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# The Use of Positive Psychological Methods by Religious Leaders and Their Effects on Depression in the LGB Community

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## Abstract

Depression among lesbians, gays, and bisexuals (LGB individuals) is a complex issue involving many possible factors, including internalized homophobia and discrimination. Religiosity and religious leaders can exert both protecting and risk-inducing influences on LGB depression, depending on how liberal or conservative the congregation's stance is. The more conservative and non-gay-affirming a congregation is, the more likely an LGB individual is to develop depression (Gattis, Woodford, & Han, 2014). Positive psychology may help decrease the impact of intolerance on LGB individuals (Burckhardt, Manicavasagar, Batterham, & Hadzi-Pavlovic, 2016; Vaughan & Rodriguez, 2014). Through the use of positive psychology methods, such as reappraisal, acceptance, and problem-solving (Burckhardt et al., 2016), religious leaders may more effectively reduce symptoms of depression in the LGB population of their congregations. These adaptive emotional regulation strategies have potential to impact not only the LGB community but also the religious society as a whole.

*Keywords:* depression, homosexuality, religiosity, congregations, positive psychology

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## **The Use of Positive Psychological Methods by Religious Leaders and Their Effects on Depression in the LGB Community**

In a culture where liberal mindsets are increasingly dominating political, religious, and social discussions, the acceptance of sexual minorities appears to be making the world a more tolerant place for the lesbian, gay, and bisexual (LGB) community. However, many conservative religions within the United States and other countries are placing those with same-sex attractions at risk for poor mental health due to the religions' treatment of LGB individuals and the approaches used when religious authorities counsel these minorities (Barnes & Meyer, 2012). Although there are conservatives who support the LGB community, for the purposes of this article, "liberal" refers to the group that is accepting of LGB individuals, and "conservative" refers to the group that is unaccepting of the group. To change this mindset among conservative religious congregations, the leaders of the groups must first be educated on why and how their viewpoints and treatment of LGB individuals are influencing their congregations and how they can positively influence not only the congregations but the entire LGB community. If the religious leaders can alter their perspective, eventually some congregational members will be influenced by the shift. Even though there is a powerful movement from the LGB community for this country to be more accepting of them, society still has deep reservations about embracing that lifestyle.

Historically, homosexuality has been considered a taboo in Judeo-Christian developed societies. Until recent years, as the *Gay Pride* movement has gained momentum, many people assumed lesbians, gays, and bisexuals were suffering from a psychopathological disorder (Hickey, 2011), while others simply viewed homosexuality as a sin that must be forsaken (Subhi & Geelan, 2012). However, there is no determined cause of same-sex attraction, although there are many theories, including genetics, prenatal hormones, and environmental influences (Joslyn & Haider-Markel, 2016). In response to these theories and mindsets, different approaches have been taken by healthcare professionals and religious groups to combat homosexuality tendencies in society (Nicolosi, 2016; Stephenson, 2000). Conversion therapies were developed in order to modify sexual orientation to be more "acceptable" (Nicolosi, 2016), and religious groups condemned those with same-sex attractions as sinners in

danger of eternal damnation (Stephenson, 2000). While, on average, modern views are less extreme, faith-based viewpoints still influence many today and may create environments in which LGB individuals are at greater risk for mental health problems, such as anxiety, stress, and specifically depression (Grigorio, 2011).

Depression is a clinical disorder with many causes (Mayo Clinic, 2016). Along with hormone imbalances and genetic predisposition, environment plays a role in how much someone is at risk for depression. An unsympathetic or disapproving environment with high levels of antagonism from religious groups can trigger depressive genes in LGB individuals (CNRS, 2011; Lemogne et al., 2011) and can place LGB people at an extremely high risk for depression. A conservative religious group may potentially foster such an environment due to the constant pressure on LGB individuals to hide, ignore, or change their sexuality (Crowell, Galliher, Dehlin, & Bradshaw, 2014).

Faith leaders can alter an LGB individual's likelihood of depression depending on what they preach to their congregations (Baruth, Bopp, Webb, & Peterson, 2014; Hamblin & Gross, 2011). Pastors, ministers, priests, and other evangelical leaders have a large amount of sway on religious topics among their congregations (Baruth et al., 2014; Quinn, Dickinson-Gomez, & Young, 2016). According to Baruth et al. (2014), many religious leaders are only somewhat conscious of the impact that their preaching has on congregations. This influence can be positive as Virgil Amundson, a pastor in a small Wisconsin town, demonstrated by encouraging his congregation to reach out to those with a difficult past (Shanklin, 2017). However, leaders can also have a negative impact on their members. The infamous story of Jim Jones and his community shows how leaders can persuade their followers to extreme, unethical, or deadly acts (Gritz, 2011). Even though over half the U.S. population supports marriage equality (Holmes, 2015), LGB individuals are still twice as likely to attempt suicide as compared to heterosexuals (see Figure 1). Considering that statistic, religious leaders should search for new resources that will help them prevent religious atmosphere-related stress, anxiety, and depression in the LGB members of their congregations (Crowder & Kimmelmeier, 2014; Holmes, 2015; Kerr, 2016). By implementing positive psychology techniques in their sermons and teachings, religious leaders have a

chance to possibly reduce depressive symptoms in their congregation's LGB community (Baruth et al., 2014; Goodmon, Middleditch, Childs, & Pietrasiuk, 2016).

While positive psychology (the study of human prospering) is relatively new in the field, it has potential as an effective treatment of depression in LGB individuals. Because the contemporary field of positive psychology was established in 1998, researchers still have questions about its effectiveness (Taher, 2016). The goal of positive psychology is to teach participants to have a better outlook on life, to reduce stress levels, and to increase overall satisfaction in life (Gibson et al., 2016). Recent studies have shown that positive psychological therapy is effective in reducing symptoms of depression, anxiety, and stress (Burckhardt et al, 2016; Vaughan & Rodriguez, 2014). Because LGB people in anti-gay environments exhibit more depressive symptoms (Denny et al., 2014; Gattis et al., 2014; Hamblin & Gross, 2011), psychologists ought to more closely examine the effects that positive psychological techniques may have on members of the LGB community since the methods have the potential to protect those individuals from the impact that a hostile environment may have on them.

## **Depression among LGB Individuals and the Environmental Components**

### **Internalized Homophobia**

A non-gay-affirming environment can cause LGB people to develop internalized homophobia, which can result in destructive behavior (Barnes & Meyer, 2012). A risk factor for depression and suicide, internalized homophobia develops when LGB individuals assimilate the stereotypes, myths, and misrepresentations about their orientations and believe them (Walch, Ngamake, Bovornusvakool, & Walker, 2015). Consequences of internalized homophobia include maltreatment of other LGB individuals, displays of heterosexual behavior, and depression (Walch et al., 2015). A story about a young man displays these repercussions. Omar Mateen had a wife and children, and most considered him to be heterosexual; however, that came into question on June 12, 2016, when Mateen shot and killed 49 people at a gay nightclub in Florida. After the tragedy, investigators began to look into the reasons behind the attack, and

they came up with one plausible theory—that Mateen was suffering from internalized homophobia (Lang, 2016). Clearly, internalized homophobia has dire results. In addition, those at risk for internalized homophobia are often found in high-stress situations (Lick, Durso, & Johnson, 2013; Newcomb & Mustanski, 2010). Furthermore, non-gay-affirming groups may discriminate against LGB individuals, greatly increasing stress levels (Walch et al., 2015). While religious heterosexuals might find their environment to be uplifting and constructive, LGB people might feel disheartened because of the conservative theology often preached in congregations. This theology thus causes internalized homophobia and aggravated depression and it should be approached with caution.

### **Conservative Religious Environments and Resulting Depression**

When examining the effect of a conservative, non-gay-affirming religious group on an LGB individual, one of the primary results is depression. Although Barnes and Meyer (2012) showed little to no correlation between internalized homophobia in LGB people and the extent to which their beliefs supported homosexuality, one study showed that conservative religious stances will create more negative views on homosexuality in the general population (Gattis et al., 2014). Barnes and Meyer (2012) also reported that other environmental factors, such as home life, region, education, and gender, contribute to distress among LGB individuals, including the degree of liberalism or conservatism among their group. Research evidence reveals that the more conservative a congregation is, the more likely an LGB member is to have internalized homophobia (Barnes & Meyer, 2012). Therefore, LGB people who have not revealed that they are a sexual minority or are experiencing opposition within their congregation have a higher risk of depression. As depression can place one at a high risk for suicide (Crowder & Kemmelmeier, 2014), religious groups should be made aware of the danger they may be creating for LGB individuals. This can be done by implementing certain licensing requirements for psychologists, creating seminars for religious leaders, or making a website for psychologists, leaders, and LGB people to learn from each other. These communications are not only important for the welfare of the LGB community and religious congregations, but are very possible to put in place.

## **Potential Impact of Positive Psychology on Congregations**

Crowell et al. (2014) showed that, while many Christian faiths are becoming more accepting of same-sex attractions, there is still a negative bias toward LGB individuals in many of the denominations. Even though more conservative religions are preaching tolerance, LGB people are considered sinners by many conservative religious groups because of the stigma surrounding homosexuality within religious contexts and the common conception that heterosexuality is divinely ordained (Crowell et al., 2014), a stance that could lead to internalized homophobia (an LGB individual's internalization of stereotypes (Newcomb & Mustanski, 2010)) and psychological distress. However, sexual minority adults seem to have less psychological distress when they have strong religious affiliation owing to the increased sense of community (Gattis et al., 2014). Still, religious affiliation can cause mental distress when the religion has a negative view on LGB individuals (Gattis et al., 2014). A correlation between good and poor mental health can be found when examining the acceptance of sexual minorities within the congregation as a whole; religiosity in an accepting environment can reduce mental distress while religiosity in an antagonistic environment can increase distress. With the understanding that the previous studies done with positive psychology have not examined a religious aspect, the techniques need to be applied to a religious setting in order to understand the potential influence.

### **Positive Psychology in Religious Contexts**

#### **Defining and Using Positive Psychology**

An effective way of preventing the potential stress of antagonistic religious environments is through positive psychology (Ayten, 2012; Day, 2010). Positive psychology practices can include showing gratitude, performing acts of kindness, and creating a sense of meaning in life (Goodmon et al., 2016). The idea behind these methods, specifically reappraisal, acceptance, and problem-solving, is to increase well-being and self-awareness in the individual, which would greatly benefit sexual minorities who may be struggling with internalized homophobia or reduced self-esteem.



**Reappraisal.** Changing how a situation is interpreted can be extremely beneficial in regard to congregations' understanding of the LGB community (Burckhardt et al., 2016; Goodmon et al., 2016; Vaughan & Rodriguez, 2014). Instead of teaching that lesbian, gay, and bisexual individuals are sinners, religious leaders utilizing reappraisal might characterize LGB individuals as people with a great deal to offer society. By teaching that everyone sins differently, evangelical leaders do not single out any specific group. In doing this, religious leaders would not categorize their congregations into sinners and non-sinners; rather, they would be showing that each member has his or her own struggles and must be treated with respect and love.

**Acceptance.** The positive psychology technique of acceptance has the potential to engender the most change within a group (Burckhardt et al., 2016; Gattis et al., 2014). The welcoming of LGB individuals into a religious congregation could provide sexual minorities an environment wherein they feel welcome instead of rejected and judged. This acceptance does not mean that a conservative religious person should be accommodating to something that he or she considers a sin. Acceptance of a person and approval of a behavior are not the same thing (Warren, 2014). The Christian cliché "love the sinner, hate the sin" still encourages discrimination. "Love sinners" would be more appropriate, because it addresses the Christian belief that everyone sins and judgment is reserved for God, according to many Christian interpretations of scripture (1 Corinthians 4:5, King James Version; John 5:21–31).

**Problem-solving.** Because religious leaders have a duty to listen to the individual, problem-solving is one technique that may generate a major change (Baruth et al., 2014; Burckhardt et al., 2016; Quinn et al., 2016). Listening to an LGB person who feels like an outcast and knowing that the congregation is partially responsible should inspire evangelical leaders to learn to preach acceptance and to help individuals learn how to modify their own situations. A single LGB individual does not have the power to change the congregation, but a religious leader might (Baruth et al., 2014; Goodmon et al., 2016; Quinn et al., 2016). That knowledge places evangelical leaders in a position to change the perspective of the congregation, thus partially solving the problem.

Even though only 3.6% of U.S. adults currently identify as lesbian,



gay, bisexual, or other (Ward, Dahlhamer, Galinsky, & Joestl, 2014), this small percentage is growing and should encourage mental health professionals to research depression specifically within that community. Similarly, the general population should be more aware of the impact that their attitude toward and treatment of sexual minorities has on LGB individuals. Although conservative religious leaders usually argue against same-sex relations, they should adopt a more positive tone when discussing homosexuality within their congregations, because those with same-sex orientations are at a higher risk of developing depression when living within an anti-gay religious environment (Gattis et al., 2014). An examination of depression among LGB individuals and its environmental components, the impact religious leaders have on congregations, and the potential impact positive psychology has on congregations and LGB people will expose the need for change. These changes would not require leaders to change their beliefs—just the way they approach preaching about LGB individuals.

### **Impact That Religious Leaders Have on Congregations**

While most people accept that their pastor, bishop, rabbi, or other religious leader influences the overall morality or religiosity of their congregation, what is less often considered is their influence on the congregation's health, social lives, or political views. Baruth et al. (2014) wrote that faith leaders have a significant sway on their congregation's opinions on health issues and participation in well-being programs. One story shared in the study explains that a leader spoke about the importance of vaccines and other health issues and then there was an increase in vaccinations in the congregation (Baruth et al., 2014). Another study highlights that pastors advocating homosexuality as a sinful act can create tension within their congregations toward LGB people and thereby limit interaction with that branch of the congregation (Quinn et al., 2016). In a Baptist congregation in Wisconsin, the pastor, who preached love and acceptance, refused to reach out to the LGB members who had contracted HIV. The congregation followed the example and did not reach out with those members as they might have with a heterosexual individual (Quinn et al., 2016). Understanding the impact religious leaders have on their congregations should encourage leaders

to educate themselves on LGB depression risks and learn about possible ways to reduce the impact of a non-gay-affirming religious environment. This education would be difficult to implement, as freedom of speech allows religious leaders to voice their opinions, whatever they may be. The easiest and most cost-effective way would be for the leaders themselves to read articles such as this one to understand the depth of their influence.

### **LGB Individuals' Relationship with Religiosity**

Religiosity plays a key role in how sexual minorities view themselves and it influences their risk for depression and internalized homophobia because of the impact religion has on perceptions of right and wrong. Some argue that the LGB community is predominantly liberal and has minimal religious interaction; however, research shows that approximately 48% of U.S. LGB individuals consider themselves Christian and 11% practice a religion other than Christianity, potentially exposing them to negative environments (Cruz, 2015). These risks of depression, internalized homophobia, and suicide create a need for religious leaders to become more accepting of the homosexual community within their congregations. Rather than preaching to love sinners and condemn sins, leaders should be more accepting with their congregation by using positive psychological methods because they can influence how positive or negative their congregation's attitude is toward homosexuality (Barnes & Meyer, 2012). One way to encourage acceptance among conservative congregations would be to implement positive psychology methods in their outward treatment of and statements regarding homosexuality.

### **"Strong Minds" Program and Adaptive Emotional Regulation Strategies**

Before positive psychology methods can be applied to religious settings, we must understand that positive psychology has on the general population in a more generic environment. A study in Australia examined the adaptive emotional regulation strategies often used in positive psychology and the effect they had on adolescents' mental health (Burckhardt et al., 2016). Productive strategies are outlined in the study called "Strong Minds," which showed a negative association between adaptive emotional regulation strategies and poor mental health in high school students (Burckhardt et al.,

2016). The strategies include reappraisal, the modification of how a situation is interpreted to reduce the emotional impact; acceptance, the acknowledgement of the emotional experience, as opposed to suppressing it; and problem-solving, the modification of the situation itself to reduce the emotional impact (Burckhardt et al., 2016). LGB individuals in an anti-gay environment are not given a strong opportunity to implement these strategies for several reasons. Internalized homophobia makes modifying interpretation nearly impossible, as LGB people have integrated the stereotypes into their thoughts. Furthermore, there is almost no acceptance toward them, making it difficult for them to accept their own orientation, and they have little chance to problem-solve because they cannot change how others around them behave (Burckhardt et al., 2016; Crowell et al., 2014). These failures to adapt can result in greater internalized homophobia in LGB individuals, which may contribute to a depressed state of mind.

According to the “Strong Minds” study, there is a positive correlation between poor acceptance and mental disorders (Burckhardt et al., 2016). In the study, the treatment group underwent acceptance and commitment therapy combined with positive psychology. Those who completed all 16 sessions showed a statistically significant improvement in their mental health with a majority of participants showing fewer symptoms than the control group (Burckhardt et al., 2016). Each session focused on a different aspect of the positive psychological model, including identifying values, assertiveness, kindness, and relationships. Symptoms of depression, anxiety, and other stress-related disorders were significantly reduced, while overall well-being was improved. While some may interpret these findings as an indication that LGB individuals are the only ones who can ultimately repair their mental health, it may be more appropriate to look at the potential of positive psychology as a way for the general population to improve its approach to the LGB community. Just as congregations have a small percentage of members who are LGB, the Strong Minds study included teenagers who identified as lesbian, gay, or bisexual. The solution offered by positive psychology and acceptant therapy are based on changing the environment in which these minorities live and therefore help change any depressive mental states.

## **Bringing It All Together**

As previously described, LGB individuals in antagonistic religious environments are more likely to develop internalized homophobia, depression, or both (Barnes & Meyer, 2012). Because this non-gay-affirming setting has roots in the doctrinal teachings of Judeo-Christianity (Leviticus 20:13, King James Version; Robinson, 2010), there may be difficulty in shifting the stance on those theologies to accommodate sexual minorities. Additionally, this type of environment is sometimes influenced by the personal viewpoints of the congregational leader, whose opinion on social matters impacts the opinion of the congregation. Because of this authority, faith-based leaders have a responsibility to ensure that their congregation is progressing. However, by alienating sexual minorities, these leaders are both hindering LGB individuals' potential faith progression and fostering an environment in which LGB people are more susceptible to depression (Baruth et al., 2015; Quinn et al., 2016; Subhi & Geelan, 2012). The trend can be changed with the use of positive psychology in congregations, starting with the leaders.

## **How to Implement Positive Psychology**

Although research on positive psychology's impact is still being conducted, the possibility of its results should be taken seriously. Considering the prevalence of depression among LGB individuals (one study estimates approximately 50% of LGB individuals have felt depressed at some point), extra precautions should be taken to ensure the mental health of these minorities (Kerr, 2016). Positive psychology has been shown to increase happiness levels and decrease depression and stress symptoms in both hetero- and homosexual youth (Burckhardt et al., 2016; Vaughan & Rodriguez, 2014). The techniques mentioned in the "Strong Minds" study are some of the best ways to improve the environment for these individuals in religious communities. Reappraisal, acceptance, and problem-solving may be tools with which religious leaders can help LGB people fight their vulnerability to depression.

## **Conclusion**

Religiosity has potential to be a protective factor against depression in LGB people; however, due to discrimination, conservative religious groups increase the likelihood of an LGB

individual developing internalized homophobia or depression. According to rates of depression and suicide, LGB individuals are over two times more likely to develop depression and attempt suicide than heterosexual individuals (Crowder & Kimmelmeier, 2014; Shore, 2010). Depression in LGB people increases if they are placed in non-gay-affirming environments (Barnes & Meyer, 2012). Conservative religious groups may foster such an environment (Barnes & Meyer, 2012; Subhi & Geelan, 2012), raising the chance that an LGB member will develop internalized homophobia or depression. The leaders of these conservative groups have a considerable sway on the opinions of their congregation; therefore, these religious leaders could reduce depression within the LGB community by integrating positive psychological methods into their preaching and their interactions with both the congregations and the LGB individuals.

The implications of positive psychological research findings have the potential to affect many future generations following the LGB Gay Pride movement. When examining the potential impact of positive psychology in religious contexts, a powerful possibility arises—the opportunity to change the relationship between LGB individuals and conservative faiths. Viewed as “at odds with each other,” the LGB and religious communities historically have not sought common ground; however, the incorporation of positive psychology could bridge the gap between these two groups. Positive psychology also has an opportunity in this context to demonstrate its place within the field. Many people, not just LGB people or religious members, stand to gain from the growth of positive psychology. Those struggling with depression, anxiety, and other mental health issues have benefited from the use of positive psychology, yet the methods still are being criticized among professionals because of its recent emergence into the field and the scarce amount of valid research examining the topic (Goodmon et al., 2015; Kristjánsson, 2013).

More research examining the relationship between positive psychology, religion, and the LGB community is needed to determine whether positive psychology, as a new methodology, has enough of an impact to make a difference. Freedom of religion and speech must also be considered. Even though a religious leader might be educated on LGB depression, may be fully aware of the impact he or she has on congregations, and might understand positive psychological methods,

he or she may choose to continue preaching the same way based on his or her own opinion. Similarly, members of congregations have the right to their own opinions, regardless of what their religious leaders teach.

Overall, the influence society has on the LGB community should not be overlooked, especially the impact of conservative religious congregations. The risk for depression among LGB individuals rises when the environment is hostile toward same-sex orientations (Barnes & Meyer, 2012; Gattis et al., 2014). Because of the increased risk for depression and suicide among these individuals, researchers should be searching for ways to reduce the impact of the antagonistic environments, including the implementation of positive psychology by conservative religious congregations.

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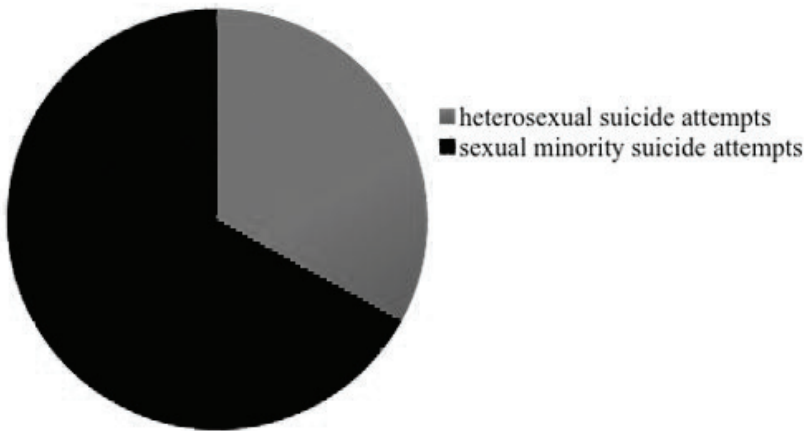


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## Suicide Attempt Differences Between Heterosexuals and Sexual Minorities



*Figure 1.* Heterosexual suicide attempts make up about 33% of attempts while sexual minority suicide attempts are nearly double, making up approximately 67% of attempts (Denny et al., 2016; Kerr, 2016).