Family Religiosity, Support, and Psychological Well-Being for Sexual Minority Atheist Individuals

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Prior research has demonstrated that family support is an important predictor of mental health outcomes among sexual minority (LGBQ) people, especially in the context of religious families; however, no studies have examined the experiences of LGBQ people who identify as atheist. With a sample of 234 LGBQ atheist individuals from the United States, the associations of family religiosity and years identifying as atheist with family support, life satisfaction, and psychological distress were tested. Moreover, family support was tested as a mediator of the associations between family religiosity and years identifying as atheist with the mental health outcomes. Consistent with expectation, bivariate correlations indicated that family religiosity was associated with lower family support, and both these variables were associated with poorer mental health. Longevity of atheist identification was associated with better mental health outcomes. Mediation analyses indicated that family support mediated the negative indirect relation of family religiosity with life satisfaction and the positive indirect relation of family religiosity with psychological distress. However, indirect relations of years identifying as atheist with the mental health outcomes through family support were nonsignificant. The implications of these findings for future research are discussed.

Keywords: nonbelief, minority stress, sexual minority, atheism, family stress

For sexual minority (i.e., lesbian, gay, bisexual, or queer [LGBQ]) individuals, questioning faith and leaving religious communities are often a significant part of "coming out" narratives (Dahl & Galliher, 2009, 2010; O'Brien, 2004). Such a standardized flight from organized religion is unsurprising in light of the persistence of heterosexism and discriminatory practices by many faith groups across the world (Brewster, 2013; Perry, 2018). Notably, Henry Gerber—a 1920s Chicagoan gay activist—found religion to be so oppressive that he posited "homosexuality and atheism to be inseparable" (Hoffman, 2011, p. 125). In recent years, the relationship between LGBQ-identity and organized religion has become more nuanced, partially due to an increase in queer-affirming congregations for sexual minority people of faith and supportive stances by some religions (White et al., 2020). Despite such shifts, LGBQ people are three times more likely to be nonbelievers than heterosexual people (Linneman & Clendenen, 2009). Beyond higher levels of nonbelief, sexual minority people are also more likely to report that religious practices are not important parts of their lives and/or that they are unpleasant reminders of past exclusion and stress (Etengoff & Daiute, 2014). While ambivalence toward religion by LGBQ individuals has been widely documented in psychological disciplines (e.g., Buser et al., 2011; Goodrich & Luke, 2016), virtually no research has focused on the lived experiences of those sexual minority people who are explicitly atheist.

Despite the fact that atheist people represent an increasingly large segment of the United States (U.S.) population—with recent estimates indicating that over 20% may identify as nonbelievers (Gervais & Najle, 2018)—they are still subject to widespread stigma and marginalization (Brewster et al., 2016, 2020; Cragun et al., 2012; Hammer et al., 2012; Swan & Heesacker, 2012). Some of this backlash against atheists may be linked to the perception that without a belief in God/gods or participation in religion, one lacks decency and a moral compass (Gervais et al., 2011). Considering that approximately 78% of the U.S. population identifies with a religion, straying from such a normative cultural and social practice can be isolating for nonbelievers (LeDrew, 2013; Pew Research Center, 2015). Indeed, experiences of anti-atheist stigma, microaggressions, and discrimination have been linked to poorer psychological outcomes (i.e., greater distress, depressive symptomatology, loneliness) and lower levels of well-being for atheist people in the U.S. (Abbott & Mollen, 2018; Brewster et al., 2016, 2020; Cheng et al., 2018; Doane & Elliott, 2015).

For people who are *both* atheist and LGBQ, the risk of feeling excluded and being ostracized—and in turn, experiencing poor mental health outcomes—runs high. Yet, there is some evidence that for sexual minority people in religious families, support and acceptance by family members—even alongside an endorsement of religious fundamentalism—is an important determinant of mental health outcomes (Heiden-Rootes et al., 2019). Unfortunately, no parallel research with atheist individuals exists. As such, the present study is the first to attend to the unique experiences of LGBQ atheist people by investigating the interplay of atheist identity and level of family religiosity with family support on two dimensions of mental health: psychological distress and life satisfaction.

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Family Support and Well-Being

Social support is often identified as a significant factor related to psychological distress and well-being. One primary source of social support for individuals is their family. Previous studies have suggested that high levels of family support are associated with lower levels of suicidality, depressive symptoms, and more resilience (Joiner et al., 2009; Steinberg, 2001). Family support has also been found to be an important factor associated with well-being across the lifespan (Fuller-Iglesias et al., 2015; Klineberg et al., 2006; McConnell et al., 2016).

Although limited empirical research exists on the psychological outcomes of family support for atheist individuals, the importance of family support for sexual minority people has been more widely studied. Support from family members has been long established as a predictor of mental health for sexual minority people, particularly whilst coming out (Needham & Austin, 2010; Ryan et al., 2010; Trahan & Goodrich, 2015). One study examining the role of family in sexual minority young adults in Israel found that family support was a significant mediator predicting greater well-being and lower distress for bisexual individuals (Shilo & Savaya, 2012). This same study also found that religiosity was related to less family support and acceptance, and greater levels of internalized homophobia. Studies in the U.S. have noted similar results, with family support and acceptance as significant mediators of victimization on mental health for sexual minority people (Hershberger & D'Augelli, 1995). Further, sexual minority youth (aged 16–20) with low levels of family support reported more loneliness, hopelessness, anxiety, depression, somatization, and suicidality (McConnell et al., 2015), thus highlighting the risk that many individuals with stigmatized identities face when disclosing their identity to disapproving family members. While fewer studies on LGBQ family support have focused on adult samples, the limited available research indicates that family acceptance partially mediates the link from family support to psychological adjustment for sexual minority men (Elizur & Ziv, 2001). Likewise, other studies have supported the mediating role of family support on the link between stressful events and psychological adjustment in heterosexual adult samples (Runtz & Schallow, 1997).

Sexual Minority Identity and Religiosity in Families

For families who are religious, such beliefs can hold great importance in determining the levels of support extended to LGBQ family members who deviate from the dominant faith; for example, in a recent qualitative study of family acceptance, one participant from a Latter-Day Saint (LDS) family stated that he had more conflicts arise from his decision to eschew LDS faith and explore Wicca than to come out as gay (Goodrich et al., 2019). That said, religious contexts may also be rife with stigma and rejection of sexual minority people (Gibbs & Goldbach, 2015; Yarhouse et al., 2009). Prior research highlights that, particularly for families wherein religious fundamentalism is present, there is generally lower acceptance and support for sexual minority family members (Heiden-Rootes et al., 2019). When family members hold religious beliefs that are heterosexist, sexual minority family members may internalize this negativity and have poorer mental health outcomes (Gibbs & Goldbach, 2015; Mattingly et al., 2016). Conversely, family support and acceptance are predictive of positive psychological outcomes (Ryan et al., 2009; van Beusekom et al., 2015).

Little research has explicitly studied the reactions of nonreligious families to LGBQ family members. However, it is important to note that nonreligious (and nonbelieving) populations are among the most supportive of sexual minority rights; the Pew Research Center (2014) reported that 94% of atheists think "homosexuality should be accepted" and 92% favor or strongly favor marriage equality. That said, the presence of religiosity in a family system may be less important than *how supported* a sexual minority person feels by their family. A recent study by Heiden-Rootes et al. (2019) was the first to examine the role of family acceptance (i.e., support) as a mediator of religious fundamentalism on depression for sexual minority people; the authors found that acceptance mediated the link between religiosity and depression of sexual minority family members, such that, increased religiosity predicted lower acceptance and higher depression.

Atheism and Religiosity in Families

Religion and family are inextricably linked for many Americans, a phenomenon that is illustrated by common adages such as *the family that prays together stays together* (Brewster, 2014). Data from recent national surveys suggest that religion plays a prominent role in most families; indeed, 57% of parents report that religion is very important in their lives and an additional 25% report that religion is somewhat important (Pew Research Center, 2015). As a result, cultural values and beliefs, such as religious ideology, are typically transmitted from parents to children (Smith, 2011). Open identification as atheist, therefore, may bar nonbelieving family members from religious rites, rituals, customs, and practices that bond and connect families; to be sure, atheist individuals may also self-select out of such practices. Indeed, strained family relationships have been associated with parents holding stronger religious convictions than their children (Stokes & Regnerus, 2009). By contrast, atheist people with supportive family members score higher on indicators of psychological well-being (i.e., purpose in life, self-acceptance; Potter, 2015). It may also be that the act of claiming an atheist identity feels so liberating for some individuals from strictly religious families, that the negative reaction of their family members is not impactful on their mental health (Dollinger, 2018).

Qualitative research on supportive family reactions to "coming out" as atheist suggest that family cohesion (i.e., general family support), adaptability (i.e., acceptance, unconditional love, and adjustment over time), and healthy communication were primary factors related to positive experiences of disclosing one's atheist identity to family members (Zimmerman et al., 2015). In-group and out-group tensions appear to be common even in families that are religious, but become mixed-faith due to marriage. A study on the influence of marriage from Christian, Jewish, Mormon, and Muslim perspectives found that bigotry, prejudice, and tension from family members who do not share the same faith were common costs associated with continued religious involvement (Marks, 2005). According to Stokes and Regnerus (2009), "when parents and their adult children agree about religion, they also report better intergenerational relationships" (p. 155). As atheist people are often viewed unfavorably, it is likely that similar themes of family discord may be found with this population.

Individuals from religious families who now identify as atheist often report that they have undergone a "coming out" process that is similar to an LGBQ person's disclosure of their sexual identity to

friends and family members (Abbott & Mollen, 2018; Brewster, 2013). This has led some to describe atheism as *the other closet*, with similarly oppressive social repercussions from family members and close friends who may hold negative attitudes towards atheist people (Brewster, 2014; Silverman, 2003). Abbott and Mollen (2018) found that atheist individuals were less likely to disclose when there were greater concerns about anticipated stigma, but this concealment was *also* related to lower levels of psychological and physical well-being; this places atheist people in religious families in a potentially lose–lose situation of either (a) disclosing and experiencing marginalization or (b) concealing and internalizing stress. Prior studies have found that atheist individuals report a variety of discriminatory experiences (Brewster et al., 2016); further, Hammer et al. (2012) reported that "atheists who more strongly identified with their atheism, who were "out" about their atheism to more people, and who grew up with stricter familial religious expectations reported experiencing more frequent discrimination" (p. 43).

While atheists have typically received little attention in psychological studies (for a review see Brewster et al., 2014), scholars have called for atheism to be included in research as a "meaningful sociocultural variable" due the wide prevalence of negative attitudes held towards this group (Whitley, 2010, p. 190). Being atheist, especially in religious environments, is a major predictor of how one experiences the world and connects to others. For example, the centrality of one's atheist identity—even after accounting for level of "outness"—was related positively to psychological well-being (Abbott & Mollen, 2018).

While we are unaware of prior research that has examined how the length of time that one has identified as atheist is related to mental health outcomes, studies with other groups may provide some insights. Within sexual minority populations, length of time identifying as LGBQ is positively associated with better mental health outcomes. Specifically, one study found that length of time "out of the closet" for gay men was associated with lower odds of developing generalized anxiety disorder (Pachankis et al., 2015) and another found that length of time identifying as lesbian was associated with lower levels of depression (van Dam, 2014). As such, we presume that—akin to sexual orientation—the longer one identifies as atheist, the more comfortable with and certain of this identity they become.

Although sexual minority individuals are disproportionately likely to be atheist, most research has focused on the experiences of LGBQ people who are still religious or questioning their faith. Such a deemphasis on the experiences of atheist sexual minority people is unfortunate, as they may have uniquely poor experiences with religious family members. Indeed, qualitative accounts of LGBQ atheist people discuss the experience of having to come out twice to family members, and sometimes encountering "double the rejection" from religious loved ones. For example, after discussing his nonbelief and sexuality with his mother, one gay atheist man reported that she exclaimed "I curse the day I had you. You are dead to me. Get thee behind me Satan" (Brewster, 2014, p. 144). While such a reaction may not be typical, it speaks to the primacy of faith within some families.

The Present Study

Taken together, the purpose of the present study was to attend to the experiences of sexual minority atheist individuals in the U.S. by examining the indirect role of family support on the links between years of identification as atheist (years atheist) and family religiosity on two psychological outcomes: psychological distress and life satisfaction (see Figure 1). Regarding bivariate and direct relations, we expected that level of family religiosity would be related negatively to familial support and life satisfaction, and positively with psychological distress (Hypothesis A). We anticipated that years atheist will be related positively with satisfaction with life and negatively with psychological distress (Hypothesis B); no hypothesis regarding years atheist and family support were made because of the paucity of literature on this topic. Family support was expected to relate positively to life satisfaction and negatively to psychological distress (Hypothesis C). We anticipated that social support by family members would partially mediate the links of family religiosity and years atheist with and psychological distress and life satisfaction (Hypotheses D and E, respectively).

Method

Participants

This study included 234 self-identified atheist LGBQ individuals between the ages of 18 and 69 years ($M = 34.01$, $SD = 11.12$, $Mdn = 32$), residing in the United States. With regard to gender, approximately 73% of the participants identified as women (cisgender and transgender), 21% identified as men (cisgender and transgender), and 6% as another gender (e.g., genderqueer, nonbinary). For race/ethnicity, approximately 67% identified as White, 9% as Hispanic/Latino/a, 7% as African American/Black, 6% as Multiracial (e.g., Middle Eastern, Jewish), 6% as other race, 5% as Asian American/Pacific Islander, and 1% as Native American/Indigenous American. Regarding sexual orientation, a broad spectrum of LGBQ identities were represented: approximately 42% identified as *mostly* heterosexual, 24% as bisexual, 18% as other (e.g., queer, pansexual, asexual), 12% as exclusively gay/lesbian, and 4% as *mostly* gay/lesbian.

As for education, approximately 38% completed college, 34% completed some college, 22% completed professional degree, 5% completed high school, 2% completed less than high school. For employment status, 48% were employed full time, 28% were unemployed, and 24% were employed part time. In terms of social class, 42% identified as middle class, 27% identified as working class, 19% identified as upper middle class, 11% identified as lower class, and 2% identified as upper class. With regard to geographic region, approximately 49% were living in suburban, 37% in urban, and 14% in rural areas with most common states of residence reported

Figure 1
Conceptual Model of Hypothesized Relations
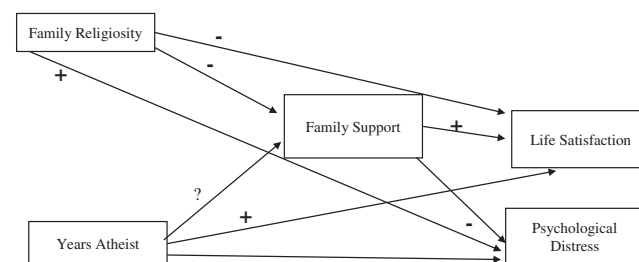
as California (11%), New York (8%), Florida (7%), Texas (6%), and Georgia (5%).

While all participants self-identified as atheists to participate in the study, approximately 69% indicated that their "preferred" label was atheist and 31% preferred to use other labels of nonbelief (e.g., agnostic, skeptic, freethinker, secular humanist). Approximately 75% of the participants were raised as Christian, 6% as nonbelievers (e.g., atheist and/or agnostic), 6% as not religious but not nonbelievers, 5% as Muslim, 3% as Jewish, 3% as Other (e.g., "eclectic spiritualism").

Procedure

The present data were drawn from a larger study on discrimination, community involvement, and mental health outcomes of atheist people (Brewster et al., 2020). The parent study did not focus on sexual minority people and the primary variables of interest did not overlap; for example, the published study did not examine family religiosity, length of time identifying as atheist, social support, or satisfaction with life. Data were collected from atheist blogs and forums, such as Tumblr or Facebook, secular communities such as Oasis or Sunday Assembly, personal contacts, and mailing lists. Inclusion criteria were that participants had to be 18 years of age or older, self-identify as atheist, and currently live in the U.S. After providing informed consent and confirming that they met the inclusion criteria, individuals completed the survey, which was hosted by Qualtrics, an online survey platform. Data cleaning procedures are outlined in the parent study (Brewster et al., 2020) and the present subsample was selected by filtering out all participants who identified as heterosexual. This study was approved by the Institutional Review Board at a private school in the Northeastern U.S.

Measures

Years Atheist

A single item fill-in-the-blank measure of the years and months a participant had identified as atheist was asked.

Family Religiosity

In this study, the single Likert-type question "How religious do you consider your family to be?" was asked, with answer choices ranging from 1 = *not at all* to 7 = *extremely*. Single-item measures of religiosity have been used extensively in prior studies and generally show good stability across time and are correlated as expected with longer measures of religiosity (i.e., Abdel-Khalek, 2007). For example, one study asked two items: "How frequently do you attend religious services?" and "How often do you engage in solitary or private prayer?" accounting for two types of religious behavior, both of which had good retest reliabilities (.86 and .85, respectively, Dollinger & Malmquist, 2009).

Family Support

Perceived social support from family members was assessed with the four-item family support subscale of the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988). Participants completed a 7-point Likert-type scale (from 1 = *very strongly disagree* to 7 = *very strongly agree*) to indicate family support

(e.g., "My family really tries to help me"). Item responses were averaged with higher scores indicating higher levels of family support. In terms of validity, high levels of social support indicated with this scale has been found to correlate with lower levels of depression and anxiety symptomology (Zimet et al., 1988). Prior studies have reported Cronbach's α of .89 with a sample of LGBT youth, and the Cronbach's α for items in the current study was .92.

Life Satisfaction

An individual's sense of satisfaction with life was assessed with the five-item Satisfaction with Life Scale (Diener et al., 1985). Participants completed a 7-point Likert-type scale (from 1 = s*trongly disagree* to 7 = *strongly agree*) to indicate satisfaction (e.g., "In most ways my life is close to ideal"). Item responses were averaged with higher scores indicating a greater degree of satisfaction with life. Past research has provided support for high test–retest reliability, coefficient alphas of .83–.85, and moderate to high convergent validity with other scales assessing well-being (Diener et al., 1985; Pavot et al., 1991). Cronbach's α for items in the current sample was .91.

Psychological Distress

The 21-item *Hopkins Symptom Checklist-21* (HSCL-21; Green et al., 1988) was used to assess levels of psychological distress. Participants used a 4-point Likert-type scale (from 1 = *not at all* to 4 = *extremely*) to indicate the level of psychological distress (e.g., "Feeling inferior to others"). Items were averaged with higher scores indicating greater levels of distress. Convergent validity for the HSCL-21 was supported through correlations with other measures of distress, including the Brief Hopkins Rating Scale and the State Trait Anxiety Inventory (Green et al., 1988). Reliability of the HSCL-21 was previously supported with a sample of atheist individuals and yielded Cronbach's α of .91 (Brewster et al., 2016). Cronbach's α for items in the current sample was .90.

Results

Descriptive statistics and Cronbach's alphas for and bivariate correlations among the variables of interest are presented in Table 1. Before conducting the primary analyses, bivariate correlations were evaluated. Cohen (1992) benchmarks for small ($r = .10$), medium ($r = .30$), and large ($r = .50$) correlations are used to characterize effect size. Consistent with Hypothesis A, family religiosity yielded significant small negative correlations with perceived family support and life satisfaction and a significant small positive correlation with psychological distress. In partial support of Hypothesis B, years identifying as atheist yielded a significant small positive correlation with life satisfaction and a significant small negative correlation with psychological distress. The correlation of years identifying as atheist with perceived family support was nonsignificant. Consistent with Hypothesis C, perceived family support yielded a significant medium positive correlation with life satisfaction and a significant small negative correlation with psychological distress.

Though not hypothesized, it was observed that family religiosity yielded a significant medium negative correlation with years identifying as atheist. As would be expected, life satisfaction yielded a significant large negative correlation with psychological distress. It

Table 1

Descriptive Statistics, Cronbach's Alphas, and Bivariate Correlations Among Variables of Interest

Variable	1	2	3	4	5	Possible Range	M	SD	α
1. Family Religiosity	–					1–7	4.17	1.74	–
2. Years Atheist	−.39***	–				0.75–55[a]	14.11	11.88	–
3. Family Support	−.26***	.11	–			1–7	4.73	1.71	.92
4. Life Satisfaction	−.21**	.22**	.32***	–		1–7	4.17	1.53	.91
5. Psych. Distress	.19**	−.20**	−.20**	−.50***	–	1–4	1.81	0.50	.90
6. Age	−.23***	.60***	−.05	.16*	−.22**	18–69[a]	34.01	11.12	–

Note. [a] Values represent observed range.

* $p < .05$. ** $p < .01$. *** $p < .001$.

was also observed that age yielded a significant small negative correlation with family religiosity, a significant large positive correlation with years identifying as atheist, a significant small positive correlation with life satisfaction, and a significant small negative correlation with psychological distress; the correlation of age with perceived family support was nonsignificant.

Before conducting the primary analyses, the variables of interest were screened to determine if they met statistical assumptions. Skewness and kurtosis values for all variables of interest met benchmarks for univariate normality (skewness < 3, kurtosis < 10) (Weston & Gore, 2006). Standardized residuals were all lower than |+2| and no case had a Cook's distance above 1, which suggest that no case unduly influenced regression models (Field, 2009). No correlation among predictors approached .90, no variance inflation factor was greater than 10, and no tolerance was below .20, which all suggest that multicollinearity was not a problem. One case had a significant Mahalanobis distance ($p < .001$), which suggests deviation from multivariate normality (Tabachnick & Fidell, 2007). The primary analyses were run with and without this case included in the data set; because results did not differ substantively, we report results of the analysis that included this case.

The primary analyses were conducted using model 4 of the SPSS macro PROCESS 3.4 (Hayes, 2018). These analyses tested the unique relations of family religiosity and years identifying as atheist with perceived family support, life satisfaction, and psychological distress. Furthermore, perceived family support was tested as a mediator of the hypothesized indirect relations of family religiosity and years identifying as atheist with life satisfaction and psychological distress. Two models were tested: one with life satisfaction as the criterion variable and other with psychological distress as the criterion variable. In both models, age was included as a covariate of both the mediator and the criterion to provide more stringent tests of hypotheses. A 5000-sample bootstrap procedure was conducted to generate 95% confidence intervals for model coefficients.

Direct relations for the model predicting life satisfaction are presented in Figure 2. The analysis accounted for 10% of the variance in perceived family support and 15% of the variance in life satisfaction. Consistent with expectation, family religiosity yielded a significant unique negative relation with perceived family support, but the unique relation of years identifying as atheist with perceived family support was nonsignificant. Perceived family support yielded a significant unique positive relation with life satisfaction, but the unique relations of family religiosity and years identifying as atheist with life satisfaction were both nonsignificant.

Table 2 presents the results of tests of perceived family support as a mediator of the hypothesized indirect relations of family religiosity and years identifying as atheist with life satisfaction. Indirect relations are significant if their 95% CI does not contain zero (Mallinckrodt et al., 2006). In partial support of Hypothesis D, family religiosity yielded a significant negative indirect relation with life satisfaction through the mediating role of perceived family support. However, contrary to expectation, the indirect relation of years identifying as atheist with life satisfaction was nonsignificant.

Direct relations for the model predicting psychological distress are depicted in Figure 3. The model accounted for 10% of the variance in perceived family support and 13% of the variance in psychological distress. Direct relations of family religiosity and years identifying as atheist with perceived family support are identical to those reported in the prior model. Perceived family support yielded a significant unique negative relation with psychological distress. However, the unique direct relations of family religiosity and years identifying as atheist with psychological distress were both nonsignificant.

Table 2 presents the results of tests of perceived family support as a mediator of the hypothesized indirect relations of family religiosity and years identifying as atheist with psychological distress. In partial support of Hypothesis E, family religiosity yielded a significant positive indirect relation with life psychological distress through

Figure 2

*Hypothesized Direct Relations Among Variables of Interest in Model Predicting Life Satisfaction. Values Outside of Parentheses Represent Standardized Regression Coefficients Whereas Values in Parentheses Represent Standard Errors. The Following Parameters Were Estimated in the Model But Are Omitted for the Sake of Parsimony: The Path From Age to Perceived Family Support ($\beta = -.21$, SE = .08**) and the Path from Age to Life Satisfaction ($\beta = .11$, SE = .08)*

Table 2
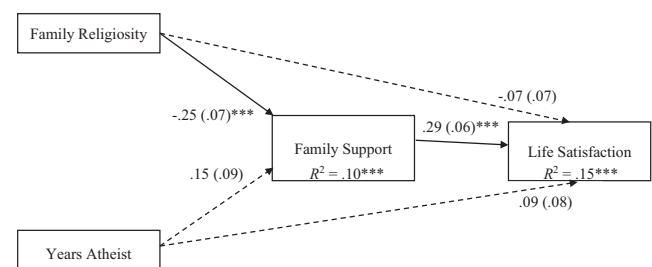
Tests of Family Support as Mediators of Indirect Relations

Predictors	Standardized indirect relation		Unstandardized indirect relation		95% CI of unstandardized indirect relation	
	β	SE	B	SE	Lower bound	Upper bound
Criterion: Life satisfaction						
Family religiosity	−.07	.02	−.07	.02	−.111	−.027*
Years atheist	.04	.03	.01	.00	−.002	.014
Criterion: Psychological distress						
Family religiosity	.05	.02	.02	.01	.005	.029*
Years atheist	−.03	.02	−.00	.00	−.004	.000

Note. CI = confidence interval.

* $p < .05$.

the mediating role of perceived family support. However, contrary to expectation, the indirect relation of years identifying as atheist with psychological distress was nonsignificant.

Discussion

To our knowledge, this is the first study to examine how sexual minority atheist individuals are impacted by the religiosity of their family members, and how the influence of these beliefs on mental health may be accounted for by family support. This study is also the first to explore how the longevity of one's atheist identity may be related to mental health outcomes for sexual minority people. Considering that such a large proportion of the LGBQ community identifies as nonbelievers, this project is an important step toward truly understanding the unique needs of this population.

At the bivariate level, study results were generally consistent with our hypotheses. Family religiosity was correlated negatively with perceived familial support and life satisfaction and it was correlated positively with psychological distress. Such an association suggests that for LGBQ atheists, life in a religious family might be more stressful. Moreover, there was a positive relation between years spent as an atheist and life satisfaction, as well as a negative correlation between years spent as an atheist and psychological distress. While

Figure 3

*Hypothesized Direct Relations Among Variables of Interest in Model Predicting Psychological Distress. Values Outside of Parentheses Represent Standardized Regression Coefficients Whereas Values in Parentheses Represent Standard Errors. The Following Parameters Were Estimated in the Model But Are Omitted for the Sake of Parsimony: The Path From Age to Perceived Family Support (β = −.21, SE = .08**) and the Path From Age to Life Satisfaction (β = −.29, SE = .08***)*


the link between longevity of atheism and mental health outcomes has not been examined in prior research, the years someone has identified with a marginalized identity (i.e., as a sexual minority) *has* been found to correlate negatively with psychological distress, most likely because, as individual ages, they experience fewer instances of victimization and are able to foster healthier support networks (Birkett et al., 2015); such an explanation may also account for our results with atheist identification. There was a positive relation between family support and life satisfaction and a negative relation between family support and psychological distress, both small to medium in magnitude.

Despite the fact that we did not posit an a priori hypothesis, it is interesting to note that the reported longevity of atheist identity was correlated negatively with level of family religiosity. Although directionality cannot be assessed in cross-sectional data, this may indicate that the more religious one's family is, the more difficult it is—and therefore longer it takes—for someone to become atheist. By contrast, participants who had identified as atheist for longer may have had an easier time of coming out if they have less (or non-) religious families. Years of atheist identity was also associated negatively with perceived family support, which could mean that "coming out" as atheist is a stressor or causes tension in some family systems—particularly those that are religious (Brewster, 2014; Zimmerman et al., 2015). Taken together, these bivariate associations support and extend previous literature on sexual minority individuals' family-related psychological distress (e.g., Gibbs & Goldbach, 2015; Mattingly et al., 2016) insofar as they examine psychological distress in those who are not only sexual minorities, but also atheist.

Path analyses indicated several significant direct relations that aligned with our hypotheses. According to Cohen (1992) benchmarks for effect sizes, the R-squared values for life satisfaction and psychological distress were at or just above medium effects; thus, our models were able to explain a decent proportion of the variance in mental health outcomes. As expected, there was a positive link between family support and life satisfaction and a unique negative relation between family support and psychological distress. These findings suggest that family support is a core component in the mental health of sexual minority atheists, which may be particularly important for LGBQ atheists because they can have compounded experiences of stigma and exclusion (Heiden-Rootes et al., 2019; van Beusekom et al., 2015). Moreover, the patterns noted between social support and mental health have been observed in other literature with
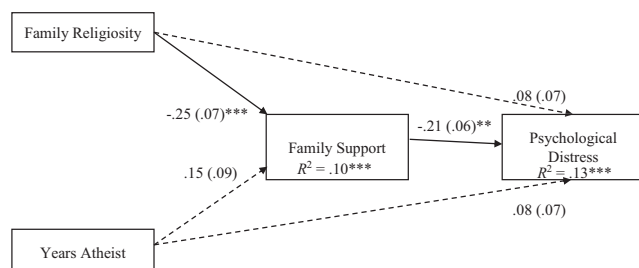
marginalized groups; for instance, in one study with transgender and gender non-confirming people, family support was the strongest predictor of psychological distress, in that, the more familial support participants reported, the lower psychological distress they endorsed (Lefevor et al., 2019). The links between family support and mental health are, perhaps, even more relevant to those who identify as both LGBQ *and* atheist, as they have multiple marginalized identities.

Regarding direct links from level of family religiosity to family support, results were as predicted and aligned with those previously explicated in our discussion of the correlational data. One explanation for the negative link between family religiosity and family support is that families for whom religion is central may be less accepting of family members who do not share their same religious beliefs (Stokes & Regnerus, 2009). In contrast to results at the bivariate level, family religiosity did *not* yield a significant direct path to either of our two mental health outcomes (psychological distress or life satisfaction). This curious discrepancy suggests that family religiosity and family support may be related constructs, but when examined together, family support is a stronger, more accurate predictor of mental health that may subsume the impact of family religiosity. These findings suggest that it may be *how* someone's family affirms and responds to their LGBQ atheist identity that is important, not their religious beliefs (i.e., actions are what count; Zimmerman et al., 2015). Thus, a family with high levels of religiosity may still be largely supportive—indeed, the concepts of *sanctification*, and in turn, *desecration* (for more, see Mahoney et al., 2003) within family systems may be useful frameworks for understanding how loved ones react to atheism.

Regarding indirect effects, as predicted, perceived family support mediated the link from family religiosity to life satisfaction. These findings are aligned with prior research demonstrating a similar link from victimization experiences to life satisfaction in gay men, which was mediated by a perceived lack of social acknowledgment (Bachmann & Simon, 2014). Relatedly, our results found a significant indirect effect of family religiosity to psychological distress, via family support. As with life satisfaction, similar mediation patterns with family support and psychological distress have been reported previously for sexual minority individuals (e.g., Ryan et al., 2010; Trahan & Goodrich, 2015), though this study is the first of its kind to look at support for a sample of LGBQ atheists.

Due to the lack of research on atheist identity, we did not make a prediction about the path from longevity of atheist identity to family support; we did not find a significant direct link from years identified as atheist to perceived family support. Likewise, indirect links from years identifying as an atheist to our two mental health outcomes via family support were both non-significant. One reason for the nonsignificant results with our years atheist variable may be related to the sensitivity and scope of the indicator, a limitation that will be discussed in-depth later. Moreover, there are few studies that have looked at the number of years someone has been "out" as a marginalized identity and mental health, though adjacent research related to outness observed a negative link between the years that someone has identified as an atheist and psychological distress (Pachankis et al., 2015; van Dam, 2014).

Taken together, perceived family support appears to be at the nexus of influence for LGBQ atheist people in our model, and has important implications for shaping mental health outcomes above and beyond either level of family religiosity or longevity of atheist identity alone.

Limitations and Future Directions

To be sure, findings from the present study must be interpreted in light of a number of limitations. First of all, our sample was imbalanced regarding gender (73% women) and education level (60% completed college) and therefore results may not be generalizable to the broader LGBQ atheist population. That being said, the disproportionate representation of women in survey research has been well-documented across psychological research (Berry et al., 2019) and extends beyond the present study. There is also some indication that levels of formal education may be higher for nonbelieving populations; our sample parallels the composition noted in other recent studies (Abbott & Mollen, 2018; Brewster et al., 2016).

Future studies would benefit from taking a closer look at the role of gender and socioeconomic status in shaping connections to family and, in turn, mental health outcomes as both of these demographic factors may have important implications for flights from religion and resiliency (Brewster, 2013, 2014; Fox, 2010). Although race is not an adequate proxy for collectivism, it is important to note that about one-third of our sample were people of color (i.e., Asian, Black, or Latinx); this may indicate that collectivism and/or familism shaped the family landscape of some participants and should be explored in future work. Indeed, it may be more stressful to hold identities disparate to family values when in a collectivistic culture (Liu et al., 2011).

We would also be remiss to not to acknowledge the role of utilizing a cross-sectional, convenience sample as the basis for this study. The parent research (Brewster et al., 2020) was recruited via online and in-person networks geared toward nonreligious and atheist communities. As such, participants in the study likely experience atheism as a more salient and central part of their identity compared to the general nonbelieving population. Moreover, because the participants were recruited at only one time point, we cannot address temporal or causal relations with our data. Follow-up longitudinal studies could be used to tease apart the ways in which a path towards coming out as LGBQ parallels or bisects losing faith and developing an atheist identity. Considering that most people in the U.S. were not raised in secular families, but instead leave a faith system gradually (Barbour, 1994), charting the time to deconversion by family religiosity level may be a fruitful endeavor to undertake with sexual minority participants.

Finally, there are a couple of measurement considerations that must be raised when interpreting the results of the present study. While most of our hypotheses were supported across variables, reported longevity of atheist identification yielded the most lackluster results. To respond to this item, participants were asked to self-report the number of years they had identified as atheist, however, from this data it was unclear whether these reported years corresponded to length of time a person had *internally* been a nonbeliever or how long they had been *out* to others about their atheism. Much like coming out about one's sexual orientation, it may be that there is a discrepancy between when one first acknowledges their feelings and when they share these feelings with select loved ones (Haxhe et al., 2018). Particularly when exploring variables such as familial relations, future studies on atheism should be sure to capture data on any delays between self-identity and outness.

Although prior scholars have *extensively* critiqued the limitations of and concerns with accurately measuring religiosity (e.g., Austin et al., 2018; Büssing, 2019; Cohen et al., 2017), it is still necessary to note that the present study is not immune from these critiques. Following the lead of prior researchers that have used single, Likert-type item to capture religiosity (for more, see Bjorck et al., 2019 or the *National Survey of American Life*)—we utilized a similar method by asking "How religious do you consider your family to be?" from *not at all* to *extremely*. Such a blunt instrument may not thoroughly capture the unique ways in which religiosity varies in family systems across geographic regions, cultures, and denominations. For example, being raised in a family with homogeny of religious belief is quite different than growing up in an interfaith family, or even one with a few other nonbelievers mixed in. Similarly, family religiosity may be more pressing for younger participants than for those whose family of origin is no longer regularly involved in their lives.

Moreover, Cotton et al. (2010) recommend against using single-item measures such as religious service attendance, as they do not capture multidimensional elements of spirituality. Reported religiosity levels of family members are also inherently subjective, as participants may not be privy to the internal worlds and beliefs of their loved ones. That said, single-item measures can be advantageous, in that, they ease time burden on participants and thus improve response and completion rates of surveys. Future studies may benefit from utilizing multiple reporters (i.e., family members and atheist LGBQ participants) to gain a more comprehensive depiction of the way religion operates within the family system.

Implications and Conclusions

Despite the fact that LGBQ individuals are much more likely than heterosexual people to identify as atheist (Linneman & Clendenen, 2009), the present study is the first to explore how the nexus of these marginalized identities may impact mental health and well-being. Parallel to prior research with broader sexual minority samples of mixed religious and spiritual beliefs, both perceived level of family religiosity and family support are highly important in shaping life satisfaction and psychological distress. Identification as atheist may be a compounding stressor for LGBQ people, as the number of years one had identified as atheist was correlated negatively with both family religiosity and family support. Thus, being forthright about nonbelief may be another factor that some atheist sexual minority people may need to weigh when navigating family life.

References

Abbott, D. M., & Mollen, D. (2018). Atheism as a concealable stigmatized identity: Outness, anticipated stigma, and well-being. *The Counseling Psychologist*, 46(6), 685–707. https://doi.org/10.1177/0011000018792669

Abdel-Khalek, A. M. (2007). Assessment of intrinsic religiosity with a single-item measure in a sample of Arab Muslims. *The Journal of Muslim Mental Health*, 2(2), 211–215. https://doi.org/10.1080/15564900701614874

Austin, P., Macdonald, J., & MacLeod, R. (2018). Measuring spirituality and religiosity in clinical settings: A scoping review of available instruments. *Religions*, 9(3), Article 70. https://doi.org/10.3390/rel9030070

Bachmann, A. S., & Simon, B. (2014). Society matters: The mediational role of social recognition in the relationship between victimization and life satisfaction among gay men. *European Journal of Social Psychology*, 44(3), 195–201. https://doi.org/10.1002/ejsp.2007

Barbour, J. D. (1994). *Versions of deconversion: Autobiography and the loss of faith*. University of Virginia Press.

Berry, K., Rana, R., Lockwood, A., Fletcher, L., & Pratt, D. (2019). Factors associated with inattentive responding in online survey research. *Personality and Individual Differences*, 149, 157–159. https://doi.org/10.1016/j.paid.2019.05.043

Birkett, M., Newcomb, M. E., & Mustanski, B. (2015). Does it get better? A longitudinal analysis of psychological distress and victimization in lesbian, gay, bisexual, transgender, and questioning youth. *The Journal of Adolescent Health*, 56(3), 280–285. https://doi.org/10.1016/j.jadohealth.2014.10.275

Bjorck, J. P., Kim, G. S., Cunha, D. A., & Braese, R. W. (2019). Assessing religious support in Christian adolescents: Initial validation of the Multi-Faith Religious Support Scale-Adolescent (MFRSS-A). *Psychology of Religion and Spirituality*, 11(1), 22–31. https://doi.org/10.1037/rel0000140

Brewster, M. E. (Ed.). (2014). *Atheists in America*. Columbia University Press. https://doi.org/10.7312/brew16358

Brewster, M. E. (2013). Atheism, gender, and sexuality. In S. Bullivant & M. Ruse (Eds.), *The Oxford handbook of atheism* (pp. 511–524). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780199644650.013.006

Brewster, M. E., Hammer, J., Sawyer, J. S., Eklund, A., & Palamar, J. (2016). Perceived experiences of atheist discrimination: Instrument development and evaluation. *Journal of Counseling Psychology*, 63(5), 557–570. https://doi.org/10.1037/cou0000156

Brewster, M. E., Robinson, M. A., Sandil, R., Esposito, J., & Geiger, E. (2014). Arrantly absent: Atheism in psychological science from 2001 to 2012. *The Counseling Psychologist*, 42(5), 628–663. https://doi.org/10.1177/0011000014528051

Brewster, M. E., Velez, B. L., Geiger, E. F., & Sawyer, J. S. (2020). It's like herding cats: Atheist minority stress, group involvement, and psychological outcomes. *Journal of Counseling Psychology*, 67(1), 1–13. https://doi.org/10.1037/cou0000392

Buser, J. K., Goodrich, K. M., Luke, M., & Buser, T. J. (2011). A narratology of lesbian, gay, bisexual, and transgender clients' experiences addressing religious and spiritual issues in counseling. *Journal of LGBT Issues in Counseling*, 5(3–4), 282–303. https://doi.org/10.1080/15538605.2011.632395

Büssing, A. (2019). Measuring spirituality and religiosity in health research. In G. Lucchetti, M. F. P. Peres, & R. F. Damiano (Eds.), *Spirituality, religiousness and health: From research to clinical practice* (pp. 11–31). Springer. https://doi.org/10.1007/978-3-030-21221-6_2

Cheng, Z. H., Pagano, L. A., Jr., & Shariff, A. F. (2018). The development and validation of the Microaggressions Against Non-Religious Individuals Scale (MANRIS). *Psychology of Religion and Spirituality*, 10(3), 254–262. https://doi.org/10.1037/rel0000203

Cohen, A. B., Mazza, G. L., Johnson, K. A., Enders, C. K., Warner, C. M., Pasek, M. H., & Cook, J. E. (2017). Theorizing and measuring religiosity across cultures. *Personality and Social Psychology Bulletin*, 43(12), 1724–1736. https://doi.org/10.1177/0146167217727732

Cohen, J. (1992). A power primer. *Psychological Bulletin*, 112(1), 155–159. https://doi.org/10.1037/0033-2909.112.1.155

Cotton, S., McGrady, M. E., & Rosenthal, S. L. (2010). Measurement of religiosity/spirituality in adolescent health outcomes research: Trends and recommendations. *Journal of Religion and Health*, 49(4), 414–444. https://doi.org/10.1007/s10943-010-9324-0

Cragun, R. T., Kosmin, B., Keysar, A., Hammer, J. H., & Nielsen, M. (2012). On the receiving end: Discrimination toward the non-religious in the United States. *Journal of Contemporary Religion*, 27(1), 105–127. https://doi.org/10.1080/13537903.2012.642741

Dahl, A. L., & Galliher, R. V. (2009). LGBQQ young adult experiences of religious and sexual identity integration. *Journal of LGBT Issues in Counseling*, 3(2), 92–112. https://doi.org/10.1080/15538600903005268

Dahl, A. L., & Galliher, R. V. (2010). Sexual minority young adult religiosity, sexual orientation conflict, self-esteem and depressive symptoms. *Journal of Gay & Lesbian Mental Health*, 14, 271–290. https://doi.org/10.1080/19359705.2010.507413

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction With Life Scale. *Journal of Personality Assessment*, 49(1), 71–75. https://doi.org/10.1207/s15327752jpa4901_13

Doane, M. J., & Elliott, M. (2015). Perceptions of discrimination among atheists: Consequences for atheist identification, psychological and physical well-being. *Psychology of Religion and Spirituality*, 7(2), 130–141.

Dollinger, D. G. (2018). *Coming out as an atheist: A descriptive phenomenological study (Accession No. 10829787)* [Doctoral dissertation]. John F. Kennedy University]. ProQuest Dissertations and Theses Global.

Dollinger, S. J., & Malmquist, D. (2009). Reliability and validity of single-item self-reports: with special relevance to college students' alcohol use, religiosity, study, and social life. *The Journal of General Psychology*, 136(3), 231–242. https://doi.org/10.3200/GENP.136.3.231-242

Elizur, Y., & Ziv, M. (2001). Family support and acceptance, gay male identity formation, and psychological adjustment: A path model*. *Family Process*, 40(2), 125–144. https://doi.org/10.1111/j.1545-5300.2001.4020100125.x

Etengoff, C., & Daiute, C. (2014). Family members' uses of religion in post–coming-out conflicts with their gay relative. *Psychology of Religion and Spirituality*, 6(1), 33–43. https://doi.org/10.1037/a0035198

Field, A. (2009). *Discovering statistics using SPSS* (3rd ed.). Sage Publications.

Fox, H. (2010). *Red neck, blue collar, atheist: Simple thoughts about reason, gods and faith*. Hank Fox Books.

Fuller-Iglesias, H. R., Webster, N. J., & Antonucci, T. C. (2015). The complex nature of family support across the life span: Implications for psychological well-being. *Developmental Psychology*, 51(3), 277–288. https://doi.org/10.1037/a0038665

Gervais, W. M., & Najle, M. B. (2018). How many atheists are there? *Social Psychological & Personality Science*, 9(1), 3–10. https://doi.org/10.1177/1948550617707015

Gervais, W. M., Shariff, A. F., & Norenzayan, A. (2011). Do you believe in atheists? Distrust is central to anti-atheist prejudice. *Journal of Personality and Social Psychology*, 101(6), 1189–1206. https://doi.org/10.1037/a0025882

Gibbs, J. J., & Goldbach, J. (2015). Religious conflict, sexual identity, and suicidal behaviors among LGBT young adults. *Archives of Suicide Research*, 19(4), 472–488. https://doi.org/10.1080/13811118.2015.1004476

Goodrich, K. M., & Luke, M. (2016). Navigating the complexities at an LGBTQQI-identified charter school: An ethnography of c/overt narratives. *The Journal of Educational Research*, 109(2), 137–147. https://doi.org/10.1080/00220671.2014.927342

Goodrich, K. M., Trahan, D. P., Jr., & Brammer, M. K. (2019). Family dynamics following disclosure as LGB: A narratology. *The Family Journal*, 27(2), 122–132. https://doi.org/10.1177/1066480719832516

Green, D. E., Walkey, F. H., McCormick, I. A., & Taylor, A. J. (1988). Development and evaluation of a 21-item version of the Hopkins Symptom Checklist with New Zealand and United States respondents. *Australian Journal of Psychology*, 40(1), 61–70. https://doi.org/10.1080/00049538808259070

Hammer, J. H., Cragun, R. T., Hwang, K., & Smith, J. M. (2012). Forms, frequency, and correlates of perceived anti-atheist discrimination. *Secularism and Nonreligion*, 1, 43–67. https://doi.org/10.5334/snr.ad

Haxhe, S., Cerezo, A., Bergfeld, J., & Walloch, J. C. (2018). Siblings and the coming-out process: A comparative case study. *Journal of Homosexuality*, 65(4), 407–426. https://doi.org/10.1080/00918369.2017.1321349

Hayes, A. F. (2018). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach* (2nd ed.). The Guilford Press.

Heiden-Rootes, K., Wiegand, A., & Bono, D. (2019). Sexual minority adults: A national survey on depression, religious fundamentalism, parent relationship quality & acceptance. *Journal of Marital and Family Therapy*, 45(1), 106–119. https://doi.org/10.1111/jmft.12323

Hershberger, S. L., & D'Augelli, A. R. (1995). The impact of victimization on the mental health and suicidality of lesbian, gay, and bisexual youths. *Developmental Psychology*, 31(1), 65–74. https://doi.org/10.1037/0012-1649.31.1.65

Hoffman, S. W. (2011). "Last night, I prayed to Matthew": Matthew Shepard, homosexuality, and popular martyrdom in contemporary America. *Religion and American Culture. Journal of Interpretation*, 21(1), 121–164. https://doi.org/10.1525/rac.2011.21.1.121

Joiner, T. E., van Orden, K. A., Witte, T. K., Selby, E. A., Ribeiro, J. D., Lewis, R., & Rudd, M. D. (2009). Main predictions of the interpersonal–psychological theory of suicidal behavior: Empirical tests in two samples of young adults. *Journal of Abnormal Psychology*, 118(3), 634–646. https://doi.org/10.1037/a0016500

Klineberg, E., Clark, C., Bhui, K. S., Haines, M. M., Viner, R. M., Head, J., Woodley-Jones, D., & Stansfeld, S. A. (2006). Social support, ethnicity and mental health in adolescents. *Social Psychiatry and Psychiatric Epidemiology*, 41(9), 755–760. https://doi.org/10.1007/s00127-006-0093-8

LeDrew, S. (2013). Discovering atheism: Heterogeneity in trajectories to atheist identity and activism. *Sociology of Religion*, 74(4), 431–453. https://doi.org/10.1093/socrel/srt014

Lefevor, G. T., Sprague, B. M., Boyd-Rogers, C. C., & Smack, A. C. (2019). How well do various types of support buffer psychological distress among transgender and gender nonconforming students? *International Journal of Transgenderism*, 20(1), 39–48. https://doi.org/10.1080/15532739.2018.1452172

Linneman, T. J., & Clendenen, M. A. (2009). Sexuality and the secular. In P. Zuckerman (Ed.), *Atheism and secularity* (pp. 89–112). Praeger.

Liu, H., Feng, T., Ha, T., Liu, H., Cai, Y., Liu, X., & Li, J. (2011). Chinese culture, homosexuality stigma, social support and condom use: A path analytic model. *Stigma Research and Action*, 1(1), 27. https://doi.org/10.5463/sra.v1i1.16

Mahoney, A., Pargament, K. I., Murray-Swank, A., & Murray-Swank, N. (2003). Religion and the sanctification of family relationships. *Review of Religious Research*, 44(3), 220–236. https://doi.org/10.2307/3512384

Mallinckrodt, B., Abraham, W. T., Wei, M., & Russell, D. W. (2006). Advances in testing the statistical significance of mediation effects. *Journal of Counseling Psychology*, 53(3), 372–378. https://doi.org/10.1037/0022-0167.53.3.372

Marks, L. (2005). How does religion influence marriage? Christian, Jewish, Mormon, and Muslim perspectives. *Marriage & Family Review*, 38(1), 85–111. https://doi.org/10.1300/J002v38n01_07

Mattingly, M. S., Galliher, R. V., Dehlin, J. P., Crowell, K. A., & Bradshaw, W. S. (2016). A mixed methods analysis of the family support experiences of GLBQ latter day saints. *Journal of GLBT Family Studies*, 12(4), 386–409. https://doi.org/10.1080/1550428X.2015.1085345

McConnell, E. A., Birkett, M. A., & Mustanski, B. (2015). Typologies of social support and associations with mental health outcomes among LGBT youth. *LGBT Health*, 2(1), 55–61. https://doi.org/10.1089/lgbt.2014.0051

McConnell, E. A., Birkett, M. A., & Mustanski, B. (2016). Families matter: Social support and mental health trajectories among lesbian, gay, bisexual, and transgender youth. *The Journal of Adolescent Health*, 59(6), 674–680. https://doi.org/10.1016/j.jadohealth.2016.07.026

Needham, B. L., & Austin, E. L. (2010). Sexual orientation, parental support, and health during the transition to young adulthood. *Journal of Youth and Adolescence*, 39(10), 1189–1198. https://doi.org/10.1007/s10964-010-9533-6

O'Brien, J. (2004). Wrestling the angel of contradiction: Queer Christian identities. *Culture and Religion*, 5(2), 179–202. https://doi.org/10.1080/143830042000225420

Pachankis, J. E., Cochran, S. D., & Mays, V. M. (2015). The mental health of sexual minority adults in and out of the closet: A population-based study. *Journal of Consulting and Clinical Psychology*, *83*(5), 890–901. https://doi.org/10.1037/ccp0000047

Pavot, W., Diener, E. D., Colvin, C. R., & Sandvik, E. (1991). Further validation of the Satisfaction with Life Scale: Evidence for the cross-method convergence of well-being measures. *Journal of Personality Assessment*, *57*(1), 149–161. https://doi.org/10.1207/s15327752jpa5701_17

Perry, S. L. (2018). Not practicing what you preach: Religion and incongruence between pornography beliefs and usage. *Journal of Sex Research*, *55*(3), 369–380. https://doi.org/10.1080/00224499.2017.1333569

Pew Research Center. (2014). *How Americans feel about religious groups*. https://www.pewforum.org/2014/07/16/how-americans-feel-about-religious-groups/

Pew Research Center. (2015). *Attendance at religious services*. https://www.pewforum.org/religious-landscape-study/attendance-at-religious-services/

Potter, J. R. (2015). *The impact of social and family support on the psychological well-being of atheists* [Master's thesis, St. Catherine University]. St. Catherine University Repository Website. https://sophia.stkate.edu/msw_papers/508

Runtz, M. G., & Schallow, J. R. (1997). Social support and coping strategies as mediators of adult adjustment following childhood maltreatment. *Child Abuse & Neglect: The International Journal*, *21*(2), 211–226. https://doi.org/10.1016/S0145-2134(96)00147-0

Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, *123*(1), 346–352. https://doi.org/10.1542/peds.2007-3524

Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, *23*(4), 205–213. https://doi.org/10.1111/j.1744-6171.2010.00246.x

Shilo, G., & Savaya, R. (2012). Mental health of lesbian, gay, and bisexual youth and young adults: Differential effects of age, gender, religiosity, and sexual orientation. *Journal of Research on Adolescence*, *22*(2), 310–325. https://doi.org/10.1111/j.1532-7795.2011.00772.x

Silverman, D. (2003). *Coming out—atheism: The other closet*. American Atheists. https://gpnp.net/Library.gpnp.net/religiousphilosophy/religious%20philosophy%20docs/Coming%20Out%20-%20Atheism.%20The%20Other%20Closet%20-%20Dave%20Silverman.pdf

Smith, J. M. (2011). Becoming an atheist in America: Constructing identity and meaning from the rejection of theism. *Sociology of Religion*, *72*(2), 215–237. https://doi.org/10.1093/socrel/srq082

Steinberg, L. (2001). We know some things: Parent-adolescent relationships in retrospect and prospect. *Journal of Research on Adolescence*, *11*(1), 1–19. https://doi.org/10.1111/1532-7795.00001

Stokes, C. E., & Regnerus, M. D. (2009). When faith divides family: Religious discord and adolescent reports of parent–child relations. *Social Science Research*, *38*(1), 155–167. https://doi.org/10.1016/j.ssresearch.2008.05.002

Swan, L. K., & Heesacker, M. (2012). Anti-atheist bias in the United States: Testing two critical assumptions. *Secularism and Nonreligion*, *1*, 32–42. https://tessexperiments.org/data/SwanHeesacker2012Anti-AtheistBias.pdf

Tabachnick, B. G., & Fidell, L. S. (2007). *Using multivariate statistics* (5th ed.). Allyn and Bacon/Pearson Education.

Trahan, D. P., Jr., & Goodrich, K. M. (2015). "You think you know me, but you have no idea": Dynamics in African American families following a son's or daughter's disclosure as LGBT. *The Family Journal*, *23*(2), 147–157. https://doi.org/10.1177/1066480715573423

van Beusekom, G., Bos, H. M., Overbeek, G., & Sandfort, T. G. (2015). Same-sex attraction, gender nonconformity, and mental health: The protective role of parental acceptance. *Psychology of Sexual Orientation and Gender Diversity*, *2*(3), 307–312. https://doi.org/10.1037/sgd0000118

van Dam, M. A. A. (2014). Associations among lesbian disclosure, social support, depression and demographic variables. *Journal of Gay & Lesbian Mental Health*, *18*(4), 375–392. https://doi.org/10.1080/19359705.2014.883584

Weston, R., & Gore, P. A., Jr. (2006). A brief guide to structural equation modeling. *The Counseling Psychologist*, *34*(5), 719–751. https://doi.org/10.1177/0011000006286345

White, J. J., Dangerfield, D. T., II, Donovan, E., Miller, D., & Grieb, S. M. (2020). Exploring the role of LGBT-affirming churches in health promotion for Black sexual minority men. *Culture, Health & Sexuality*, *22*(10), 1191–1206. https://doi.org/10.1080/13691058.2019.1666429

Whitley, R. (2010). Atheism and mental health. *Harvard Review of Psychiatry*, *18*(3), 190–194. https://doi.org/10.3109/10673221003747674

Yarhouse, M. A., Stratton, S. P., Dean, J. B., & Brooke, H. L. (2009). Listening to sexual minorities on Christian college campuses. *Journal of Psychology and Theology*, *37*(2), 96–113. https://doi.org/10.1177/009164710903700202

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, *52*(1), 30–41. https://doi.org/10.1207/s15327752jpa5201_2

Zimmerman, K. J., Smith, J. M., Simonson, K., & Myers, B. W. (2015). Familial relationship outcomes of coming out as an atheist. *Secularism and Nonreligion*, *4*. Advance online publication. https://doi.org/10.5334/snr.aw