Conservative or authoritarian churches criticize celibates for accepting gay identity and/or view celibates with suspicion, questioning their motives and their purity. Spiritually, some participants reported being damaged by authoritarian and fear-based doctrines, and developing negative, rejecting, or punitive views of God, causing them to feel abandoned or ostracized from their religious communities.

**GCC vs. ex-gay harms.** The question of harm in SOCE has been addressed within the social science literature, which has established that it can be deleterious to mental health. But again, what precisely mediates this harm has not been well elucidated in research. Orientation change itself has been identified as the putative cause of distress in SOCE, but is that really the case? Previous research has indicated that loneliness is the most reported social consequence among ex-gays (E. M. Weiss et al., 2010). Gay celibacy requires the same thing of LG people that ex-gay ideology does: prohibition of deep, intimate connection that is natural and satisfying. Is the harm in ex-gay practice
more related to false expectations about possibility of orientation change, or more about the loneliness stemming from forbidding same-sex love?

If the fundamental concern is about expectations for change, it could be argued that celibacy is an equally egregious attempt at sexuality change as attempts to change a gay orientation, for whether someone is able to live out their sexuality (through intimate relationships) is perhaps as fundamental to well-being as how they do so (through other- or same-sex partners). Indubitably, the result of both methods is the same in that LG Christians are prevented from participating in and enjoying generative, intimate relationships that are natural for them, and that are known to promote health and well-being.

The findings from the current study shed some light on the relative cost vs. benefit for gay Christians seeking to avoid dissonance and find congruence between sexuality and spirituality. Participants from the current study who had experienced SOCE universally agreed that the transition to celibacy was a benefit to them in terms of psychological and spiritual well-being. However, many GCCs continued to experience significant struggles psychologically, emotionally, socially, sexually, and spiritually. Some, though not all, of these individuals eventually decided to abandon the path of celibacy for the sake of self-preservation. Only upon becoming affirming were ex-celibates able to find the inner harmony they were searching for, though they continued to be negatively impacted by years of futile attempts at modifying sexuality (through orientation change as ex-gays and/or subduing their sexual desire as celibates). Thus, GCC appears to be a healthier option than orientation change, and may be ideal for those
who clearly thrive as celibates, though identity integration through fully affirming gay identity remains the healthiest option for many others. Research that compares these populations is clearly needed to further elucidate the relative benefits of these pathways, and to identity factors that support conflicted LG people in their decision-making.

Loneliness and celibacy. In light of evidence suggesting that celibacy resulted in poorer psychosocial well-being for a group of Mormon same-sex attracted individuals (Dehlin et al., 2014) and that singlehood and loneliness has been associated with unhappiness and sexual compulsivity in some gay men (Chaney & Burns-Wortham, 2015; Hostetler, 2009, 2012), as well as a growing body of evidence about the long-term implications of loneliness in terms of cognitive, behavioral, and physical health deficits (Cacioppo et al., 2014; Caspi et al., 2006; Hawkley & Cacioppo, 2007, 2010), the results from this study should caution religious institutions and religious mental health practitioners against a blanket encouragement of celibacy as a preferred option to promote harmony between sexuality and spirituality.

Most participants in this study expressed some level of loneliness, consistent with another qualitative assessment of GCCs (Yarhouse et al., 2015), but in the current study, many attributed the development of secondary problems to their loneliness, including impoverished social skills, formation of codependent relationships, eroticization and sexualization of friendships, social withdrawal, and concerns about long-term well-being. Some of the social implications from the study were consistent with the insecure attachment styles correlated with mental distress exhibited by celibates in previous investigations (Baker, 2016). Clearly, loneliness can have a significant impact on gay
celibates, causing maladaptive relating and leading to or exacerbating mental health
disorders, thus loneliness cannot be minimized as mere collateral damage in pursuit of
celibacy. Ideally, those exhibiting high levels of loneliness and depressive
symptomatology should be encouraged to at least consider the ways in which affirming
gay Christians have significantly benefited from a shift in perspective that integrates
Christian spirituality with a full embrace of the joys that accompany gay love and
relationships.

Recent literature has demonstrated that older LGBT adults fare better in terms of
physical health, disability status, global quality of life (physical, psychological, social,
and environmental), and socioeconomic resources when they are partnered vs. single;
additionally, married partnered people also demonstrated greater socioeconomic
resources as well as social and economic quality of life compared to unmarried partnered
LGBT older adults (Goldsen et al., 2017). Thus, those GCCs who have concerns about
their futures are justified, especially if they do not have celibate partnered relationships,
and even those in CPs may not experience the same advantages as the unmarried
partnered people in the Goldsen et al. (2017) study because it is unclear that their non-
sexual relationships are equivalent to the studied partnerships which were presumably
sexual in nature.

**Sexual desire and sexual risk-taking.** One aspect of this study that has received
little attention in similar studies of celibates and ex-gays was the consideration of sexual
risk-taking behavior. Some participants discussed how the difficulties of remaining
chaste led them to seek out multiple, often unprotected, risky sexual encounters, which is
concerning considering that one of the reasons many gay Christians choose to refrain from “the gay lifestyle” is to avoid promiscuity and sexually transmitted diseases (Beckstead & Morrow, 2004; Flentje et al., 2014). For sexual beings, however, the prospect of a life without sexual intimacy can be a burden too great to bear, causing them to fulfill the very stereotypes they wish to avoid. Ex-celibates, who had hope for creating fulfilling same-sex relationships, generally reported less desperation for intimacy, therefore no longer feeling the need to release sexual tension by seeking out anonymous or risky sexual activity. Celibates who have difficulty being chaste, but whose conscience prevents them from having gay marriages, would nonetheless benefit from having same-sex relationships with a single partner, such as one participant (P12) who was committed to living celibately someday in accordance with conservative Christian values, but who at the time of the interview was dating someone of the same sex to have intimate, less risky sex, thereby mitigating STI risk. Such arrangements are similar to the clandestine sexual friendships among Catholic clergy reported elsewhere (Anderson, 2007).

Similarly, one participant (P07) espoused what was described as an “accommodation” for celibates, agreeing with the Apostle Paul that celibacy is a means of achieving the work of God through service, but for those who are “burning with passion” (I Corinthians 7:8-9, New International Version), the church could allow an accommodation which allowed for them to have long-term partners. Religious institutions adopting this accommodationist stance could encourage gay Christians to pursue celibacy as an ideal, but would not excommunicate or otherwise punish those who faced unbearable psychosocial and sexual harms in pursuing it, recognizing that same-sex
partnership is healthier for these individuals than a life characterized by loneliness, depression, anguish, desperation, and sexual risk-taking.

As it stands in many Christian communities, celibacy is the expectation for LG congregants, regardless of mitigating factors; those unable to live up to it are faulted and often ostracized from the community. Data from this study indicated that some people are likely to have an easier time with chastity than others. Participants noted how those with lower sex drives (e.g., older people), those who had periods of normative sexual and relational experimentation with others of the same sex, and those who had not been celibate for a long time were more likely to successfully achieve chastity.

For those who can tolerate long-term chastity, the challenge of releasing sexual tension remains, even if moments of strong sexual desire are rare for them. Many participants expressed a level of guilt or shame about masturbation. Given that all participants masturbated at least occasionally as a form of sexual release, one must question the legitimacy, and certainly the feasibility, of sexual beings having no allowable, volitional sexual release for the entirety of their lives. As indicated by P07, masturbation as a means of gratifying sexual desire was the sole freedom allowing for undistracted service to God. Celibates, and those practitioners working with them, may benefit from exploration of the guilt and shame that accompanies masturbation, especially considering that there are no clear proscriptions to masturbation in Scripture. Masturbation as an “accommodation” for GCCs may free them to invest more fully in their personal and spiritual development, as well as their service to others.
What’s in a number? Interestingly, quantitative measures (see Table 3) showed that both GCCs and ex-GCCs were generally within expected parameters based on cutoff scores or studies with LGB populations, and that they did not differ much from one another (statistical analysis was not completed due to small sample sizes). In fact, ex-GCCs trended worse on measures of depression (two ex-GCCs met the cutoff for depression, while only one GCC did) and life satisfaction, though GCCs trended worse on loneliness and sexual identity distress (SID). The difference in scores, however, is likely not meaningful. On average, neither GCCs nor ex-GCCs tended to be depressed, or dissatisfied with life; nor were they more lonely than a reference LGB college student population (Westefeld et al., 2001). Both groups did, however, appear to harbor more IH than a reference group of LG Mormons who had sought SOCE, though not more than the reference group of Midwest LGB youth on which the scale was developed ($M = 13.58, SD = 4.49$; Wright & Perry, 2006). Given the high number of study participants who had previously identified as ex-gay, it is not surprising that their IH scores skewed more towards those of LG Mormons who pursued SOCE compared to Mormons who did not.

Considering that all the ex-GCCs had abandoned celibacy relatively recently at the time of the interview (the longest period a participant had been affirming was approximately four years, but all other participants had been affirming two years or less), it is perhaps not surprising that they appear slightly worse than current celibates on certain measures of mental well-being, as they may still be experiencing harms related to their ex-gay and celibate pursuits. Additionally, they may have less of a social desirability bias to appear well-adjusted than celibates, some of whom acknowledged the
desire to counter perceptions that they were “repressed” or “miserable.” Notwithstanding the paucity of support and the level of isolation that many current GCCs faced, their overall healthy psychological well-being is remarkable, demonstrating celibates’ resiliency and strength.

It would be interesting to note how GCC and ex-GCC participants compared from a prospective, longitudinal perspective, particularly with respect to whether the more dissatisfied celibates shift toward a greater adjustment to celibacy (with higher satisfaction and well-being scores to corroborate the shift), or whether they continue to show signs of mental distress and shift to an affirming stance as ex-celibates did. These are relevant questions considering the concern that a few of the celibate participants raised in this study about the long-term impacts of loneliness, and the acknowledgment by some celibates that they were actively seeking ways to make celibacy more viable to live long-term, especially as close friends pair off and begin their own families in heteronormative fashion. Similarly, changes in ex-celibates’ scores would be of interest: will the less satisfied participants show continued improvement in well-being over time? and how would they respond to perpetual dissatisfaction? Future research should attempt to investigate these comparative, longitudinal questions, as they would prove helpful in guiding mental health practitioners’ work with identity conflicted clients.

Overall, the quantitative data derived from the participants in this study corroborated previous findings about well-being and distress in GCCs. Baker (2016) found in a sample of 118 celibates that most (~70%) scored within normal ranges on a measure of distress (DASS-21), including subscales of depression, anxiety, and stress,
scores that were comparable to or below scores found in a non-clinical population. Additionally, their scores on a measure of life satisfaction (PWI) demonstrated that the majority of celibates were satisfied in most areas of their life compared to the general population. However, closer inspection of the Baker (2016) data suggested that nearly 40% of the participants rated their satisfaction with “life as a whole” below what’s typical of the general population, and about 60% rated their “future security” at levels below the general population. Moreover, about 1 in 5 participants exhibited moderate to severe depression.

The current study likewise showed that on average, celibates were not generally miserable, depressed, nor completely isolated or lonely. But relying on quantitative findings alone would have obscured the suffering that some celibates—and all the ex-celibates—endured, as well as some of the sources of resilience that a few of the celibates developed. As such, future investigators of celibacy should be cautious about relying solely on quantitative measures, and should choose appropriate measures to capture the nuances of GCCs’ experiences.

**Church Failures in Clerical and Non-Clerical Celibacy**

Realistically, celibacy is difficult for most people to achieve, even with strong motivation, religious-based organizational support, and community expectation, as described by Sipe (2003) in his seminal work describing how only about 10% of Catholic priests had achieved healthy celibacy in behavior and identity. Just as Catholic priests have failed their vows through sexual gratification such as masturbation or keeping long-term sexual friendships (Anderson, 2007; Sipe, 2003), all GCCs similarly struggled with
masturbation, some with pornography, and others with occasional or frequent sexual activity with one or more partners. Moreover, GCCs typically lacked the institutional supports available to Catholic priests. As some participants revealed, their communities often did not know how to support them, leaving them alone to cope with the challenges of daily celibate living. Thus, celibacy as a mandate for gay Christians merely by virtue of their orientation might be expected to have similar results as it has had for Catholic priests. Sipe (2008), in an essay entitled “Celibacy Today: Mystery, Myth, and Miasma,” concluded:

At core, the crisis in the Roman Catholic Church in the United States and worldwide is a celibate/sexual crisis. Seen from the perspective of institutional power and control, the "mystery" of celibacy (in the sense that it is super-human and intrinsically connected with the divine, to use a clerical term) must be preserved at all costs. And in this way the myth of clerical celibacy is born. (p. 551)

Though the current study by its qualitative design is unable to produce a measure of “celibate achievement” among non-clerical GCCs, the findings from the study (especially those from ex-celibates who could not live up to chastity expectation) do support the notion that GCC as a viable path for resolving identity conflict has perhaps been “mystified” and “mythified” for gay Christians as much as it has been for Catholic priests, creating the same sort of toxicity (“miasma”). Christian churches advocating for compulsory celibacy for gay congregants may continue to lose credibility, and may push more LG Christians to leave the church and/or their spirituality behind for the sake of
self-preservation, similarly to what has occurred with churches who have mandated SOCE.

The choice before LG Christians could be described in terms of “competing social pressures”: on one hand, they are pressured by religious communities to be inauthentic, to minimize or hide their sexuality; on the other hand, their self-determination is threatened, risking the loss of important religious community support if they fully embrace who they are (Levitt et al., 2016). While some can withstand these pressures, developing resilience in the face of minority stress, many find the dissonance it causes unbearable, which is perhaps why some participants (all of whom were current celibates) decried the notion of celibacy as a mandate for LG Christians and as a prerequisite for incorporation and acceptance within the church.

**Celibacy: Forced or chosen?** This study showed that decisions to pursue celibacy were influenced by a complex combination of intrinsic and extrinsic factors. Participants’ themes demonstrated how these factors were largely inextricable from one another. Intrinsic factors were primarily predicated upon convictions and desires for congruence, including sincere religious convictions about the sinfulness of gay sexual intimacy; beliefs that cohered with understandings about the universe, humanity, gender, and sexuality; a desire to find harmony between sexual and religious aspects of self-concept; and an attempt to avoid cognitive dissonance and its subsequent mental, emotional, and physical health sequelae. These factors were inseparable from extrinsic influences, such as the desire to conform to societal heteronormative practices, and pressure to adhere to Western Christian heterosexist ideologies that glorify heterosexual
coupling and child-bearing. Additionally, being subject to conservative, and sometimes authoritarian and/or fear-based, teachings led to an internalization of homophobic and homonegative attitudes and beliefs. The sexual prejudice espoused by influential (heterosexual) members of gay Christians’ religious families and communities has been described as serving a number of important functions, including propping up self-defined values as someone of the Christian faith, providing close ties to the Christian community, and compensating for general insecurities by requiring uniformity in beliefs (Herek & McLemore, 2013, p. 319). Once such prejudice is internalized, it can significantly impact gay Christians’ chosen identities and behaviors. Thus, the decision to pursue celibacy can be seen, in part, as a similar attempt to express values, remain connected to Christian community, and assuage anxieties about gender and sexuality, except that internalizing stigma is detrimental to celibates in ways that it is not detrimental to the heterosexual instigators of sexual prejudice (Herek & McLemore, 2013).

No participants were explicitly forced into celibacy by threat. Nevertheless, several implicit threats underlay GCCs’ decisions to pursue celibacy: some expressed a fear of disappointing God; some worried about more eternal consequences, like going to Hell; others did not wish to be ejected from their Christian families, peer groups, schools, or churches. As illustrated by most of the ex-celibates, decisions to become affirming were met with social consequences like short- and long-term instability in family, peer, and church relationships, justifying the worries LG Christians have as they navigate identity conflict. In many ways, the participants were unwilling subjects to circumstances beyond their control (i.e., having a gay orientation and being raised in faiths with literal
interpretations of Scripture). Many GCCs described celibacy as a “default” option which avoided dissonance between sexual and religious identities rather than as a preferred option, much like the gay men in Hostetler's (2009) study who described themselves as “single by choice” as a strategy to make the best of their singleness, despite the fact that most were hoping to have relationships and were unhappy without one.

Only two participants (P07 and P10) described celibacy as a chosen and a preferred option. Yet, from the perspective of the religious communities in which GCCs were immersed, the onus of responsibility to maintain successful celibacy rested largely on GCCs, even though these communities were a substantial influence in GCCs choosing to become celibate. As such, the locus of responsibility for the success and failure of celibacy must lie more heavily on their religious communities than it currently does. Participants complained that churches, for instance, failed to provide GCCs with appropriate levels of support, care, companionship, value, and empathy for the difficulties that they faced. Current celibate participants expressed a desire for churches to embrace GCCs more wholeheartedly, welcome them explicitly, not criticize them for accepting gay identity given that they are observing (or striving to observe) conservative orthodox dictates regarding chastity, give them leadership positions in the church to confirm their value to the community, and be more mindful of singles in general by using verbiage and creating programming and events that includes singles and does not favor heteronormative couples/families.

**GCC-specific safe havens.** Given the level of derision, discrimination, and misunderstanding GCC participants faced from society, religious communities, and even
the LGBTQ community, desires to create GCC-specific groups and dyads (celibate partnerships) to cope with celibacy should be considered a means of self-protection and resilience. It is therefore unfortunate that sexual desire threatened even these havens of safety for GCCs. None of the participants had any experience with larger GCC-specific communes, thus this unique affinity grouping remains an area needing further exploration and research, especially for its potential to diminish harms associated with celibacy and improve quality of life for those partaking in such relationships. Additionally, further research on CPs is also warranted. While some participants expressed doubt that they could find a partnership that was not threatened by acting on sexual desire, and a few had experienced the painful dissolution of CPs as a result of guilt-ridden sexual activity, a few knew of others who experienced generative, satisfying, loving, non-sexual partnerships, but the success of such relationships was largely contingent upon one or both partners having no sexual attraction for the other. Due to a growing body of evidence that romantic love and sexual desire are separate constructs with distinct neurophysiological bases (see, for example, Diamond, 2004), CPs may offer GCCs a means of meeting romantic relational needs without necessarily being captive to sexual desire, though the percentage of the population that experiences romance and sexual desire as distinct, or how they do so, is not well understood or researched.

**Beyond Gay Christian Celibacy: Freedom in Affirmation**

While some GCCs presently found the harmony that they desired, others struggled to arrive at peace with their chosen path. For ex-GCCs, celibacy did not
produce congruence, but rather pain; harmony and freedom was found only in affirming gay love and relationships.

For some gay Christians, celibacy may be a necessary stepping stone toward affirming their sexuality, especially if raised in a heterosexist, conservative Christian environment. For many such individuals, attempts at orientation change may also be a preliminary step toward affirming their sexuality. All the ex-celibates in this study experienced incremental acceptance of their gay identity, starting from a stance of ignorance, unaware of their gay orientation; then discovering their sexuality and experiencing identity conflict; then attempting to change their sexuality to resolve the conflict. Finding SOCE futile, they progressed toward acceptance of gay identity while still denying gay sexual and relational intimacy, before eventually fully embracing and integrating their sexuality with their spirituality. This progression was not always linear, with some ex-celibates describing a circuitous path between ex-gay, celibate, and affirming ideologies before definitively embracing an affirming stance. But the process these participants described was reminiscent of the “process of integration” highlighted by other authors (Rodriguez & Ouellette, 2000), especially those described by researchers studying ex-ex-gays (Beckstead & Morrow, 2004; Levy & Reeves, 2011), except that for these participants, GCC became an intermediary step before achieving full identity integration or resolution of identity conflict. In this sense, GCC may be considered a type of compartmentalization strategy for reconciling sexuality and spirituality. Compartmentalization has received relatively little attention in LGBTQ identity conflict research.
Rodriguez and Ouellette (2000) briefly discussed compartmentalization as a means of achieving identity consonance. Based on the identity conflict work of Baumeister et al. (1985), compartmentalization is a process by which gay identity and religious identities are kept separate to avoid dissonance. This was probably best exemplified in P12, who had periods of same-sex dating and sexual activity (including at the time of interview), but did not see this as a contradiction with strong beliefs about celibacy and the desire to be celibate one day, thus preferring to use the social identity label “Side B” instead of “gay celibate” to denote celibacy as an ideal standard but not a routine practice. Identity dissonance was only experienced by P12 when “barriers” between gay and religious identities were “breeched” (Rodriguez & Ouellette, 2000, p. 334), i.e., when there was pressure to make sexual and romantic behaviors related to gay identity conform to celibate behavior expected of religious identity.

A proposed Cognitive-Developmental Model of Social Identity Integration (CDMSII)—which integrates scientific knowledge and theories from social, cultural, and industrial/organizational psychology—purports that compartmentalization is a distinct stage in the process of changing social identities (Amiot, de la Sablonniere, Smith, & Smith, 2015), supporting the notion that GCC may be a necessary intermediate step in integrating gay and spiritual identities for some gay Christians who initially find gay romantic relationships to be incompatible with their faith.

CDMSII may provide a helpful heuristic for guiding mental health practitioners in their work with religious LGBT clients. Gay Christians, often reared in their Christian identity, attempt to understand their sexuality through experimenting with gay identity,
first from afar—in the “anticipatory categorization” stage, where they imagine what it would be like to be part of the gay community—then through actual experience as they try on the identity, the “categorization” stage (Amiot et al., 2015, p. 176). In categorization, they are exposed to “inhibitors” and “facilitators” impacting the integration of their identities (p. 176-177). If heavily influenced by inhibitors, such as feeling threatened by religious, social, and eternal consequences, or feeling that the identities are simply too incompatible, they may abort the integration process and choose to become ex-gay, or they may proceed to compartmentalization as GCCs, holding both identities as important to self-concept, but separable. If heavily influenced by facilitators of identity change, such as sufficient affirming supports, or improved quality of life while adapting to a gay identity, then integration may take place.

Because of society’s increasingly unfavorable view of SOCE, many more gay Christians may pursue celibacy as a part of their identity integration process in their search for harmony and congruence. Mental health practitioners should be knowledgeable of this process so that they can provide psychoeducation for clients about the benefits and risks of GCC and assist them through various stages of their identity development. Likewise, they must be willing to acknowledge that for some gay Christians, GCC may be the healthiest option given the “intolerable dissonance” that participants spoke of regarding their sincere religious convictions forbidding gay sexual relationships. Indeed, some participants in this study were very well-adjusted, and experienced great freedom and congruence with GCC, and would likely describe their
celibacy as a harmonious integration of their sexual and spiritual identities, rather than a compartmentalization of those identities.

Findings from this study demonstrated that attempts to expedite the process of identity integration through coercive attempts to get GCCs to move toward an affirming stance (or—in the case of conservative religious therapists—to pressure them into SOCE) was not only experienced by these individuals as minimizing and demeaning, but also served as a breach of the therapeutic alliance, causing those in the GCC community to distrust mental health practitioners. For social justice-oriented practitioners concerned with full equality for LGBTQ people and committed to helping conflicted individuals find a healthy way of living, such an antagonistic relationship between mental health and GCC communities should be concerning. If conflicted individuals do not trust the mental health community, they will be less likely to have supports who can encourage gay affirmation if and when they are ready to consider it. Thus, practitioners are encouraged to recall the foundational ethical principle of autonomy, giving their clients the freedom of self-determined, valued living. At the same time, they cannot overlook or negate the legitimate harms that non-affirming paths can cause, and are likewise encouraged to help GCC clients find ways to mitigate harms, recognizing that for some GCCs, celibacy will be a long-term way of life, while for many others, the truest harmony they will discover will only come through affirming gay love and relationships.

A or B? Signals for Gay Affirmation and Gay Christian Celibacy. The task of balancing respect for autonomy with the desire to prevent harm is not unique to research or clinical practice with religious LG people who are struggling with identity conflict.
Yet, the uniqueness of the gay religious celibate experience may disorient practitioners who are working with them, leaving them confused or doubtful about how to proceed in their work with such individuals, particularly regarding decisions about whether to explore gay affirmation with their clients. The secondary hermeneutic analysis of the hierarchy illuminated some themes that may provide identity-conflicted gay Christians, and those in mental health fields serving them, with signals or indications that gay-affirming/Side A approaches may be more beneficial:

- Seeking orientation change prior to pursuing celibacy, but maintaining hope for change while celibate, or cycling back and forth between ex-gay and celibate paths, may be a signal that celibacy will be more difficult for such individuals, and that becoming affirming may be a preferred course of action in identity integration work.

- Inability to experience rewards or benefits to well-being as a gay celibate, especially spiritual benefits, may be an indication that gay affirmation is a more suitable option for the sake of health and well-being.

- Gay Christians who are deleteriously impacted (psychologically, socially, emotionally, sexually, spiritually) by aims to remain celibate may need to modify their attachment to or understanding of their Christian identity to progress toward identity integration and full affirmation of their sexuality.

Likewise, thematic patterns that were unique to current celibates shed light on unique factors—beyond those universally discussed by current and former celibates alike—that may contribute to gay Christians’ decisions to pursue and maintain a GCC
identity, perhaps only as an intermediate step in their identity integration process towards gay affirmation:

- Gay Christians who have early experimentation with gay identity and relationships but find the experience to be an inauthentic expression of their sexuality, those whose understandings of the world and gender/sexuality are in line with conservative Biblical teachings, and those who experience celibacy as primarily a calling to service may be more likely to choose celibacy and maintain a GCC identity.

- Gay Christians with a solidified acceptance of homosexuality as sin, and those with a strong appreciation for ritual, may be more likely to pursue and/or maintain a GCC identity.

- Gay Christians who see their Christian identity as superordinate to all others, and who experience celibacy as beneficial, especially if they see its benefits beyond needing to remain celibate because of their sexual orientation, may be able to maintain GCC identity.

- The additional sublimation (through service and platonic intimacy) and sexual coping techniques (accountability) described by current GCCs suggests that those pursuing celibacy may be more likely to achieve it if they have multiple means to dissipate or contain sexual energy.

Ultimately, these signals are merely guideposts, and need further empirical investigation to substantiate and elaborate upon them. Taken together, these factors should be thought of as a place to begin conversations about gay religious identity conflict and potential
ways to resolve it, especially if gay Christians are considering transitioning from one pathway to another.

**Limitations and Strengths**

There are some limitations to this research. The study population was comprised of a non-diverse sample of mostly White, well-educated, middle class persons highly motivated to participate, which may not be representative of the wider population of religious gay celibates. The participants did, however, exhibit diversity in the ways in which they defined, identified with, and experienced celibacy. They were also relatively diverse in terms of age and US geography.

On par with the lead researcher’s expectations about the predominance of White, Western participants based on personal experience with gay Christian communities and the mostly White study populations described in previous GCC studies, the nearly exclusive White racial/ethnic makeup of the participant population in the current study should caution against generalizing the study findings to GCCs who are also racial/ethnic minorities. Exploring reasons for the lack of racial/ethnic diversity within these types of communities is outside the scope of the current study, but there is some literature which exemplifies how the strength of ethnic identity pride among Black gay religious men motivates them to negotiate sexuality/spirituality conflict and form primary connections within familiar Black churches rather than with ex-gay groups or predominately White churches (Pitt, 2010b; Quinn, Dickson-Gomez, & Kelly, 2016). Therefore, certain ethnic minorities may place more salience on their ethnic identity, and thus seek community support from their ethnic origin groups, limiting their participation in ex-gay, celibate,
and gay-affirming Christian groups or communities, which tend to be predominately White. The lack of diversity among larger networks of gay Christians presents an area ripe for future research regarding sexuality/spirituality identity conflict, both for those few ethnic minorities who identify with these networks, and for those who choose not to.

Another sample limitation involved the number of participants who previously expressed an identity as ex-gay, or attempted orientation change. For some of these participants, their experiences with SOCE were quite extensive, thus findings on harms must be interpreted carefully, recognizing that harms from ex-gay pursuits may have contributed significantly to participants’ experiences of celibacy. Future research should seek to distinguish similarities and differences in experiences between celibates with and without a history of orientation change efforts.

An additional caveat to findings on harms results from the number of participants who endorsed having mental health problems like depression, anxiety, suicidality, and trauma/abuse predating their pursuit of celibacy, thus making it difficult to differentiate personality vulnerabilities, minority stress-related consequences, and celibacy’s effect on participants’ well-being. Further quantitative research investigating mediators and moderators of harms would more accurately clarify the determinants of harms related to celibacy, and the contributions such factors have on GCCs’ well-being. Despite these confounds, the study’s conclusions remain valid: some who attempt GCC appear to be able to fare well, while many others—whether through trait characteristics, minority stress, difficulties with celibacy itself, or some combination thereof—will feel
qualitatively worse attempting long-term celibacy, and should be encouraged to consider fully affirming their sexuality as a remedy to poor quality of life.

These limitations notwithstanding, this research has many strengths. This study corroborated findings from previous findings of religious LG celibates, but expanded on the available knowledge in several important ways. This study confirmed the results of Creek (2013) showing how GCCs maintain a distinct social identity through rules about controlling sexual desire, but also parsed out the multitudinous ways in which celibacy is defined and expressed among gay Christians, and provided data describing how rules about sexual desire impact GCCs’ well-being. The findings also confirmed results from an unpublished qualitative investigation of GCCs which described celibacy through the lens of religious congruency, and emphasized loneliness as a drawback to celibacy (Yarhouse et al., 2015). But the current study further illustrated celibates’ complex, paradoxical relationship with dissonance, and described not only the effects of loneliness on GCCs’ well-being, but exposed more psychosocial and spiritual challenges and harms related to pursuit of celibacy. Finally, the findings were consistent with the conclusions from an unpublished quantitative dissertation of GCCs (Baker, 2016) demonstrating that the population is not wholly or inevitably characterized by dysfunction, distress, or poor quality of life, though the current study provided some context to understand the dissatisfaction, depression, and relational difficulties that both studies demonstrated GCCs can face. Similarly, the study corroborated the findings of another larger-scale quantitative investigation (Dehlin et al., 2014) that compared celibates to partnered gay Christians (Mormons), providing context for the greater internalized homophobia and
sexual identity distress celibates harbor, as well as offering some evidence that the results of the investigation are potentially generalizable to populations outside the Mormon branch of Christianity.

This study expanded upon previous knowledge through its breadth of inquiry about the GCC experience, based on a comprehensive analysis of the theoretical and empirical data available on gay Christian identity conflict. Additionally, the use of ex-celibate voices to provide a broader understanding of the experience also added to the literature, providing some generalizability to gay Christians who attempt celibacy, not just those currently practicing it.

**Credibility Strengths.** A final and noteworthy strength of the current study was its confirmation of findings through various credibility checks, including memoing to guide the constant comparative process in creating the hierarchy, feedback questions at the end of the semi-structured interview to assess participants’ feelings about the thoroughness and appropriateness of the interview, and the use of external reviewers to evaluate the emerging theory and major themes. Saturation was reached in this study at the ninth interview, bolstering the evidence of the study’s thoroughness. Finally, a feedback survey was administered to the participants after the analysis was completed, the results of which suggested that most participants felt the study was an accurate representation of the diverse experience of GCC, especially based upon median rating scores. The median is a robust measure that is resistant to outliers (Leys, Ley, Klein, Bernard, & Licata, 2013), which may be a more accurate measure of the central tendency among participants vs. mean scores considering a single participant (P07, current
celibate) rated many sections of the feedback survey poorly, believing the findings to more accurately portray their ex-gay vs. celibate experience, especially as they grew into celibacy. This participant was also the sole current celibate respondent to assert unequivocally that gay romantic relationships and marriages could be blessed by God; thus P07 represented a minority view. However, this participant also added to the richness of the diversity of experiences with GCC, thus the lead investigator chose to elaborate upon mean scores when discussing feedback for the sake of transparency and thoroughness.

Regardless, both mean and median ratings of the findings’ overall description of GCC, and the benefits, challenges, and harms that GCCs face were mostly positive. One current GCC clarified that the overall findings were personally familiar in many ways, and in other ways were familiar to the experiences of GCCs the participant knew, but that more attention was paid to negative aspects of celibacy than positive ones. The lead investigator, however, contends that the predominance of negative experiences reflected the lived experiences of the study participants, many of whom were ex-celibates and uniformly expressed more negative experiences than current celibates did. Similarly, another current GCC felt the link between GCC and psychological distress was overstated, neglecting larger psychosocial and cultural changes that make it more difficult for celibates to thrive today than in past times or in other societies, such as dissolution of nuclear families, the institutionalization of the elderly, etc. But the study methodology requires that interpretations be made of the participants’ experiences as illuminated in their interviews, and the factors alluded to by this participant were not mentioned in any
interviews (including this particular participant’s interview). They are, however, relevant areas for future study, but are outside the scope of this current psychological investigation, especially because grounded theory methodology, by its nature, cannot ascertain contexts beyond those in which the participants are embedded. Finally, another celibate cautioned against overstressing the psychological dangers of GCC.

In contrast to the aforementioned current GCCs’ feedback, an ex-celibate wanted to highlight how the findings accurately described the potential harms of GCC, but that the benefits were not available to everyone because the struggles of being a GCC precluded many of them from fully experiencing the benefits. This was corroborated by other participants, both current and former celibates. Another ex-celibate participant wanted to stress the severe toll that loneliness could exact on GCCs, while another wished to highlight the daily struggles with suicidality that GCCs sometimes face. Lastly, an ex-celibate wished to emphasize the physical manifestations that the hopelessness and depression of celibacy could cause, such as gastrointestinal distress, panic attacks, and even shingles. The physical problems potentially associated with celibacy were not broadly discussed by study participants, but they may be an area for future study. From the perspective of ex-celibates, the consequences of pursuing GCC could not be stressed enough, underscoring again the diversity of experiences within GCC.

One participant’s final feedback encapsulated the unique struggles that proponents of GCCs face, “stuck” between conservative and liberal/progressive communities that “find [them] equally perplexing, intimidating, and unacceptable”: 

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When other communities literally do not want a person, that limits options for social support. I would urge both progressives and conservatives to think critically about ways they may be unintentionally marginalizing Side B/celibate gay Christians. I realize that it does go both ways, and there are many occasions when Side B messages come across tersely. But the same thing happens in the other direction. I am not a fundamentalist. I am not a person who follows unquestioningly what I have been taught. I have made the decision for celibacy because that is best for me as an individual. I hope that others will respect my decision as I respect theirs for marriage or other ways of life. Having a different viewpoint on sexual ethics does not make me your enemy. (P10, celibate)

**Conclusion: Gay Christian Celibacy as an Individual, Varied Experience**

One of the most important messages participants wished to share about GCC was that it must not be viewed through a single lens. Even most of the ex-celibates, all of whom had experienced significant harms and wanted others to become aware of potential harms, explicitly stated that they knew (or knew of) GCCs who had a much more positive experience with celibacy, and who had benefited greatly from it. Some of the ex-GCCs also highlighted benefits that they experienced while pursuing celibacy, especially the spiritual vitality that it offered, as described by one ex-GCC, as well as wise lessons learned as celibates that they felt improved their relationships when they became gay-affirming. Lessons learned included not overly investing in one romantic relationship, and remembering the importance of socially just, other-centered service. Current
celibates also articulated great spiritual benefits from celibacy, and the ways in which it inspired service to mankind, as well as provided them a sense of congruency with their religious beliefs. A few also articulated benefiting from the freedom they experienced as celibates, able to give extravagantly of their time, energy, and resources to others, as well as to reserve some for their own personal development through intimacy with God, travels, artistic and intellectual pursuits, etc. Some GCCs were therefore quite satisfied and at peace.

Alternatively, some GCCs were dissatisfied, searching for ways to make celibacy more viable. Most experienced detriments to their mental, emotional, and spiritual health at some point. Some could adjust to those challenges and harms, for example, by refusing to repress their sexual desires and finding other ways to expend sexual energy, or adopting less caustic, shameful, or fear-based religious beliefs. Others, however, were not as fortunate, including all the ex-GCC participants who had to abandon celibacy to preserve their mental and spiritual health.

With so many varied experiences, it is impossible to provide universal guidance to interested mental health stakeholders (psychologists, psychiatrists, psychotherapists, pastoral counselors, etc.) working with religious LG people who express an interest in pursuing or maintaining celibate living. Nonetheless, based upon the suggestions and findings from the current study, the following recommendations are made to mental health practitioners about work with clients interested in or pursuing GCC:
• Become knowledgeable of GCC as a means of resolving conflict between sexuality and spirituality, including as a potential intermediary step in integrating sexual and spiritual identities.

• Remain mindful of biases, affirming or non-affirming, and do not coerce or pressure GCCs to find other ways to navigate their identity conflict (e.g., ex-gay or affirming pathways).

• During the initial session(s), conduct a thorough, respectful history of the GCC client’s presenting concerns, but be careful not assume that difficulties associated with celibacy are pertinent to the presenting problems.

• Query GCC clients about their personal experiences with celibacy, recognizing that it is not universally harmful or damaging—and can in fact be beneficial to health and well-being—but simultaneously recognize the potential harms it poses to psychological, social, emotional, sexual, and spiritual health.

• Become knowledgeable of the specific harms that can affect GCCs, including loneliness and difficulties with controlling sexual desire, along with their subsequent impact on psychosocial and spiritual health and well-being.

• Respect and value a GCC client’s self-determined choice to pursue celibacy, without attempts to convince them of alternative paths, and help them to navigate challenges related to that pursuit.

• Explore options to alleviate loneliness, such as spiritual community support; celibate partnerships; GCC communities (virtual and live); and short- or long-term sexual relationships with one or more partners, emphasizing safe, protected
sex (such as barrier methods and pre-exposure prophylaxis [PreP]) to mitigate STI risks (see, for example, Shrestha, Sansom, & Purcell, 2016).

- Explore options to mitigate spiritual harms through discussion of pros and cons related to conservative and progressive religious denominations, as well as challenging authoritarian, fear-based, shame-based, punitive, or otherwise unhelpful views of God and Christianity.
- If GCCs express interest, have Side A/affirming/identity integration resources such as websites, books, and research articles readily available to provide to them.
- Explore options to mitigate psychological and emotional harms through psychotherapeutic and pharmacotherapeutic modalities, including discussions of the benefits of gay affirmation for GCCs whose mental health and well-being is severely impacted by celibacy.
- Encourage exploration of affirming/Side A identity integration for GCCs who suffer from intolerable dissonance, loneliness, anxiety, and/or depression; especially monitor for suicidality, which can be a “daily struggle” for GCCs (P11, feedback response) and a signal that affirming/Side A approaches to integrating sexuality and spirituality are warranted.

Many of these recommendations concur with previous qualitative research-based, culturally sensitive recommendations for identity integration therapy with LG Christians (Bowland, Foster, & Vosler, 2013). With these guiding principles as a starting point to care, GCCs are likely to have better experiences with the mental health community, thus making them more likely to seek necessary support from practitioners. With trust and
respect established between these communities, those working from a social justice, equality-based foundation will be in a position to ameliorate the problems faced by GCCs, and especially to benefit the identity integration of GCCs for whom celibacy is an intermediate step toward gay affirmation rather than a final destination.
APPENDIX A

ASEXUAL IDENTIFICATION SCALE
(Yule et al., 2015)

Scoring: Total AIS scores are calculated by summing responses from all 12 questions. Higher scores indicate greater tendency to endorse traits that may indicate asexuality. A cut-off score of 40/60 has been proposed, such that those participants who score at or above 40 on the AIS are likely to experience a lack sexual attraction. The final item (“Which of the following best describes you?”) is unscored.

Rating: Each question is ranked on a scale from 1-5: 1 = Completely False, 2 = Somewhat False, 3 = Neither True nor False, 4 = Somewhat True, 5 = Completely True.

These questions ask about your experiences over your lifetime, rather than during a short period of time such as the past few weeks or months. Please answer the questions as honestly and as clearly as possible while keeping this in mind. In answering these questions, keep in mind a definition of sex or sexual activity that may include intercourse/penetration, caressing, and/or foreplay.

What is your sexual orientation? ______________________

1. I experience sexual attraction toward other people
2. I lack interest in sexual activity
3. I don’t feel that I fit the conventional categories of sexual orientation such as heterosexual, homosexual (gay or lesbian), or bisexual
4. The thought of sexual activity repulses me
5. I find myself experiencing sexual attraction toward another person
6. I am confused by how much interest and time other people put into sexual relationships
7. The term “nonsexual” would be an accurate description of my sexuality
8. I would be content if I never had sex again
9. I would be relieved if I was told that I never had to engage in any sort of sexual activity again
10. I go to great lengths to avoid situations where sex might be expected of me
11. My ideal relationship would not involve sexual activity
12. Sex has no place in my life

Which of the following best describes you?
   Heterosexual
   Bisexual
   Homosexual (Lesbian or Gay)
   Asexual
APPENDIX B

CENTER FOR EPIDEMIOLOGICAL STUDIES—DEPRESSION—SHORT FORM
(Andresen et al., 1994; Radloff, 1977)

Test Format: 10-item measure; rated on 4-point scale. Boxes correspond to: 0 = rarely or none of the time (less than 1 day], 1 = some or a little of the time (1-2 days), 2 = occasionally or a moderate amount of time (3-4 days), 3 = all of the time (5-7 days). Questions 5 and 8 are reverse scored. Composite score is calculated (can range from 0-30); scores ≥10 indicate depression.

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week by checking the appropriate box for each question.

(1) I was bothered by things that usually don’t bother me.
(2) I had trouble keeping my mind on what I was doing.
(3) I felt depressed.
(4) I felt that everything I did was an effort.
(5) I felt hopeful about the future.
(6) I felt fearful.
(7) My sleep was restless.
(8) I was happy.
(9) I felt lonely.
(10) I could not get “going.”
APPENDIX C

SATISFACTION WITH LIFE SCALE
(Diener et al., 1985)

Test Format: Five-item measure; items are rated on a 7-point scale: 1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = neither agree nor disagree, 5 = slightly agree, 6 = agree, 7 = strongly agree.

Script: Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

Scoring:
  31-35 Extremely satisfied
  26-30 Satisfied
  21-25 Slightly satisfied
  20 Neutral
  15-19 Slightly dissatisfied
  10-14 Dissatisfied
  5-9 Extremely dissatisfied

1. In most ways my life is close to my ideal.
2. The conditions of my life are excellent.
3. I am satisfied with my life.
4. So far I have gotten the important things I want in life.
5. If I could live my life over, I would change almost nothing.
APPENDIX D

UCLA LONELINESS SCALE—VERSION 3
(Russell, 1996; Russell et al., 1978)

Test Description: A 20-item scale designed to measure one’s subjective feelings of loneliness as well as feelings of social isolation. Participants rate each item on a scale from 1-4: 1 = never, 2 = rarely, 3 = sometimes, 4 = often.

Scoring:
The items with an asterisk are reverse scored. Keep scoring on a continuous basis.

INSTRUCTIONS: Indicate how often each of the statements below is descriptive of you.

<table>
<thead>
<tr>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>*1. How often do you feel that you are &quot;in tune&quot; with the people around you?</td>
</tr>
<tr>
<td>2. How often do you feel that you lack companionship?</td>
</tr>
<tr>
<td>3. How often do you feel that there is no one you can turn to?</td>
</tr>
<tr>
<td>4. How often do you feel alone?</td>
</tr>
<tr>
<td>*5. How often do you feel part of a group of friends?</td>
</tr>
<tr>
<td>*6. How often do you feel that you have a lot in common with the people around you?</td>
</tr>
<tr>
<td>7. How often do you feel that you are no longer close to anyone?</td>
</tr>
<tr>
<td>8. How often do you feel that your interests and ideas are not shared by those around you?</td>
</tr>
<tr>
<td>*9. How often do you feel outgoing and friendly?</td>
</tr>
<tr>
<td>*10. How often do you feel close to people?</td>
</tr>
<tr>
<td>11. How often do you feel left out?</td>
</tr>
<tr>
<td>12. How often do you feel that your relationships with others are not meaningful?</td>
</tr>
<tr>
<td>13. How often do you feel that no one really knows you well?</td>
</tr>
<tr>
<td>14. How often do you feel isolated from others?</td>
</tr>
<tr>
<td>*15. How often do you feel you can find companionship when you want it?</td>
</tr>
<tr>
<td>*16. How often do you feel that there are people who really understand you?</td>
</tr>
<tr>
<td>17. How often do you feel shy?</td>
</tr>
<tr>
<td>18. How often do you feel that people are around you but not with you?</td>
</tr>
<tr>
<td>*19. How often do you feel that there are people you can talk to?</td>
</tr>
<tr>
<td>*20. How often do you feel that there are people you can turn to?</td>
</tr>
</tbody>
</table>
APPENDIX E
SEXUAL IDENTITY DISTRESS SCALE
(Wright & Perry, 2006)

Test Format: Each statement is read verbatim to the respondent by the interviewer. In the item wording, for the phrase “(gay/lesbian/bisexual),” the interviewer substitutes the sexual identity label provided by the participant. Subjects answer these questions using the following responses: “strongly agree” (1), “agree” (2), “mixed feelings” (3), “disagree” (4), and “strongly disagree” (5). Responses of “don’t know” are recoded to the midpoint of the scale (3).

ITEMS
1. I have a positive attitude about being (gay/lesbian/bisexual).
2. I feel uneasy around people who are very open in public about being (gay/lesbian/bisexual).*
3. I often feel ashamed that I am (gay/lesbian/bisexual).*
4. For the most part, I enjoy being (gay/lesbian/bisexual).
5. I worry a lot about what others think about my being (gay/lesbian/bisexual).*
6. I feel proud that I am (gay/lesbian/bisexual).
7. I wish I weren’t attracted to the same sex.*

Items marked with an asterisk (*) are recoded such that higher values indicate higher levels of internalized homophobia before computing the total score.
Recruitment Letter for Ministry/Organization Leaders
(To be sent to ministry/organization leaders asking for permission to recruit participants through their ministry/organization, or have the leaders forward the recruitment letter to others in their ministry/organization)

Dear [Ministry/Organization Leader],

My name is Darren Freeman-Coppadge. I am a doctoral student in counseling psychology at the University of Massachusetts Boston. I am currently recruiting participants for dissertation research about psychological and spiritual well-being among religious gay celibates. I am writing to you to see if you have any objections to my recruiting participants through [ministry/organization], and to know if there are any requisite protocols to follow regarding recruitment there.

This study aims to explore individuals' experiences of gay religious celibacy in terms of psychological and spiritual well-being. Data from this study will highlight the benefits and challenges related to gay celibacy as a means of reconciling conflicts between sexuality and spirituality. This study is open to any adult (18 years or older) gay or lesbian religious person who currently or has previously identified as a gay celibate (also known as “Side B” in some communities). Participation is voluntary and all information collected will remain confidential. This study has been approved by the University of Massachusetts Boston Institutional Review Board [Approval # to go here].

I would be happy to forward the study recruitment letter myself to any listservs, or post it in any appropriate message boards. Alternatively, you may forward the letter yourself to listservs or message boards, but be sure to indicate that you are “not involved with the design or implementation of this study, and will have no way of ascertaining who participates in the study.” Please also feel free to forward the letter to any ministry or organization leaders you think would be helpful in finding participants for this study, or to any individuals you believe might be eligible for the study. If you do forward the recruitment letter to a listserv or message board, I would appreciate if you would notify me of that via email.

Thank you very much for your time! If you have any question about this study, please feel free to contact me at darren.freemancop001@umb.edu.

Sincerely,

Darren J. Freeman-Coppadge, PharmD, BCPP
Dear Potential Participant,

My name is Darren Freeman-Coppadge. I am a doctoral student in counseling psychology at the University of Massachusetts Boston. I am requesting your participation for a dissertation research project about psychological and spiritual well-being among religious gay celibates. For some lesbian and gay religious people, celibacy has been one way of reconciling conflicts between sexuality and spirituality. Data from this study will highlight the benefits and challenges related to gay celibacy.

To participate in this study, you must:

1. Be 18 years of age or older
2. Identify as gay, lesbian, or otherwise same-sex attracted
3. Be currently practicing or have previously practiced celibacy (also known as being “Side B”), and
4. Claim a Christian-based religious or spiritual identity (or have previously claimed a religious or spiritual identity when celibacy was practiced).

Participants will be asked to complete a one- to two-hour interview about their experiences with gay celibacy. Interviews can be completed on videophone (secure, encrypted Zoom videoconferencing software) or in person. Immediately after the interview, participants will be asked to complete a short survey (approximately 15-25 minutes) about their background, religious experiences, and well-being. Finally, participants may be asked to complete a feedback form (approximately 5-10 minutes) about the results of the data collected from all the study interviews. Participants will receive $30 for completing all three phases of the study, or $25 for completing the first two phases.

Participation in this study is completely voluntary, and participants may opt-out of the study at any time without consequence. All information obtained from the study will be confidential, and results will not be presented or published in any way that could identify the study participants. This study has been reviewed and approved by the University of Massachusetts Boston Institutional Review Board [Approval # to go here].
Thank you very much for your time! Please feel free to pass on this invitation to other people you believe might be eligible to participate.

If you wish to participate in this study, please contact me at darren.freemancop001@umb.edu and indicate your interest. If you have any other questions about the study, contact me or my research advisor, Sharon Horne, PhD (sharon.horne@umb.edu).

Sincerely,

Darren J. Freeman-Coppadge, PharmD, BCPP
Doctoral Candidate: Counseling Psychology
University of Massachusetts Boston
Department of Counseling and School Psychology
100 Morrissey Blvd
Boston, MA 02125
APPENDIX G

STUDY CONSENT FORM

University of Massachusetts Boston
Department of Counseling & School Psychology
100 Morrissey Boulevard
Boston, MA. 02125-3393

Consent Form for Psychological and Spiritual Well-being in Gay Christian Celibacy Study

Thank you for taking the time to participate in a research project that will gather information on gay Christian celibacy. If you have any questions after reading this introduction, please let the researcher know. The researcher is Darren J. Freeman-Coppadge, a doctoral student at the University of Massachusetts Boston in the Department of Counseling and School Psychology. He will be happy to discuss any of your questions or concerns. He can be reached by email at Darren.FreemanCop001@umb.edu or by phone at 240-994-6346.

This study will explore individuals' experiences of gay Christian celibacy as it relates to their mental and spiritual well-being. For some lesbian and gay Christians, celibacy has been one way of dealing with conflicts between their sexual orientation and their Christian religion. Data from this study will highlight the benefits and challenges related to gay celibacy.

Participation in this study will occur in three phases.

- **Phase 1 - Interview**: participants will be interviewed by the researcher about their experiences with gay celibacy. Interviews will occur over videophone (secure, encrypted Zoom videoconferencing software) or in person. All interviews will be recorded, are expected to last between one and two hours, and you will receive $20 for completing this phase of the study.

- **Phase 2 – Survey**: immediately after the interview, participants will complete an online survey with questions about their background, religious experiences, and well-being. The survey should take between 15-25 minutes to complete, and you will receive $5 for completing this phase of the study.

- **Phase 3 – Feedback**: participants may be asked to answer a few short questions about how well the researcher’s interpretation of the study data matches their own experiences of gay Christian celibacy. Completion of the feedback form should take between 5-10 minutes to complete, and you will receive $5 for completing this phase of the study.
This study and its results may not have any direct **benefits** to you, but the research team expects that this study will have general benefits to society. For example, the results of this research may be useful to gay Christians struggling with conflicts between their sexual orientation and their spirituality. In addition, it may be useful to religious leaders and mental health therapists who help gay Christians struggling with their sexuality.

All research can involve some level of risk. The **risk** associated with your participation in this study is expected to be **minimal** and no greater than risk you might encounter in your daily life and activities. The primary risk associated with this study is having some negative or distressed feelings because of your participation with the interview or completing the surveys. You may speak with the researcher to discuss any distress or other issues related to study participation. If you wish to discuss your concerns with someone else, like a counselor or religious leader, the researcher can assist you with finding an appropriate resource through LGBTQ hotlines, religious organizations, or therapist websites such as [www.PsychologyToday.com](http://www.PsychologyToday.com). In addition, while the research team will take every precaution to keep your information secure, there is a risk that your confidential information may be stolen or accidentally released to others outside of the research team. If this occurs, you will be notified immediately of the event and given specific details about what information was stolen or released.

Your part in this research is **confidential**. That is, the information gathered for this project will not be published or presented in a way that would allow anyone to identify you. Information gathered for this project will be stored on an encrypted and password protected storage device (a flash drive). The flash drive and any other information collected for the project will be stored in a locked cabinet and only the research team will have access to it.

The decision to take part in this research study is **voluntary**. If you do decide to take part in this study, you may terminate participation **at any time** without consequence. If you wish to terminate participation, you should directly inform the researcher by email, telephone, or in person.

If you heard about this study through another person, or through a specific ministry or organization, know that whether you choose to participate in this study or not, your relationship with that person, ministry, or organization will not be affected in any way. The research team will not give **any information** about you to any person, ministry, or organization for any reason, even if you decide to quit the study at some later date.

You have the right to ask the researcher questions about this research before you sign this form and at any time during the study. If you have any questions or concerns about your rights as a research participant, please contact a representative of the Institutional Review Board (IRB), at the University of Massachusetts, Boston, which oversees research involving human participants. The Institutional Review Board may be reached at the
I HAVE READ THE CONSENT FORM. MY QUESTIONS HAVE BEEN ANSWERED. MY SIGNATURE ON THIS FORM MEANS THAT I CONSENT TO PARTICIPATE IN THIS STUDY. I ALSO CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER.

_______________________________
Signature of Participant

______________________________
Date

_______________________________
Signature of Researcher

______________________________
Printed Name of Participant

______________________________
Darren J. Freeman-Coppadge
Typed/Printed Name of Researcher

IN ADDITION TO AGREEING TO PARTICIPATE IN THIS STUDY, I ALSO CONSENT TO BEING RECORDED AS PART OF MY PARTICIPATION. MY INITIALS BELOW SPECIFY THE TYPE OF RECORDINGS I AM ALLOWING THE INVESTIGATORS TO USE DURING INTERVIEWS (AUDIO/VIDEO OR AUDIO-ONLY).

I AGREE TO: (please initial the appropriate lines)

Being audio recorded using a digital voice recorder

AND

Being recorded on audio and video using Zoom videoconferencing software

ALTERNATIVELY, IF I DO NOT WISH TO BE VIDEO RECORDED, I AGREE TO:

Being recorded by audio only using a digital voice recorder and Zoom software
REFERENCES


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