Exploring Relationships, Identity and Mental Health within the LGBTQ+ community

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Overall Abstract

This thesis combines a systematic review and a qualitative study to explore the relational and mental health experiences of LGBTQ+ individuals, particularly within the contexts of coming out, faith, and identity conflict. The systematic review builds upon the evidence base of LGBTQ+ experiences within religious communities, by exploring the impact on mental health and resilience for LGBTQ+ individuals who have a religion or faith. The qualitative study explores the relational experiences of LGBTQ+ individuals using Cognitive Analytic Therapy (CAT) theory, focusing on identity development (self-self relationships), self-other relationships, and self-society relationships.

The systematic review included 18 studies and were analysed using Thematic Synthesis. Twelve descriptive themes were created which were then further grouped into five analytical themes. The themes demonstrate that LGBTQ+ individuals of faith may be vulnerable to mental health difficulties due to identity conflict. However, it also indicates that finding affirming religious communities and deepening faith can serve as a protective factor that promotes wellbeing. The researcher utilised a clinical model of formulation to make sense of the process within the data and a 5P's framework was presented.

The qualitative study analysed data from 11 interviews using Interpretative Phenomenological Analysis (IPA). Six Group Experiential Themes (GETs) were identified: Coming Out: Discovering and Sharing Who I Am; Is it Wrong to be LGBTQ+? Questions and Beliefs about Being 'Normal'; Different Parts of Me; Feeling Safe in Relation to Others; Feeling Unworthy and Unlovable; and Being Authentically Me. Subthemes were also identified within these GETs and visual interpretations of themes were created. A CAT map was developed from the themes, outlining reciprocal roles (RRs), reciprocal role procedures (RRPs), and self-states.

This thesis provides an exploration of the experiences of the LGBTQ+ community, focusing on relational experiences, identity conflict and mental health. The findings highlight the nuanced difficulties the LGBTQ+ community may face, particularly emphasising the

significance of early caregiving relationships, coming out and identity conflicts. The thesis emphasised the significance of religious identity conflicts for LGBTQ+ individuals and how this impacts mental health and relationships. Additionally, the thesis explores ways in which societal norms and religious doctrines impact LGBTQ+ individuals' mental health, and how societal experiences can impact identity formation.

The research also highlights strengths and protective factors within the LGBTQ+ community. The CAT map and 5P's formulation provide an applicable clinical framework and may help clinicians support LGBTQ+ individuals facing mental health difficulties. Recommendations for future research have been highlighted.

Acknowledgement of Contributions

First and foremost, I would like to say thank you to all the participants who contributed their time to this research. Your openness and willingness to share your experiences were invaluable. Without you, the research could not have happened.

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Personal Contributions

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Note on Language Use

Language remains a contentious and personal issue, and the researcher acknowledges that individuals prefer different terms to describe themselves and their communities. Throughout this project, the researcher has reflected on how best to describe people's identity, experiences and relationships. Ensuring language was non-pathologizing, non-blaming, inclusive and accessible was a priority. In consultation with members of the LGBTQ+ community, it was decided to use the term LGBTQ+ to be as inclusive as possible when referring to the community. Additionally, when referring to an individual within the study, their preferred term to describe sexuality is used.

However, the researcher recognises that other people may prefer different language and may not resonate with the terms used in this paper.

In the empirical paper, the research refers to 'relational experiences' in a broad way, including relationships with parents, caregivers, friend, intimate, romantic and sexual relationships. A plain language glossary of terms and acronyms can be found in Appendix A of the empirical paper.

Additionally, language is still changing, and it is expected that terms used here may be soon outdated. Hopefully, language continues to evolve to be more inclusive.

Systematic Review

Title: Mental Health Challenges and Resilience Among LGBTQ+ Individuals of Faith: A Thematic Synthesis Using the 5Ps Framework

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This thesis is submitted in partial fulfilment of the degree of Doctorate in Clinical Psychology. I declare that this assignment is my own work and I have correctly acknowledged the work of others. This assignment is in accordance with University and School guidance on good academic conduct.

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Abstract

Background: LGBTQ+ individuals often experience minority stress due to ongoing discrimination, which has been shown to increase an individual's vulnerability to

experiencing mental health difficulties. LGBTQ+ individuals of faith can experience further difficulties if their religion is non-affirming towards their sexuality, which can cause identity conflict and mental health difficulties. Conversely, some research suggests religion in LGBTQ+ individuals can have a positive impact on mental health and wellbeing.

Aims: This systematic review aims to build upon the evidence base of the LGBTQ+ experiences within religious communities, by exploring the impact on mental health and resilience for LGBTQ+ individuals who have a religion or faith. The review aims to answer the question: 'What are the experiences of mental health challenges and resilience among LGBTQ+ individuals of faith?'

Methods: PsycINFO, Embase, Medline, and Scopus were searched from start date until December 2024. Google Scholar, ResearchGate and reference lists of included studies were also searched. Studies published in the last ten years that reported qualitative data on experiences of mental health or wellbeing of LGBTQ+ adults who had a faith or religion were eligible for inclusion. The CASP checklist was used to assess studies' methodological rigour and thematic synthesis was used to analyse the data.

Results: A total of 3,233 records were initially identified from PsycINFO, Embase, Medline, and Scopus. After removing duplicates, studies were excluded based on the predefined inclusion and exclusion criteria, resulting in 116 studies. An additional 10 studies were identified through hand-searching references and 5 sourced from other grey literature. 131 studies were then screened at full text level, in line with exclusion and inclusion criteria, which left a total of 18 papers to be included in the review. Twelve descriptive themes were created which were then further grouped into five analytical themes. The researcher utilised a clinical model of formulation to make sense of the process within the data and a 5Ps formulation was presented.

Conclusions: The 18 studies highlight the complex and nuanced conflicts faced by LGBTQ+ individuals of faith as they navigate their relationship with God, community relationships, and non-affirming religious messages. This review demonstrates that LGBTQ+ individuals of faith may be vulnerable to mental health difficulties due to identity conflict.

However, it also indicates that finding affirming religious communities and deepening faith can serve as a protective factor that promotes wellbeing. A 5Ps formulation is presented to help improve clinicians understanding of how these experiences may impact mental health.

Introduction

The minority stress model theorises that minority groups experience heightened stress due to prejudice and stigma (Frost & Meyer, 2023; Mink et al., 2014). The LGBTQ+ community exist as a minority group in a heteronormative society, therefore could experience chronic stress as they are subjected to stigma, discrimination, and internalised homophobia (Meyer, 1995; Mink et al., 2014). This can cause hypervigilance as LGBTQ+

people anticipate threat, which can lead to the development of unhelpful coping strategies such as concealing identity, which can in turn increase distress (Meyer, 2003). Discrimination can cause internalised negative attitudes towards the self as an individual takes on societies critical and rejecting narratives about their identity, known as internalised homophobia for LGBTQ+ people. This has been linked to an increase in vulnerability to mental health difficulties (Newcomb & Mustanski, 2010).

LGBTQ+ and Religion

LGBTQ+ individuals often face additional challenges if they belong to a non-affirming religious group as they navigate doctrine that states their sexuality is sinful (Block, 2023; Gerdts, 2019). This message is likely to increase minority stress and may impact mental health. A recent report showed that almost three in 10 LGBT people (28 per cent) who visited a faith service or place of worship in the past 12 months experienced discrimination, and a third of LGBTQ+ people of faith are not open with anyone in their faith community about their identity (Stonewall, 2017). Despite these challenges, the latest census in the UK showed that 34% of LGBTQ+ people described themselves as having a religion (Office for National Statistics, 2023) and 47% of LGBTQ+ adults in the US are religious (Conron et al., 2020). Statistics for the Global South are often difficult to obtain, potentially because the majority of the 70 countries that criminalise same-sex relationships are located within this region (Lucas Ramon Mendos, 2020). This geographical concentration may reflect underlying challenges in data collection and reporting within these nations.

The Marriage Act of 2013 legalised same-sex marriage in the UK; however, it does not compel religious organizations to conduct or participate in ceremonies. Additionally, amendments to the Equality Act of 2010 clarified that it is not considered unlawful discrimination for a religious organization to decline to marry a same-sex couple. As a result, same-sex couples who wish to marry within their religious institution may be denied this opportunity, potentially contributing to feelings of exclusion and discrimination.

Negative Impact of Religion

LGBTQ+ individuals being open about their sexuality within religious communities involves the process of 'coming out'; disclosing one's sexual identity. Scasta (1998) emphasised that LGBTQ+ individuals who come out within religious communities often face the challenge of navigating religious prohibitions. This process can complicate coming out, as individuals try and reconcile their theological beliefs with their sexual identity. Scasta (1998) highlighted that if a person believes these parts are incompatible, it increases the risk of depression. Additionally, Anderson et al. (2024) emphasised that LGBTQ+ individuals within religious communities are more likely to experience moral injury due to non-affirming religious doctrines.

Block (2023) explored LGBTQ+ experiences in Chrisitan communities and found that the silence and lack of support surrounding these issues perpetuated the narrative that LGBTQ+ identities are sinful. Participants moved to a more personalised faith and away from church congregations to cope with this identity conflict (Block, 2023). Research within Jewish communities also reveals a distinction between personal and communal acceptance for LGBTQ+ individuals (Faulkner & Hecht, 2010). LGBTQ+ participants reported reconciling their sexual and Jewish identities on a personal level but described feeling alone and unsafe within Jewish communities. These feelings of exclusion lead them to conceal their sexual identities to avoid further marginalization (Faulkner & Hecht, 2010). Etengoff and Rodriguez (2022) identified that LGBTQ+ Muslims experience difficulties coming out due to the risk of losing family, which impacted mental health as they experienced tension between family obligations, religious values and sexuality. Experiences of rejection and discrimination within religious communities have been shown to be associated with an increased risk for suicidal ideation, depression and anxiety in LGBTQ+ individuals, due to internalised homophobia (Beagan & Hattie, 2015; Gibbs & Goldbach, 2015; Zarzycka et al., 2020). A recent systematic review on religiosity and suicidality found that 65% of the included studies identified religiosity as a risk factor for suicidality (Goodman, 2024). Furthermore, another

systematic review explored the impact of religious trauma on the LGBTQ+ community and found that adverse religious experiences negatively impact mental health (Goodwin, 2022).

The literature suggests that when an LGBTQ+ individual belongs to a religious community, they may experience discrimination and rejection due to non-affirming doctrines. Consequently, an individual's mental health may be negatively impacted if they do not feel all parts of their identity are accepted and loved.

Positive Impact of Religion

Whilst research acknowledges the adversity faced by LGBTQ+ individuals with religious beliefs, others have highlighted that affirmative religious communities can be a source of joy, healing and inclusion (Gandy et al., 2021).

Coyne et al. (2024) explored experiences of LGBTQ+ individuals who attend The Church of Jesus Christ of Latter-day Saints and found that participants felt a sense of belonging when they were invited to events and heard affirming language around their sexuality, which reduced minority stress. Coyne et al. (2024) proposed that increasing belongingness in religious spaces can protect against mental health difficulties, particularly suicidality. Furthermore, Rosenkrantz et al. (2016) explored the positive aspects of identifying as LGBTQ+ and being religious and found that loving relationships and spiritual strength increase well-being. Their findings suggest that integrating religious beliefs with an LGBTQ+ identity increases resilience and personal growth (Rosenkrantz et al., 2016). This finding is similar to Anderson et al. (2023) who explored identity integration in religious, gay men and found that identity integration decreased experiences of internalised homophobia. They emphasised that belonging in multiple communities may be a foundation for identity integration, which suggests that feeling accepted by others is significant.

Furthermore, a study exploring religion in LGBTQ+ older adults found that those who were open about their sexuality and belonged to an affirming religious community had lower levels of depression (Escher et al., 2019). This suggests that there is a link to coming out and being accepted in religion which increases well-being and resilience.

Religion within Therapy

Considering LGBTQ+ individuals of faith may be at an increased risk of developing mental health problems, due to increased minority stress and conflicting identities, it is surprising that there is limited literature on the experiences of LGBTQ+ individuals of faith in therapy. Freeman-Coppadge and Langroudi (2021) stress the importance of LGBTQ+ affirmative therapy and highlight that other intersecting identities, such as religion, are often overlooked within this community. They argue that talking about other identities through an intersectional lens is important for individuals with multiple marginalised identities. Similarly, Meades (2023) recommends that therapists receive specialised training to improve their understanding of diverse cultural and religious backgrounds.

Trusty et al.'s (2022) research on religious microaggressions in psychotherapy found that 39% of religious participants reported that their therapist either avoided or minimised discussions of religion, which negatively impacted the therapeutic relationship as participants did not feel understood. Furthermore, a recent national survey indicated that people in therapy want to integrate their religious beliefs into treatment (Oxhandler et al., 2021).

Parker (2023) directly explored therapy experiences of LGBTQ+ religious individuals and found that therapists' avoidance of religion and sexuality was unhelpful. Similarly, Mayers et al. (2007) found that LGBTQ+ clients with religious beliefs were initially hesitant to seek professional help due to concerns about disclosing their faith. However, those who did discuss their religious beliefs in therapy found it to be an important of their therapy.

Lefevor et al. (2017) explored the intersection of religious and sexual identities in therapy and discussed challenges in measuring religious beliefs and suggest therapists prioritise improving this.

Overall, these studies suggest that for individuals of faith who have mental health difficulties, incorporating religious beliefs is an important part of therapy. However, there is a lack of clear guidelines and best practices for addressing religion in therapy, particularly for LGBTQ+ individuals.

Aims and Rationale

Given the intersectionality of sexual minority identity and religion, there is an increased need to further understand these experiences to help clinicians, researchers and communities better support individuals. Furthermore, understanding the benefits of maintaining religious beliefs and participating in religious communities is important as it may be a protective factor for mental health difficulties. Therefore, this systematic review aims to build upon the evidence base of the LGBTQ+ experiences within religious communities, by exploring the impact on mental health and resilience for LGBTQ+ individuals who have a religion or faith.

Specifically, the review aims to answer the question: 'What are the experiences of mental health challenges and resilience among LGBTQ+ individuals of faith?', through the following aims:

- What are the different mental health experiences of LGBTQ+ individuals who have religious beliefs?
- How might the intersection of religion and LGBTQ+ identity impact mental health?
- How might the intersection of religion and LGBTQ+ identity improve wellbeing and/or be a protective factor?

Methodology

Approach

This review adopts a critical realist position, which accounts for the real world (what exists), the actual (what happens) and the empirical (what we experience) (Bhaskar, 2017; Sayer, 2000). Critical realism argues that to deepen understanding, realism about the world must be combined with our social constructed beliefs and knowledge (Bhaskar, 2017). This

creates theories about observable events which can help us understand our experience of the world, but do not universally determine the world. Critical realism acknowledges that social phenomena is meaningful and it is necessary to interpret this meaning (Sayer, 2000).

In this review, a critical realist epistemology acknowledges the societal norms and religious doctrines that influence LGBTQ+ individuals' experiences, as well as the ways in which individuals make sense of these experiences. Thematic synthesis is suited to this approach as initial codes are created to explore individual experiences before analytical themes are created, which provide a framework to theorise experiences.

The incorporation of the 5Ps formulation into the data analysis further supported a critical realist approach, as it provided a structured framework to help understand experiences. By combining personal experiences with contextual factors, such as societal norms and religious doctrines, the 5Ps develops hypotheses of mental health difficulties that align with the critical realist emphasis of observable phenomena and existing mechanisms. Additionally, it's widespread use in clinical settings mean that the 5Ps framework offers a practical and accessible tool, which aligns with the critical realist position as it emphasises theoretical explanation grounded in real world application.

Since the construction of meaning is inherently subjective, this review focuses on qualitative evidence to explore and interpret individuals' subjective experiences. However, it is acknowledged that the studies included in the review may have different epistemological and ontological positions.

Method

Thematic Synthesis is a type of Qualitative Evidence Synthesis (QES) that systematically finds and sifts qualitative research and synthesises the evidence to develop cumulative knowledge (Flemming & Noyes, 2021). Thematic Synthesis is valuable in informing health policy and practice and can enable researchers to go beyond the findings of studies and produce something greater than the sum of its parts (Thomas & Harden, 2008). It is often used to synthesise experiences to improve the implementation of clinical guidelines (Carroll, 2017).

Additionally, Thematic Synthesis can determine the impact of systemic issues and is appropriate for exploring individual experiences and what is known about a phenomenon, therefore, given the exploratory nature of the question and anticipated clinical implications, it seems a suitable method for this review (Flemming et al., 2019).

Question Development

Flemming et al. (2019) highlights that when developing a focus for QES, one should develop the question by considering 'what', 'for whom', 'why' and 'what context' the focus of the review exists. Table 1 below shows this process for this review. Additionally, Cooke et al. (2012) highlight that that the SPIDER tool can complement this process, which can be found in Appendix A.

Table 1

Essential Questions for Developing Aims

Question	Aim
What?	What are the experiences of mental health challenges and resilience among LGBTQ+ individuals of faith?
For whom?	Mental health clinicians/services, religious leaders, researchers, LGBTQ+ individuals
Why?	To improve understanding of the adversity LGBTQ+ people may face within religious communities, and/or how this may act as a protective factor To help clinicians better support this community by gaining a better understanding

	To help religious communities/leaders create affirmative and safe spaces To identify further gaps within research
In what context?	LGBTQ+ individuals who have current religious beliefs or faith Over the past ten years Acknowledging the recent political messaging against members of the LGBTQ+ community and the tensions this has caused, as well as the effects of COVID-19 Recent legislative changes

Scoping

Scoping searches sought reviews investigating similar topics to ensure the originality of the review. As mentioned previously, one review looking at religious trauma and LGBTQ+ individuals was found (Goodwin, 2022). However, this review solely focused on trauma and did not explore other impacts on mental health or positive experiences.

Goodman's (2024) systematic review examines the relationship between suicidality and religiosity among LGBTQ+ individuals but does not explore other mental health impacts, and incorporates both qualitative and quantitative studies. Anderson et al. (2024) conducted a recent scoping review investigating moral injury among LGBTQ+ individuals. While their findings include religion, the review takes a broader perspective by exploring moral injury in various communities.

Wilkinson and Johnson (2020, 2021) conducted two systematic reviews exploring the experiences of LGBTQ+ individuals who are religious. The first review (Wilkinson and Johnson, 2020) includes studies in which participants left their religion or faith, highlighting religious disaffiliation as a way of resolving identity conflict. In contrast, the present study focuses on mental health of LGBTQ+ individuals who have kept their faith. Additionally, their use of a limited number of search terms, may have restricted the scope of the review, resulting in the inclusion of only six studies.

Wilkinson and Johnson's second review (2021) focused on psychological measures in quantitative studies but excludes those exploring identity formation. Given the significant link between identity formation and mental health (Ryle & Kerr, 2020), this exclusion may represent a gap in their review.

Given the significant growth of research in this area in recent years, there remains a gap in understanding how the evolving context has influenced findings. Therefore, this review address aims to explore more broadly the impact on mental health for LGBTQ+ religious individuals (who have kept their faith) by looking at their subjective experience, to better understand the potential negative impacts and benefits.

A review protocol was developed and registered on OSF (https://doi.org/10.17605/OSF.IO/ENKYF), to introduce transparency to the review process.

Sources

QES is broad to accommodate the range of qualitative data available, such as journal articles and grey literature (Booth et al., 2016). Publication bias is a widely accepted phenomena within journals (Dwan et al., 2013; Franco et al., 2014). Petticrew et al. (2008) highlighted that if systematic reviews only include published qualitative studies, they are likely to be biased. Considering the intersectionality of the review, how it is situated within a political and social context, the historic misrepresentation of LGBQT+ individuals, there is an inherent risk of bias within the review. Therefore, the review aims to include qualitative data from a range of sources shown in Table 2.

Table 2

List of Sources

Source
Grey Literature
King's Fund
Research Gate

Google Scholar
Databases
Scopus (including ProQuest).
Subject Specific (via Ovid)
APA PsycINFO
Medline
Embase
Supplementary
Reference Searching

Search Strategy

Booth's (2016) 7 S approach was used to search for papers; Sampling, Sources, Structured questions, Search procedures, Search strategies, Supplementary strategies and Standards, which is outlined in Table 3.

Thomas and Harden (2008) highlight that it may not be necessary to locate every available study because the results will depend on the range of concepts found in the studies, rather than number. Thus, they suggest aiming for 'conceptual saturation' might be more appropriate. However, it is not yet clear how these principles can be applied in practice, but it is suggested that seeking studies that act as 'negative cases' and aiming for a set of studies that are heterogenous is beneficial (Thomas & Harden, 2008).

Building on the question development process, the search strategy intentionally included terms related to positive experiences and wellbeing to capture studies highlighting the positive impact of religion on the wellbeing and resilience of LGBTQ+ individuals. This process reflects the inclusion of 'negative cases' which have been built into the design through the search strategy. This approach helped ensure the inclusion of data that challenged dominant narratives of negative mental health outcomes and ensured a more heterogenous data set was achieved, which Thomas and Harden (2008) recommend. By employing a systematic process, incorporating a broad search strategy to capture diverse experience, and utilising supplementary strategies, this review aims for rigorous and comprehensive approach.

Table 3

7 S Approach

7 S Concept	
Sampling	Purposeful to generate an interpretive understanding of varying experiences, focusing on equity criteria recommended by Tugwell et al. (2010)
Sources	Sources searched described above have been picked to mitigate publication bias
Structured Questions	Question has been constructed using the SPIDER framework
Search Procedures	Procedure aims to capture the varying terms used within the LGBTQ+ community and be aware that older papers may use outdated terms
Search Strategies	Search strategy has been designed by focusing on the 3 main aspects of the review question: LGBTQ+ Religion Mental Health and Well-being
Supplementary Strategies	Reviewed after initial search has been completed, reference checking and citation searching to be used as an additional strategy
Standards	PRISMA flowchart used to document and audit the search and screening process

Search terms were grouped into three concepts: LGBTQ+, religion, and mental health and wellbeing. The search strategy included key search terms and a Boolean search phrase, which are shown in Appendix B and C. The selection of articles was limited to a ten-year period. Over the past decade, significant societal, legal, and cultural shifts have impacted the experiences of LGBTQ+ individuals, particularly in religious contexts. Research from this period is more likely to reflect contemporary realities, including evolving societal attitudes, advances in mental health frameworks, and the growing recognition of intersectionality in academic discourse. This period also coincides with significant milestones, such as the legalisation of same-sex marriage in the UK and USA, which has

influenced societal attitudes and the experiences of LGBTQ+ individuals. Though older studies may offer historical insights, the chosen timeframe enables a concentrated exploration of the intersection of LGBTQ identity, religion, and mental health in today's context. Further inclusion and exclusion criteria were used and are described in Table 4.

Table 4

Inclusion and Exclusion Criteria

	Include	Exclude	Justification
Methodology	Primary research reporting first-person expressions of subjective experiences and perspectives	Literature/systematic reviews, opinion articles, case studies/reports	Aim to extract the personal experience and voice of participants from their perspective
Methods	Qualitative studies and mixed methods; first-person accounts (e.g. interview or qualitative questionnaires, autoethnography)	Quantitative only	Aim is to explore unique, individual and personal experiences which is better suited to qualitative data. Qualitative data from mixed methods can be used
Participants/context	All participants must be adults who identify as LGBTQ+ and have current religious beliefs/faith	Under 18s People who previously had religious beliefs but now don't Mixed samples of people with religious beliefs and atheists/agnostics Studies that focus on gender identity only	Under 18s coming out experience is a unique context and family relational dynamics may have a wider influence so translation of themes may not be appropriate. Experiences of people who no longer have a faith/religion are unique. Transgender experiences are unique.
Publication Type	Journal articles, grey literature, peer reviewed, and non-peer reviewed	Blogs, websites	To represent a wide variety of experiences, reduce publication bias
Language	Studies in English or have been translated	Non-English studies	Non-English studies may complicate attempts to define concepts/experiences due to issues around language/translation.
Publication date	Within the last ten years (studies published from 2014)	Older studies	Acknowledge recent socio-political-cultural shifts in attitudes towards sexuality
Focus of Study	Papers that directly focus on LGBTQ+, religion and mental health	Studies that mention religion in the discussion, but it wasn't a sought-after demographic Studies that don't ask participants about mental health or wellbeing	High quality data Avoid over interpretation of subjective experiences

Data Extraction

Quality appraisal of the methodological strengths and limitations of each primary qualitative study was complete through the Critical Appraisal Skills Programme tool (CASP), which has been shown to be appropriate for Thematic Synthesis (Majid & Vanstone, 2018). Additionally, the ENTREQ statement will be used to guide the reporting of the review, as this framework was developed to promote comprehensive reporting of QES (Tong et al., 2012). As recommended by Thomas and Harden (2008), all study findings were extracted from primary sources. This included all text labelled 'results' or 'findings'. Participant quotes are classified as first order constructs; themes, author explanations and recommendations as second order interpretations; and new insights derived from a synthesis of studies as third order interpretations, all of which are to be included (Noyes et al., 2018). First and second order constructs will be extracted in the data extraction phase, with third order interpretations forming the data synthesis.

Data Synthesis

Thematic Synthesis will follow the protocol outlined by Thomas and Harden (2008). Results sections from selected articles were compiled into NVivo for line-by-line coding. Analysis focused exclusively on data related to impact on mental health or wellbeing due to being LGBTQ+ and having a religious belief. Where text contained multiple ideas, overlapping codes were assigned (Thomas & Harden, 2008). Considering the inherently subjective nature of qualitative research, all text concerning impact on mental health and wellbeing, including interpretations made by the primary researcher, was coded to ensure comprehensive analysis (Thomas & Harden, 2008).

The primary researcher developed initial codes by examining the entire dataset. Due to variations across the reviewed studies, some articles contributed more significantly to the coding process than others. This preliminary coding framework was then reviewed and discussed with the supervisor to enhance rigor. In the second phase of analysis, codes were grouped into similar concepts or descriptive themes. These themes were then further

interpreted from a clinical perspective to generate analytical themes, extending beyond the specific content of the primary studies (Thomas & Harden, 2008).

When developing the analytical themes, it was clear they provided a way of understanding mental health difficulties and resilience in LGBTQ+ religious individuals, highlighting triggers, coping strategies and difficulties through the descriptive themes. Therefore, the researcher utilised a clinical model of formulation to make sense of the process within the data.

Formulations involve integrating and synthesising information about experiences to develop a shared understanding of someone's difficulties (Baird et al., 2017; Johnstone & Dallos, 2014). Formulation should be a collaborative process; however, certain contexts and difficulties means that this is not always possible, and a formulation based on hypotheses can be presented (Baird et al., 2017; BPS, 2011). The 5Ps framework for formulation is commonly used in NHS practices and consists of predisposing, precipitating, presenting, perpetuating, and protective factors. When developing the analytical themes through mind maps, it was apparent that they showed a narrative of mental health difficulties and resilience based on identity conflicts between religion and sexuality, including predisposing, precipitating, presenting, perpetuating, and protective factors. Therefore, themes were presented in a 5Ps framework. It is important to note that the themes were not deliberately created to fit within this framework; rather, their development was an iterative and evolving process.

Recognising the potential for subjective bias, self-reflexivity was emphasised throughout the process to mitigate the influence of the primary reviewer's perspectives. Regular discussions and journalling explored how personal views might shape the interpretation of analytical themes and the overall findings, ensuring transparency and rigor (Pezalla et al., 2012)

Reflexivity Statement

As a white, straight, cisgender and Christian woman; my identity and faith shape my worldview, which may influence how I interpret the interactions between religion, identity,

and mental health. Whilst my Christian faith provides insight into religious communities, it may also risk introducing assumptions rooted in my personal experiences rather than those of LGBTQ+ individuals. My personal experience of the hurt and pain caused by religious institutions has motivated me to help create safe religious spaces for LGBTQ+ people.

This recognition motivates my commitment to approaching the data with sensitivity and openness, prioritising the voices of the LGBTQ+ participants represented in the reviewed studies. To mitigate potential biases and increase rigour, I have actively engaged in self-reflexivity throughout the research process, exploring how my identity and beliefs may shape my interpretations of the findings (Olmos-Vega et al., 2023). Additionally, during the early stages of question development, I chose to broaden the focus to include both positive and negative aspects of LGBTQ+ experiences to ensure that my own experiences did not bias the question or search strategy.

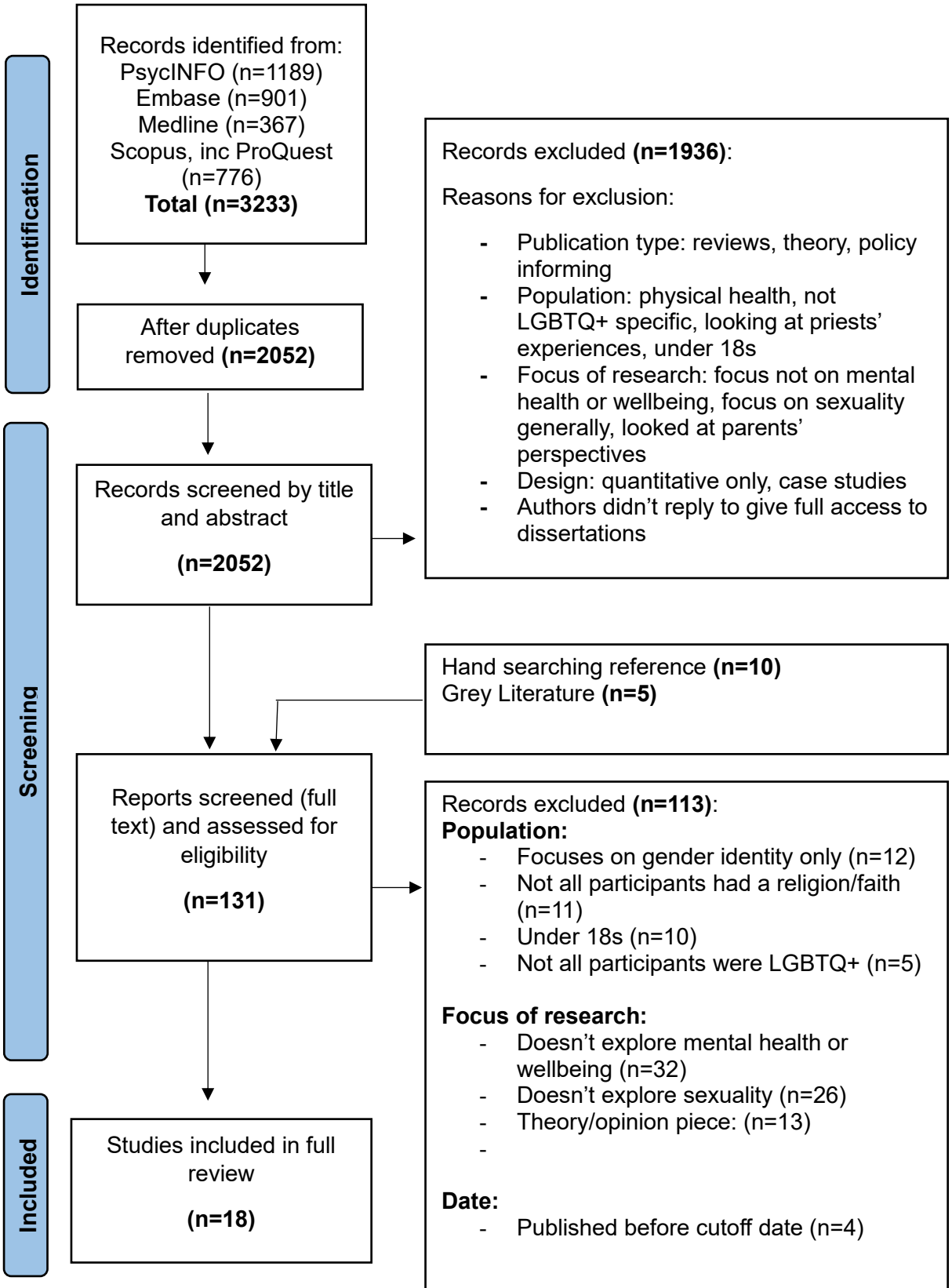
Results

Screening of Eligible Studies

The PRISMA diagram outlines the selection process, detailing the identification, screening, and inclusion of studies (Figure 1). A total of 3,233 records were initially identified from PsycINFO, Embase, Medline, and Scopus. ProQuest, which was included within Scopus, specifically searches for theses and grey literature. After removing duplicates, 2,052 records remained, and these were screened by title and abstract. Studies were excluded based on the predefined inclusion and exclusion criteria, resulting in 116 studies. An additional 10 studies were identified through hand-searching references and 5 sourced from other grey literature (ResearchGate and google scholar). These 131 studies were then screened at full text level, in line with exclusion and inclusion criteria, which left a total of 18 papers to be included in the review.

Figure 1

PRISMA Diagram



Characteristics of Included Studies

The studies reviewed involved a total of 364 participants, with sample sizes ranging from 1 to 271 participants; 11 studies had fewer than 20 participants. Most studies were conducted in the United States (10), followed by smaller contributions from other countries. Sampling methods were suited to the qualitative approach, including purposeful, snowball, and opportunistic sampling.

The studies showed a broad range of demographics. Sexual orientation was represented as follows: gay (35%), lesbian (18%), bisexual (12%), pansexual (5%), queer (4%), asexual (2%), transgender (4%), and other (3%). Additionally, some studies did not specifically record specific sexuality so 17% of participants sexuality is unknown, however all participants were LGBTQ+. Gender representation was female (40%), male (28%), transgender (4%), and non-binary (4%), with 24% of participants not specifying their gender due to studies not recording these demographics. Ethnicity was reported in 10 studies, with White participants being the most represented, though there was significant diversity in several studies, particularly from African American, Latino/a, and Asian communities. The age range of participants was 18 to 75 years old. Religious affiliation categories varied across the studies, so it is difficult to group these together but there was a variety represented, including, Muslim, Christian, Mormon and Jewish.

Data collection methods included semi-structured interviews, qualitative surveys, and autoethnography, while data analysis methods included thematic analysis, grounded theory, and interpretative phenomenological analysis. Table 5 shows summary of characteristics of included studies.

Table 5

Characteristics of Included Studies

Study	Year	Context	Sampling method	Participants	Methods	Main Findings
1. Roe, R. Bridges and Barriers: Lesbian, Gay, and Bisexual Emerging Adults' Views on Integrating Their Sexual and Religious Identities	2024	Participants were all living in San Francisco and had to be between ages of 18-25	Opportunistic and snowball	n=7 ages 18-25 Buddhism (2), Christianity (2), Islam (1), Judaism (1), and Hinduism (1). Lesbian (2), Bisexual (3), Gay (2). Indian (2), Multiracial (2), Caucasian (2), African American (1). Female (5), male (2)	Semi structured interviews and IPA	Participants identified eight key themes across their experiences: identity narratives, emerging adulthood exploration, interconnectedness of identities, evolving perspectives, social and cultural barriers, personal growth and support, mental health dynamics, and coping and transformative experiences
2. Gerena, C. Conflict between Religious Beliefs and Sexuality: An Autoethnography	2019	A social worker living in New York, trained as a therapist.	NA	n=1, Latino gay man, Christian. Age not reported.	Autoethnography	Author says they have not reconciled their identities but has restored their relationship with family. No longer attends church but has a personal relationship with God. Impacted mental health negatively due to messages form the Church.
3. Craig, et al. Fighting for survival: The experiences of lesbian, gay, bisexual, transgender, and questioning students in religious colleges and universities	2017	An online project aimed at gathering data on the experiences of LGBTQ students in sectarian educational institutions in the United States	Not reported	n= 271, ages 17-56. Gay (164), lesbian (71), bisexual (6), or unsure/questioning (9). #ethinicty not reported. Participants were able to write in their religious affiliations in an open-ended question, including Catholic, Seventh-day Adventist, Islamic, Jewish, Methodist, Christian, Baptist. Male (182), female (78), transgender (2)	Qualitative online surveys asking participants for personal narratives. Analysed using grounded theory	Participants' narratives revealed five subthemes: institutionalised homo/transphobia (strict school policies, enforcement of heterosexuality and gender conformity through discipline, conversion therapy); a culture of fear (fear of exposure, homophobic panic and code words, seeking cover); marginalization and isolation; struggle (suffering and suicide and reconciling faith and sexual orientation); and coping and resilience (or a struggle for resilience).

Study	Year	Context	Sampling method	Participants	Methods	Main Findings
4. Chiongbian et al. Finding God Alongside Trials: Catholicism and Resilience Among Queer Filipino Emerging Adults	2021	Queer Catholic emerging adults' experiences of resilience through faith in a Southeast Asian context.	Purposeful	n=14, ages 18-24, men (8), women (6), bisexual (n =8), gay (n = 4), pansexual (n = 1) and asexual (n = 1), Catholic (14), Pilipino (14)	Semi structured interviews and a narrative approach	Four themes were identified: developing awareness of sexuality, experiencing SOGIE difficulties, establishing reconnection to faith and growing outward. Participants were able to overcome these adversities by engaging with a supportive Catholic community, renewing their understanding of faith teachings, and having a sense of providence.
5. Hoskin, et al. "I Just Want to be Acknowledged": Suicidal Ideation Experiences among Sexual Minority Students at a Religiously Affiliated University	2024	Students at Brigham Young University (BYU)—a university affiliated with The Church of Jesus Christ of Latter-day Saints- who reported clinically significant current or previous suicidality.	Purposeful	n=10. Age not reported but all undergrad students. Gay/lesbian (6), bisexual (3), pansexual (1), Man (5), woman (2), transgender (2), non-binary (1). White (8), Asian (1), multiracial (1). All CJCLDS.	Mixed methods: survey measuring suicidal ideation followed by semi structured interviews and consensual qualitative research methodology	Five domains emerged related to suicidality among sexual minority students: deterrents from suicidal ideation and intent; contributors to suicidal ideation and intent; religious and spiritual experiences; experiences with BYU; and suggested improvements. They found that certain doctrinal interpretations were related to increased suicidality. The primary improvement requested by participants was feeling better understood and accepted.

Study	Year	Context	Sampling method	Participants	Methods	Main Findings
6. Lockett et al., "I Want to Go to a Place That's Openly Talking About the Experiences of People of Colour Who Also Identify as LGBTQ+": Cultural, Religious, and Spiritual Experiences of LGBTQ People of Colour	2023	At the time of data collection, 94.9% of the participants were located within the United States of America, while other participants were located in New Zealand (1.2%), Ecuador (1.2%), and Spain (1.2%) or decided not to disclose their location (1.2%)	Snowball	n=78, ages 18-53). Lesbian (19), Bisexual (21), Gay (20), Queer (10), Pansexual (6), Asexual spectrum (1), Questioning (15), Demisexual (1), Skoliosexual (1), African-American/Black (50), Hispanic/Latino/a/South American (19), Asian-American/Pacific Islander (8), European-American/White (8), Self-identified (5), American Indian/Native American (4), Middle Eastern/Arab (1), Christian (37), Spiritual (24), Other/Not specified (16), Jewish (1), Transgender umbrella (14), Female (45), male (24), non-binary (4), other (3).	Qualitative online survey and Thematic analysis	Thematic analysis revealed seven themes, including: (past conflict with religious/spiritual identity and LGBTQ identity, mental health challenges, cognitive dissonance, exploration and new identification within religion, stronger spiritual connection, intersection of culture, race, and ethnicity and religion and spirituality, and positive experiences. Implications for clinical practice, include the need to provide resources for LGBTQ affirming churches and spiritual communities.
7. Alessi et al. (Ir)Reconcilable Identities: Stories of Religion and Faith for Sexual and Gender Minority Refugees Who Fled From the Middle East, North Africa, and Asia to the European Union	2021	Refugees who fled to Austria and the Netherlands from Islamic societies. The majority (20) reported having fled because of persecution related to their sexual orientation or gender identity, while the remainder (those from Syria and Iraq; 14) fled because of armed conflict.	Purposeful and snowball	n=34, Ages 18-53, Syria (9), Iran (7), Iraq (5), Lebanon (2), Egypt (3), Pakistan (3), Chechnya (1), Jordan (1), Palestine (1), Somalia (1), Tajikistan (1). Muslim (34), Gay (20), Transgender woman (5), Lesbian (3), Bisexual (3), Queer/Gender nonconforming (2), Transgender man (1).	Semi structured interviews and thematic analysis	Thematic analysis identified four themes: Internalising religious messaging: shame, self-blame, and suicidality; rejecting organised religion; 'I only had God': drawing strength and solace from one's faith; and reclaiming Islam in one's own way. Participants grappled with conflict between their religious and LGBTQ identities in their countries of origin; however, their understandings of these identities in the host country differed. Religion supported participants through the difficulties of migration and resettlement.
8. Itzhaky and. Kissil. "It's a Horrible Sin. If They Find Out, I Will Not be Able to Stay": Orthodox Jewish Gay Men's Experiences Living in Secrecy	2015	Orthodox Jewish gay men's experiences living in secrecy in the US.	Snowball	n=22. Ages 18-48, Male (22). Gay (22) Jewish Orthodox (22),	Interviews and content analysis method	Analysis revealed four primary themes: emotional turmoil, ways of coping, impact on family relationships, and importance of the context. Findings from this study describe the daily struggles these men experienced keeping their homosexuality a secret. Results outline

Study	Year	Context	Sampling method	Participants	Methods	Main Findings
						that intervention with this group needs to start at the community-based level, with the rabbinical authority.
9. Pietkiewicz, I. Kolodziejczyk-Skrzypek, M. Living in Sin? How Gay Catholics Manage Their Conflicting Sexual and Religious Identities	2016	Polish gay Catholics	Purposeful and opportunistic	n=8, ages 24-45, males (8), White (8), Catholic (8), Polish (8)	Semi structured interviews and IPA	Results showed that principles taught by the Roman Catholic Church triggered a conflict when participants became aware of their homosexuality. Participants used several strategies to reconcile conflicting identities, including limiting their religious involvement, questioning interpretation of the doctrine, undermining priests' authority, trying to reject homosexual attraction, putting trust in God's plan, using professional help, and seeking acceptance from clergy.
10. Sadusky, J. Loneliness and the Celibate, Gay Christian	2018	All participants were adult Christians experiencing same-sex sexuality who made a commitment to celibacy five or more years ago	Purposeful	n=14, ages18-75. Catholic (7), Protestant (7). Reported same sex sexuality (14).	Semi structured interviews and consensual qualitative research methodology	The results of the study showed that participants lacked a support system where they felt that they belonged fully. There were fears of the sustainability of singleness, especially in bouts of loneliness. Participants showed that loneliness often leads to negative thoughts of self and affective experiences that make engaging in meaningful relationships difficult. Loneliness negatively impacted mental health. The positive impacts included personal growth, increased closeness with God and others, and increased motivation to mitigate loneliness.

Study	Year	Context	Sampling method	Participants	Methods	Main Findings
11. Jacobsen, J. Wright, R. Mental Health Implications in Mormon Women's Experiences With Same-Sex Attraction: A Qualitative Study	2015	USA	Purposive and snowball	n=23, ages 20-56, Women (23), Mormon (11), Other (12), White (22), ethnic minority (22), Same sex attraction (23).	Semi structured interviews and phenomenological methods	Participants discussed their experience with mood disorders and anxiety, the impact on self-worth, suicidality, treatment attempts (including psychotropic medication, individual therapy, group counselling, and reparative therapy), the impact of family and community, and mental health recovery.
12. Alvi, S. Zaidi, A. "My Existence is not Haram": Intersectional Lives in LGBTQ Muslims Living in Canada	2021	Second generation Muslims living in Canada (i.e., who were either born here or migrated to Canada by age 5 with their parents)	Purposive	n=6, ages 18-30. Men (3), women (3), Muslim (6), Soth Asian (6)	Semi structured interviews and inductive thematic analysis	The key themes were the tension between perceived family obligations and religious values, the ambiguous relationship with Islam, and coping with mental health issues. The research points to the importance of understanding such experiences as occurring in a matrix of identities and processes, as postulated by intersectionality theory.
13. Jones, T et al. Religious trauma and moral injury from LGBTQA+ conversion practices	2022	Data collected between 2016-2021. Participants experienced conversion therapy in Australia.	Convenience	n=44, ages 20-60, Gay (19), lesbian (10), Bisexual (9), Queer (4), Other (5), male (23), female (11), Non-binary (6), Transgender 6), Christian (37). Jewish (3), Muslim (2), Buddhist (1), Mormon (1), other (1). Anglo-Australian (28), South-East Asian (3), Mediterranean (1), Middle Eastern Australian (3), European (3), North African (1), East African (1), East Asian (1), Anglo/European (2), Anglo/Māori (1)	Interviews and inductive thematic analysis	Codes were grouped into broad themes relating to 1 experiences of conversion practices and 2) religious trauma and moral injury. Themes relating to moral injury included grief, loss, shame, rejection, feeling unsafe, sense of non-belonging, damage to sense of self in relation to faith, questioning faith, reconciling faith, sexuality and gender identity. All experienced significant impacts on their mental health.

Study	Year	Context	Sampling method	Participants	Methods	Main Findings
14. O'Flynne, T. Spiritual Cognitive Dissonance in LGBTQQ People	2019	In the US, all recruited through a progressive and affirming Christian church	Purposive	n=8, ages, 33-65, males (3), female (5), bisexual (1), gay (2), lesbian (4), questioning (1), Christian (8)	Semi structured interviews and phenomenological methods	Main themes were fear, concern about spirituality, and coping with coming out. Most of the participants experienced fear, guilt and/or shame when they began to live authentically as LGBTQQ. Many revealed they had experienced suicidal ideations. Because of the danger of suicide associated with this disorder, it is important that intervention programs be developed to properly recognise and treat this illness.
15. Hill, P. Spiritual Well-Being of Black LGBT Individuals When Faced With Religious Homonegativity	2015	Southern USA	Snowball	n=9, female (4), male (4), transgender (2), bisexual (1), lesbian (3), gay (4), other (2). Christian non-denominational (8), Seventh day Adventist (1). Ethnicity not reported.	Interviews interpreted through the lens of feminist theory and Pargament's theory of the psychology of religion and coping.	Interview themes included change in faith community, experiencing familial acceptance or discord/rejection due to sexual orientation, feelings of abandonment by God/religion, negative experience in a religious setting due to sexual orientation, emotional reactions, maladaptive coping, adaptive coping, and religious and/or spiritual reconciliation. The results of this study provide insight into the challenges that Black LGBT individual experience with religious homonegativity and they ways in which they cope with these stresses and challenges.
16. Gandy, M. "We Shared a Heartbeat": Protective Functions of Faith Communities in the Lives of LGBTQ+ People	2021	Data was collected from a sampling pool recruited at a national conference formerly called the Gay Christian Network (GCN) conference.	Purposive	n=30, ages 18-65, women (11), man (10), transgender (7), gender queer (2), gay/lesbian (12), bisexual (8), queer (4), pansexual (3), asexual (1), other (2), white (15), African American (6), latinx (4), Asian (2), Biracial (2), native American (1), Christian (32), Spirituality (1), non-denominational (5), unaffiliated (3).	Structured interviews analysed using Sort, Think, Shift methods.	The analysis resulted in six themes: profound loss versus healing authenticity, fear of rejection versus joy of inclusion, what works for now versus heavenly bliss, isolation versus community, cultural versus not cultural, and mainstream versus marginalised. The results of the study have implications for clinical practice with LGBTQ+ individuals and offer a more nuanced understanding of both the risk and protective functions of faith communities in the lives of LGBTQ+ people.

Study	Year	Context	Sampling method	Participants	Methods	Main Findings
17. Freeman-Coppadge, D and Horne, S. “What Happens if the Cross Falls and Crushes Me?”: Psychological and Spiritual Promises and Perils of Lesbian and Gay Christian Celibacy	2019	Current and former celibates	Snowball	n=12, ages 23-50, lesbian/gay (12), White (6), ethnicity withheld (1), women (9), men (3), Christian (12)	Semi structured interviews and grounded theory	The benefits, challenges, and harms reported by current and former celibates were remarkably similar to those reported in studies of those pursuing SOCE, along psychological, social, and spiritual domains. Findings suggested that LGCC promoted identity harmony for some, helping them to resolve dissonance. However, celibacy also instigated cognitive dissonance for others: one between cognitions (beliefs) and sexual desires/behaviours.
18. Libiran, T. et al. Understanding the Challenges Faced by Filipino LGBTQ+ Individuals with Strong Religious Ties	2024	Philippines, young adults who attend mass regularly	Purposive	n=7, ages 11-22, male (4), female (3). Specific sexuality not reported but all LGBTQ+, Iglesia ni Cristo (1), Christian (2), Roman Catholic (4)	Semi-structured interviews with thematic analysis	The study results demonstrate various conflicts experienced by the participants while reconciling their identity with their religion. Church teachings negatively affected the LGBTQ+ participants. Moreover, participants perceived little support in church which negatively impacted wellbeing. Some had thought about leaving church but wanted to keep their religion. Participants found support in their faith and through affirming religious individuals.

Quality Appraisal

A quality appraisal of the selected studies was conducted using the CASP tool (see Table 6). This assessment identified two studies (Alessi et al., 2021; Hill, 2016) that presented no concerns. These studies demonstrated a thorough consideration of ethical issues, particularly regarding power dynamics and participant safety. Additionally, both provided comprehensive reflexivity statements, reflecting on personal biases and cultural contexts. Their methodological rationale was well-articulated, including clear epistemological statements, and their approach remained consistent.

One study was identified as having moderate concerns (Itzhaky & Kissil, 2015). While the design appeared appropriate, it lacked a clear justification for the chosen methodology. Furthermore, the epistemological position was not stated, raising questions about the suitability of the qualitative approach. The absence of a reflexivity statement and ethical considerations was also noted. Given the inherently subjective nature of the topics explored and the potential influence of cultural bias, the omission of these elements was unexpected.

Overall, 11 studies exhibited minor concerns, primarily due to the absence of either an ethical consideration or a reflexivity statement. This was concerning where interviewers shared similar identities with participants, as seen in Itzhaky and Kissil (2015), who did not reflect how their own personal experiences may shape the interview procedure and analysis. Although Roe (2024) mentioned reflexivity in their paper, they did not explicitly discuss their own positionality or its influence on data interpretation. Given the iterative and personal nature of qualitative analysis, it is important that reflexivity statements reflect upon personal experiences, rather than referencing the process. Consequently, this study was categorised as having minor concerns.

Despite these limitations, all studies were found to have a high value, likely reflecting the historical discrimination and its impact on the populations studied. Each study included a relevant discussion, linking findings to existing literature and highlighting implications for change. The majority demonstrated analytical rigor, outlining criteria for trustworthiness and supporting themes with appropriate quotes. However, Gandy et al., (2021) was an

exception, as it did not provide a clear rationale for its themes, and the structure of its thematic presentation obscured the analytical process.

Finally, Craig et al. (2017) and Chiongbian et al. (2021) were the only studies that did not explicitly state their research aims. However, given the exploratory nature of their work, the aims of the research could be discerned. A further four studies did not have clear epistemological statements which made it difficult to ascertain whether appropriate methodology was used.

Thomas and Harden (2008) suggest that lower-quality studies can be included in systematic reviews, provided that a sensitivity analysis is conducted. In this review, the exclusion of Itzhaky and Kissil's (2015) study did not impact the identified themes, indicating that its inclusion did not distort the overall findings. Moreover, the study's discussion and thematic contributions were deemed valuable, reinforcing its relevance to the review.

Table 6

Quality Appraisal Grid

Study	Statement of aims	Appropriate methodology	Appropriate design	Recruitment strategy	Data collection	Researcher reflexivity	Ethical considerations	Analysis rigour	Statement of findings	Research value	Methodological concerns
Roe, R. (2024). Bridges and barriers: Lesbian, gay, and bisexual emerging adults' views on integrating their sexual and religious identities	Y	Y	Y	Y	Y	Can't tell	Y	Y	Y	Y	Minor concerns
Gerena, C. E. (2019). Conflict between religious beliefs and sexuality: An autoethnography	Y	Y	Y	NA	Y	Y	N	Y	N	Y	Minor concerns
Craig et al., (2017). Fighting for survival: The experiences of lesbian, gay, bisexual, transgender, and questioning students in religious colleges and universities	Can't tell	Y	Y	N	Y	Y	N	Y	Y	Y	Minor concerns
Chiongbian et al., (2021). Finding God alongside trials: Catholicism and resilience among queer Filipino emerging adults	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Minor concerns
Hoskin et al., (2024). "I Just Want to be Acknowledged": Suicidal Ideation Experiences among Sexual Minority Students at a Religiously Affiliated University	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Minor concerns
Lockett et al., (2022). "I want to go to a place that's openly talking about the experiences of people of color who also identify as LGBTQ+"	Y	Can't tell	Y	Y	Y	Y	N	Can't tell	Y	Y	Minor concerns

Study	Statement of aims	Appropriate methodology	Appropriate design	Recruitment strategy	Data collection	Researcher reflexivity	Ethical considerations	Analysis rigour	Statement of findings	Research value	Methodological concerns
Alessi et al., (2021). (Ir)reconcilable identities: Stories of religion and faith for sexual and gender minority refugees who fled from the Middle East, North Africa, and Asia to the European Union	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	No concerns
Itzhaky, H., & Kissil, K. (2015). "It's a horrible sin. If they find out, I will not be able to stay": Orthodox Jewish gay men's experiences living in secrecy	Y	Can't tell	Y	Y	Y	N	N	Y	Y	Y	Moderate concerns
Pietkiewicz, I. J., & Kolodziejczyk-Skrzypek, M. (2016). Living in Sin? How Gay Catholics Manage Their Conflicting Sexual and Religious Identities	Can't tell	Y	Y	Y	Y	Y	N	Y	Y	Y	Minor concerns
Sadusky, J. A. (2018). Loneliness and the celibate, gay Christian	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Minor concerns
Jacobsen, J. (2013). Mormon women's experiences with same-sex sexuality	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Minor concerns
Alvi, S., & Zaidi, A. (2021). "My Existence is not Haram": Intersectional Lives in LGBTQ Muslims Living in Canada	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Minor concerns
Jones et al., (2022). Religious trauma and moral injury from LGBTQA+ conversion practices	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	No/minor concerns

Study	Statement of aims	Appropriate methodology	Appropriate design	Recruitment strategy	Data collection	Researcher reflexivity	Ethical considerations	Analysis rigour	Statement of findings	Research value	Methodological concerns
O'Flynne, T. (2020). Spiritual cognitive dissonance in LGBTQQ people	Y	Y	Y	Y	Y	Can't tell	Y	Y	Y	Y	Minor concerns
Hill, P. A. (2016). Spiritual well-being of Black LGBT individuals when faced with religious homonegativity	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	No concerns
Gandy et al. (2021). “We shared a heartbeat”: Protective functions of faith communities in the lives of LGBTQ+ people	Y	Can’t tell	Y	Y	Y	Y	N	can't tell	Y	Y	Minor concerns
Freeman-Coppadge, D. J., & Horne, S. G. (2019). "What happens if the cross falls and crushes me?": Psychological and spiritual promises and perils of lesbian and gay Christian celibacy	Y	Can’t tell	Y	Y	Y	Y	N	Y	Y	Y	Minor concerns
Libiran, T., (2024). Understanding the Challenges Faced by Filipino LGBTQ+ Individuals with Strong Religious Ties	Y	Can’t tell	Y	Y	Y	N	Y	Y	Y	Y	Minor concerns

Descriptive Themes

Initial codes were created and subsequently organised into broader descriptive themes. In total, 12 descriptive themes were constructed, each comprising several sub-themes. A list of these descriptive themes and illustrative quotes is presented in Table 7.

Table 7

Descriptive Themes and Quotes

Descriptive Theme	Quotes
Being LGBTQ+ and Having a Faith Negatively Impacted Mental Health	
Depression	‘Overwhelmed with emotional turmoil, I began to experience suicidal ideations. I never attempted suicide, but the thoughts were always present. I would often wonder, what would happen if I were to take a bottle of prescription pills? Would anyone miss this ‘homo’?’ (Gerena, 2019)
Difficulties with accepting myself	‘I feel defective. I am not a whole human being. I am different than others, something is wrong with me. Sometimes I feel dirty, and I can’t tolerate straight people like my kids or parents touching me. I despise myself because of my sins ... I know that it is forbidden by the Torah and also is immoral.’ (Itzhaky & Kissil, 2015)
Engaging in compulsive behaviours and addictions	‘I did a lot of ecstasy, I did a lot of ketamine, and I did a lot of MDMA. I don’t feel like they are [heavy drugs], like I did have your stuff after that. Like when I got older, I did a lot of crystal meth, I did a lot of heroin, I did a lot of cocaine and yeah, I was a drug addict.’ (Alvi & Zaidi, 2021)
Exacerbates previous problems	‘Three participants had a previous diagnosis of bipolar disorder; however, they reported that the conflict between their religious and sexual identities exacerbated their symptoms. Other women also noted influences outside of the LDS Church that contributed to their depression.’ (Jacobsen & Wright, 2014)
Living in fear and anxiety of being found out	‘I was scared, I was very, very scared for a long time about what would happen if I ever had to actually face it [being outed].’ (Gandy et al., 2021)
Social withdrawal	‘I felt like he was led by God to tell me that I wasn't accepted and that's what I believed in at the time. So, I shut down. I shut down a lot for months’ (Hill, 2016)

Descriptive Theme	Quotes
Suicidal ideation and self-harm	'I took to drinking and partying to try to escape myself. One night I was with a friend and was so despondent, I took out a gun and threatened myself. He took it from me, but it didn't stop how I felt. Within six hours of my friend taking the shotgun, he was having me admitted to a hospital mental ward as I got to the point of using a knife to try to kill myself.' (Craig et al., 2017)
Trauma and abuse	'I thought I did it [was raped] out of my free will and I chose to do it and so... all those years I was blaming myself for it. I had depression because of that...and I couldn't even talk about it to anybody. And when I was reading religious texts, or you had religion everywhere, on the radio, on TV, on school, so they were telling you that having sex with men you would go directly to hell and the punishment officially speaking is also death for it. All the time I had the feeling that I'm cheating on the society, that I deserved to die...' (Alessi et al., 2021)
Being LGBTQ+ Negatively Impacted Faith	
Feeling distant from God	'I'm trying to keep up the personal prayer and going to church, and I get a whole bunch of radio silence. And I cling to the experiences I have had, but I can feel them slipping away.' (Hoskin et al., 2024)
Grief over loss of community	'It was so hard and heartbreaking for me to leave because I had amazing memories, and it was such a strong, tight knit community. It was really devastating when I ultimately had to leave.' (Gandy et al., 2021)
Living in fear of hell	'So being who I am today and being around others who live an alternative lifestyle makes me worry. It makes me doubt my being a good person and it makes me feel guilty that I might be justifying who I am by my own beliefs and not God's word… I'm gay and that's not supposed to be OK, so at times, my Baptist upbringing makes me worry about my salvation.'(O'Flynne, 2020)
Withdrawing from church	'I still don't feel really comfortable in church. I mean, we go to a church with the kids sometimes, but I'm not really involved with the people there. I don't feel guilty, like I did before, but I still don't feel the same connection to God as I did when I was a kid…I still have difficulty attending church regularly.'(O'Flynne, 2020)
Embracing My Identities was Good for My Mental Health	'When I was 21, just a few months after graduating from university, I finally came out to myself. I felt such a relief to finally allow myself to feel' (Craig et al., 2017)

Descriptive Theme	Quotes
Identity Conflict	
Identity integration is complex and multi-faceted	‘I was really ready to go [to the temple] again, and then that changed. I was like, ‘Oh, I don’t know if I can. Where am I? Where am I in this?’ (Hoskin et al., 2024)
Integrating identities is a non-linear journey of self-acceptance	‘Why do I have to experience this imperfection? Does that make sense? To me, I think I’m broken, but more and more each day I don’t feel that. I’m starting to learn to accept it and make changes so that I can accept it.’ (Jacobsen & Wright, 2014)
My identities aren't compatible	‘Being part of the lgbt community has made me question my religion and has also made me have an internal struggle on whether my sexual orientation and relationship with God can coexist’ (Lockett et al., 2022)
Navigating identity conflict led to shame and internalised homophobia	‘I was saying why can't I just be normal? I'd go to the chapel crying [to God], ‘Why did you do this to me? Why am I the one not normal?’ (Chiongbian et al., 2021)
Significance of Family Relationships	
Experiencing guilt for hiding it from family	‘My family members don’t know anything ... I make sure they wouldn’t know ... my adolescent children belong to educational programs in the community ... if they find out about me, they will not be accepted there, they will not be able to get married ... my wife doesn’t know either and she mustn’t find out.’ (Itzhaky & Kissil, 2015)
Feeling like a disappointment to family	‘I certainly wouldn’t meet their expectations, because my parents wanted me to have a family. They wanted grandchildren. That would destroy their dreams.’ (Pietkiewicz & Kolodziejczyk-Skrzypek, 2016)
Growing up with a strict religious family made it harder	‘I’m Latinx, and my family is Dominican, and so growing up regular church attendance was considered a community norm, where my parents brought me to pray and also spend time with other members of our spiritual and ethnic community’ (Lockett et al., 2022)

Descriptive Theme	Quotes
Losing family was painful	‘The last time I saw my mother she had kicked me out of her life the last four years’ (Hill, 2016) ‘Because my mom knows, and she’s the most religious among us. She tells me bluntly that I’ll rot or burn in hell’ (Libiran, 2024)
Intersection of Identities	
All intersecting parts of identity are significant and part of the self	‘My queer and Muslim identities are like a cultural and religious fusion. They coexist and influence each other within the broader context of societal norms.’ (Roe, 2024)
Experiencing racism and homophobia made it harder	‘Microaggressional racism, like cultural appropriation, being made to feel like ‘an Other’…. mainstream lack of understanding of Islam, dealing with racist and Islamophobic threats after 9/11 happened, and navigating being the only brown person in white towns, as well as the only brown AND gay person who was visible where I was growing up.’ (Alvi & Zaidi, 2021)
Intersection of culture and religion made it harder	‘Part of the complexity for me was with my old church not only the queer identity, but also my racial identity. The church I left was predominantly white. So, to be in this place now where I can speak Spanish, which is my native tongue, and hear the Bible in Spanish...it has been a really healing place.’ (Gandy et al., 2021)
Journeys of Faith Exploration	
It's between me and God	‘What I did, although I had a one-on-one personal relationship with God, I was not attending church’ (Hill, 2016)
Learning more about theology	‘I’ve come to grips with who I am and I’m OK with that. I did a lot of research, and I don’t think some of the Bible verses actually mean what most churches say they mean. Before I searched it out, there were many times when I just thought I’d kill myself and get it over with. However, now I believe God loves me just as I am.’ (O'Flynne, 2020)
Moving away from organised religion towards an individual spirituality	‘Besides, I don’t care if religion accepts me. What matters to me is that I have faith that helps me survive each day.’ (Libiran, 2024)

Descriptive Theme	Quotes
Praying helped me accept myself	‘And so, I fasted for three days, and then I said okay God, where do you want me to go, and God said follow your heart and I heard him in my inner ear. He said, ‘Follow your heart.’ (Hill, 2016)
Religious beliefs changing over time	‘My Christian faith has evolved. I shifted from viewing my queerness as a conflict to embracing it as a part of God's diverse creation.’ (Roe, 2024)
Seeking spiritual counsel	Ramona deepened her faith by talking to a priest, ‘[He] made me believe there’s someone out there who has a plan for all of us, who knows everything about us even before we know it. So, I’ve been trying to get back into my faith with God, going back to what it means to be a child of God as a gay Christian.’ (Chiongbian et al., 2021)
Messages within Non-Affirming Religious Contexts	
Being gay is a sin	‘I know that Christians specifically despise the LGBTQ community simply for being LGBTQ. When I was younger, my pastor often preached about how he hated that Obama made marriage legal for the LGBTQ community. He made it very clear that LGBTQ people were not acceptable and would surely rot in hell’ (Lockett et al., 2022)
Being gay is forbidden	‘. . . It’s forbidden in religion to be gay. It’s like really the biggest sin you could ever have... that makes you feel so wrong, and they really fuck you up this way...and I think that if you’re a kid and the people they make you feel so wrong, you just develop a lot of mental illnesses.’(Alessi et al., 2021)
Being LGBTQ+ is due to spiritual defect or demon	‘I was deemed to be ‘different’ and not ‘spirit filled.’ It was suggested by several faculty members that I not return with my ‘rebellious spirit’ intact.’ (Craig et al., 2017)
Being rejected from church	‘When I told the truth I was immediately escorted out of the church. I was told that I was no good and that there is no place for people like me in this world. And this was a church that I had given nearly two and a half to three years of service…I loved that church’ (Hill, 2016)
Conversion practices	‘I did reparative therapy [at a religious university] because I had tried everything else that I could think of not to be gay. And one of the counsellors or psychologists, was just yeah reparative therapy will work like if you’re willing to put forth the effort, it’s possible to change your sexual orientation. So

Descriptive Theme	Quotes
	then like that consisted of basically I had to wear an elastic band on my wrist and anytime I felt attraction for women I'd snap myself with the elastic band and then, I was supposed to spend an hour or 2 hours a day thinking of women as disgusting' (Jacobsen & Wright, 2014)
Emphasis on heterosexual marriage being the goal in church made it difficult	'You know, the thing is, I agree with them [LGCCs]. I agree that we live in a culture that overvalues romantic love, that idolises it to the neglect of other forms of love, all kinds of the other intimate, enriching forms of relationship in love and community out there, and that we've created society overly obsessed with sex and romantic love.' (Freeman-Coppadge & Horne, 2019)
Feeling unsafe, alone and judged in religious spaces	'You always feel like an outsider and have to be ok with a part of your life, a part of your essence as a human being ridiculed or degraded in order to be a part of a religious community' (Lockett et al., 2022)
Misunderstanding LGBTQ+ identity as a sexual crime e.g. rape	One of her other friends was shocked like 'you let your kids go near a gay man?' (Roe, 2024)
Threatened education in religious schools	'During my first year at college, someone saw my girlfriend and I kiss on the swings at the campus park and immediately went and told the pastor of the school and church. The pastor called my house and informed my grandparents that I wasn't allowed on campus because of my actions. They were going to expel me' (Craig et al., 2017)
Other Helpful Ways of Coping	
Celibacy helps me accept both identities	'For some people, it (celibacy) is the most joyous, life-giving thing in the world.' (Freeman-Coppadge & Horne, 2019)
Exposure to cultural diversity helped	'University opened my eyes to diverse beliefs. Exploring Celtic paganism and encounters with friends from different backgrounds expanded my understanding of spirituality.' (Roe, 2024)
Having a supportive family helped	'But after I graduated high school, I sat down with my sisters and said, 'Do you think it's weird that I've kissed a girl and that I really liked it and that we did it for a long time?' And they said, 'So what. No one cares.' (Jacobsen & Wright, 2014)

Descriptive Theme	Quotes
Helping others gave me resilience to help myself	‘I was prepared to be kicked out if that meant that [LGBTQ] students on campus could meet and get the support they needed. I would alter the location of the group every week and the meeting place was always confidential and always on campus. That was one of my necessities—it had to be on campus to meet the needs and send the school a message. The administration had a tough time targeting me after more and more students started to come out on campus and be open, God-loving queer folk.’ (Craig et al., 2017)
Integrating identities was easier when you didn't think it was a sin	‘I've had no problems. Because if anything, I believe my spiritual identity is very much a part of my sexuality. Because I was never raised in a church or mosque or temple where it was believed, or where I ever heard, this is a sin that is a sin.’ (Roe, 2024)
Medication helped my mental health	‘But bottom line is I got better . . . it took me about 6 weeks to find the right antidepressant for me . . . I eventually got on Zoloft, and I’ve been on that ever since. And it has saved my life right there. I mean that has been my lifesaver. It really has.’ (Jacobsen & Wright, 2014)
Social media helped me connect with others	‘It is probably the easiest way to find people and connect and communicate with them. they are a lot of dating apps that help connect you, like tinder and OK Cupid … technology has streamlined the process. like before communication occurred on the traditional home phone and someone else could be listening. Nowadays, it is in your pocket and not open to many people. it is amazing. it is like I have a secret gadget with all my deeds on it’ (Alvi & Zaidi, 2021)
Therapy has helped	‘It was the first time I felt that someone really cared about me and was interested in my feelings. I felt rejected by my mother because she couldn’t accept I was gay, and the therapist really listened to help me overcome my fears and accept myself’ (Pietkiewicz & Kolodziejczyk-Skrzypek, 2016)
Religion Improves Wellbeing	
Feeling peace	‘Even in times of trying to figure out who I was with my orientation, I would go to the temple for clarity, or just peace. That was some of the only times that I could have peace of mind. And so having experiences like that has made it so I can’t leave, because it’s so strongly a part of who I am that I need that to stay a part of my life, even if it means certain people will persecute me for it and put me through a lot of horrible things.’ (Hoskin et al., 2024)
Loved by God	‘[My sexuality] is just a part of me, and I am as a whole imperfect. I learned about the unconditionality of God’s love despite my imperfection, Despite everything, I learned God really loved me’ (Chiongbian et al.,2021)

Descriptive Theme	Quotes
Made by God	'I do wholeheartedly believe that I am a daughter of God, and he has made me exactly the way that I am supposed to be.' (CB) 'To me at the end of the day, I say, I'm queer and I'm Muslim. And if Allah has a problem with that then surely, he would have not made me this way and surely, he would instantly give me a sign me to stop being queer' (Roe, 2024)
Trusting in God	'Because many times I ask my God to help me, and he help me with this. He helped me. He never disappointed me' (Alessi et al., 2021)
Significance of Religious Communities	
Affirming churches increased resilience and improved well being	'I firmly believe that God put me in the arms of that church as part of the healing process.' (Gandy et al., 2021)
Connecting with others who had similar issues helped	'Started doing the group therapy and I really think that was, the individual therapy was really important, but the group therapy was a normalization. So, it was sitting in a room with people who don't all look like me, but all identified as lesbian, and all were struggling and saying the same things I'm saying. And just that realization that I'm not the only one. And it kind of opened me up to the community.' (Jacobsen & Wright, 2014)
It's harder to accept your LGBTQ+ identity when your religious community is everything	'In this community you have to fit the norms, even the clothes are the same, like uniforms. Even though the Orthodox are not all the same if they find out that you are different and even worse, a homosexual, which is a sin that should be punished by stoning, you will not be able to belong to any Orthodox community, nor your family and kids, but this is my community, this is where my parents and family live, this is where my kids will get married and live next to me. The future is predictable and familiar, I can't get caught.' (Itzhaky & Kissil, 2015)
Longing for more affirming religious places	'I just want the Church community to see me and to know who I am and just to say, 'Okay, these are the things that he's going through, and that's hard, and we're causing some of them. So, moving forward, what do we do?' (Hoskin et al., 2024)
Not wanting to lose community	'I am part of this community ... I was born into it ... life here is very convenient ... I am a man of faith and all the social, educational and religious services that I need are here. I don't know any other life. I wish myself that my kids will be able to stay here too ... but it is hard to be outside the box and in my case outside the closet ... if they find out, I will not be able to stay' (Itzhaky & Kissil, 2015)

Descriptive Theme	Quotes
Ways of Surviving	
Selective disclosure is a way of keeping safe	‘At home, I probably wouldn’t really mention it to my synagogue, like to me, my rabbi, or something. But I think they wouldn’t really care. But if I was at like an orthodox service, I wouldn’t talk about it.’ (Roe, 2024)
Suppressing sexual identity to cope	
Getting married to hide it	‘It was clear to me that I have to get marriage and build a house and a family ... this is what is expected, otherwise they will start checking what is wrong with me’ (Itzhaky & Kissil, 2015)
Trying to pray it away	‘There were times when I pleaded and even negotiated with God so that I could be straight. I believed that only then would I be freed of ‘demons’ and be able to live my life as a ‘normal’ heterosexual man. Heavenly father, I am so confused. I have been having such impure thoughts, thoughts that do not reflect what you represent. I am always hearing that being gay is a sin and that you punish those who are. I would never want to question what you do or why you do it, but why am I gay?’ (Gerena, 2019)

Analytical Themes

Given that the objective of thematic synthesis is to extend beyond the original findings of the included studies, five analytical themes were developed.

Through the iterative process of developing these analytical themes, it was evident that they provided a shared understanding of difficulties and highlighted vulnerabilities, triggers and experiences that may lead to mental health difficulties. Additionally, descriptive themes showed unhelpful and helpful ways of coping, as well as experiences that provided LGBTQ+ individuals to move towards accepting and loving their religious and sexual identities. Therefore, analytical themes were shown in a 5Ps Framework as this formulation helps explain the onset and maintenance of challenges and is widely using in clinical settings to formulate a shared understanding of an individual's psychological difficulties.

The 5Ps framework - comprising predisposing, precipitating, presenting, perpetuating, and protective factors, is shown in Table 8, along with the corresponding descriptive themes. The iterative process of developing these themes is shown in Appendix D.

Table 8

Analytical Themes

Analytic Theme	Descriptive Themes	Studies Contributed
Predisposing		9 Studies: (Roe, 2024), (Gerena, 2019), (Lockett et al., 2022), (Alessi et al., 2021), (Itzhaky & Kissil, 2015), (Pietkiewicz & Kolodziejczyk-Skrzypek, 2016), (Alvi & Zaidi, 2021), (O'Flynne, 2020), (Gandy et al., 2021)
	Growing up with a strict religious family made it harder	
	All intersecting parts of identity are significant and part of the self	
	Experiencing racism and homophobia made it harder	
	Intersection of culture and religion made it harder	
	It's harder to accept your LGBTQ+ identity when your religious community is everything	
Precipitating		18 Studies: (Roe, 2024), (Gerena, 2019), (Craig et al., 2017), (Chiongbian et al., 2021), (Hoskin et al., 2024), (Lockett et al., 2022), (Alessi et al., 2021), (Pietkiewicz & Kolodziejczyk-Skrzypek, 2016), (Sadusky, 2018), (Jacobsen & Wright, 2014), (Alvi & Zaidi, 2021), (Jones et al., 2022), (O'Flynne, 2020), (Hill, 2016), (Gandy et al., 2021), (Freeman-Coppadge & Horne, 2019), (Itzhaky & Kissil, 2015) (Libiran, 2024)
	Experiencing guilt for hiding it from family	
	Feeling like a disappointment to family	
	Losing family was painful	
	Messages within Non-Affirming Religious Contexts	
	Being gay is a sin	
	Being gay is forbidden	
	Being LGBTQ+ is due to spiritual defect or demon	
	Being rejected from church	
	Conversion practices	
	Emphasis on heterosexual marriage being the goal in church made it difficult	
	Feeling unsafe, alone and judged in religious spaces	
	Misunderstanding LGBTQ+ identity as a sexual crime eg. rape	
	Threatened education in religious schools	
	My identities aren't compatible	
Presenting		18 Studies: (Roe, 2024), (Gerena, 2019), (Craig et al., 2017), (Chiongbian et al., 2021), (Hoskin et al., 2024), (Lockett et al., 2022), (Alessi et al., 2021), (Pietkiewicz & Kolodziejczyk-Skrzypek, 2016), (Sadusky, 2018), (Jacobsen & Wright, 2014), (Alvi & Zaidi, 2021), (Jones et al., 2022), (O'Flynne, 2020), (Hill, 2016), (Gandy et al., 2021), (Freeman-Coppadge & Horne, 2019), (Itzhaky & Kissil, 2015) (Libiran, 2024)
	Being LGBTQ+ and having a faith negatively impacted mental health	
	Depression	
	Difficulties with accepting myself	
	Engaging in compulsive behaviours and addictions	
	Exacerbates previous problems	
	Feeling lonely and isolated in the church	
	Living in fear and anxiety of being found out	
	Social withdrawal	

Analytic Theme	Descriptive Themes	Studies Contributed
	Suicidal ideation and self-harm	
	Trauma and abuse	
	Navigating identity conflict led to shame and internalised homophobia was difficult	
Perpetuating		
	Being LGBTQ+ negatively impacted my faith	15 Studies: (Roe, 2024), (Gerena, 2019), (Chiongbian et al., 2021), (Hoskin et al., 2024), (Lockett et al., 2022), (Pietkiewicz & Kolodziejczyk-Skrzypek, 2016), (Sadusky, 2018), (Jacobsen & Wright, 2014), (Alvi & Zaidi, 2021), (Jones et al., 2022), (O'Flynne, 2020), (Hill, 2016), (Gandy et al., 2021), (Freeman-Coppadge & Horne, 2019), (Itzhaky & Kissil, 2015) (Libiran, 2024)
	Feeling distant from God	
	Grief over loss of community	
	Living in fear of hell	
	Withdrawing from church	
	Coming out in some environments is still dangerous	
	Identity Conflict	
	Integrating identities is a non-linear journey of self-acceptance	
	Not wanting to lose community	
	Ways of Surviving	
	Selective disclosure is a way of keeping safe	
	Suppressing sexual identity to cope	
	Getting married to hide it	
	Supressing all sexuality	
	Trying to pray it away	
Protective		
	Supports	12 Studies: (Roe, 2024), (Craig et al., 2017), (Chiongbian et al., 2021), (Hoskin et al., 2024), (Lockett et al., 2022), (Alessi et al., 2021), (Pietkiewicz & Kolodziejczyk-Skrzypek, 2016), (Sadusky, 2018), (Jacobsen & Wright, 2014), (Alvi & Zaidi, 2021), (O'Flynne, 2020), (Hill, 2016)
	Exposure to cultural diversity helped	
	Having a supportive family helped	
	Integrating identities was easier when you didn't think it was a sin	
	Religion helps my mental health	
	Feeling peace	
	Loved by God	
	Made by God	
	Trusting in God	
	Pathways	
	Affirming churches increased resilience and improved well being	16 Studies: (Roe, 2024), (Gerena, 2019), (Craig et al., 2017), (Chiongbian et al., 2021), (Hoskin et al., 2024), (Lockett et al.,
	Celibacy helps me accept both identities	

Analytic Theme	Descriptive Themes	Studies Contributed
	Connecting with others who had similar issues helped	2022), (Alessi et al., 2021), (Pietkiewicz & Kolodziejczyk-Skrzypek, 2016), (Sadusky, 2018), (Jacobsen & Wright, 2014), (Alvi & Zaidi, 2021), (O'Flynne, 2020), (Hill, 2016), (Gandy et al., 2021), (Freeman-Coppadge & Horne, 2019) (Libiran, 2024)
	Embracing my identities was good for my mental health	
	Helping others gave me resilience to help myself	
	Identity integration is complex and multi-faceted	
	Journeys of faith exploration	
	Helping others in the church	
	It's between me and God	
	Learning more about theology	
	Moving away from organised religion towards an individual spirituality	
	Praying helped me accept myself	
	Religious beliefs changing over time	
	Seeking spiritual counsel	
	Longing for more affirming religious places	
	Medication helped my mental health	
	Significance of religious communities	
	Social media helped me connect with others	
	Therapy has helped	

Predisposing Factors

This theme identified factors exacerbating the challenges faced by individuals navigating both sexuality and faith. Nine studies contributed to this theme, collectively highlighting that the intersection of faith and sexuality often was a predisposing factor in and of itself to these difficulties.

Five studies highlighted how belonging to a minoritised ethnic background, further complicated the difficulties LGBTQ+ individuals faced as they reported heightened experiences of discrimination and minority stress, feeling marginalised due to their sexual identity racial or ethnic background. One participant expressed this sense of exclusion, stating, 'being brown is tough, it's not easy always trying to fit in' (Alvi & Zaidi, 2021). This highlights the stress of feeling like an outsider across multiple aspects of identity, along with reduced social support due to limited safe spaces, which increased individuals' vulnerability.

Additionally, participants described an 'inseparable bond between aspects of racial and ethnic identity and religious and spiritual identity', and that 'being Black has made it almost a necessity to be somewhat religious' (Lockett et al., 2022). These findings suggest that religious identity can be ingrained within cultural frameworks, making the navigation of LGBTQ+ and religious identities complex as the person may fear losing their cultural, sexual and religious identity.

Furthermore, when religious communities are the primary source of social, familial, and cultural support, accepting an LGBTQ+ identity can become more difficult if it risks losing those support networks. One study focusing on Jewish Orthodox communities emphasised how intertwined religious life is with social and familial structures, noting that leaving the community could result in the loss of friends, family, home, and employment (Itzhaky & Kissil, 2015). One participant captured this fear, stating, 'this is where my parents and family live. This is where my kids will get married and live next to me, the future is predictable and familiar. I can't get caught', emphasising how religion is not just a belief system, but a way of living. This suggests that individuals living and working within religious

communities may be more vulnerable to identity conflict, as revealing their LGBTQ+ identity could carry the risk of losing their social networks, employment, and home.

Some studies highlighted that participants raised in religious households encountered greater challenges in avoiding homophobic messages growing up. One participant reflected on these experiences, stating, 'it seemed nearly impossible to avoid long, uncomfortable discussions about homosexuality during family gatherings…conversations like these further added to my feelings of shame and fear of condemnation' (Gerena, 2019). These findings suggest that experiencing negative religious messaging during formative years can make individuals more vulnerable to identity conflicts, as individuals grapple with reconciling their emerging LGBTQ+ identity within an environment that may stigmatise it.

Precipitating Factors

This theme describes factors which acted as triggers for experiencing mental health problems. All 18 studies contributed. The studies demonstrated that experiencing non-affirming messages withing religious settings and the impact on family relationships tended to be precipitating factors for experiencing identity conflict. Participants internalised these messages, which often led to mental health difficulties.

All studies highlighted ways in which participants experienced non-affirming messages about their sexuality from religious people or institutions. These messages included that being LGBTQ+ was a sin, due to a spiritual defect/demon, or was likened to rape. Additionally, participants spoke about feeling unsafe and rejected from religious spaces, summarised by one participant who said 'I was the one they threw the stones at' (Gandy et al., 2021). Additionally, five studies mentioned conversion practices. One participant describes their experience as '[I was] put on a 40 day fast of bread and water because I loved another man. I am diabetic. If I had submitted to the fast, I would have died,' (Craig et al., 2017) which highlights some of the traumatic experiences' participants suffered. The common thread between these experiences was that participants thought their sexual identity was wrong and was condemned by their religion. This triggered feelings of shame, internalised homophobia and identity conflict.

Thirteen studies highlighted how perceived incompatibility between participants' religious and sexual identities led to identity conflict. This internal conflict is exemplified by one participant who stated, ‘growing up in church I always heard that God represents love, kindness, and compassion. It was hard to accept that message since I would often get told that I was going to hell for being gay,’ (Gerena, 2019). This illustrates the dissonance participants experienced, as religious teachings about love and compassion directly conflicted with teachings condemning their sexuality.

Furthermore, some participants internalised these messages, perceiving their sexual identity as divine punishment, which reinforced feelings of unworthiness and a belief that they deserved to suffer. Studies frequently described this as an ‘internal struggle’ or ‘emotional turmoil’, reflecting the distress participants faced as they grappled with the tension between their faith and their sexual identity.

The experience of sharing LGBTQ+ identities with family was often a precipitating factor as it resulted in feelings of guilt, rejection and loss. Participants described the negative impact on familial relationships, often expressing they had let their parents down, increasing feelings of shame. This was significant among participants raised in homes where religion and culture were intertwined. While some participants reported strained family relationships, others experienced rejection, including being forced to leave the family home or losing contact with parents e.g. ‘when she realized what this meant, she said she didn’t want to know me, that she didn’t have a son anymore,’ (Pietkiewicz & Kolodziejczyk-Skrzypek, 2016). This rejection and loss of support was a precipitating factor for identity conflict as participants did not feel their identity was acceptable, triggering feelings of unworthiness.

Studies also showed suppressing sexuality acted as precipitating factor for difficulties due to the strain this had on family and individuals. One participant articulated this struggle, saying ‘I hate that I am hiding a huge part of my life and I can’t sleep at night, feelings of guilt don’t let me sleep’ (Alvi & Zaidi, 2021). The continuous effort required to hide their sexuality often led to feelings of exhaustion and guilt. These emotional strains not only affected

participants but also had detrimental effects on their relationships, contributing to increased feelings of isolation and disconnection from others.

Presenting Difficulties

This theme highlights the mental health difficulties that resulted from navigating identity conflict, which included anxiety, depression, trauma and substance use. All 18 studies contributed to this theme, highlighting its significance and how being LGBTQ+ and having a faith negatively impacted mental health.

Fourteen studies stated that the conflict between participants' LGBTQ+ identity and their faith frequently led to internalised homophobia, which caused depression, suicidal ideation, and self-harm. Participants described feelings of unworthiness, with some expressing that they did not deserve to live. This often coincided with feelings of loneliness and social withdrawal as participants felt that they were a burden to others, for example, 'I would often wonder, what would happen if I were to take a bottle of prescription pills? Would anyone miss this "homo"?' (Gerena, 2019).

In addition, exposure to abuse within religious settings contributed to symptoms of trauma. One participant described this experience as, 'by far, one of the most traumatic periods of my life' (Jones et al., 2022). Feelings of self-blame were common, as individuals internalised the belief that they deserved the abuse they experienced.

To cope with internal conflict, participants often engaged in compulsive behaviours and developed addictions. For example, one participant reported heavy drinking as a way to numb feelings of shame (Gerena, 2019), while another study highlighted how participants who attempted to suppress their sexual identity engaged in compulsive masturbation, which subsequently triggered suicidal thoughts due to overwhelming shame (Pietkiewicz & Kolodziejczyk-Skrzypek, 2016). Drug addictions and overeating were other ways in which participants tried to escape difficult feelings.

Perpetuating Factors

This theme captures participants' behaviours and experiences that were likely to maintain or exacerbate their mental health difficulties. Some of the perpetuating factors that contributed to participants' distress, were the coping mechanisms they used to survive their experiences. Sixteen studies contributed to this theme, highlighting how participants often felt trapped in survival strategies that, whilst initially protective, reinforced difficulties.

One of the coping strategies identified was selective disclosure, which was common among those who navigated multiple social networks. This highlights the risks of coming out as some spaces are dangerous for LGBTQ+ individuals of faith, therefore participants concealed their LGBTQ+ identity in certain social settings and were hypervigilant to being exposed. The increased hypervigilance and experience of feeling unsafe to embrace identities in these contexts, often led to feelings of exhaustion and heightened feelings of identity conflict as individuals shifted between expressing parts of themselves, which perpetuated difficulties.

Another strategy was the active suppression of sexuality, which participants attempted through various ways, including prayer, celibacy, or heterosexual marriages. These methods offered an initial way of surviving but led to increased psychological difficulties and identity conflict. One participant reflected on this struggle, stating, 'I had an affair with another man but didn't come out to myself until 8 years later. By that time, I was married (to a woman) and had two children' (Craig et al., 2017). These experiences caused suffering to both the individual and family, as another participant explained, 'It led to a marriage that broke both of us' (Lockett et al., 2022).

Withdrawing from religious spaces was another way of surviving used to manage identity conflict. This protected participants from non-affirming religious messages, however, it also resulted in the painful loss of community and disconnection from God, which exacerbated mental health struggles. One participant explained: 'you also feel really distant from God, and that is really painful and distressing. Because kind of obviously, if you aren't capable of handling your problems, God is, but if God also feels super far away, then it is

hard to know who you can turn to' (Sadusky, 2018). This quote illustrates the isolation that resulted from withdrawing from religious communities, as participants were left without social and spiritual support, which perpetuated difficulties as they felt less able to cope.

Protective Factors

While the intersection of being LGBTQ+ and having a faith often had a negative impact on mental health, several studies identified protective factors. The protective factors identified had two subthemes: 'Supports' and 'Pathways'. 'Supports' describes experiences that reduced participants difficulties and helped them cope. 'Pathways' describes the unique ways in which participants began to accept their LGBTQ+ and religious identities.

Supports. In ten studies, participants discussed how their religious beliefs and practices supported their mental health. A key factor appeared to be a personal and intimate relationship with God, which improved participants' wellbeing. For many, the belief that God intentionally created them, including their sexual identity, was transformative. One participant articulated; 'I do wholeheartedly believe that I am a daughter of God, and he has made me exactly the way that I am supposed to be' (Roe, 2024). Participants further described how their faith served as a coping strategy through mental health difficulties. One participant shared, 'In those quiet moments where I'd be overcome with the Spirit or God's love, that was what kept me alive, I think' (Hoskin et al., 2024). These reflections highlight how a spiritual connection offered participants peace and protection, amidst challenges. The belief in a loving presence contributed to feelings of resilience and reduced experiences of isolation, reinforcing the idea that participants were never alone. These beliefs allowed participants to trust in God for support during difficult times, acting as a protective factor.

Supportive social environments were also a protective factor. Participants who were accepted by family members mentioned positive effects on their mental health and self-esteem, e.g. 'My family was very supportive! They love me so much! That's how I got through the fear of coming out!' (O'Flynne, 2020). Familial support affirmed their worth and helped protect them from shame associated with identity conflict.

Exposure to cultural and religious diversity was also identified as a protective factor. Participants who encountered diverse belief systems and interpretations of spirituality reported having a greater sense of acceptance and belonging. One study highlighted how participants who were exposed to a range of inclusive practices enabled participants to embrace their multifaceted identities, thus increasing wellbeing (Roe, 2024).

Pathways. This subtheme explores the protective ways in which participants began to accept and integrate their LGBTQ+ and religious identities.

An important part of overcoming identity conflict involved the exploration of faith. Fourteen studies explored participants' spiritual journeys, which was a way of resolving internal conflicts and improving mental health. For some, this included deepening theological understanding by studying religious texts or seeking guidance from religious leaders, as one participant articulates 'Thank God for the internet and my research. It took me the last two years of my marriage, researching everything from the bible in its original Hebrew' (Lockett et al., 2022). Engaging with theology allowed participants to assess and reinterpret traditional teachings on sexuality, leading to an affirming understanding which protected them against mental health difficulties as they accepted both sexual and religious identities.

Others distanced themselves from organised religion, instead embracing a more individualised spirituality. This shift enabled participants to be personally connected to God, whilst avoiding non-affirming and unsafe religious spaces. Participants who followed this path had an intimate relationship with God outside of religious communities. For many, prioritising God's acceptance over societal discrimination became an important aspect of their journey. As one participant expressed, 'I pray 5 times per day. Because it's between Allah and me. It's not between me and people' (Alessi et al., 2021). Feeling loved and accepted by God helped participants to accept themselves.

Additionally, 14 studies highlighted that inclusive faith communities were a protective factor as they provided participants with safe spaces where they could embrace both their spiritual and sexual identities without fear of judgment. Affirming churches helped individuals belong and provided emotional support, as one study mentions 'the biggest one is finding my

people that I feel safe with. Forming those connections with my people has been like probably the biggest thing and has had such a great impact' (Roe, 2024). Feeling accepted in affirming religious communities seemed to reduce feelings of isolation and shame as participants connected with others who shared similar struggles.

Additionally, seven studies highlighted how therapy and medication helped participants manage mental health difficulties, indicating that professional support was sometimes necessary to help recover from experiences.

Celibacy was a meaningful pathway for some individuals. Two studies highlighted how participants chose celibacy to reconcile their sexual identity with their religious beliefs. For these individuals, celibacy was an empowering decision that gave them peace as it allowed participants to maintain a connection to their religious values whilst finding harmony regarding their sexuality.

Another significant protective factor involved helping others. Five studies highlighted that supporting others gave participants a purpose and increased resilience. Engaging in volunteering, mentoring others, or community service allowed individuals to transform personal struggles into opportunities for positive impact as they gave hope to others. This proactive approach gave a different meaning to participants' experiences which improved their wellbeing, as one study highlights 'the feeling of being able to give back in the hope that I help someone also feel that they are not alone, I think that that's what shaped my faith' (Chiongbian et al., 2021).

Discussion

This systematic review aimed to explore mental health challenges and resilience among LGBTQ+ individuals of faith. With an increase in research in this area over the past five years, this review contributes by synthesising qualitative studies focused on LGBTQ+ individuals who maintained their faith and explores the impact on mental health and wellbeing. Eighteen studies were included in thematic synthesis, leading to the development of five analytical themes. Given the diverse experiences and identities within sexuality,

religion, and mental health, it is essential to acknowledge the influence of social and cultural contexts in shaping these concepts. The search strategy was intentionally broad to capture this diversity, with a large number of studies screened manually.

Overall, the findings highlighted that LGBTQ+ individuals of faith often experience discrimination and identity conflict which can be precipitating factors for mental health difficulties. Additionally, this review highlights that these experiences negatively impact participant's faith, which was seen as a loss. These mental health challenges are captured within the Presenting Difficulties theme. Additionally, the synthesis identified that certain experiences, such as having multiple marginalised identities, as outlined in Predisposing Factors - may heighten vulnerability to identity conflict and mental health challenges. The review identities specific factors that exacerbated difficulties, as well as unhelpful coping strategies, known as Perpetuating Factors. The results also emphasised how faith can be a Protective Factor for LGBTQ+ individuals, and be a source of resilience, contributing to improved mental health and overall well-being.

The 5Ps Formulation

The synthesis identified Predisposing Factors that may increase vulnerability to mental health difficulties for LGBTQ+ individuals of faith. Participants with multiple marginalised identities, including religion, sexuality, and ethnicity, faced increased minority stress which can increase susceptibility to mental health difficulties due to ongoing stress and exhaustion from managing microaggressions (Meyer, 2003). This vulnerability was amplified for those raised in strict religious households, possibly due to the likelihood of parental rejection following sexual identity disclosure and absence of alternative, affirming messages in formative years. Parental rejection of LGBTQ+ identities has been associated with an increase in mental health difficulties, due to internalised homophobia and lower levels of social support (Puckett et al., 2015) , therefore could be a predisposing factor for mental health difficulties.

Identity conflict emerged as a primary precipitating factor for mental health challenges, resulting from non-affirming experiences within religious contexts. Psychological theories suggest that accepting and integrating one's identity is crucial for development (Cass, 1984; Erikson, 1995); therefore it is unsurprising that identity conflict can contribute to psychological difficulties. Participants described feeling their identities were incompatible, leading to internalised homophobia, which has been shown to contribute to mental health problems when parts of the self are suppressed or rejected (Newcomb & Mustanski, 2010).

The theme of Presenting Difficulties illustrates the negative mental health impacts identified across the studies. These difficulties were wide-ranging, as illustrated by various sub-themes. This finding aligns with existing literature; for example, Goodwin (2022) explored the impact of religious trauma on LGBTQ+ individuals, finding a significant negative impact on mental health. Similarly, Goodman's (2024) review analysed the association between religion and suicidality among LGBTQ+ individuals, identifying religiosity as a risk factor when individuals experienced conflict between their religious and sexual identities. These findings align with our results, which also emphasised the significance of identity conflict.

The theme of Perpetuating Factors highlighted coping strategies that exacerbated mental health struggles. Participants who distanced themselves from God or reduced religious activities mentioned that this decreased their ability to cope. This finding aligns with Gibbs and Goldbach (2015), who found that leaving one's religion increased the risk of suicidal thoughts. However, this contrasts with Wilkinson and Johnson (2021), who suggested that leaving religion can benefit LGBTQ+ individuals. This discrepancy highlights the nuanced and dynamic nature of religious and sexual identities. As Fletcher (2004) highlights, religion is not only a set of beliefs, but a way of finding meaning in life in a community; therefore, religion becomes intertwined with all aspects of life, including, social and cultural domains. This highlights the importance of understanding and exploring beliefs, life meaning and social and spiritual aspects of religion within a cultural context, particularly for LGBTQ+ individuals of faith.

The synthesis indicated that resolving identity conflict was important for improving mental health, as shown in the Protective Factors theme. Participants followed diverse pathways to achieve this, consistent with previous research. Wedow (2017) identified four pathways of reconciliation for LGBTQ+ individuals of faith: (1) embracing both identities, (2) embracing sexual identity and rejecting religious identity, (3) embracing religious identity and rejecting sexual identity, and (4) remaining uncertain about both identities. Since this review focused on individuals who maintained their faith, rejecting religion was not a pathway identified. However, some participants moved away from organised religion toward individual spirituality, which allowed them to embrace both identities as they were protected from non-affirming messages taught within religious communities. Others shared that celibacy was a meaningful way of embracing sexual identity and brought them closer to God. This highlights an important distinction between sexual identity and sexual behaviours, aligning with Gordon and Silva's (2015) concept of the 'sexual landscape', which posits that sexual identity encompasses not only behaviours, but thoughts, feelings, experiences and our interpretation of these elements. Therefore, celibacy seemed to be a way of making sense of thoughts and feelings around sexuality that helped participants to embrace their identity, without focusing on sexual behaviours. As participants described this choice as bringing peace, we suggest it should not be viewed as a rejection of sexual identity.

In contrast to the four concrete pathways suggested by Wedow et al. (2017), our synthesis found multiple and sometimes uncertain pathways to reconciling identities. Avishai (2020) critiques the identity conflict framework, emphasising that religious and sexual identities are fluid and that neither identity nor conflict is stable or uniform. Instead, Avishai (2020) advocates focusing on the processes of meaning-making within changing social, political, and cultural contexts. This perspective suggests that instead of focusing solely on resolving identity conflict, it is valuable to explore the ambivalence within the journey, allowing individuals to find purpose and meaning in their experiences. This fluid approach aligns with the findings of this review, as the studies highlighted diverse pathways that reflect ongoing journeys of identity exploration rather than a fixed endpoint of reconciliation.

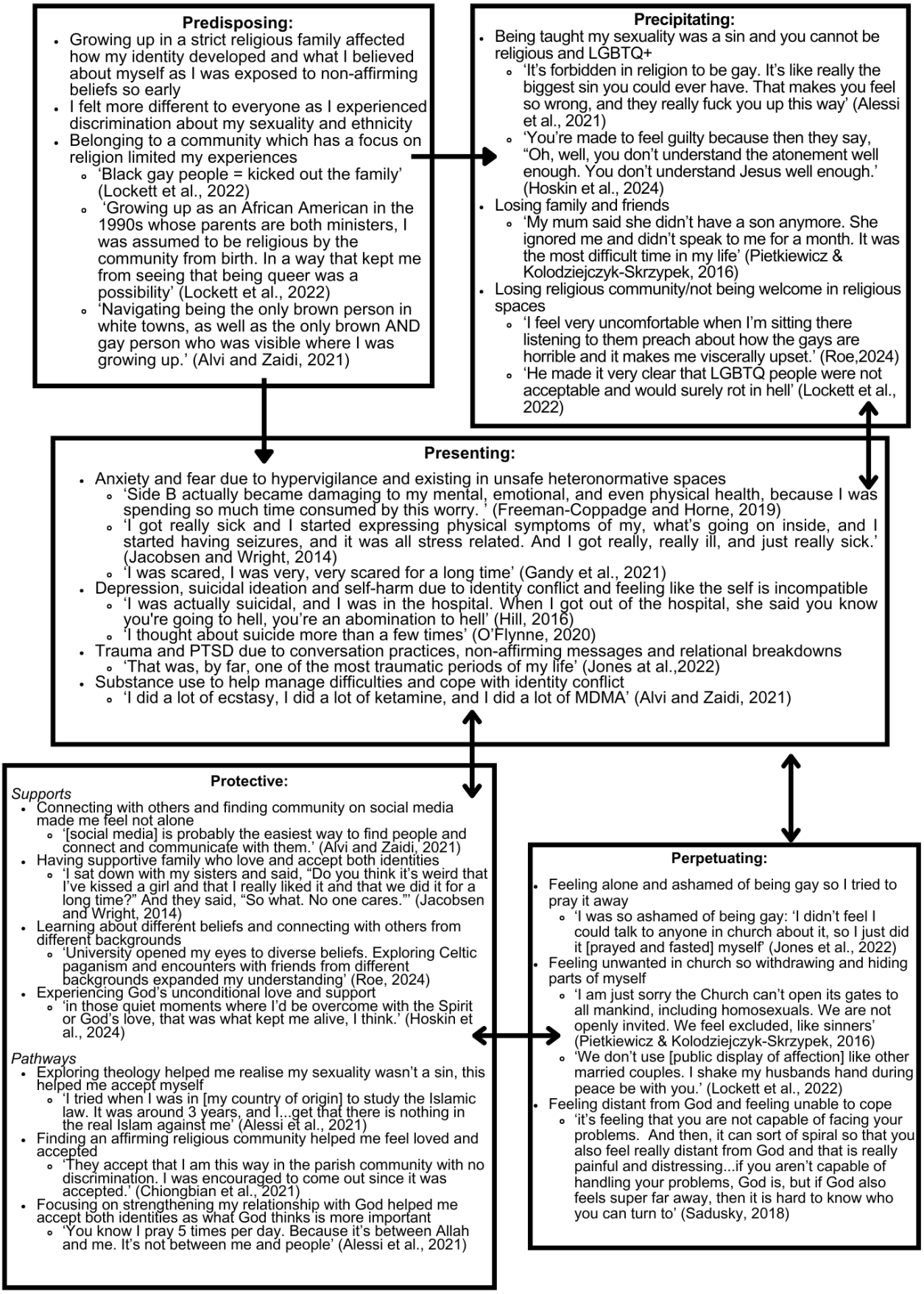
This review also found that religion can serve as a protective factor for LGBTQ+ individuals of faith, helping participants cope with challenges and enhancing well-being. This aligns with Wilkinson and Johnson's (2021) review, which highlighted the positive social support religion can offer LGBTQ+ individuals. This review suggests that feeling loved and protected by God can protect against loneliness and feelings of burdensomeness, which are known risk factors for mental health issues, particularly suicidality (Van Orden et al., 2010). Additionally, affirming communities and having a relationship with God increases social support, which has been shown to reduce mental health difficulties by mitigating negative self-appraisals and perceived stress (Li et al., 2023).

Clinical Implications

By integrating the 5Ps framework, this review provides valuable insights for clinicians in formulating mental health difficulties experienced by LGBTQ+ individuals of faith. The 5Ps framework is widely used in NHS settings in the UK, therefore this review can support mental health services in understanding how sexuality and religion intersect, potentially leading to identity conflict and distress. Figure 2 shows a clinical example of a 5Ps formulation populated with quotes from included studies. It is hoped that this will be helpful in services as it highlights how identity conflict was at the core of difficulties, and it is important to bring this into formulation so it can be a focus in treatment. The framework presented here demonstrates an example of how the 5Ps formulation may be used, based on collective experiences in existing research, however, it is hoped that that practioners use the 5Ps formulation collaboratively and meaningfully with individuals, being flexible to individual and community needs.

Figure 2

5Ps Example



This review highlights the importance of including religion into formulation for LGBTQ+ individuals who access support. This is similar to Liboro's (2015) findings, who suggested that mental health interventions for religious LGBTQ+ individuals need to be culturally adapted and contextually based, emphasising that clinicians should be aware of differences and customs across religions, ethnicities and beliefs. However, literature suggest that psychologists receive little training on spiritual and religious competencies in therapy (Vieten et al., 2016), yet people accessing mental health support want to include religion and spirituality into their therapy (Oxhandler et al., 2021). This disparity highlights that professional training should be improved to better equip mental health practioners to ask and work with religious beliefs. For example, prioritising teaching on cultural competencies and different religious beliefs, and increasing opportunities for co-working with chaplains where appropriate.

This review highlights that religion can be a protective factor, improving well-being and providing coping strategies for LGBTQ+ individuals. These findings are valuable for religious leaders and communities as they emphasise the significance of creating safe and inclusive spaces where LGBTQ+ individuals can develop their faith without experiencing conflict. Collaborating across disciplines, bringing together psychologists, theologians, and religious leaders, may be a way of creating trauma-informed religious spaces and resources that are rooted in spiritual beliefs and affirming theology.

Research in this area has grown over the past five years, reflecting an evolving cultural context. Future reviews could examine the nuances across different religions and ethnicities, exploring potential variations in mental health impacts and protective factors. Such insights could enhance understanding and the development of more targeted support and preventative strategies.

Strengths and Limitations

The 5Ps framework strengthens the clinical relevance of the review as this framework is widely used within the NHS. Moreover, including the benefits and negative impacts on mental health, this review provides a deeper understanding of the intersection between

sexuality and faith, which is a key recommendation for thematic synthesis (Thomas & Harden, 2008).

A further strength of this study is the number of studies included compared to previous similar reviews, demonstrating a thorough and systematic search and screen process. The use of the CASP tool adds strength to this process as it demonstrates a standardised approach and allows quality of studies to be compared. The inclusion of grey literature mitigates publication bias and ensured a diverse representation of societal and cultural contexts across the studies.

In line with Thomas and Harden's guidance (2008), all studies were included in this synthesis to minimise publication and research bias. However, 11 studies did not show ethical considerations or reflexivity statements, which are particularly important in research influenced by social and cultural contexts. Additionally, it was difficult to tell whether four studies had appropriate methodology as they did not share epistemological positions. As these elements are critical for assessing the quality of qualitative research (Yardley, 2000), it is difficult to fully evaluate the trustworthiness of all studies. Therefore, this review emphasises the need for future qualitative research to prioritise including reflexivity statements, ethical considerations and epistemology approaches to improve methodological rigour.

A limitation of this review lies in the definition of search terms as research must categorise and define concepts and the selection of religious terms required subjective decisions by the author. The philosophical discourse surrounding the definitions of religion, faith, and spirituality suggests that these concepts are complex and multifaceted, and the terminology may have excluded certain experiences. Whilst a critical realist approach allowed the study to focus on religious institutions and a broad search strategy was used to mitigate some of these limitations, this approach inherently limits the review to more widely recognised religious traditions.

Additionally, the study relies on participants self-identifying their sexuality as part of the inclusion criteria. Some individuals may be uncomfortable or unsure about labelling their

sexual identity, therefore, these criteria may have limited the diversity of experiences captured.

A further limitation is not having a second reviewer to check the validity of the quality appraisal and screening process. However, digital audit trails were kept on Nvivo and were reviewed with the supervisor regularly. A second reviewer will be sought to review before publication.

This study focused on research published within the past decade, however, as meaning is often socially constructed and influenced by context, it highlights the need for a further review to explore experiences of being LGBTQ+ and religious across different time periods. This would increase our sociological understanding of how the interactions and impact of being LGBTQ+ and religions may have changed across generations.

Conclusions

Overall, this review contributes to research in this area by exploring the mental health challenges and resilience among LGBTQ+ individuals of faith. The integration of the 5Ps framework adds clinical relevance, hopefully broadening the review's impact. The 18 studies included highlight the complex and nuanced conflicts faced by LGBTQ+ individuals of faith as they navigate their relationship with God, community relationships, and non-affirming religious messages.

This review increases our understanding by highlighting that LGBTQ+ individuals of faith may be vulnerable to mental health difficulties due to internalised homophobia and identity conflict. However, it also indicates that finding affirming religious communities and deepening one's faith can serve as protective factors that promote resilience and wellbeing. These insights can inform efforts to better support this community through developing preventative strategies that support LGBTQ+ individuals of faith find affirming communities, as well as improving clinicians understanding and formulation of how these experiences may impact mental health.

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Appendices

Appendix A – Spider Tool

The SPIDER tool applied to the review questions

Framework Concept	Review Question
Sample	LGBTQ+ adults with a current religious beliefs or faith
Phenomenon of Interest	Experience of being LGBTQ+ and having a religion
Design	Interviews, questionnaires, surveys, focus groups
Evaluation	Experiences and impact on mental health and wellbeing
Research Type	Qualitative

Appendix B - Boolean Phrase Example

lgbtq OR "sexual minority groups" OR lesbian* OR homosexuality OR bisexual* OR "sexual inversion" OR sapiosexual* OR pomosexual* OR omnisexual* OR graysexual* OR demisexual* OR queer OR gay OR asexual* OR pansexual* OR lgb* OR "sexual minorit*" OR pomosexual OR sapiosexual OR “sexual inversion” OR homophile

religious* OR protestant* OR catholi* OR mormon* OR sikh* OR hindu* OR buddhis* OR christian* OR jew* OR judaism OR muslim* OR islam OR "Faith Based Organizations" OR "church of latter day saints" OR “spiritual*” OR faith* OR religio* OR church* OR temple* OR mosque* OR synagogue* OR Gurdwara

"mental disorder*" OR "mental health*" OR "mental illness*" OR depression OR “low mood” OR anxiety* OR ptsd OR "post traumatic stress" OR "eating disorder*" OR anorexi* OR bulimi* OR psychosis OR wellbeing OR "self-harm" OR suicid* OR "alcohol misuse" OR "alcohol abuse" OR "drug abuse" OR "drug misuse" OR "social withdrawal" OR “protective factor*” OR resilience OR “psychological flexibility” OR “cognitive flexibility” OR “psychiatric symptom*”

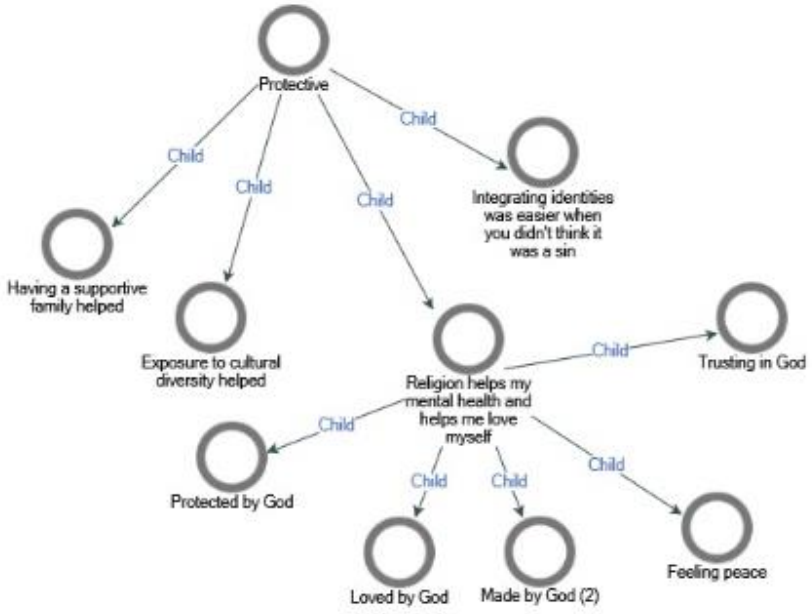
Appendix C - Search Terms

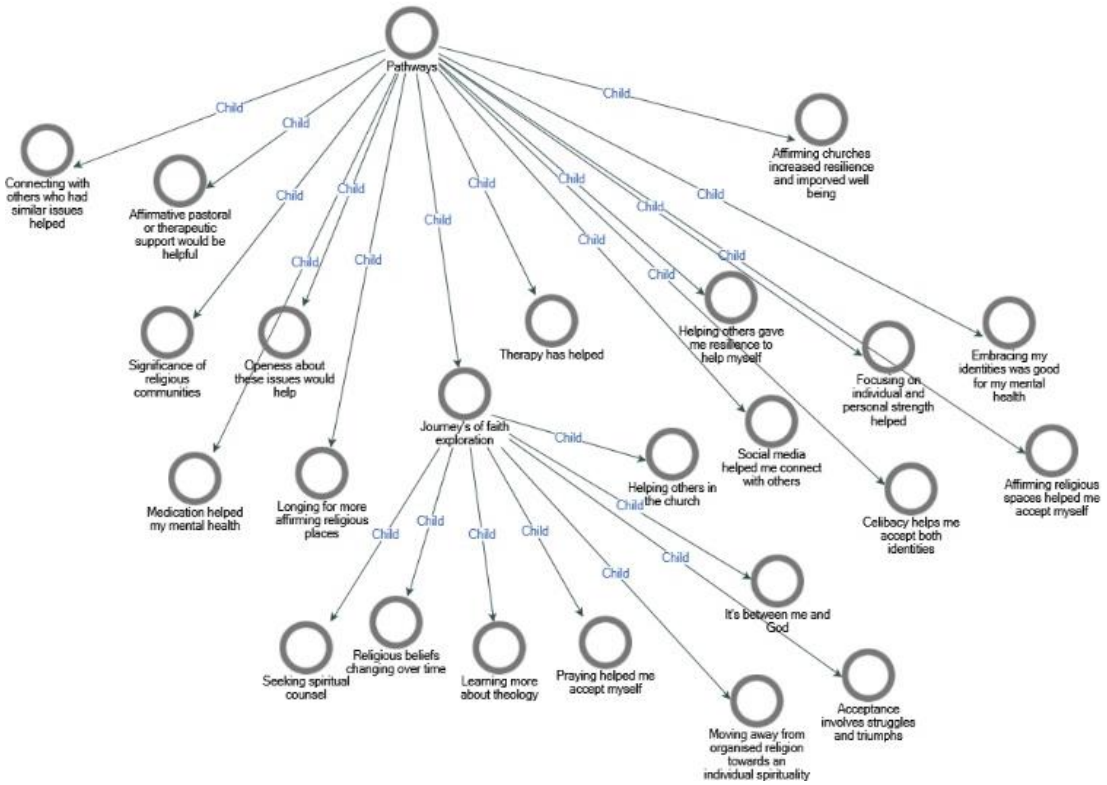
This is an example of search terms which were inputted. Keywords and key search terms were mapped o subject headings within each database.

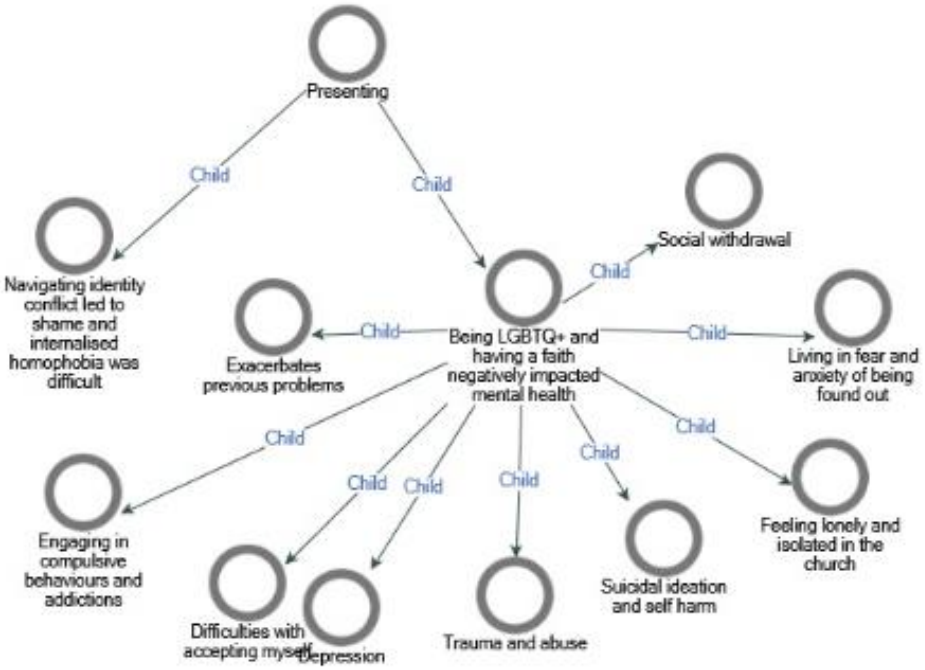
LGBTQ+	Religion	Mental Health & Well-being
exp Sexual Minority Groups/	exp Religion/	exp Mental Health/
exp LGBTQ/	exp Religious Groups/	exp Mental Disorders/
exp Pansexuality/	exp Faith Based Organizations/	exp Well Being/
exp Asexuality/	exp Spirituality/	"mental disorder*".mp.
bisexual*.mp.	exp Religious Beliefs/	"mental health*".mp.
homosexual*.mp.	exp Religious Communities/	"mental illness*".mp.
lesbian*.mp.	Hindu*.mp.	depression.mp.
sexual minorit*.mp.	religio*.mp.	depressed.mp.
LGB*.mp.	spiritual*.mp.	"low mood".mp.
pansexual*.mp.	muslim*.mp.	anxiety*.mp.
asexual*.mp.	islam*.mp.	anxious*.mp.
gay*.mp.	jew*.mp.	PTSD.mp.
queer*.mp.	Judaism*.mp.	trauma*.mp.
demisexual*.mp.	mormon*.mp.	"eating disorder*".mp.
graysexual*.mp.	"church of latter day saints".mp.	anorexi*.mp.
omnisexual*.mp.	catholic*.mp.	bulimi*.mp.
pomosexual*.mp.	protestant*.mp.	psychosis.mp.
sapiosexual*.mp.	christian*.mp.	"post traumatic stress disorder".mp.
"sexual inversion".mp.	Sikh*.mp.	"emotional wellbeing".mp.
homophile.mp.	Buddhis*.mp.	wellbeing.mp.
	faith.mp.	"self harm*".mp.
	"church*".mp.	suicid*.mp.
	temple*.mp.	stress*.mp.
	mosque*.mp.	"drug *use".mp.
	synagogue*.mp.	"alcohol *use".mp.
	Gurdwara.mp.	exp Social Withdrawal/

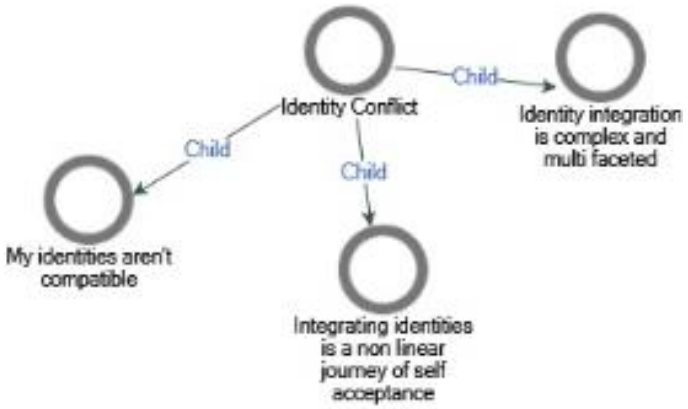
LGBTQ+	Religion	Mental Health & Well-being
	exp Religious Organizations/ exp Religious Practices/	exp Psychiatric Symptoms/ exp Protective Factors/
	"religious practices".mp.	"social withdrawal*".mp.
	"religious organization*".mp.	"psychiatric symptom*".mp. exp "Resilience (Psychological)"/
		resilience.mp.
		"psychological endurance".mp.
		exp Psychological Flexibility/ "psychological flexibility".mp. "protective factor*".mp.
		rumination.mp.
		"cognitive appraisal".mp. "cognitive flexibility".mp.

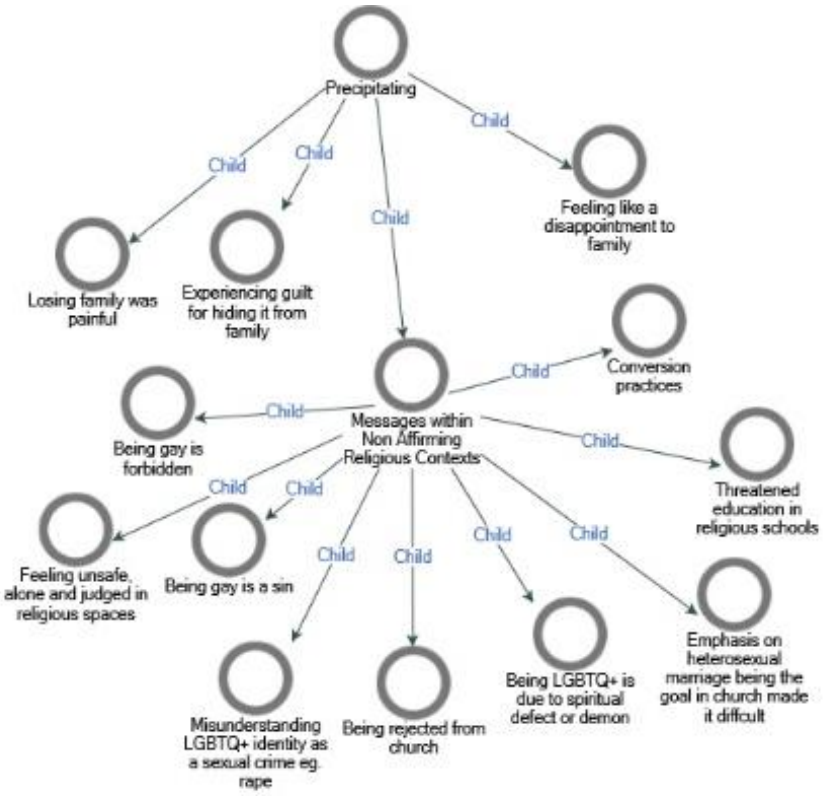
Appendix D - Initial Development of Analytical Themes

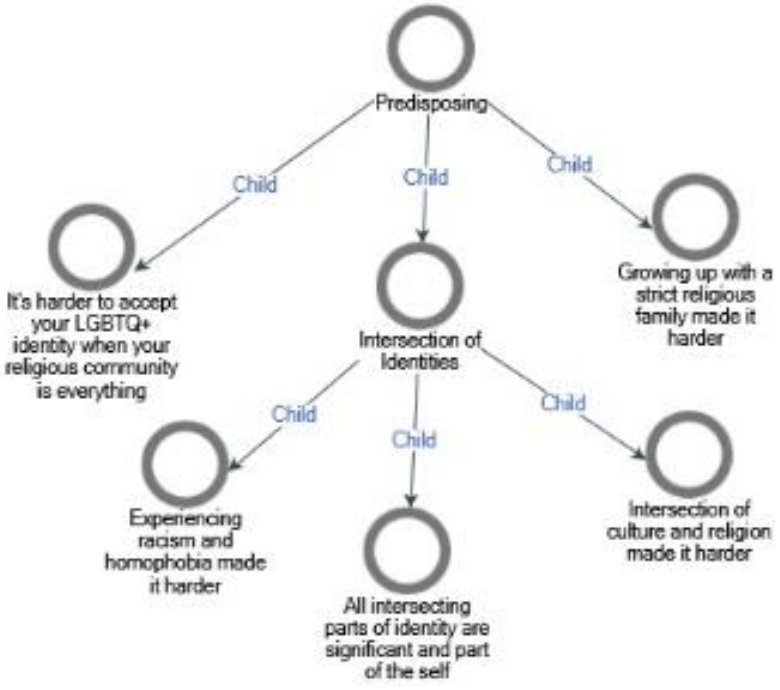


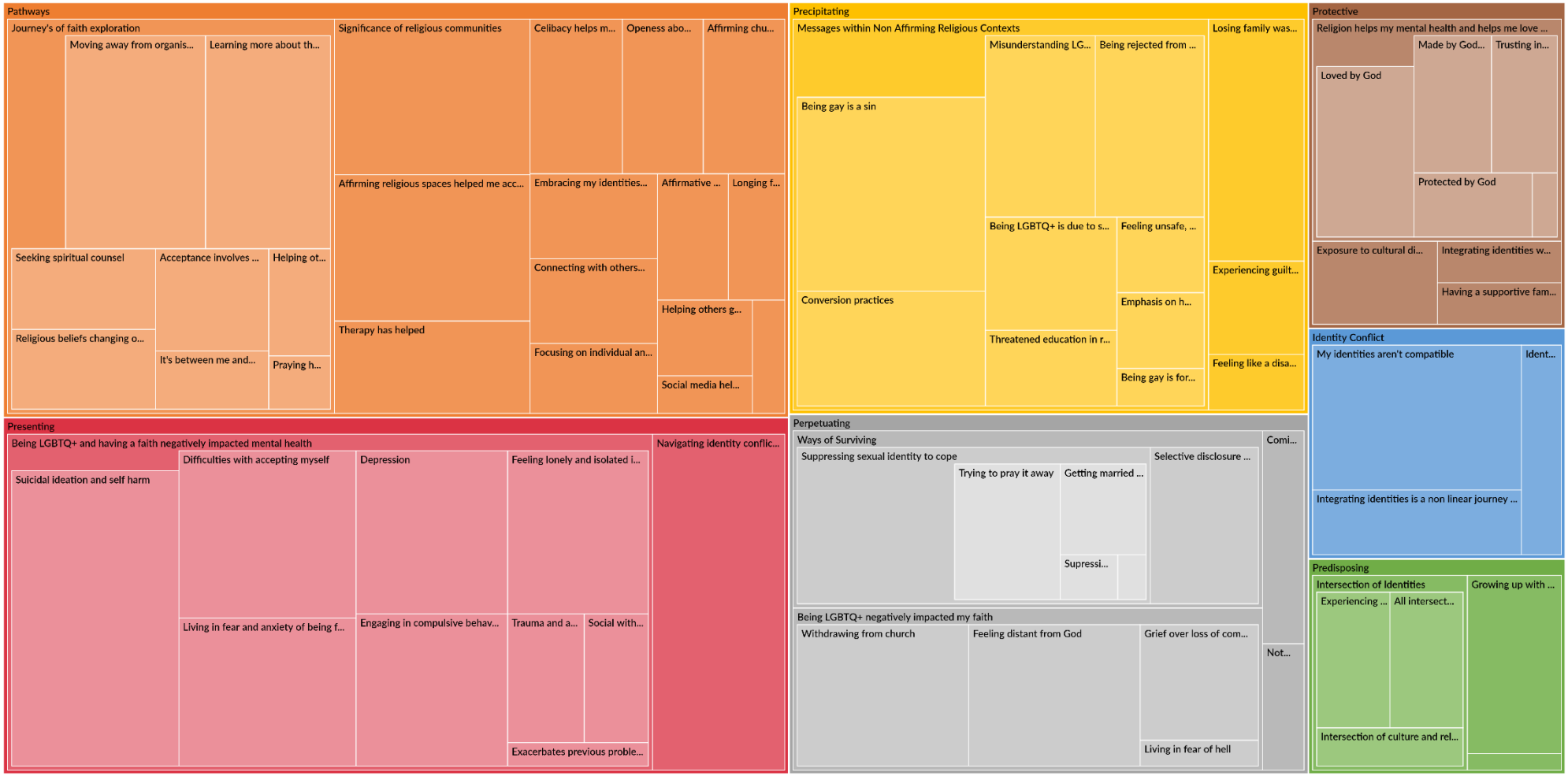



Presenting
Child
Child
Navigating identity conflict led to shame and internalised homophobia was difficult
Social withdrawal
Child
Exacerbates previous problems
Child
Being LGBTQ+ and having a faith negatively impacted mental health
Child
Living in fear and anxiety of being found out
Child
Child
Child
Child
Child
Child
Engaging in compulsive behaviours and addictions
Difficulties with accepting myself
Depression
Trauma and abuse
Suicidal ideation and self harm
Feeling lonely and isolated in the church


Identity Conflict
Child
Identity integration is complex and multi faceted
Child
Child
My identities aren't compatible
Integrating identities is a non linear journey of self acceptance


Precipitating
Child
Child
Child
Child
Losing family was painful
Experiencing guilt for hiding it from family
Feeling like a disappointment to family
Child
Conversion practices
Child
Messages within Non Affirming Religious Contexts
Child
Being gay is forbidden
Child
Child
Child
Child
Child
Child
Threatened education in religious schools
Feeling unsafe, alone and judged in religious spaces
Being gay is a sin
Misunderstanding LGBTQ+ identity as a sexual crime eg. rape
Being rejected from church
Being LGBTQ+ is due to spiritual defect or demon
Emphasis on heterosexual marriage being the goal in church made it difficult


Predisposing
Child
Child
Child
It's harder to accept your LGBTQ+ identity when your religious community is everything
Intersection of Identities
Growing up with a strict religious family made it harder
Child
Child
Child
Experiencing racism and homophobia made it harder
All intersecting parts of identity are significant and part of the self
Intersection of culture and religion made it harder


Pathways
Journey's of faith exploration
Moving away from organis...
Learning more about th...
Seeking spiritual counsel
Acceptance involves ...
Helping ot...
Religious beliefs changing o...
It's between me and...
Praying h...
Significance of religious communities
Affirming religious spaces helped me acc...
Therapy has helped
Celibacy helps m...
Openess abo...
Affirming chu...
Embracing my identities...
Affirmative ...
Longing f...
Connecting with others...
Helping others g...
Focusing on individual an...
Social media hel...
Precipitating
Messages within Non Affirming Religious Contexts
Being gay is a sin
Conversion practices
Misunderstanding LG...
Being rejected from ...
Being LGBTQ+ is due to s...
Feeling unsafe, ...
Emphasis on h...
Threatened education in r...
Being gay is for...
Losing family was...
Experiencing guilt...
Feeling like a disa...
Protective
Religion helps my mental health and helps me love ...
Loved by God
Made by God...
Trusting in...
Protected by God
Exposure to cultural di...
Integrating identities w...
Having a supportive fam...
Identity Conflict
My identities aren't compatible
Ident...
Integrating identities is a non linear journey ...
Predisposing
Intersection of Identities
Experiencing ...
All intersect...
Intersection of culture and rel...
Growing up with ...
Presenting
Being LGBTQ+ and having a faith negatively impacted mental health
Suicidal ideation and self harm
Difficulties with accepting myself
Living in fear and anxiety of being f...
Depression
Engaging in compulsive behav...
Feeling lonely and isolated i...
Trauma and a...
Social with...
Exacerbates previous proble...
Navigating identity conflic...
Perpetuating
Ways of Surviving
Suppressing sexual identity to cope
Trying to pray it away
Getting married ...
Supressi...
Selective disclosure ...
Being LGBTQ+ negatively impacted my faith
Withdrawing from church
Feeling distant from God
Grief over loss of com...
Living in fear of hell
Comi...
Not...

Appendix E – ENTREQ Statement

ENTREQ Statement	
Aim	What are the experiences of mental health challenges and resilience among LGBTQ+ individuals of faith? through the following aims: - What are the different mental health experiences of LGBTQ+ individuals who have religious beliefs? - How might the intersection of religion and LGBTQ+ identity impact mental health? - How might the intersection of religion and LGBTQ+ identity improve wellbeing and/or be a protective factor?
Synthesis methodology	Thematic synthesis
Approach to searching	Comprehensive search strategy used via the 7s approach
Inclusion criteria	Specified in table
Data sources	PsycINFO, Embase, Medline, and Scopus were searched from start date until December 2024. Google Scholar, ResearchGate and reference lists of included studies were also searched.
Electronic Search strategy	Search strategy included in appendices
Study screening methods	Title, abstract then full text. Screened by one author initially but reviewed with supervisor at regular stages
Study characteristics	Table included
Study selection results	Prisma diagram outlines how studies were selected
Rationale for appraisal	Quality appraisal of the methodological strengths and limitations of each primary qualitative study was complete through the Critical Appraisal Skills Programme tool (CASP), which has been shown to be appropriate for Thematic Synthesis
Appraisal items	CASP tool
Appraisal process	Independently but digital trails kept and reviewed with supervisor
Appraisal results	CASP appraisal table is presented
Data extraction	As recommended by Thomas and Harden (2008), all study findings were extracted from primary sources. This included all text labelled ‘results’ or ‘findings’. NVivo used to analyse data
Software	NVivo
Number of reviewers	Primary author was the reviewer. A subsequent reviewer will be sought for publication though decision were reviewed at regular stages and an audit trail kept

ENTREQ Statement	
Coding	Thematic Synthesis will follow the protocol outlined by Thomas and Harden (2008). Results sections from selected articles were compiled into NVivo for line-by-line coding.
Study comparison	Line by line coding was done and where text contained multiple ideas overlapping codes were used. Similar codes were explored using mind maps.
Derivation of themes	Inductive due to the nature of thematic synthesis
Quotations	Quotations provided in text and in tables
Synthesis output	5Ps formulation presented

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Emperical Paper: Exploring relational experiences of the LGBTQ+ community: looking at identity development, self-to-self, self-to-other and self-to-society relationships through a Cognitive Analytic Therapy lens.

Author: Deborah Charis Bell
Student number: C2063345
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Newcastle University

Total word count: 10, 932 (extended word count approved by progress committee) (including 76 words in the figure)
Abstracts, appendices and ethical considerations are not included in word count (as permitted)

This thesis is submitted in partial fulfilment of the degree of Doctorate in Clinical Psychology.

I declare that this assignment is my own work and I have correctly acknowledged the work of others. This assignment is in accordance with University and School guidance on good academic conduct

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Abstract

Background: Historically, the sexuality of LGBTQ+ individuals has been pathologised, leading to persistent discrimination. Research shows that discrimination based on sexual identity is linked to poor mental health outcomes, as explained by the minority stress model highlighting the LGBTQ+ population as a vulnerable group. However, existing models often overlook the role of interpersonal relationships in understanding LGBTQ+ experiences, particularly the complex, fluid process of 'coming out,' which is shaped by intersectionality, relationships, and environmental factors. Cognitive Analytic Therapy (CAT) offers a relational framework for understanding psychological difficulties, emphasising how early relational and socio-cultural experiences are internalised and shape the self through a repertoire of reciprocal roles. Recent studies have used CAT to explore gender dysphoria and sexuality, demonstrating its relevance to understanding unique experiences of the LGBTQ+ community.

Aims: This qualitative study seeks to explore the relational experiences of LGBTQ+ individuals using CAT theory, focusing on identity development (self-self relationships), self-other relationships, and self-society relationships. This study aims to investigate:

1. Understanding how early caregiving relationships impact an individual's relationship with the self and others
2. Understanding how relationships are impacted through the coming out process, or how coming out is impacted by relationships
3. Understanding how other aspects of identity relate to sexual identity and our relationships
4. Understanding how sexual identity and relational experiences impact the self

Methods: This study employed Interpretative Phenomenological Analysis (IPA) and involved interviews with 11 participants, recruited through snowball and purposive sampling to create a diverse sample. CAT theory was then applied as an additional interpretative framework to provide a clinically applicable understanding of these themes.

Results: Six Group Experiential Themes (GETs) were identified: *Coming Out: Discovering and Sharing Who I Am*; *Is it Wrong to be LGBTQ+? Questions and Beliefs about Being 'Normal'*; *Different Parts of Me*; *Feeling Safe in Relation to Others*; *Feeling Unworthy and Unlovable*; and *Being Authentically Me*. Subthemes were also identified within these GETs and visual interpretations of themes were created. A CAT map was developed from the themes, outlining reciprocal roles (RRs), reciprocal role procedures (RRPs), and self-states. The findings highlight the influence of early caregiving relationships, the coming out process, and societal experiences on participants' self-development, while also revealing the complexity of identity, including intersections with factors such as neurodiversity and religion.

Conclusion: The CAT map captures the distinct reciprocal roles and procedures that the LGBTQ+ community may experience, emphasising the critical role of the self-society relationship in identity formation. It underscores the importance of the "healthy island" concept and illustrates how healing reciprocal role procedures can promote a more integrated and connected sense of self. This framework may help clinicians support LGBTQ+ individuals facing mental health challenges related to their relational experiences and sense of self. The study also highlights areas for further research and discusses its strengths and limitations.

Plain Language Summary

Background: LGBTQ+ individuals have historically faced discrimination, with their sexuality often being treated as a problem or illness. This discrimination still affects the community today and can lead to poor mental health. However, many studies do not fully explore experiences in relationships for LGBTQ+ individuals, especially the process of coming out, which is influenced by friends, family and society. Cognitive Analytic Therapy (CAT) is a type of therapy that focuses on how early relationships and social experiences shape who we are and how we form relationships. Recent studies have used CAT to explore how it applies to gender dysphoria and sexuality in the LGBTQ+ community.

Aims: This study looks at relationships of LGBTQ+ individuals through the lens of CAT. It focuses on how identity develops and how people relate to themselves, others, and society. The study aims to explore:

1. How early caregiving relationships shape a person's relationship with themselves and others.
2. How the process of coming out is affected by relationships, and how it impacts relationships in return.
3. How different aspects of identity relate to sexual identity and relationships.
4. How sexual identity and relationship experiences affect a person's sense of self.

Methods: This research used interviews with 11 participants, recruited through community connections to ensure diversity. The data was analysed to identify key themes, and CAT was used as a framework to help make sense of the findings for clinicians working in mental health settings.

Results: The study identified six key themes: *Coming Out: Discovering and Sharing Who I Am*; *Is it Wrong to be LGBTQ+?*; *Different Parts of Me*; *Feeling Safe in Relation to Others*; *Feeling Unworthy and Unlovable*; and *Being Authentically Me*. Illustrations for each theme were also created. These themes highlight the impact of early caregiving, coming out, and societal experiences on identity development. They also show the complexity of identity, and the importance of other identities such as neurodiversity and religion.

Conclusion: A diagram was created to show how the LGBTQ+ community may experience different relational patterns and how they cope with feelings that may arise from these patterns. This highlighted the importance of the relationship between self and society in shaping identity. This diagram could help clinicians better support LGBTQ+ individuals facing mental health challenges related to their relationships and sense of self. The study suggests areas for further research

Introduction

Minority Stress

The most recent NHS report shared that LGB adults face poorer mental wellbeing and higher rates of mental health conditions compared to heterosexual individuals (NHS, 2021). Research links discrimination and oppression faced by the LGBTQ+ community to poor mental health, as explained by the minority stress model (Balakrishnan et al., 2022; Meyer, 1995; Meyer, 2003). Minority stress is often higher for those with intersecting minority identities; for example, one-third of LGBTQ+ individuals from racially minoritised backgrounds or with a faith report discrimination based on sexuality (Stonewall, 2017).

LGBTQ+ Relational Experiences

Discrimination and oppression can cause internalised negative attitudes towards the self, known as internalised homophobia, impacting relationships as individuals avoid closeness (Frost & Meyer, 2009) resulting in isolation and decreased coping resources (Mereish & Poteat, 2015).

Understanding how others, particularly caregivers, relate to someone of a different sexual identity is important. Bowlby's attachment theory highlighted that early caregiver relationships shape internal working models of the self, the world, and future relationships (Bowlby, 1997). Research demonstrates that adult attachment styles influence intimate relationships (Brennan & Shaver, 1995), self-esteem (Bylsma et al., 1997) and our mental health (Wei et al., 2005; Zhang et al., 2022). Building on this, Ryle and Kerr (2020) emphasise a relational understanding of the self, where early caregiver interactions are fundamental to development and individuality. They further highlight that self-formation continues to be influenced through relationships during adulthood (Ryle & Kerr, 2020).

For LGBTQ+ individuals, caregiver roles are significant in sexual identity development, especially during the 'coming out' process, which involves sharing one's sexual identity with others. Taylor and Neppl (2023) illustrated that parental rejection of an individual's sexuality is associated with later identity difficulties; whilst Greene and Britton

(2015) highlighted that positive childhood experiences are associated with increased self-compassion and happiness in LGBTQ+ adults.

It is evident that the mental health, relationships and safety, of LGBTQ+ people is impacted by the responses and actions of others in relation to their sexuality.

Identity Formation and Coming Out

Ryle and Kerr (2020) emphasise the role of language as a shared system of signs which help individuals make sense of the world. Language is interchangeable, and whilst sexual orientation and sexual identity are inextricably linked, this paper focuses on sexual identity. Gordon and Silva (2015) define sexual orientation as the array of sexual attractions made up of thoughts, feelings and behaviours; and sexual identity as how we make sense of this array of experiences. Sexual identity is then integrated into identity formation and the view of the self (Gordon & Silva, 2015).

Erikson's (1995) psychosocial theory situates sexual identity development in adolescence during the 'identity vs. role diffusion' stage. Here, individuals develop romantic feelings, becoming aware of their sexual identity and reconcile their internal self with external perceptions. Cass (1984) explored this through six stages of homosexual identity development emphasising a progression towards self-acceptance and increased engagement with the LGBTQ+ community.

As Queer Theory evolved, it challenged binary frameworks, emphasising the importance of societal constructs in shaping identity. Rust (1993) explored sexual identity formation from a social constructionist perspective, highlighting the influence of societal and cultural factors in shaping experiences. She argued that identity formation occurs through a series of social interactions, with individuals' interpretations of these interactions shaping their understanding of sexual identity (Rust, 1993). According to Ryle and Kerr (2020), this meaning making process becomes internalised and is reenacted through relationships.

Gordon and Silva (2015) build on Rust's (1993) concept and proposed an understanding of sexual identity as dynamic and multifaced; highlighting that sexual identity

is shaped by an interplay of individual experiences, social and cultural narratives and interpretive processes. One such interpretive process, is intersectionality. Race, class, gender, age and other nonsexual identities can influence how we interpret internal processes, which can in turn influence how identity is expressed (Gordon & Silva, 2015). This highlights the potential for identity conflicts to arise due to non-affirming contexts, which can lead to sexuality being viewed as incompatible with other identities (Gordon & Silva, 2015). Furthermore, D'Augelli (1994) emphasises that coming out involves asserting an identity that challenges heteronormative norms, requiring individuals to 'exit' the presumed heterosexual identity. This process demands assertiveness, which, when combined with institutional stigmatization, can affect identity formation and potentially impact mental health. Recent studies highlight strategies like ‘selective outness’ to navigate these challenges (Duguay, 2016; Orne, 2011).

Stryker and Burke (2000) emphasised social support in identity formation, noting that when an aspect of identity is affirmed, it becomes more significant. This process highlights the connections between sexual identity development, coming out and acceptance. Furthermore, acceptance from significant others has been found to offset the effects of discrimination (Coleman, 1982). However, there is criticism of the narrative around disclosure being imperative to identity development and acceptance, suggesting it portrays those concealing their sexuality as disempowered and dishonest. Rasmussen (2004) stated that people’s ability to negotiate identity, and coming out, is impacted by age, socioeconomic status, religion and race. Huang (2021) expands on this and highlights the traditional discourse of coming out is predominantly shaped by Western narratives and may not reflect LGBTQ+ communities from different backgrounds. Huang (2021) suggests a move away from traditional frameworks to better capture the diverse experiences of LGBTQ+ individuals across cultures.

It's evident that coming out is a complex and fluid process, influenced by intersectionality, relationships and environmental factors pertaining to safety and connecting with one's whole self.

The Cognitive Analytic Therapy Lens

Cognitive Analytic Therapy (CAT) provides a relational understanding of people's difficulties, focusing on how early relational experiences are internalised and creates the Self as a repertoire of reciprocal roles (RRs) (Ryle & Kerr, 2020). CAT views the Self as a 'dynamic fragment of a social whole', emphasising the multiple parts influenced by relational, social and cultural factors (Ryle & Kerr, 2020, p. 17). This aligns with Gordon and Silva's (2015) interpretive theory of sexual identity development, as both emphasise the importance of meaning-making derived from experiences.

Coping patterns, or reciprocal role procedures (RRPs), emerge as the Self learns patterns of behaviours to respond to relational experiences (Ryle & Kerr, 2020). If a person has a traumatic relational experience, it can result in problematic RRPs which impact future relationships with the Self, others, and society. Therefore, CAT's emphasis is on recognising problematic RRPs and enabling changes to the Self.

CAT theory has recently been used to help understand sexuality in the LGBTQ+ community, and highlights that harmful RRPs experienced by LGBTQ+ individuals, can become internalised leading to a 'disconnected self' (Tinlin-Dixon, 2023). There is an opposition between the disconnected and authentic Self states and CAT framework illustrates how experiencing affirming RRs can create a safe space for the authentic Self to be integrated, known as the queer healthy island (Tinlin-Dixon, 2023). Additionally, Laws (2019) used the CAT model to explore gender dysphoria and highlighted the impact of societal dialogue (e.g. oppression and discrimination) on self-self and self-other relationships.

CAT theory posits that the Self is observed as a bio-psycho-social entity, therefore, the CAT model seems suitable to explore relational experiences of the LGBTQ+ community,

as sexuality has historically been situated and defined in a sociocultural and political context. Previous literature has emphasised the significance of intersecting influences of identity, such as social, and cultural contexts and the individuals' own meaning-making (Gordon & Silva, 2015; Rust, 1993). Therefore, the CAT model is suited to further expand on how these experiences have impacted self-self and self-other relationships.

Aims and Objectives

This research aims to explore the relational experiences of LGBTQ+ individuals, including early experiences, development of the Self, and sharing sexual identity with others. Using a qualitative approach, this study will use CAT theory to focus on sexual identity development (self-self-relationship), self-other relationships and self-society relationships, with the specific research questions:

1. Understand how early caregiving relationships impact an individual's relationship with the Self and others
2. Understand how relationships are impacted through the coming out process, or how coming out is impacted by relationships
3. Understand how other aspects of identity relate to sexual identity and our relationships
4. Understand how sexual identity and relational experiences impact the Self

Methodology

Approach to Inquiry

Ontology

This research adopts a relativist ontological position, recognising that knowledge, truth and morality are shaped by experiences, within specific social and cultural contexts (Hume, 2000). Favouring contextualism, this research recognises that knowledge is influenced by perspective, historical context, and present circumstances, making it dynamic and context-dependent (Larkin et al., 2006; McKenna, 2015). This is pertinent to cultural shifts in societal perspectives of LGBTQ+ relationships.

This approach acknowledges that fully embodying another's perspective is impossible, thus, data interpretation involves the researcher's own insights (Smith, 1996), enabling exploration and creation of understanding, despite differences.

Epistemology

This research takes a social constructionist epistemological approach, emphasising that knowledge is actively constructed through social processes and cultural contexts (Burr, 2004; Gergen, 2001). It posits that our understanding of reality is shaped by the meanings we create within social groups, highlighting the significance of language, discourse, and power (Berger, 1991; Burr, 2004).

Social constructionists are often interested in how we categorise individuals - such as by gender, sexuality, race, and class - and aim to demonstrate that classifications do not encompass everyone's experiences and that identity formation is shaped by social processes (Gordon & Silva, 2015; Hollinger, 1995). This perspective suggests that knowledge generation is relative and varies across cultures and history (Berger, 1991; Gergen, 2001). This aligns with Ryle and Kerr's (2020) concepts in CAT regarding the social formation of the mind, which emphasises social and relational influences in the development of self.

Interpretative Phenomenological Analysis (IPA)

IPA is a qualitative methodology committed to how people make sense of their experiences, and is concerned with psychological questions (Smith et al., 2022). This approach is appropriate when the phenomenon is relational or social, such as sexuality (Larkin et al., 2019). Smith et al. (2022) do not insist on prescriptivism regarding IPA, but encourage innovation, providing the underlying philosophy principles of phenomenology, hermeneutics and idiography are adhered to. Smith et al. (2022) also highlight that themes developed in IPA can be used as a framework for further analysis and encourages the possibility of using an integrative position for IPA and psychological theory. Additionally, there has been an increase in multiperspectival designs in IPA research, particularly combining the IPA approach with concepts from systemic psychology (Larkin et al., 2019).

Phenomenology

Phenomenology, the philosophical study of human experience, explores the meaning of lived experiences (Smith et al., 2022). Influenced by Husserl's (1931) view that to understand experience, we must reflect on it, Smith et al. (2022) emphasise curiosity about what matters to people. To achieve this, the interview process creates an opportunity to be intentional about exploring meaning. Embracing the individual's experience allows the research to recognise that each member of the LGBTQ+ community has a unique experience, and it is important to become immersed in their perspective to help understand it.

Hermeneutics

Central to hermeneutics is the hermeneutic circle; understanding the part requires understanding of the whole, and vice versa. From a psychological perspective, this highlights that exploring relational systems can help us understand how individuals' experiences are influenced by broader contexts, and vice versa. During analysis, interpretation moves

iteratively between parts of the text and the whole, creating a hermeneutic circle that deepens understanding and creates new perspectives (Smith et al., 2022).

This research questions aims to gain an in-depth understanding of relational experiences of individuals within the LGBTQ+ community, requiring looking at the individual and the whole, and emphasising the individual voice and the impact of wider relational patterns from society and early life.

Idiography

Idiography is concerned with the details of the individual, which means IPA is suited to smaller, purposively selected samples where an individual case analysis is completed before being curious about wider themes (Smith et al., 2022). Acknowledging the neglect and misrepresentation of LGBTQ+ individuals in research, this study uses an idiographic approach to explore unique experiences to gain an in-depth understanding.

CAT Theory and IPA

IPA was chosen for this study due to its strong focus on the individual's lived experience and its capacity to generate detailed accounts, which is particularly important when working with intersecting and minoritised identities. While other methods (such as reflexive thematic or framework analyses) could have offered broader themes and included a wider range of studies to provide a general overview of LGBTQ+ religious experiences, it would have lacked the depth required for meaningful integration with CAT theory. IPA allows for a more reflective and nuanced understanding that aligns with the development of therapeutic CAT tools, which rely on detailed insight into personal experiences and relational patterns. IPA's hermeneutic and idiographic principles also mirror the interpretive nature of CAT, which involves exploring how RRs develop and how meaning is made from experiences.

This methodological choice is further supported by the study's social constructionist epistemology. Social constructionism posits that knowledge and meaning are shaped

through social processes, language, and cultural contexts. This perspective is particularly important when researching LGBTQ+ individuals, who navigate a heteronormative society where constructs such as ‘coming out’ are shaped by dominant norms. The way sexuality and identity are experienced and understood varies across cultures. In line with this, CAT theory is influenced by dialogical theory and emphasises how the self is formed and shaped through relational and social interactions. Dialogical processes are a form of social constructionism, as both focus on how meaning is co-constructed through dialogue. The reformulation process and development of shared meaning in CAT reflect this epistemological stance, as they centre on collaboratively making sense of lived experiences.

Overall, the integration of IPA with CAT within a social constructionist framework provides a strong fit, allowing for both in-depth personal insight and attention to the relational and social contexts that shape those experiences, and the meaning made from them.

Public Involvement

Smith et al. (2009) propose researchers think about how research may be perceived, referring to this as third level hermeneutics, and suggest target populations are involved in research development. Additionally, public involvement increases the value, integrity and quality of the research as perspectives are added (Biggane et al., 2019).

Therefore, a focus group (n=3) and survey (n=8) with LGBTQ+ individuals was conducted to discuss the interview questions, research aims, and language use. Participants were recruited via opportunistic sampling through the researcher’s network.

The focus group and survey highlighted that language preferences varied and was personal. However, they identified that LGBTQ+ was the preferred and most inclusive term for referring to the community. The focus group gave feedback on the interview schedule and made suggestions about the order which was taken on board. Additionally, the focus group responded positively to the research aims and perceived it as giving people a voice and improving care. This demonstrates how the hermeneutic circle guided interview

development as input from the LGBTQ+ community ensured each question (the part) captured meaningful experiences and was aligned with the research question (the whole).

Accessibility of language was raised as an issue; therefore, explanations of terminologies (see Appendix A) and plain language summaries have been provided. To increase accessibility of the findings, an artist created illustrations of themes found, which were shared with participants.

Recruitment and Participants

Ethical Considerations

Ethical Approval was granted by the university's Research Ethics Board (REF: 2587/33513) (Appendix B). Confidentiality, consent and the purpose of the research was discussed with participants prior to interview (see appendices C and D). Each participant received a sheet detailing available support services and received a debrief conversation (see Appendix E).

Recruitment

Participants were recruited via adverts which were distributed across social media networks, LGBTQ+ charities (such as Imaan LGBTQ+, Ginindian, UK Black Pride, One Body Faith, African Rainbow Family) and pride networks. Recruitment was opportunistic and adverts were staggered to allow a purposive sampling strategy to obtain a diverse sample, in terms of age, ethnicity, gender, religious beliefs, socioeconomic status and sexual identity. Level of education, geography and employment characteristics were included to further contextualise the data and give additional information to the participants setting (Levitt et al., 2017). Participants were asked to register their interest in the study and complete an online demographics questionnaire to support purposive sampling. This sampling approach, along with the reasons for its use, was explained to participants during the registration process.

Purposive sampling allowed the sample to represent some perspectives within the LGBTQ+ community that might be marginalised if not deliberately integrated (Levitt et al.,

2017). This strategy ensured marginalised perspectives within the LGBTQ+ community could be intentionally included to increase insight (Levitt et al., 2017). Yardley (2000) refers to this as 'theoretical' sampling as it allows a variety of exemplars within the phenomena to be explored.

Sample Size

Sample size (11) was determined by the model of information power (Malterud et al., 2016). Considering the aim of the study is reasonably narrow, there is established theory on CAT, identity formation and coming out theory, and the case-by-case analysis utilised, a higher information power is suggested (Malterud et al., 2016). Overall, this indicates a low sample was needed. Smith et al. (2022) emphasise the 'quality' of data rather than 'quantity', therefore, the researcher reflected and reviewed the data before completing more interviews.

Participants

All participants (n=11) were over 18 years old, had the capacity to consent and identified as LGBTQ+. Participants were required to speak English (but not necessarily as a first language) as analysing semantic content requires an in-depth knowledge of the linguistic context.

Table 1 shows the sociodemographic characteristics of participants (pseudonyms given). Level of education, geography, socio-economic status and employment demographics are not reported here to protect anonymity.

Table 1

Characteristics of Participants

Name	Age	Gender	Ethnicity	Sexuality	Religion
Alex	25-29	Non-Binary Trans Masculine	White British	Gay	Not sure
Alistair	25-29	Male	Black African	Gay	Christian
Aysha	35-39	Female	White British	Gay	Christian
Asher	25-29	Non-Binary	Asian Pakistani	Gay	Christian
Ben	30-34	Male	White British	Pansexual/ demisexual	Atheist
Grace	50-54	Female	White British	Unsure	Christian
Jenny	35-39	Cis Woman	White British	Lesbian	No religion
Liam	25-29	Non-Binary Trans Masculine	White British	Queer	No religion
Oliver	30-34	Male	White British and Welsh	Bisexual	Not sure
Theo	25-29	Non-Binary	Any Other White Background	Gay/queer	Not sure
Tracy	30-34	Female	Black British	Bisexual	Christian

Measures and Procedure

Interview Development and Procedure

A semi-structured interview process was used, divided into three parts: Coming Out, Early Relationships and Relationships with Others, and Relationship with Self and Sense of Identity. Question development was iterative, and feedback was gained from the focus group, as well as qualified CAT practitioners to ensure CAT concepts were incorporated questions (see Appendix G for interview guide).

Sixty-to-ninety-minute interviews were conducted online and recorded via Microsoft Teams. A digital transcript was downloaded and checked for accuracy.

Contextualisation of Data

As Levitt et al. (2018) highlights, it is important to acknowledge the context in which data is collected as this situates the research in relevant social dynamics, regardless of whether these are the explicit focus of the research.

Data was collected within the UK in 2023-2024 over a 5-month period. The widespread effects of COVID-19 were still felt and discussed. The Conservative party led government, and there was considerable discourse concerning trans-gender rights and conversion therapy within the media. Furthermore, there had been recent legislative changes in the US regarding healthcare rights for LGBTQ+ individuals, which were discussed in the UK media.

Analysis

IPA

Data was analysed using IPA, outlined by Smith et al. (2022).To improve rigour and facilitate the hermeneutic process, Nvivo software was used. Appendix H demonstrates how each stage of IPA was performed in Nvivo. The final stage involved the process of writing

the interpretation. To increase the accessibility of the findings, an artist created images which are a visual interpretation of each Group Experiential Theme (GETs).

Participant Feedback

Considering the hermeneutic circle and the dialogical influence of CAT, the findings (images and themes) were explored with participants. This allowed participants to recognise their own voice and see how it related (or differed) to others, highlighting the research's idiographic and phenomenological focus.

Integration of CAT Theory

Integration of CAT theory provided an additional framework to deepen understanding of the GETs created and provide a clinically applicable framework; this was embedded in three ways.

Firstly, a CAT map was co-created from the GETs, identifying RRs and self-states that are evident in the data. This was done during a consultation with two accredited CAT practitioners, where the researcher shared the GETs and participant quotes. A key aspect of mapping is the act of writing down words, as this creates a tangible representation of significant moments (Potter, 2020). This was done on a white board which was changed as more voices (participant quotes) were discussed (see appendix O). This aligns with the social constructionist perspective that language conveys personal experiences and creates shared understanding (Berger, 1991). Therefore, language used was significant and participants words were used to create the map. The map will act as part of the ‘whole’ within the hermeneutic circle, however, each participant may resonate with aspects of the map, meaning that the individual voice will not be lost.

Secondly, endings are a significant aspect of CAT, providing an opportunity to enact a new role of ‘ending well’ (Ryle & Kerr, 2020), therefore, reviewing GETs in a 1-1 session with the researcher was offered to mark the end of the research.

Thirdly, in CAT, letters help summarise and share meaning as part of the reformulation stage. A group reformulation letter was written to participants, capturing the

collective target problems, RRs, and RRPs, highlighting the impact of reformulation (see Appendix P). Potter (2020) highlights that writing these letters is a reflective occasion; given the sensitive topics covered in interviews and the researcher's emotional engagement with the data, writing a reformulation letter served as a meaningful ending for both participants and researcher.

Methodological Rigour

It is recognised that different criteria must be used to measure rigour in qualitative research (Dabengwa et al., 2023; Guba, 1981; Stahl & King, 2020). This research was guided by Yardley's (2000) principles for assessing quality of qualitative methodology in psychological research, which are as follows: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance.

Sensitivity to Context

Yardley (2000) states that research must be grounded in the surrounding context. To achieve this, the author explored the history of the LGBTQ+ community and conducted a relevant systematic review. Additionally, the researcher was aware of the power dynamic inherent to interviewing and utilised Bourdeau's (2000) principles to minimise harm through the use of bracketing interviews, reflexivity journals, providing clarity on the role of interviewer and debriefs.

Commitment and Rigour

Commitment was demonstrated through prolonged engagement to the topic, by attending CPDs, engaging with the literature and relevant socio-political context. The researcher led and executed all aspects of the research and was immersed in the data, which reflects the idiographic nature of IPA. The data analysis was explored in triangulation with research supervisors, CAT practitioners, members of the LGBTQ+ community and participants, which created opportunity for other perspectives. Additionally, Nvivo increased the efficiency of project management which increases rigour.

Transparency and Coherence

Transparency was increased through NVivo as a digital audit trail was kept, enhancing the confidence in findings (Smith et al., 2022). Additionally, GETs are supported by quotes and a visual interpretation helps convey the complexity of the phenomenon (Levitt et al., 2017). Results were shared and discussed with participants during feedback sessions which increases transparency of the research. In line with the hermeneutic principles of IPA, data analysis was not linear, and stages were revisited.

A reflexive journal and reflexivity statement was used to acknowledge the researcher's own context.

Impact and Importance

By involving the LGBTQ+ community in the research, it is hoped that this has given a voice to a population that have been misunderstood and pathologised within literature historically.

The research aims to help clinicians better support this community in therapeutic spaces, by gaining a deeper understanding of the unique and shared experiences of LGTBQ+ individuals. Through creating safer therapeutic spaces for the LGBTQ+ community, this research could help clinicians address the current health disparities observed.

Researcher Reflexivity Statement

As a researcher who identifies as White, Christian, female and straight, my personal background shapes my perspectives and lived experience. My identity holds privileges, which distances me from participant's experiences. I have had to acknowledge that the difficulties they may face, are not ones I have. This has driven me to want to pursue a greater understanding of these difficulties, so I can improve care for those that need support.

I have strived to maintain integrity within the research, but not distance, sharing in the pain participants expressed.

Throughout the research process, I have been mindful of my positionality and potential biases. It has been a delicate oscillation of feeling separate and feeling similar as I connected to different relational interactions. I have found myself in a position of the 'ally', wanting to create spaces where LGBTQ+ individuals feel safe to be themselves and love whomever they want.

Results

Group Experiential Themes

Across the interviews, participants shared experiences that revealed how they made sense of their relationships. Six GETs and subthemes, detailed in Table 3 were identified. Visual interpretations of each theme were created and are shown in the relevant subsection and collectively as a storyboard in Appendix N.

Table 3

GETs and Subthemes

GET	Subtheme
Coming Out: Discovering and Sharing Who I Am	Why does it matter and why should I do it?
	A tiring process of finding a label
	Is there a how and when for coming out?
	The pain of being rejected and feeling alone
Is it wrong to be LGBTQ+? Questions and beliefs about being 'normal'	Doubting myself
	Wishing I was straight
Different Parts of Me	Rejection from church vs reconciliation with God
	Rejection from others vs reconciliation with myself
Feeling Safe in Relation to Others	Feeling threatened
	Loneliness and fear in early relationships
	Anticipating hurt and not knowing what love feels like

GET	Subtheme
Feeling Unworthy and Unlovable	Relearning relationships through experiencing safety and acceptance
	Trying to survive and ways to escape
Being Authentically Me	Feeling free vs fitting in
	Finding strength in myself vs finding strength in community

Coming Out: Discovering and Sharing Who I Am

This GET captures the varied experiences of disclosing sexual identity. For some, it was about labelling their identity; for others, it was who they loved. Hence, the GET is titled 'sharing who I am' rather than 'sharing my sexual identity.'

Why Does it Matter and Why Should I Do It? This subtheme captures participants belief that coming out should be unnecessary, as reflected in Jenny's comment 'I don't need to be told it's okay'. She mentions that acceptance should be 'baseline', highlighting the injustice of 'coming out' 'and facing uncertainty about acceptance.

Tracy expresses anger at this injustice, stating, 'you can't tell me what you want me to become…you can't tell me about myself,' using the second person pronoun to confront society and peers. It's evident Tracy values self-acceptance as she says, 'I had to come out to myself first,' and describes her sexual orientation as 'nobody's business,' indicating that her journey is private.

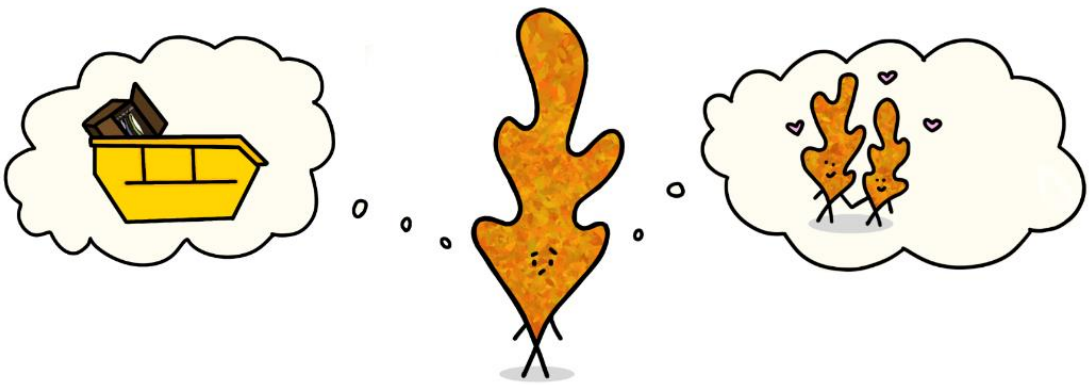
Grace also had a private, more intimate experience; instead of 'coming out', she describes having 'fallen for a woman,' emphasising emotional and romantic connection, rather than a label.

Notably, all three participants identify as White British and are over 30. Perhaps generational and cultural experiences have influenced this attitude, as many individuals growing up in this demographic were raised when discussing sexuality, was not common.

This British cultural inclination towards discretion may influence how Grace, Tracy and Jenny view coming out.

Figure 1

Why Does it Matter and Why Should I Do It?



A Tiring Process of Finding a Label. This subtheme illustrates that for some participants, coming out is a multi-staged, non-linear process, described as 'coming in and out of the closet.' The closet represents both safety and inauthenticity, creating a tension between the desire to be open and the need for security.

Participants described challenges finding a label, likening the process to ‘trying on hats’ as they navigated stages to understand their identity and connect with others. Ben and Theo initially identified as bisexual, finding it more socially acceptable and ‘easier to come back from,' highlighting societal pressure to conform to heteronormativity.

Aysha describes her experience by saying, ‘I keep coming out every time,’ highlighting it as a repetitive process. Aysha and Jenny emphasise the exhaustion of continually assessing the safety of environments while navigating the conflict between authenticity and security.

For Alex, Jenny, and Liam, neurodiversity added complexity to coming out. Alex found the process harder due to ‘not knowing the terminology’, while Jenny noted that being autistic and a lesbian were interconnected. This suggests a link between ‘being in the closet’

and masking neurodiversity, with recognising their autistic identity playing a key role in understanding their sexuality.

Figure 2

The Tiring Process of Finding a Label

Is There a How and When for Coming Out? This subtheme reflects participants' wish for a guidebook on coming out. Theo expressed that not coming out sooner had set him back, implying a sense of regret and lack of support. Conversely, Alex described the experience of being forced out of the closet, stating that the decision was ‘taken out of their hands.’ The use of the verb ‘taken’ suggests they were robbed of an experience.

Oliver highlighted the advantages of coming out later in life, noting that independence provided protection as he could retreat to safety. These divergent views illustrate the complexity of the coming out process and the lack of guidance available. The participants' perspectives highlight the personal factors in deciding the 'right' time to come out.

Figure 3

Is There a How and When for Coming Out?

The Pain of Being Rejected and Feeling Alone.

'I'd already packed a bag…My dad just flipped his lid' - Ben

'My parents didn't want to be associated with me in any way' - Alistair

'It broke our friendship' - Asher

'Everybody is against me' - Tracy

These quotes reflect some of the painful experiences of participants who faced rejection from loved ones. Seven participants described feeling rejected from friends and family. Some felt unheard or unaccepted, leading to feeing unloved and unable to be authentic. For example, Theo shared how his sexuality was dismissed ('You think you're gay, but you're not really gay'), leaving him feeling invalidated and insignificant.

For some participants, ending relationships involved a grieving process, expressed with visceral terms like 'cut off' and broke', which conveys feelings of loss and hurt. The frequent use of the active voice (e.g., 'they ran away from me,' 'they left me behind') highlights how participants felt the rejection was out of their control.

Family reactions were significant, as these were the people participants came out to first. Ben anticipated rejection, preparing to be ‘disowned’ and feared an angry response as if his sexuality would be punished. Grace feared being a disappointment to her parents, expressing a desire for their approval and described her parents' reaction as ‘they tolerated it,’ suggesting reluctant acceptance.

Aysha speaks about an ongoing rejection from church community and says:

‘People, you know, they recoil that you're talking about your wife, they recoil and you're just like, 'oh, that's quite painful.' Or yeah, or they just assume you got a husband. That really, really winds me up.’

These experiences illustrate the rejection participants experienced, with others treating their sexuality as unpleasant. Participants expressed this pain through feelings of fear, disappointment, and loneliness.

Figure 4

The Pain of being Rejected and Feeling Alone

Is it Wrong to be LGBTQ+? Questions and Beliefs About Being 'Normal'

Doubting Myself. Several participants stated that societal reactions led to self-doubt. Asher reconsidered his decision to come out, contemplating a 'return' to a 'normal [straight]' life. Similarly, Tracy thought she should 'retrace her steps.' This notion of 'going back' implies they questioned their sexual identity, contemplating conforming to heterosexual norms to appease others. Asher's reference to 'normal' emphasises the influence of societal views that regards heterosexuality as the default, highlighting the impact of internalised homophobia.

Grace's uncertainty about whether she had 'done the right thing' by disclosing her love for a woman to her parents highlights the significance of parental reactions. For Asher, Grace, and Tracy, their parents' reactions impacted their view of themselves, suggesting that affirmation from parents plays an important role in their acceptance of sexuality.

Aysha's and Jenny's self-doubt arose from feelings of isolation and questioning their differences due to homophobia. This resonates with Asher's perception of heterosexuality as the norm, reflecting a heteronormative environment that heightened their sense of difference.

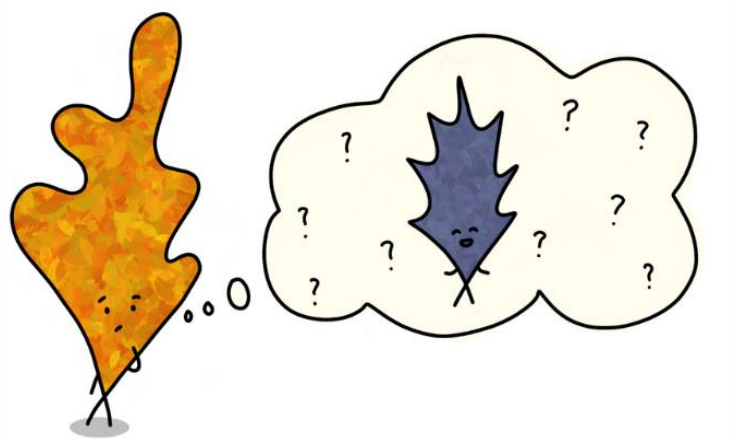
Wishing I was Straight. This subtheme highlights the impacts of internalised homophobia, as participants shared their desires to be heterosexual. Oliver described suppressing his sexuality and altering his behaviours to conform to a heterosexual appearance, stating, 'I don't want to be that'. The use of demonstrative pronoun and the impersonal reference implies rejection of his sexuality because being gay is undesirable.

Similarly, Theo felt compelled to 'go back in the closet' after a therapist suggested he change his voice. Both Theo and Ben felt guilty about their sexuality and expressed a wish to be straight in their youth. Their narratives reveal a perception of their sexuality as a burden, with Ben calling a hypothetical straight identity as 'delightful,' an adjective that suggests a longing for the happiness and ease associated with being heterosexual.

Their experiences highlight the impact of society's heteronormative culture, which privileges heterosexuality and results in fewer societal discriminations for those who conform.

Figure 5

Doubting Myself and Wishing I was Straight



Different Parts of Me

Whilst sexuality was an integral part of each participant's sense of self, there were other identity aspects that were important, however at times these felt incompatible.

Figure 6

Different Parts of Me

Rejection from Church vs Reconciliation with God. For five participants, faith was fundamental to their identity. Their shared experiences created a narrative of distress and ambiguity regarding the compatibility of their sexuality with their faith. Aysha articulates this when she says that God didn't love her because she was gay and shares the admonishments she received from Christian friends. Her description of this internal conflict as 'trying to square the circle' highlights the perceived impossibility of reconciling these aspects of her self - a sentiment felt by others. Grace recounts her exclusion from the church community, while Asher describes his withdrawal from church due to judgment.

Although these participants faced rejection from their church communities, their personal faith revealed a distinction between communal religious practice and individual beliefs. Alistair's assertion that 'God created him' and Grace's reference to God as the source of love highlight a shift towards a more personal and less institutional understanding of faith.

Despite these struggles, statements such as 'I carry them both along,' 'I have a personal relationship with God and everything else is irrelevant,' and 'I'm a gay Christian' suggest a reconciliation of their sexuality and faith.

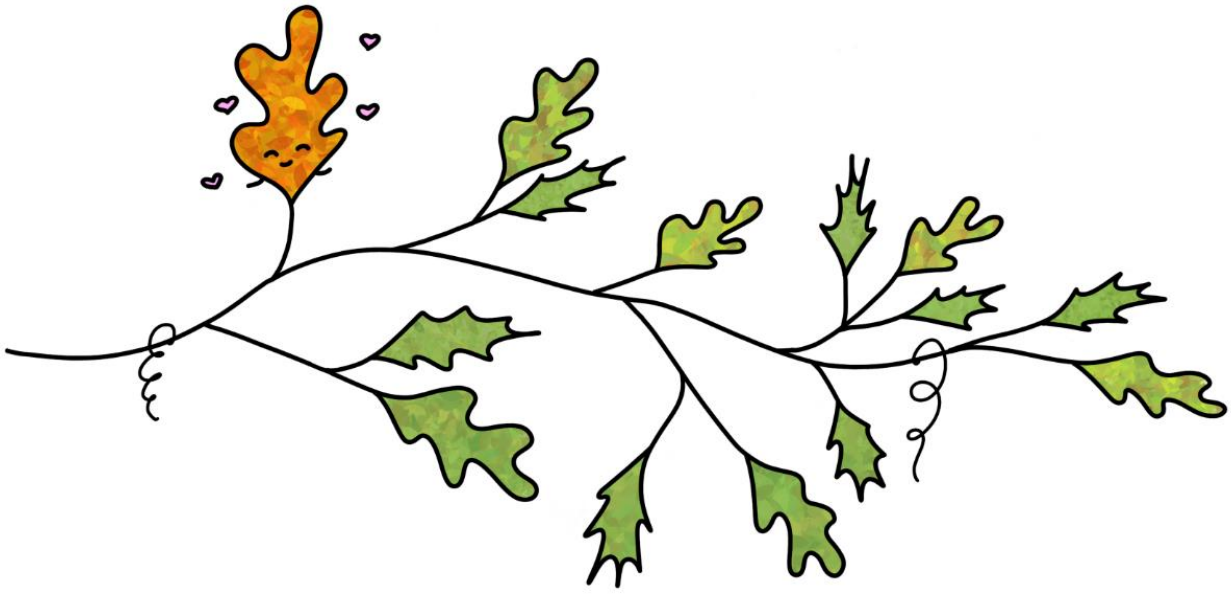
For some, this reconciliation involved an exploration of theology, outside of unsafe religious institutions. Others sought affirming communities within the church. This divergence emphasises the complex role of religion for LGBTQ+ people. It can be a protective factor, as seen with Aysha, or become a source of pain, and isolation when it is non-affirming.

Figure 7

Rejection form Church

Figure 8

Reconciliation with God



Rejection From Others vs Reconciliation with Myself. This subtheme highlighted the integration of aspects of self that are often marginalised or rejected by others and society, such as autism and Dissociative Identity Disorder (DID).

Alex mentions that his neurodiversity impacts every part of who they are. Similarly, Jenny describes her autism as ‘core’, emphasising it’s fundamental yet vulnerable nature. Jenny notes that her recognition of being autistic and a lesbian occurred alongside one another, which compounded her experience of rejection from others. This rejection led her to mask both aspects of her identity, creating a sense of confusion and entrapment, metaphorically expressed by her description of these identities as being ‘tied up’. An autism diagnosis brought her clarity and highlighted how she previously felt shaped by others' perceptions, which empowered her to express her neurodivergence and sexual identity confidently.

Liam and Alex live with DID and share how this has helped them cope with trauma. They embrace their shifting identities, with Liam’s phrase ’people popping up’ reflecting curiosity and acceptance.

Overall, these narratives highlight the interplay between self-acceptance and external rejection, highlighting how diagnoses and personal insights can play roles in reconciling and discovering aspects of identity.

Figure 9

Rejection from Others

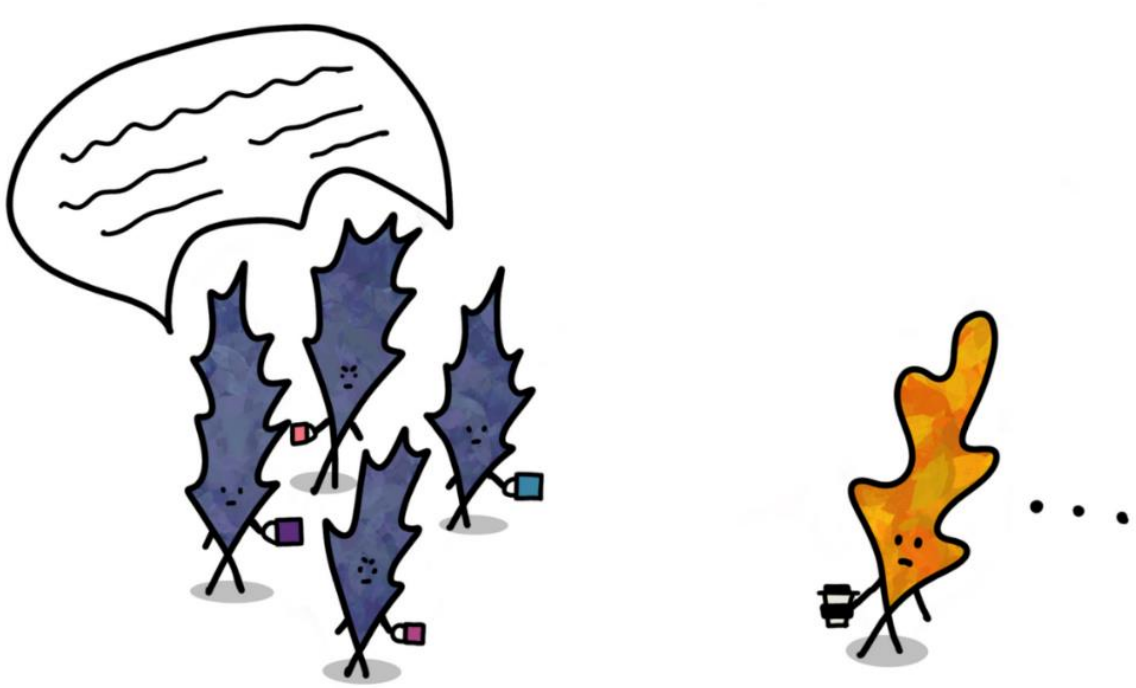
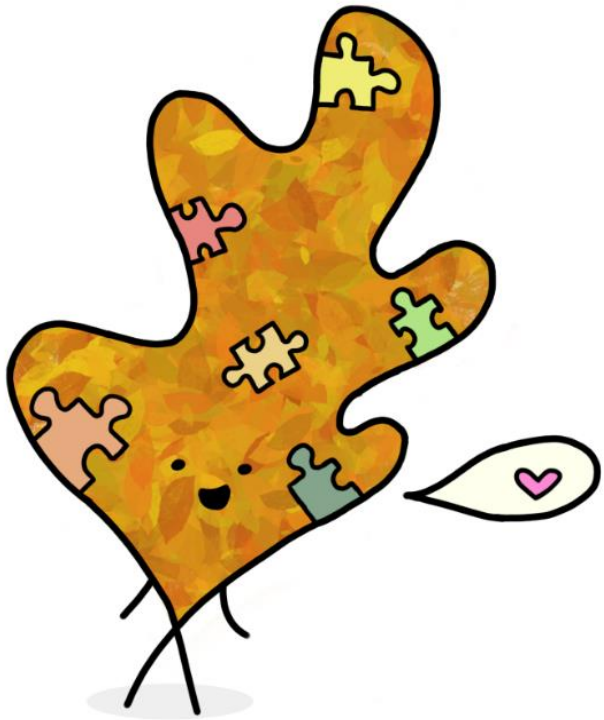


Figure 10

Reconciliation with Myself



Feeling Safe in Relation to Others

This GET exemplifies participants feeling of safety within relationships, including early caregiver and romantic relationships. There is divergence within this GET as participants spoke about feeling unsafe and finding safety.

Feeling Threatened.

Loneliness and Fear in Early Relationships. Participants recounted feelings of loneliness and fear during their childhood. Ben described hypervigilance, stating, ‘I’m so afraid that I’m going to get punched in the face again.’ His use of the present tense suggests that he may still perceive a sense of threat. Jenny had a similar experience and described her dad as ‘emotionally and physically abusive’. She says:

> *‘…[she] locks her in a room, tells her to wait until the dad gets home, and then has her dad hit her.’*

In contrast to Ben, her use of the third person suggests detachment from the memory, positioning herself as an observer. This distancing may be a coping strategy, allowing her to recount the narrative without re-experiencing the emotions.

Theo describes his experiences of physical and emotional abuse differently. Theo recounts these experiences with a sarcastic tone, which may reflect the influence of his therapy, suggesting that these memories feel rooted in the past and are not as distressing as they used to be.

Liam shares that they were sexually abused by family members and says as a child they felt ‘mostly like alone and scared’, which highlights several participants feelings growing up. For Jenny, these feelings were coupled with anger as she says: ‘It's like, well, ‘fuck you. Who the who the fuck are you? Where have you been?’, suggesting she felt abandoned by her parents.

Other participants did not recall abuse but shared feeling afraid and lonely. Tracy talked about fearing her dad, whilst Oliver mentioned feeling scared when his parents were

breaking up and Grace shares a similar experience, commenting that her parents' divorce didn't help her security. A lack of security is evident in many participants' stories.

Aysha says she was not close to her parents and kept everything to herself which emphasised her loneliness growing up. Whilst Asher felt lonely as his parents worked away and he was raised by siblings who were 'not that caring'.

These experiences of feeling unsupported, uncared for, and misunderstood highlight why many participants felt lonely and afraid growing up.

Anticipating Hurt and Not Knowing What Love Feels Like. When asked about the impact of early relationships on later ones, participants described an anticipation of hurt and failure, and difficulty recognising genuine love.

> *'It's made it really difficult to feel like I'm allowed to be in a relationship…It's made it really difficult to communicate what I need. And sort of like know that I'm allowed to need things enough that it's OK to ask for them. It's made it like. I mean it's honestly it's made like sort of every aspect of relationships pretty difficult. Like I struggled to think of something that it hasn't impacted in a negative way.'*

This quote from Alex illustrates the lasting impact of their early relationships on their current relationships. The verb 'allow' emphasises the power dynamics he experienced in his past, as it highlights their lack of autonomy in the relationship. It suggests they feel compelled to always accept another's actions, reflecting their struggle to assert their own needs.

Communication was difficult for several participants, as they shared that they did not think their emotions or needs were valid. Theo theorised that the familiarity of unhealthy relationships led him to repeatedly engage in similar dynamics as they at least felt predictable, When speaking of a sexual experience, he says 'it wasn't the most consensual thing', reflecting how he continued to think his needs were insignificant and not worth voicing.

Several participants noted that their early experiences, which were expected to be nurturing, impacted their ability to embrace love in later relationships because they had not

learnt how to do this. When talking about a healthy relationship, Alex articulated it as ‘where's the trick? Like, when's the rug gonna get pulled kind of thing. It was that sort of disbelief, because I'd not had positive experiences before. And that makes like green flags look a lot like red flags.’

Liam also noted that red flags were normalised in childhood, highlighting their struggle to discern motives due to past experiences. Liam suggests a biological connection stating, ‘it's almost like our brain craves things that are abusive.’ This could imply they feel predisposed to seek the familiarity of abuse, or it may be a means of distancing themselves from these relational patterns.

A common theme among participants was the anticipation of the worst, which Ben theorised stemmed from his experience of the worst outcome usually occurring. As a result, he experiences hypervigilance and is conflicted between desiring boundaries and avoiding loneliness. He says:

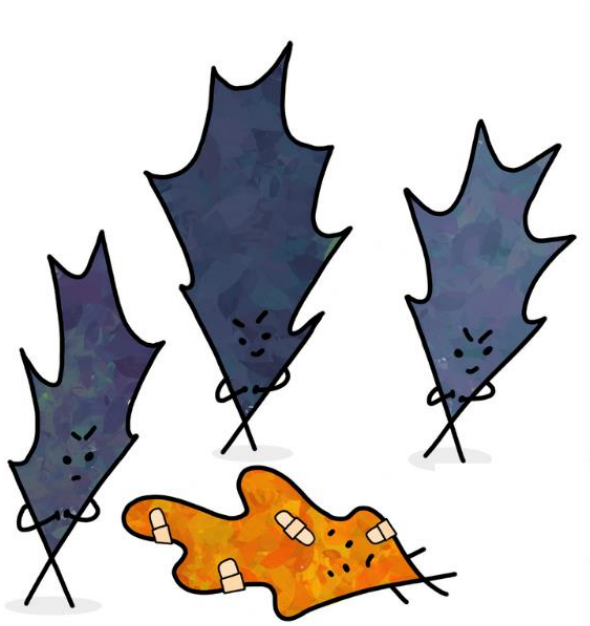
> *‘Because the hypervigilance and kind of the fear of being abandoned, I guess is a is a real well, I mean it that is a huge fear that I have…I I suffer horrifically with the thought of being rejected. I think about that pretty much every day.’*

The verb ‘suffer’ emphasises the pain he feels at the prospect of rejection. Theo's safety behaviour in relationships is characterised by distrust, as it is a protective mechanism to pre-empt rejection (e.g. ‘So I guess I'm distrustful in relationships. A lot of the time I expect that the other people will do something to harm me’).

These narrative highlights how early relational experiences shaped participants ability to embrace positive relational dynamics and assert their needs.

Figure 11

Feeling Threatened



Trying to Survive and Ways to Escape. In response to the subtheme of ‘Feeling Threatened,’ participants developed coping strategies to manage distress.

For some, self-harm provided an emotional release in the absence of supportive relationships. Alex and Liam described dissociation as a way of surviving. Alex described their experience as ‘going on adventures inside of my brain,’ which protected them from the reality of the abuse. They noted, ‘it [dissociation] was absolutely born out of necessity,’ and ‘If I wasn't resilient, I would be dead,’ emphasising the necessity of this coping mechanism.

Social withdrawal was also a coping strategy. Asher found refuge in social media and Netflix, as avoiding social interactions reduced the risk of rejection from others. Similarly, Alistair, Tracy and Jenny withdrew from unsafe friendships, highlighting that prioritising safety was necessary and confronting their friends felt overwhelming.

Numbing was another survival strategy. Theo said that substances helped him ‘drown my sorrows’ and alleviate feelings of shame. Jenny used substances to navigate social situations, masking her autism and sexuality to fit into heteronormative and

neurotypical environments. She explained that substances helped her manage feelings of depression, frustration, and boredom, thus facilitating social interactions.

Overall, these mechanisms highlight the survival strategies participants employed to manage their painful experiences.

Figure 12

Trying to Survive and Ways to Escape

Relearning Relationships through Experiencing Safety and Acceptance. In contrast to the subtheme of 'Feeling Threatened,' participants shared experiences of relearning relational patterns and feeling safe and accepted. Engaging in open conversations with their partners was a way participants began to do this. This honesty seemed to validate past hurt in a compassionate way. Alex described this process as 'it's a lot of talking…we'll see where each other have been coming from,' whilst Alistair noted, 'we can share our problems…and be able to set goals and solve problems,' suggesting that these conversations are uniting as experiences are shared. This shift counteracts the loneliness associated with the 'Feeling Threatened' subtheme.

Liam explained that 'raising a problem and it being allowed' gradually helped them unlearn detrimental relational patterns. Similarly, Grace discovered that affirmative

relationships within her church community contributed to her feelings of safety and acceptance.

Therapy played a significant role in acceptance for Liam and Theo, as they shared that it helped them heal from trauma and navigate present relationships. The therapeutic relationship provided a trusting space, further enhancing learning.

Conversely, Jenny and Aysha found that independent self-exploration was beneficial. Jenny metaphorically described her journey as ‘emerging from a cocoon…I’ve done this internal discovery.’ This cocoon metaphor can be extended to other’s experiences, highlighting the importance of retreating to safety and self-exploration to disentangle past and present.

Overall, participants found that positive relational experiences, self-exploration, and open conversations were instrumental in feeling safe and loved in current relationships.

Figure 14

Relearning Relationships through Experiencing Safety and Acceptance

Feeling Unworthy and Unlovable

The impact and significance of this theme necessitate its treatment as a separate GET, however, it connects with others, such as ‘Feeling Safe in Relation to Others,’ ‘Coming Out,’ and ‘Is It Wrong to Be LGBTQ+?’.

Participants reported that their experiences negatively impacted their self-esteem, leading them to feel unworthy and unloved. Alex attributed these feelings to messages from society (‘it was the message from society was sort of, 'you are gross' and ‘God thinks you’re an abomination’). Similarly, Liam’s experiences of bullying led them to perceive themselves as ‘weird’. The labels ‘gross’, ‘abomination’ and ‘weird’ foster shame and participants described feeling that there is something wrong with them. Internalised shame seemed to prevent participants from feeling deserving of love, reinforcing a belief that they are inherently unlovable.

Aysha’s early childhood experiences impacted her self-worth. She often viewed herself as ‘stupid and rubbish’ as she internalised comments from her Dad and developed a perfectionistic attitude, believing that failure to meet expectations made her worthless. Oliver's self-worth was also impacted by his relationship with his dad, whose disappointment made Oliver feel as if he failed to meet his father's expectations. He expressed, ‘it takes me back to being a kid and not being the person that he wanted me to be,’ suggesting that he felt unworthy. This affected Oliver's subsequent relationships, as he struggled to be authentic and conformed to others' expectations so as not to be a disappointment (see the ‘Fitting In’ subtheme).

Ben's early relationships contributed to ‘self-doubt and probably a lot of self-loathing’. The rejection of his sexual identity by his parents led him to internalise their anger, resulting in self-deprecation. He described himself as ‘some form of abomination,’ reflecting that internalised shame made it difficult to love that part of his identity.

Theo’s self-esteem was affected by conversion therapy. He described feeling ‘‘really shitty like it invalidated my existence…it invalidated that part of me, who, I was really scared

and fragile about, I trusted her with that' and 'I thought I was broken for a long time'. The term 'broken' conveys his sense of feeling flawed and difficulties in self-belief. He also suggested that the experience of conversion therapy contributed to his internalised homophobia and discriminatory attitudes toward other LGBTQ+ individuals, illustrating how these feelings of unworthiness were projected onto others.

Collectively, these experiences illustrate how internalised shame and negative self-views impacted participants feelings of love and acceptance towards themselves.

Figure 14

Feeling Unworthy and Unlovable

Being Authentically Me

Participants described being on a journey and that along the way they had learnt the significance of being their authentic whole self. Two subthemes were identified that highlight how participants embraced being their authentic selves.

Figure 15

Being Authentically Me

Feeling Free vs Fitting In. This subtheme encapsulates the divergence between participants as they battled between feeling free and fitting in.

Alex remembers trying to fit when he was younger; they say ‘I tried to make myself very small, so like I tried to just take up less space… [I felt] Like I was wrong, like I was just like I was, like, too sensitive or too much’. This caused them to try and change to fit in with other’s perceptions; Liam had a similar experience, and they tried to be invisible as this felt safer. Oliver also had a desire to fit in, but his focus was on belonging to a group. He says ‘I

just tried to like fit into other people's identities' which suggests that he felt it was better to have a social group than stand out and risk rejection.

Ben tried to fit in with people's perceptions as he says 'there was this huge dichotomy where I was at university and I was me. I was my true authentic self. And then I'd go home'. This encapsulates the struggle between a desire to fit in and belong vs a desire to be the authentic self. This is a position that participants seem to oscillate between but throughout the interview, participants shared how they moved towards feeling free.

No longer wanting to hide or pretend was a shared experience for participants, and it seemed that although fitting in may have some benefits, it felt like a burden. Participants talked about being 'free' which suggests that fitting in gave them a sense of imprisonment.

Figure 16

Fitting in

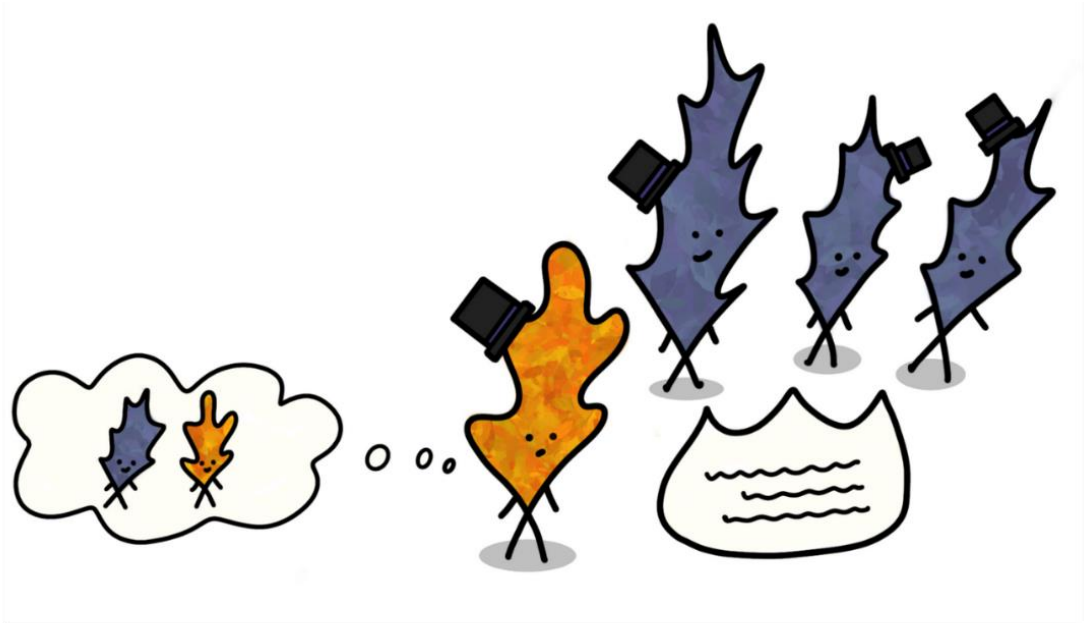
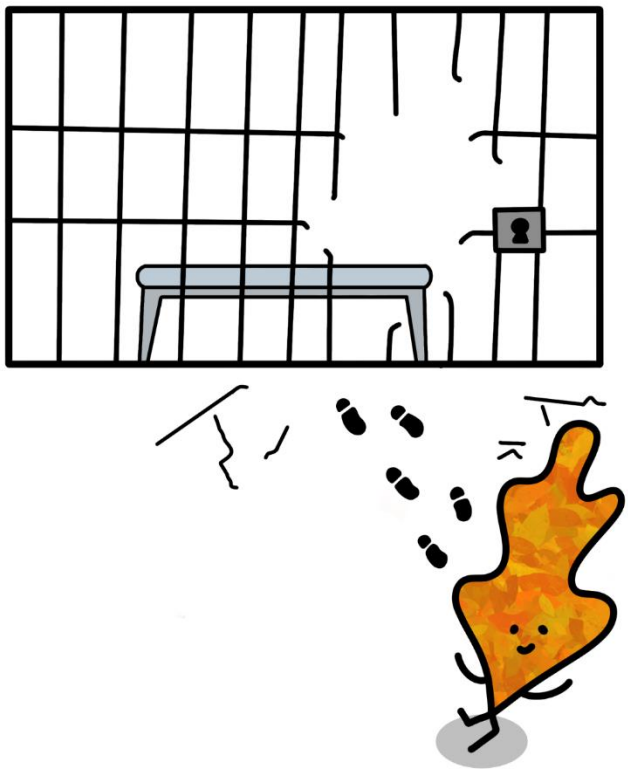


Figure 17

Feeling Free



Finding Strength in Myself vs Finding Strength in Community. This subtheme highlights the differences in participants' experiences in finding the strength to be authentic, as some found strength through community while others relied on inner resilience.

Tracy state, ‘I was the strongest coping mechanism I had,’ which emphasises her independent resilience and the significance of her inner strength. Similarly, Grace and Asher also valued independence and personal determination, recognising the importance of controlling their actions and trusting in their authenticity. Asher describes this as ‘standing strong,’ evoking an image of steadfastness amid struggles. Notably, all these participants share a Christian faith; perhaps spiritual guidance and a sense of purpose contributed to their inner strength.

Theo reflected on what he would tell his younger self, and said, ‘I think I did okay, I’d say that,’ suggesting he felt proud of his resilience. Jenny shares this sentiment, as she

expresses a protective attitude towards her younger self; ‘I would just tell her it's going to be OK…I just feel so, so protective of that little autistic girl. I wish someone had been there for her.’ These reflections highlight the strength that participants recognise in themselves as they look back on their journey.

For other participants, finding strength in community increased their confidence to be authentic. Eight participants emphasised the positive impact of affirming friendships within the LGBTQ+ community. These relationships fostered camaraderie and shared experiences, as Liam articulates, ‘it was like, ‘oh yeah, me too’. Affirming communities provided encouragement and support, which participants described as liberating. Asher’s experience of being ‘welcomed into the community’ evokes an image of open arms accepting him. This communal support emboldened participants to express themselves freely, such as wearing what they wanted and exploring hobbies. Finding community also counteracted previous negative experiences of being labelled ‘weird’ and ‘abnormal’, as participants saw they were not alone.

For Aysha, being part of an affirming LGBTQ+ church community gave her a sense of joy and freedom, as it allowed her to be authentic in all aspects of her life. Ben’s account reflects the profound impact of community, as he shares, ‘I have met the best people in my life…they have stopped me from killing myself,’ suggesting that a supportive community provided him with the strength to overcome loneliness.

Figure 18

Finding Strength in Myself

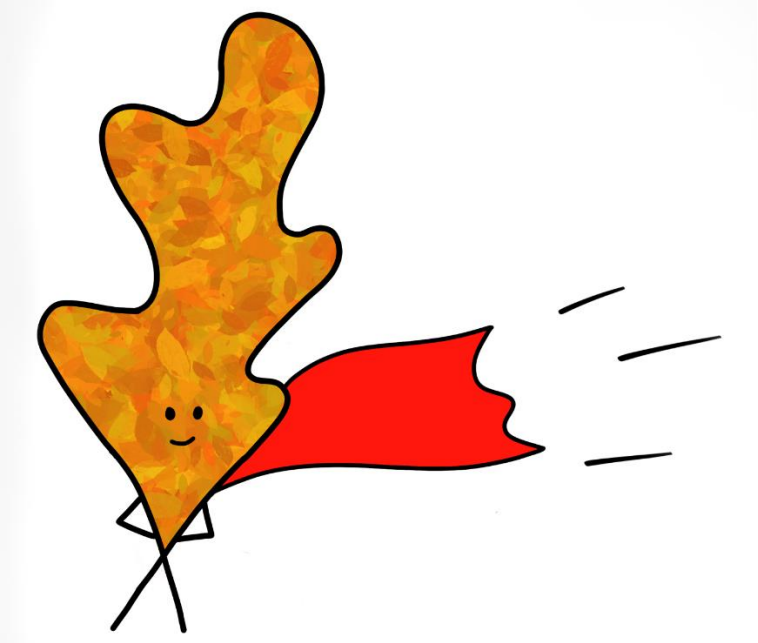


Figure 19

Finding Strength in Community

Discussion

The aim of this study was to explore the relational experiences of LGBTQ+ individuals through a CAT lens, focusing on identity development (self-self relationships), self-other relationships, and self-society relationships.

First, this study employed IPA to analyse data from 11 interviews. Six GETs were identified: *Coming Out: Discovering and Sharing Who I Am*; *Is it Wrong to be LGBTQ+? Questions and Beliefs about Being 'Normal'*; *Different Parts of Me*; *Feeling Safe in Relation to Others*; *Feeling Unworthy and Unlovable*; and *Being Authentically Me*. Subthemes were also identified within these.

The GETs highlight the impact of early caregiver relationships, coming out, and societal experiences on participants' self-self relationships. They also reveal the complexity of sexual identity, highlighting intersections with neurodiversity and religion. These findings align with existing literature, which emphasises the importance of caregivers' responses to sexuality (Taylor & Neppl, 2023) and demonstrates how negative societal reactions can impact relationships with the self and others through internalised homophobia (Frost & Meyer, 2009). Participants described coming out as fluid and complex, supporting critiques of linear coming-out models (D'Augelli, 1994; McLean, 2007), suggesting that moving beyond these may be beneficial.

Gordon and Silva (2015) highlighted that sexual identity involves making sense of cultural and social experiences, a concept reflected in these findings as participants described the impact of societal and cultural messages about religion, sexuality and neurodiversity. The results highlighted the negative impact of rejection from religious communities, but also the significance of strengthening a personal relationship with God, which is in line with the findings of the presented systematic review (see above). However, participants did not share experiences of the intersection of sexual identity and ethnicity. This contrasts with literature which suggests that LGBTQ+ individuals from ethnically minoritised background face increased psychological distress and identity concealment due to multiple

identity related oppression (Salerno et al., 2023). Perhaps the inherent power dynamic within the interview and the ethnicity of the interviewer (white British) impacted these conversations. Despite challenges, participants' experiences highlight resilience and the importance of self-discovery and community in embracing their authentic self.

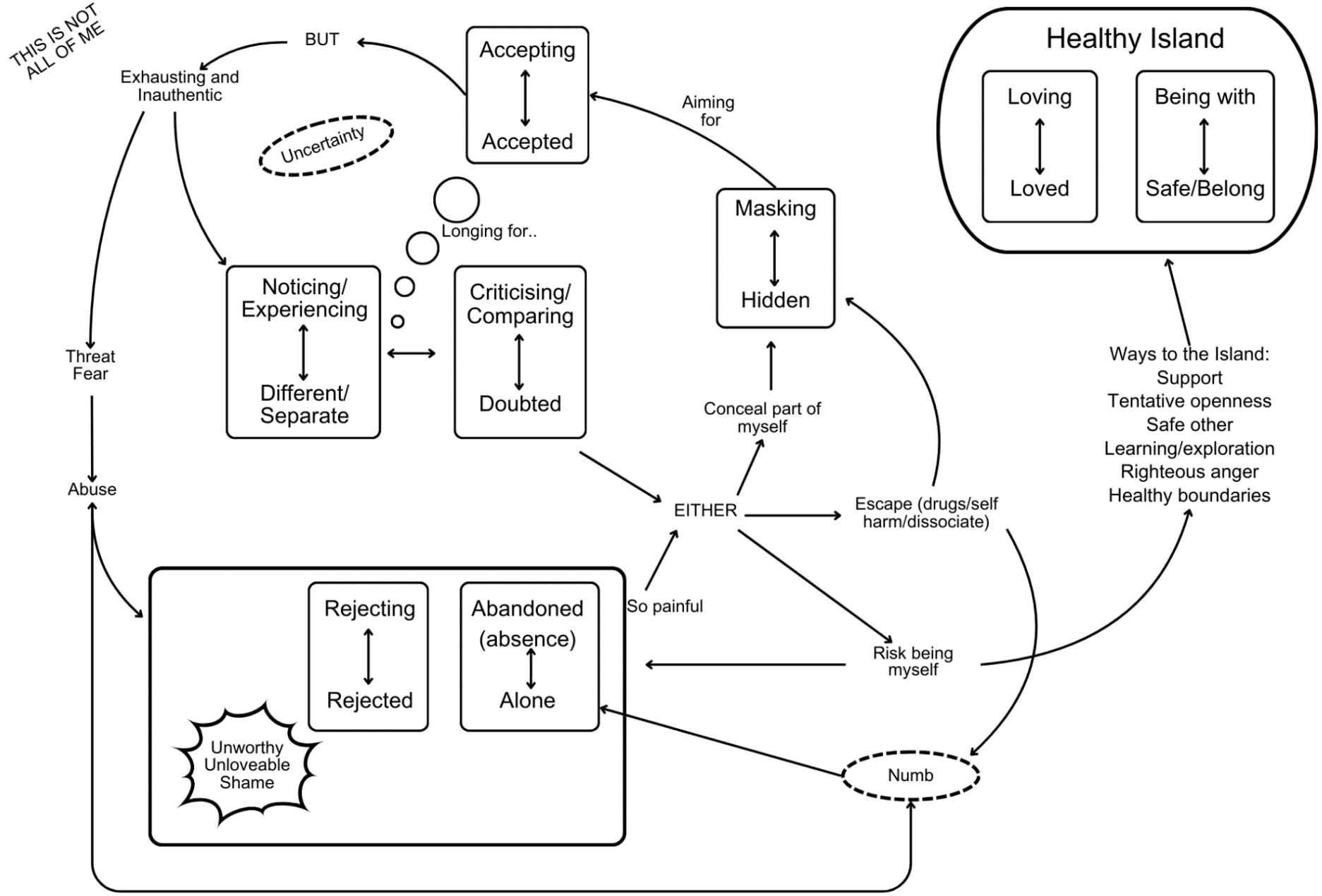
This research applied CAT theory as an additional framework to gain a deeper understanding of the GETs by exploring relational influences on self-development and how this may be illustrated through RR and RRPs.

Mapping the Findings

Mapping in CAT facilitates the identification of RR and RRPs and enhances our relational understanding of the contexts in which we exist (Potter, 2020). The resulting map forms an ‘Orchestral Story’ (Potter, 2020), as it encapsulates multiple narratives from the GETs. Despite their individuality, these stories collectively contribute to a greater harmony, illustrating how mapping served as a synthesis of experiences.

Within the map, each RR or RRPs exists on a spectrum. For some participants, experiences of rejection stem from abuse, while for others, these feelings arose from ongoing microaggressions encountered in familiar settings, such as pubs or church. All these experiences are painful and contribute to the dynamics represented on the map, but the author wishes to remind the reader that these patterns and experiences do not look or feel the same for all LGBTQ+ people. See figure 1 for the map created.

Figure 20
CAT Map



While the map does not have a definitive ‘starting point,’ the RRs of noticing and experiencing differences were common in early life. Participants became aware of difference through society and peers, which led to feeling separate. This awareness led to a critical and comparative RR, formed from societal norms and judgement, which led to self-doubt. Ryle and Kerr (2020) emphasise that failure to address sexuality can restrict a child's development and induce feelings of guilt and doubt, as the noticing/experiencing is not affirmed. This dynamic played a significant role in the learning process and often resulted in internalised homophobia, as the RR criticising/comparing-doubted became an internalised self-self-relationship, which was frequently accompanied by a longing for acceptance. Part of this desire for acceptance involved a longing to be heterosexual, neurotypical, or atheist - a fantasy that reflects the lived reality of others.

RRPs and The Identity Solution

Potter (2020) emphasises that individuals may occupy a ‘bad but tolerable’ position on the map; a space where someone retreats for safety by adopting an identity solution that, while less painful than confronting their core pain, still involves sacrifices. Such identity solutions are often necessary when faced with identity conflicts. For some participants, this conflict emerged from the perceived incompatibility between their sexuality and religious beliefs (Gordon & Silva, 2015) while for others, it stemmed from social interactions that implied their sexuality was unacceptable.

This RRP of self-protection begins with a trilemma where an LGBTQ+ individual must either chose to risk being themselves, escape or conceal. Concealing leads to masking the different or incompatible part of the self. Benson and Discepolo Ahmadi (2024) refer to this as a suppressing-suppressed RR, however, this implies that concealing is unconscious and omits the necessity out of which this RR occurs. The word ‘masking’ was chosen as this demonstrated the intersectionality of concealing of faith, neurodiversity, gender and sexuality that occurred. Additionally, this was often a conscious choice for participants as it allowed parts of themselves to be hidden, and yet safe. One way Tinlin-Dixon (2023) describes this

RR is denying-cut off which resonates with the sacrifice participants made as they masked parts of themselves. This identity solution led participants to modify their appearance, choice of partners, speech, and other behaviours to feel accepted.

Participants coped with difficult emotions by escaping through drugs, alcohol, dissociation and self-harm. This allowed them to feel numb so they could be masked-hidden or to have the energy to maintain a masked identity. Whilst this RRP helped them survive by alleviating pain as they felt accepted; the initial refuge that this provided soon becomes a prison (Potter, 2020), as participants shared feelings of exhaustion, entrapment and inauthenticity. This creates a trap where participants seek acceptance, but masking is exhausting, but authenticity feels unsafe. Tinlin-Dixon's (2023) model of sexuality reflects this dilemma, highlighting the tension between staying safe yet restricted or being authentic but at risk. For participants, this dilemma recurs frequently.

Participants shared being hypervigilant amidst the uncertainty of the RRP, as they oscillated between noticing/experiencing difference, and feelings of self-doubt, exhaustion, and threat. For some, this created a trap, as they grappled with the trilemma of whether to continue masking, seek escape, or risk expressing their authentic selves.

Core Pain

Abuse, fear and losing family and friends was a reality for participants which created RRs of rejecting-rejected and abandoned-alone. These RRs contributed to their core pain; feelings unworthy, unlovable and ashamed. Participants tried to survive their core pain by escaping or finding coping mechanisms. While the initial experiences of rejection came from family, friends, and society, over time this rejection became internalised. The external voices of others transformed into an inner voice, leading participants to reject parts of themselves (Ryle, 1975; Ryle & Kerr, 2020).

Although the map reflects the pain and challenges participants encountered, it does not represent the entirety of their experiences. The inclusion of the phrase 'this is not all of

me' serves as a reminder that the map offers only a partial view of the stories. As Potter (2020) suggests, this can be a useful reflection, reinforcing the idea that the map is not all-encompassing but rather a means of hovering and shimmering, acknowledging significant aspects of the narrative, without reducing identity to these hardships alone.

Exits and the Healthy Island

Wilde McCormick (2017) introduces the concept of the 'healthy self'; a self that is integrated and accepted. The 'healthy island' is a space where the healthy Self resides, enabling the development of healing RRs. Tinlin-Dixon (2023) introduces the notion of the 'Queer Healthy Island,' a space where LGBTQ+ individuals can safely express their authentic selves. This resonated with participants, many of whom described their authentic selves as involving the integration of various aspects of their identity, including religion and neurodiversity.

Benson and Discepolo Ahmadi (2024) suggest that shifting away from harmful RRs for LGBTQ+ individuals is important for wellbeing, proposing that the RR of accepting-accepted acts as an exit to the healthy island and authentic self. However, we argue that this RR should not be the goal. As one participant noted, 'being okay with parts of me should just be the baseline', suggesting that mere acceptance should not form the foundation of the healthy island. Instead, the healthy island creates a space where the loving-loved RR can be formed, allowing participants to embrace and love their authentic selves.

The loving-loved RR is self-to-self and other-to-self. For some, being loved within a community was crucial; for others, self-love or love from God was key. This RR reflects Bowlby's (1988) concept of secure attachments, particularly 'earned secure attachment' which emphasises that experiencing love and safety from others in adulthood can help repair insecure relational patterns and psychological wellbeing (Saunders et al., 2011). It also aligns with Winnicott's (1965) 'holding environment,' where an attuned other provides containment for emotions to be expressed and processed. The opportunity to form secure

attachments later in life and feel safe in relationships seemed pivotal in participants' journeys toward the healthy island.

Ryle (1985) states that the self is shaped through interactions with significant others, therefore, as differences are expressed and valued within these RRs, the RR is internalised into a loving self-to-self relationship. This helped participants to heal from their core pain and feel free to love their more connected and authentic self as others did. Overall, the presence of a compassionate safe other provided an exit to the Healthy Island and enabled participants to relearn how to love others and their authentic selves.

The Socio-Political Context

CAT theory posits that the self is a psycho-bio-social identity shaped by cultural contexts (Ryle & Kerr, 2020). Consequently, awareness of socio-political and historical contexts was central to the map, with ‘society’ often positioned as the ‘other,’ creating a society-self relationship. Participants experienced homophobia, internalised homophobia, transphobia, and prejudice. These were felt across a spectrum and in different ways, making it challenging to isolate them to specific areas of the map. Whilst the entire map exists within specific cultural contexts, these experiences were also evident in reciprocal roles e.g., society rejecting and criticising the self. For example, one participant experienced the rejected-rejecting RR in an other-self context, as their friends ended their relationship due to the participant's sexuality. Another participant described the RR as self-self, referring to their internalised rejection of parts of their identity, leading them to 'go back into the closet' to conform to heterosexual norms. A third participant experienced this RR as society-self, experiencing societal disapproval of their sexuality, which was pathologised in media and TV. As individuals hover in and out of the map, they can encounter the voices of their external social and political realities, which shaped their experiences (Ryle & Kerr, 2020).

Brown (2024) highlights that CAT provides a framework for incorporating the broader social context into therapy, and recognising and validating these factors is a critical starting

point. This map demonstrates how society can function as the ‘other,’ forming society-self relationships, thereby integrating social context directly into the map and the RRs. This approach creates a more affirmative meaning-making process for the LGBTQ+ community.

Clinical and Research Implication

The integration of the CAT framework and creation of a CAT map aims to help clinicians in supporting LGBTQ+ individuals experiencing mental health challenges related to their relational experiences. The CAT map offers an illustration of how RR and RRPs may be explored to address these challenges meaningfully and highlight possible exits to the healthy island. The caveat ‘not all LGBTQ+ people’ is worth mentioning again; a map is created as a moving structure flexing to the experiences of each person and therefore has not been created with the purpose of pathologising, but of curiously exploring shared experience.

The findings open the door for future research to explore the application of the CAT map within a clinical context, with next steps involving case studies and single case experimental design. Such exploration could contribute to the development of a specialised CAT framework, tailored to the needs of the LGBTQ+ community. This can contribute to the growing modalities within psychology of affirmative practice, such as queer systemic therapy (Middleton, 2022) and LGBTQ+ affirmative CBT (Pachankis et al., 2022; Pachankis et al., 2023).

It would be valuable to explore in greater detail the specific healthy and affirmative RRs and RRPs that occur within the health island, as this could inform the development of preventative measures.

Strengths and Limitations

Collaboration with the LGBTQ+ community was a key strength, as the study emphasised inclusion and equality within a group that often experiences discrimination. This involvement also contributed to the hermeneutic circle and enhanced the quality of the research by ensuring it remained focused on issues that were important to participants.

Commitment to inclusion was demonstrated using a purposive sampling strategy, as it enabled a representation across a range of sexualities, genders, ethnicities, ages, classes, and religions. Despite this diversity, the author acknowledges that further progress is needed to ensure people from different backgrounds, particularly those from various religious and ethnic groups, feel safe sharing their experiences.

Furthermore, it is important to consider how the purposive recruitment strategy may have influenced the study's findings. The researcher's own religious background and experiences may have heightened their awareness of the potential challenges faced by LGBTQ+ individuals with religious identities, which could have influenced the decision to actively seek participants with those intersecting identities. Interestingly, two participants spoke about their experiences of DID, despite this not being part of the inclusion criteria. Given the small sample size, this was unexpected. As this intersectionality was not specifically targeted in the recruitment process, it only emerged during the interviews. As recruitment was conducted opportunistically through social media, there was limited control over where the study advertisement was shared, even via the targeted recruitment channels, which is likely to have shaped the sample composition.

This study was conducted in accordance with Yardley's (2000) principles, which ensured that the research remained meaningful and credible throughout. By maintaining a commitment to methodological rigor, this study has created a foundation for future research that may yield broader implications. The Sexual Orientation and Gender Diversity Research Manuscript Writing Guide (Veldhuis et al., 2024) was also used to ensure the researcher was making ethical and informed decisions.

While this study focused on relational experiences concerning sexuality, for some, there may be an overlap between sexuality and gender. Sexuality is frequently defined in relation to gender, and gender norms can influence how individuals express their sexuality. Whilst the interviews did explore intersectionality, there wasn't an explicit focus on gender identity which may have contributed to self-self and self-society relationships.

While online interviewing enhanced accessibility for some, it created barriers for others. During recruitment, two potential participants withdrew, citing a lack of necessary equipment to participate in an online interview. This limitation reduces the diversity of experiences explored in the study. In future research, offering face to face interviews as an alternative is likely to be beneficial.

Dissemination

An important component of this research involved sharing the findings with participants, promoting inclusion and ensuring that the research was conducted collaboratively with the public (NIHR, 2021). To enhance accessibility for the public, participants, and clinicians - regardless of educational background, social class, language proficiency, or neurodivergence – a storyboard of the illustrations has been created as an accessible resource to help raise awareness of the experiences LGBTQ+ individuals may face. The researcher has developed this into a resource pack for distribution to LGBTQ+ charities and services (see appendix Q).

Integrating CAT theory facilitated the development of a CAT map, intended for dissemination in clinical settings. The collective reformulation letter was drafted to capture participants' shared narratives and was shared with them for feedback. This letter can also serve as a training tool for reformulation in CAT for LGBTQ+ individuals (see Appendix P). It is hoped that this letter builds a bridge between the participants experiences, the research findings, clinical practice and the researcher’s own reflections.

Additionally, the research has already been presented at the 20 Years of CAT Training Day and will be presented at International CAT Association conference. The research will also be submitted for publication.

Conclusion

This study aimed to explore the impact of early caregiving on self-self and other to self relationships, the influence of coming out on relationships, the intersection of sexual

identity with other aspects of identity, and how sexual identity and relationships shape the self. This research highlights the influence of early caregiving relationships, the process of coming out, and societal experiences on self-development for participants. It also reveals the complexity of identity, highlighting the intersection of factors such as neurodiversity and religion. The themes identified give voice to both shared and diverse experiences among participants, resulting in an 'orchestral story' within the CAT map. While previous research has established the detrimental impact of early childhood experiences in shaping harmful reciprocal roles (RRs), this study suggests that the LGBTQ+ community faces distinct challenges and unique experiences. The map captures some of these distinct RR and RRPs and emphasises the role of the society-self relationship in identity formation. Moreover, it highlights the importance of the 'healthy island' and illustrates how healing RRs create opportunities for individuals to embrace and love a more connected self.

Reflection on Ethical Issues (not included in word count)

One aim of this research was to adopt an inclusive approach and capture a diverse range of experiences to enhance understanding. However, the nature of the interview required participants to engage in introspection, reflection, and open discussion about their thoughts and feelings related to their relational experiences. This also required participants to feel comfortable doing so with a stranger in an interview format, which may have introduced a selection bias in the recruitment process, as it relied on participants possessing the skills and confidence needed for such discussions. This dynamic may have inadvertently influenced the power balance within the interview, particularly if participants struggled to comprehend or respond to the questions. Furthermore, participants with prior therapy experience tended to have longer interviews, suggesting that their experience in therapy may have improved their introspection. This introduces the possibility of an additional bias within the sample, as these participants may have been better able to engage with reflection.

Although online recruitment increased accessibility for some participants, technical difficulties occasionally arose, such as internet disruptions requiring the interview to be restarted. These interruptions may have disrupted the flow of the interview and created an unsettling experience for participants, particularly as they were discussing sensitive topics. To address this, debriefs were incorporated to check in with participants and provide an opportunity for them to process any challenges arising from the interview.

Sensitive topics were frequently discussed during the interviews, and participants occasionally became emotional. As the researcher's role was that of an interviewer rather than a therapist, any immediate emotional reactions were not explored directly during the interview itself. However, debriefs were used to check on participants' well-being, and the researcher drew on therapeutic skills as a trainee clinical psychologist to empathise with and validate participants' experiences throughout the interview. This approach aimed to ensure participants felt supported while maintaining appropriate boundaries within the research context.

Given the inherently reflexive nature of qualitative research and the methods used in this study, additional ethical reflections are integrated throughout the report, particularly in the Researcher Reflexivity Statement and the Note on Language sections

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Appendices

Appendix A - Glossary

Please find below an explanation of terms used throughout this paper.

Cognitive Analytic Therapy (CAT): A form of therapy that looks at how our relationships with ourselves, other people and society may impact us. It is a talking therapy that is done with a trained therapist, focusing on relationship patterns and identifying how current difficulties may be linked to previous relational experiences. More information can be found here: About CAT | ACAT

Group Experiential Themes (GETs): A theme that helps describe shared or different experiences within the group of participants

Intersectionality: How different aspects of someone's identity overlap and how that affects their experiences in the world.

LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer, the plus sign represents other sexual orientations and gender identities, including but not limited to questioning, intersex, asexual, ace, pansexual, two spirit and non-binary identities. This term is used to encompass a spectrum of identities within the sexual and gender minority communities.

Reciprocal Roles (RRs): how we react to others and the roles we take on based on their behaviour. These roles come in pairs, with one person taking an active role (the "doer") and the other taking a more passive role. These roles can form patterns in our relationships.

Reciprocal Roles Procedures (RRPs): Based on the above patterns, we form ways to cope that help us manage feelings that arise from these patterns. There are three types of RRPs, called snags, traps and dilemmas.

Relational Experiences: Any experience with someone we are in a relationship with, this includes romantic or sexual partners, friends, colleagues, parents, caregivers, other family members etc.

Self to self relationship: a term used in Cognitive Analytic Therapy which describes how a person feels, thinks and behaves towards themselves.

Self to others relationship: a term used in Cognitive Analytic Therapy which describes how a person feels, thinks and behaves towards others and how others feel, think and behave towards them.

Self to society relationship: how a person feels, thinks and behaves towards society and how society feel, think and behave towards them.

Sexual Orientation: The combination of sexual attraction, thoughts, feelings, behaviors that is aimed towards a person.

Sexual Identity: How someone makes sense and describes their sexual orientation. This may be a label someone uses.

Sexuality: the experience of having sexual feelings or attraction

Appendix B - Ethics Approval Email

Application for ethical approval - 2587/33513

N

Marjorie Holbrough on behalf of r
To Deborah Bell (PGR)
Cc nethics

26/07/2023

Applicant: Deborah Bell
Project Title: Exploring relational experiences of the LGBTQ+ community: looking at identity development, self-to-self, self-to-other and self-to-society relationships through a Cognitive Analytic Therapy lens
Reference: 2587/33513

Dear Debbie

Thank you for submitting an ethics application for the project listed above. On behalf of the FMS Ethics Committee, I can confirm that ethical approval is now in place and that work on the project can now commence.

All researchers are expected to abide by the approved protocol in line with the University's Code of Good Practice in Research. You should therefore notify the FMS Ethics Committee of any changes to your project by emailing fmsethics@newcastle.ac.uk and quoting the project title and application reference number.

It is the researcher's responsibility to maintain a record of ethical approval alongside other project documentation such as the approved version of the research protocol, participant information sheets and evidence of consent. If your project is externally funded, the terms of the grant may include certain data retention requirements. For audit purposes, the University recommends that all project documentation should be stored securely for a period of 10 years. If you leave the University during this period, please ensure that this information is retained within your School or Institute.

On behalf of the FMS Ethics Committee, I hope the project goes well.

Best Wishes,

Marjorie Holbrough
Admin Support to FMS Ethics Committee
[marjorie.holbrough@ncl.ac.uk]

All folders are up to date. Connected to: Microsoft Exchange Display Settings 100%

Appendix C - Participant Information Sheet

Title of Study: Exploring relational experiences of the LGBTQ+ community: looking at identity development, self-to-self, self-to-other and self-to-society relationships through a Cognitive Analytic Therapy lens.

Introduction

You are being invited to take part in a research study on exploring how relational experiences of the LGBTQ+ community have impacted identity development, relationships to other and relationships to society.

Before you decide whether you would like to take part it is important that you understand why the research is being carried out and what it will involve. Please read this information carefully and email the main researcher if you have any questions or would like some more information.

If you decide to take part, you will be asked to sign a consent form. However, you are still free to withdraw at any time, without giving any reason and without any penalty or loss of benefits.

What is the research?

This research aims to explore relational experiences of the LGBTQ+ community and seeks to gain a rich and in depth understanding of their unique experiences. We want to do this as the LGBTQ+ community have previously been misunderstood within research and have faced discrimination which has an impact on mental health and wellbeing.

We are interested in looking at relational experience through a Cognitive Analytic Therapy lens, which is a type of therapy that looks at how our early relationships and relationships with society, impact our current relationships, including our relationship with ourselves. We will use theory from Cognitive Analytic Therapy to help shape our interview questions and how we look at the interview data. We are interested in exploring sexual identity development (the relationship with ourselves), relationships with other people and society.

The study will attempt to explore the following additional aims:

5. Understanding how our early caregiving relationships impact one's relationship with sexual identity
6. Understanding how relationships are impacted through the coming out process, or how coming out is impacted by relationships

7. Understanding how other aspects of identity relate to ones sexual identity and our relationships

We hope that this study will provide a better understanding of the unique and shared experiences of the LGBTQ+ community, and we can then better support this community in therapy and mental health services. We hope that by using a Cognitive Analytic Therapy lens, this research may provide guidance for future research to develop a specific model of therapy for LGBTQ+ people.

Who can take part in this study?

Adults, aged 18 years and above, who self-identify as part of the LGBTQ+ community (all sexualities other than heterosexual orientation, regardless of gender identity), and speak fluent English.

Do I have to take part?

Participation is completely voluntary, and you can stop taking part in the study at any time without providing an explanation. If you would like to take part, you will need to sign a consent form, however, you can still stop taking part in the study and withdraw your data, without explaining why. If you take part, there is a cut-off data to withdrawing from the study which is outlined in the consent form.

What will I have to do?

If you decide to participate in this research, you will be asked to complete one interview of around 90 minutes long via Microsoft Teams. This interview will be guided by questions which will encourage you to discuss and think about your relational experiences, your experience of coming out and your development of sexual identity. This interview will be with the primary researcher and will be recorded.

To protect your privacy and ensure confidentiality, participants are advised to find a quiet and private space where you feel comfortable sharing personal information without any interruptions and have a good internet connection.

After the interview, participants will be debriefed about the study and there will be an opportunity to ask questions and reflect on how you found the interview experience.

What happens after the interview?

If you decide to complete an interview, after this, the researcher will download a transcript from Microsoft Teams, which is a written copy of everything said in the interview. The researcher will then anonymise the transcript, by using a different name and removing any identifiable information. Participants can request that certain information in the transcript is altered or removed to further anonymise the transcript.The video recording of the interview will be deleted and won't be watched by anyone else.

Transcript from all interviews will then be analysed to identify themes and differences between experiences. This analysis will then be written up. Participants won't be needed after the initial interview, however, if they have any questions or concerns, they will be able to contact the researcher.

What are the potential benefits and disadvantages of participating in the study?
Your contribution in this study will help to inform future developments of mental health services for the LGBTQ+ community. To show our appreciation for your contribution, you will be reimbursed with a £15 Amazon voucher.

Some of the conversations may be emotional or upsetting and may remind you of difficult memories or thoughts. The interviewer, who is a Trainee Clinical Psychologist, will help you manage these experiences as best as possible. If you need, a list of support resources will be shared with you and can be found on the debrief form. If we are worried about your immediate safety we would have to break confidentiality and contact someone to help, but this will be discussed with you first.

We are mindful that this interview process may be time consuming. Please think carefully about whether you have the time for this and how you feel about taking part. You will be able to take brief breaks in the interview if required.

What information will be collected and who will have access to the information collected?
We will collect demographic details about you, such as age, gender, sexual orientation, ethnicity and religion) so that we can understand how these different aspects of identity may have impacted your relational experiences.

The information you provide will be handled in accordance with the General Data Protection Regulation (GDPR), Data Protection Act (1988) and Newcastle University policies. Your

personal information (e.g. name, email) will not be linked with your interview transcript and both will be held separately. The link between your details and your unique identity code will be securely stored on an encrypted computer, only accessible by the primary researcher. All data collected will be securely stored in line with the appropriate regulations and only used for research purposes.

The recording of your interview will be deleted within two weeks, after the transcript has been downloaded. This anonymised transcription from your interview will be kept for 10 years, in line with research guidelines. The final research paper may contain quotes from your interview, but these will all be anonymised and any identifiable information will be removed.

You will not be identifiable in the final research paper, or in any presentations or reports about the research. Newcastle University will keep any identifiable data about you for 6-12 months after the study has finished so the results of the study can be checked. After this period, identifiable information from your data will be disposed of securely and the anonymised data will be stored according to the University's research data management policy.

We will use your name and contact details (telephone and email) to contact you about the research study. The only individuals at Newcastle University who will have access to information that identifies you will be those who need to contact you to share the study findings after completion if you request so, or audit the data collection process to check the accuracy of the study.

Upon completion of the study, we will aim to share the research findings to charitable organisations, communities, and network through presentations or written reports. These may contain quotes from participants, but all data will be anonymised.

If you agree to take part in the research study, information provided by you may be shared with researchers running other research studies at Newcastle University (you will be only asked once now, not each time the data is used again in the future). This information will not identify you and will not be combined with other information in a way that could identify you. The information will only be used for the purpose of research and cannot be used to contact you. Please ask us if you have further questions about this. It does not make a difference to your participation if you do not want this to happen.

Who is the sponsor and data controller for this research?

Newcastle University is the sponsor for this study and is responsible for looking after your information and using it properly.

Your rights to access, change or move your information are limited, as Newcastle University need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, Newcastle University will keep the information about you that has already been obtained. To safeguard your rights, the minimum personally-identifiable information will be used.

You can find out more about how Newcastle University uses you information at https://www.ncl.ac.uk/data.protection/dataprotectionpolicy/privacynotice/ and/or by contacting Newcastle University's Data Protection Officer (Maureen Wilkinson, rec-man@ncl.ac.uk).

Who is funding this research?

This research is being completed at the Newcastle University as part of a thesis for the Doctorate in Clinical Psychology. No external funding is attached to this research.

Has this study received ethical approval?

This study has received ethical approval from the Newcastle University Ethics Committee to protect your interests and wellbeing.

Who should I contact for further information relating to the research?

Primary Researcher: Debbie Bell (d.bell14@newcastle.ac.uk)

Who should I contact in order to file a complaint?

If you have any questions or concerns regarding ethical procedures related to this study, please contact the Principal Researcher: Debbie Bell (d.bell14@newcastle.ac.uk)

If you wish to raise a complaint on how your personal data is handled, you can contact the Data Protection Officer who will investigate the matter: rec-man@ncl.ac.uk

If you are not satisfied with their response you can complain to the Information Commissioner's Office (ICO): https://ico.org.uk/

Thank you

Thank you for taking the time to read this information. If you have any questions, concerns or don't understand something, please ask.

Glossary

Please find below an explanation of terms used throughout this information sheet.

Cognitive Analytic Therapy (CAT): A form of therapy that looks at how our relationships with ourselves, other people and society may impact us. It is a talking therapy that is done with a trained therapist, focusing on relationship patterns and identifying how your current difficulties may be due to previous relational experiences. More information can be found here: About CAT | ACAT

Consent: Understanding what you are being asked to do, what it involves and agreeing to it. You have the choice to agree and can change your mind.

Relational Experiences: Any experience with someone we are in a relationship with, this includes romantic or sexual partners, friends, colleagues, parents, caregivers, other family members etc.

Transcript: A written copy of everything said in an interview.

Withdrawal of Data: Removing information about you, or information you have given (such as anything said in the interview) from the research.

Appendix D - Consent Form

Title of Study: Exploring relational experiences of the LGBTQ+ community: looking at identity development, self-to-self, self-to-other and self-to-society relationships through a Cognitive Analytic Therapy lens.

Thank you for your interest in taking part in this research. Please complete this form after you have read the Information Sheet and listened to an explanation about the research study. Please make sure you have asked any questions you may have about the research before signing the consent form.

Right to withdraw data

You may choose to withdraw your data, after signing the consent form and after taking part in the study. Withdrawing your data means the researcher deleting your interview and the transcript and not including it in the research. If you do this, you will not be asked for an explanation, and if you have completed the interview, this won't affect the voucher you will receive for taking part.

Additionally, you may request that certain information in the transcript is altered or removed to further anonymise the transcript.

There is a cut-off date for withdrawal and for transcript alterations, this is so that the write up of the research won't be impacted. The methods used in this research involve themes being found in the transcript from each participant's interview, and then group themes found across multiple interviews. Once group themes have been identified it will be difficult to withdraw specific data from one interview. We ask that if you would like to remove your data from the study, you contact us within six weeks of your interview taking place.

Please initial box to confirm consent		
1.	I have been provided with the Participant Information Sheet for the above study and I understand the process of the interview I am about to take part in.	
2.	I have been given the time to read and think about the information, ask questions and I have had any questions answered.	
3.	I understand that there is a cut off period to withdraw my data from this study or alter my transcript and that after this point it is not possible to withdraw my data.	
4.	I understand that my participation is voluntary and that I am free to withdraw my information within the cut off period without giving any reason.	

5.	I understand that if I choose to withdraw from the study, any anonymised data collected from me up until that point can still be included in the study.	
6.	The procedures regarding confidentiality and my personal information have been clearly explained to me in the Participant Information Sheet and I understand what has been said.	
7.	I consent to my anonymised data from my interview being stored and used by others for future research, if appropriate.	
8.	I understand that my anonymised data from my interview may be written up in a report that is available for other people to read.	
9.	I consent to my personal information, including my contact details, being kept until the completion of the research, so that I can be re-contacted for sharing research findings.	
10.	I consent to my personal information, including my contact details, being kept until the completion of the research, so that I can be re-contacted for participation in similar research projects or data audit purposes.	
11.	I consent to being audio and/or video recorded and understand that this is necessary for my participation in this research.	
12.	I understand that participation in this research involves talking about sensitive information and may be upsetting.	
13.	I, along with the researcher, agree to sign and date this informed consent form, showing that I voluntarily agree to participate in the study.	
14.	I understand that I will receive a copy of this signed consent form and the researchers will also have an additional signed copy for their records.	
	Participant _____ _____ _____ *Name of participant* *Signature* *Date*	
	Researcher _____ _____ _____ *Name of researcher* *Signature* *Date*	

Contact Details:

If you have any questions or worries about this consent form, or the research, please contact the Primary Researcher – Debbie Bell d.bell14@newcastle.ac.uk.

Appendix E - Debrief Sheet

Title of Study: Exploring relational experiences of the LGBTQ+ community: looking at identity development, self-to-self, self-to-other and self-to-society relationships through a Cognitive Analytic Therapy lens.

Thank you very much for your participation in this research study. We hope you enjoyed sharing some of your experiences and found the discussion thoughtful. We appreciate the time and effort you have given to the interview. This research could not have taken place without your contribution.

Purpose of the study

This research aims to explore relational experiences of the LGBTQ+ community and seeks to gain a rich and in depth understanding of their unique experiences. We want to do this as the LGBTQ+ community have previously been misunderstood within research and have faced discrimination which has an impact on mental health and wellbeing.

We are interested looking at relational experiences through a Cognitive Analytic Therapy lens, which is a type of therapy that looks at how our early relationships and relationship with society, impact our current relationships. We are interested in exploring identity development (the relationship with ourselves) and relationships with other people and society. It will attempt to explore the following additional aims:

8. Understanding how our early caregiving relationships impact one's relationship with sexual identity
9. Understanding how relationships are impacted through the coming out process, or how coming out is impacted by relationships
10. Understanding how other aspects of identity relate to ones sexual identity and our relationships

We hope that this study will provide a better understanding of the unique and shared experiences of the LGBTQ+ community, and we can then better support this community in therapy and mental health services. We hope that by using a Cognitive Analytic Therapy lens, this research may provide guidance for future research to develop a specific model of therapy for LGBTQ+ people.

What happens now?

Transcripts from all interviews will be analysed to identify themes and differences between experiences. Individual transcripts will be looked at first and then the researcher will find group themes across all the interview transcripts. This analysis will then be written up. Participants won't be needed after the initial interview, however, if they have any questions or concerns, they will be able to contact the researcher.

Further support

During the interview, it is likely we discussed some personal topics, which may lead you to remember things that make you feel emotional, or find difficult to remember. We hope that we have provided support during the interview to manage this. However, you may wish to get support after the interview. We would encourage you to speak to your GP. Below are some services and organisations who help people struggling with their mental health:

- **Stonewall** (0800 0502020) (Monday-Friday, 09:30am to 4:30pm)
- **Switchboard LGBT+ helpline** (0300 330 0630) (10:00-22:00 every day)
- **Samaritans 24/7 hotline** (116123)
- **Mind's Infoline** (0300 123 3393) (Monday-Friday, 9am to 6pm)
- **Shout text service 24/7** (85258) https://giveusashout.org/

Other relevant information and support organisations:

- Humankind Charity.LGBT+ North East: https://www.humankindcharity.org.uk/service/lgbt-north-east/
- Consortium - North East LGBT Federation: https://www.consortium.lgbt/member-directory/north-east-lgbt-federation/
- Mind. LGBTQ+ Mental Health: https://www.mind.org.uk/information-support/tips-for-everyday-living/lgbtiqplus-mental-health/about-lgbtiqplus-mental-health/
- The Proud Trust: https://www.theproudtrust.org/
- LGBT Foundation: https://lgbt.foundation/

Right to withdraw data

You may choose to withdraw your data, after signing the consent form and after taking part in the study. If you do this, you will not be asked for an explanation, and if you have completed the interview, this won't affect the voucher you will receive for taking part. Additionally, you can request that certain information in the transcript is altered or removed to further anonymise the transcript. There is a cut-off date for withdrawal and transcript alterations, this is so that

the write up of the research won't be impacted. The methods used in this research involve themes being found in a transcript from individual interviews, and then group themes found across multiple interviews. Once group themes have been identified it will be difficult to withdraw specific data from one interview.

We ask that if you would like to withdraw your data from the study, or alter your transcript, you contact us within six weeks of your interview taking place.

Data protection and confidentiality

We would like to remind you that your personal details and the information that you have shared with us will be securely stored in line with requirements established by Newcastle University. The recording of your interview will be deleted after an accurate transcription has been completed. The anonymised transcription from your interview will be stored for 10 years after the study has been published.

Final Report

If you have consented to this, once the study has been completed, the Primary Researcher will contact you by email to share findings of the project.

If you have questions

The main researcher conducting this study is Debbie Bell, a Trainee Clinical Psychologist, studying at Newcastle University. Please feel free to ask any questions you may have now or contact the researcher at d.bell14@newcastle.ac.uk

If you have any questions or concerns regarding your participation in this study, you can find out more about how Newcastle University uses your information on the Research Data Management Policy Principles & Code of Good Practice and/or by contacting their Data Protection Officer (rec-man@ncl.ac.uk).

This study was approved by the Faculty of Medical Sciences Research Ethics Committee, part of Newcastle University's Research Ethics Committee. This study was reviewed by members of the committee (internal to the faculty), who provide impartial advice and avoid significant conflicts of interests.

Your signature below indicates that you have been debriefed and have had all of your questions answered.

___Debbie Bell_____ ____Debbie Bell_____

Name of Researcher Signature

Date:

_____ _____

Name of Participant: Signature:

Date

Appendix F - Data Management Plan

Collection and storage of data will be in line with GDPR and NIHR guidelines:

1) Written consent will be obtained before data is collected. Consent forms will outline withdrawal procedures. Participants will be given contact details and a cut-off date so they can withdraw their data if required. This is included in the information sheet and debrief sheet, the reasons for the cut-off date for withdrawal will be clearly outlined and explained before consent is obtained.
2) During the recruitment phase, participant demographic information, participant name, contact details and unique codes will be kept on a password protect document on the researcher's secure H drive. This will allow us to identify data if a participant would like to withdraw at any stage. Only the primary researcher and supervisor will have access to this.
3) Interviews will be recorded and transcribed via Microsoft Teams as this is a protected and secure software within the university.
4) Participants will be asked to complete the interview in a private and confidential space on a secure internet network, the researcher will do the same.
5) Recordings will be temporarily stored on the researcher's secure H drive. Each recording and transcript will be saved with the participants unique code so they can withdraw their data if required.
6) Transcripts will be downloaded from Microsoft Teams and saved on the researcher's secure H drive. Transcripts will be checked for accuracy and edited within 2 weeks of the interview.
7) The recording will then be deleted.
8) Transcripts will be anonymised by editing names and any identifying information. Participants can specify what information they would like to be anonymised.
9) If data needs to be transferred to different laptops it will be done so via an encrypted USB.
10) Data will not need to be shared outside of the research team and it will be anonymised at this point.
11) Data included in the written report will be anonymous and will not identify participants. This will be mainly through the use of anonymised quotes and participant demographic information (such as sexuality, gender, age and ethnicity).
12) The document containing participant names, demographics, contact details and unique codes will be destroyed once data analysis and write up is complete and withdraw cut-off date has been reached (six weeks after each interview).
13) Disseminated findings will not include any personal or identifiable information.

14) Transcripts will be stored within Newcastle University for ten years in line with NIHR guidelines and then they will be destroyed. Transcripts will have been anonymised by this point.

Appendix G - Interview Guide

Introduction:

1) Intro and explain procedure
2) How do you describe your sexuality? What terminology/language would you like to use? What pronouns would you like me to use?
3) When did you first know you were X?

Coming out/disclosing sexual identity:

The next few questions are about coming out, coming out is a universal term for disclosing your sexual identity to another person but it may have some negative connotations. Is there a term you would prefer to use?

1) Tell me about your experience of 'coming out' (or other term if they prefer)
    a) *Prompts: When was it? Who was it too? How did they respond? Did you come out just once/was it a gradual process?*
    b) *How did that make you feel?*
    c) *What were your expectations? Did you fear anything would happen? How did you manage/cope with that?*
2) How did that impact how you felt about yourself?
    a) *Prompts: Did it change how you felt about yourself? Did anything change in how you behaved?*
3) How did that impact your relationships with other people?
    a) *Prompts: Did anything change in how you felt around others? Did anything change in how you behaved?*
    b) *How did you manage/cope with that?*
4) Do you think society impacted this experience?
    a) *Prompts: Did society impact what the experience of coming out was like? Did society impact any of your decisions?*
    b) *What was the message you got from society about coming out/your sexual identity?*

Early caregiving and Reciprocal Roles:

We're going to move on now to think about early relationships and patterns within relationships.

1) Who looked after you when you were younger?
    a) *Prompts: Who was at home?*
2) How would you describe yourself as a child or a teen?
    a) Prompts: What 3 words would you use to describe yourself as a child or teen?
3) How would you describe mum/dad/caregiver in 3 words? What is your earliest memory of them?
    a) *Prompts: Can you remember a time you felt angry/worried/sad?*

    b) *What was that relationship like?*
4) Do you have any memories or impressions of their views on sexuality? What was that like for you? How did it make you feel?
5) Have these experiences impacted how you view yourself now?
6) Have these experiences impacted your current relationships?

Identity/sense of self:

We're going to move on now to think about your identity and sense of self.

1) How do you describe yourself now?
2) What would you say are the main parts of your identity?
3) Is there a part that feels most important?
    a) *Prompt: Why?*
4) How does your sexual identity fit amongst these/fit with how you see yourself?
5) Have there been any particularly positive or difficult experiences which have contributed to your identity? How did you cope with that?
    a) *Prompt: Was there a key moment in your life for understanding yourself?*
6) Has your identity changed over time? Does how you see yourself change regularly now?
    a) *Prompt: Can you feel very differently about yourself from one moment to the next? Do you ever feel like your sense of identity changes in extreme, sudden or confusing ways?*
7) What are intimate relationships like for you generally? How have they been in the past?
    a) *Prompt: What goes well? What goes wrong? How do you feel in relationships? How do you react? How do you manage that?*
8) Have your experiences in relationships impacted how you view yourself?

Mental health:

1) Did any of these experiences impact your mental health?

Closing:

1) Thanks and closing remarks
2) What do you wish you could tell your younger self?
3) Debrief Period

Appendix H – IPA Step and Use of Nvivo

IPA step	Use of Nvivo
Reading and Re-reading: immersion in the data	Transcripts were uploaded to NVivo and read, alongside audios.
Exploratory noting: Examination of semantic content and detailed commentary, including descriptive, linguistic and conceptual comments	Use of annotations to capture initial thoughts. Word clouds explored linguistic content.
Constructing Experiential Statements: Mapping relationships and patterns between exploratory notes	Experiential statements were created as codes that captured the individuals experience and exploratory notes.
Searching For Connections Across Experiential Statements and Naming the Personal Experiential Themes (PETs)	Divergence and convergence of experiential statements were explored through a concept map. Clusters of experiential statements were grouped based on similar, or opposing patterns. Themes were created and named on a mind map. PETs were summarised in a framework matrix.
Moving to the next case	Repetition of the above steps.
Developing Group Experiential Themes (GETs)	Divergence and convergence of PETs were explored through the concept map tool. Further group themes were identified and were captured on a mind map. GETs were summarised in a framework matrix.

Appendix I – Participant Journey

1. Recruitment & Screening

- Participant receives invitation through recruitment streams
- Participant completes demographic information and expression of interest form
- Eligibility determined:
    - Eligible → Proceed to the next step
    - Not eligible → End participation (e.g. not LGBTQ+)

2. Information & Consent

- Participant receives an information sheet (study purpose, confidentiality, withdrawal rights, etc.)
- Participant reeads the information
- Participant receives a brief call to discuss the study, gauge interest and ask questions etc.
- Decision point:
    - If the participant agrees to takes part → Move to consent form
    - No → Withdraw before participating
- Participant signs the consent form (or declines to participate)

3. Scheduling the Interview

- Researcher and participant agree on date, time, and send Microsoft teams link
- Confirmation email and teams link sent

4. Conducting the Interview

- Researcher welcomes participant
- Interview begins
- Participant retains the right to withdraw at any time or stop interview
- Interview concludes and debrief conversation takes place
- Researcher thanks participant and outlines next steps

5. Post-Interview Process

- Participant can withdraw their data within a set timeframe (detailed on information and consent sheets)
- Participant receives thank-you email and voucher

6. Study Closure

- Participant offered a follow up to discuss results and visual interpretation
- Follow ups arranged on Microsoft teams if participant has agreed
- Final chance to withdraw data before analysis is written up
- Study concludes

Appendix J - Transcript Example with Initial Exploratory Noting

Interview 28.10.23
October 28, 2023, 12:06PM
1h 24m 5s

Interviewer (PGR) started transcription

OK, let's just get started then. So as we're discussing sexuality in the interview, the first question to ask is how do you describe your sexuality?

Ben 2:09
Yeah, I am a gay homosexual or I say a male homosexual, I should say, as opposed to gay homosexual. That's the same thing. I'm a male homosexual.
As time has developed, I have
Kind of become what I would classify as demisexual in the sense of.,[1]
Can't become intimate with somebody anymore unless I've already got a foundation relationship with them.
And that's really been a development, I would say maybe within the past two to three years.,[2]

Interviewer (PGR) 2:48
Mm hmm.

Ben 2:49
And as I am getting older, my sexuality is more fluid, so that is not to say that I would not be romantic with a member of the opposite gender, but.
I can't picture that happening. I'll put it that way.,[3]

Interviewer (PGR) 3:02
OK.
And throughout the interview, what terminology and language do you want to use for this? So is it kind of homosexual and demisexual?

Ben 3:11
I mean, I'm happy just using gay.

Interviewer (PGR) 3:13
K OK, and what pronouns would you like me to use?

Ben 3:17
The pronouns I go by are he/him, but I also accept he/they.

Interviewer (PGR) 3:26
And then in terms of my own disclosure, my pronouns are she/her.
And in terms of my own sexuality, I'd say straight for now.

Ben 3:38
Yeah. Yeah, open minded

Interviewer (PGR) 3:40
Yeah. OK. So if we move on to the the first section of questions, so these few questions are about coming out and coming out is a is a universal term for disclosing your sexual identity

to another person, but it may have some negative connotations. Is there a term you would prefer to use? Are you OK with using coming out?

Ben 3:55
Yeah.
Yeah. Coming out for me is is is what I did. So yeah. Yeah, it's fine for me.,4

Interviewer (PGR) 4:07
OK.
So do you just want to start by telling me a little bit about your experience of coming out?

Ben 4:16
Gosh, where to start?
Probably knew that I was gay, or at least knew I was bisexual.
When I was 14 and 15, I found myself a lot more attracted to men than I did with women.
And.
I think I came out as bisexual.
To my girlfriend at the time, which is weird saying that now.
I was 15 and she was totally fine with it because that's that's how she said she identified as well.,5 And I remember publicly coming out as bisexual in the middle of.
A French lesson.
Which is in the IT suite at my secondary school and one of my other friends who was bisexual was getting absolutely harassed and basically bullied by everybody in this class for no reason because she was bisexual and I was like, I just can't.
Sit back.
And and and let them get away with this. And I remember turning around and saying I was like, so why is it OK for you to be friends with me, but not OK for you to be friends with her because she's bisexual? like I'm bisexual.,6

Interviewer (PGR) 5:34
Hmm.

Ben 5:34
You still speak to me. You all speak to me, so I don't see what the issue is.
And that's kind of my earliest memory of kind of that initial coming out process. And from that point on was like it didn't really nothing manifested.,7
I remember trying to express maybe when I was 17 that I was gay. To my best friend at the time, Lucy, and we were on the way home on the bus and I was trying to tell her this,8 and.
She just didn't really acknowledge it. She was like, no, you're not. Don't be silly. Like you're perfectly straight. And all this. And I was just like, OK.
And that probably pushed me back a bit.,9

Interviewer (PGR) 6:15
Mm hmm. How did that make you feel when she she said that, like, 'perfectly straight' and 'No, you're not.'?

Ben 6:25
Defeated, maybe. I think I'd like. I felt like I had tried to disclose something to somebody that I thought that I really trust and our relationship did deteriorate from there.
And I did trust her, and it really hurt, I guess probably is is that the thing that I would say the most?,10

Interviewer (PGR) 6:45
Mm hmm.

Ben 6:47
Yeah, there was a lot of hurt and a lot of well, OK, maybe I'm not. And a lot of then questioning myself and.
Self doubt and probably a lot of self loathing as well.,11

Interviewer (PGR) 7:02
Mm.

Ben 7:03
I would think there, there's been a lot of.
Shame in my family growing up about it, a lot of.
Talking.
Like like my brother used to work in a shop and I very much remember. My mother used to always call his boss a puffter.,12

Interviewer (PGR) 7:26
OK.

Ben 7:26
My dad would say things like that.

Interviewer (PGR) 7:29
Mm hmm. How did it feel hearing hearing that growing up?

Ben 7:30
All the time.
Horrible.
And it still hurts now probably.,13

Interviewer (PGR) 7:38
Mm hmm.

Ben 7:42
And we'll kind of get into it a bit more when we go on, but that it is it hurt and it made me more distant from my family and I was already quite a distant child.
So it it did hurt and then kind of getting that negative.
Reinforcement from my family.
Then mixed in with kind of this push back from my friend. Really it just made it so difficult.
I.
Kind of just didn't really make any progress with it. I suppose during my eighteens and then I go on.

,14**Interviewer (PGR)** 8:22
So what, I'm sorry to interrupt, but So what, How how did you manage your friend's response? That kind of shutting you down a bit. Coupled with things that you'd overheard your parents say, how did you cope with that?

Ben 8:39
I just did. I guess I I I grew up in a household where I had to be hypervigilant.,15

Interviewer (PGR) 8:45
Mm hmm.

Ben 8:46
Permanently hypervigilant and I've been hypervigilant my entire life. I've.
You know, I've always been told like, oh, you, you know, you are so mature for your age when I was like 10 and then going upwards and it's like I'm not mature for my age. I've been forced to learn how to manage the emotions of my 45 year old Father, 50 year old Father because I'm so afraid that I'm going to get punched in the face again.
Do you know?
A lot of it is just kind of 'shut up and deal with it really'.,16

Interviewer (PGR) 9:23
Mm hmm, that kind of cracking on.

Ben 9:25
Yeah, yeah, I think the one friend that I could really talk to you about these things was my friend Emma. That was the one that I'd kind of protected in that class.
And we became a lot closer after that situation, which was really nice. And we developed a really strong relationship where we could talk about these things more.
Which was good,,17 but I still grew up in that generation. Which is the generation is that you're part of as well, Where,
It was OK, but it wasn't OK.,18

Interviewer (PGR) 9:56
Yeah, and.

Ben 9:57
So it, oh go on.

Interviewer (PGR) 10:00
Did that impact your kind of expectations of what would happen when you came out?
Ben 10:06
Absolutely.

Interviewer (PGR) 10:07
Did you have any expectations of of what would happen?

Ben 10:09
Yes, I had packed a bag.
I had packed a bag.,19
Yeah, but the rest, there are some happy bits to it. You know, I I did a summer school to go to Newcastle University when I was 18 and I kind of took this as like my opportunity to try to be my true authentic self. And it was nice meeting new people and just being like, oh, I'm gay, by the way. Just so you know, and everyone was just so chill about it and.
That really allowed me to be.
More free.,20

Interviewer (PGR) 10:46
Mm hmm.

Ben 10:47
Which was a really nice feeling.
Because I'd spent the past 18 years not being able to express my identity.
And that was that was nice.
And yeah, I guess that felt so good.
Like so good. And that really kind of.
Allowed me to then move forwards and kind of I had made more new friends back at home and I remember when I was there I texted one of them coming out to her and she was so fantastic about it and it just kind of made everything feel OK. Sorry (starts crying).,21

Interviewer (PGR) 11:29
Mm hmm.
It's alright.

Ben 11:36
It it made everything feel OK.
Because I at least had somebody in my corner that was willing to accept me for who I was, which was really nice.,22
And then I kind of started moving through my friendship group at that point and I'd become more close knit with a particular group of friends. And one of my other friends, I was fairly certain was gay.,23

Interviewer (PGR) 11:49
Right.

Ben 12:02
But I didn't know if he was or wasn't, and we never really talked about it until later in life. But as I got to uni there was this huge dichotomy where I was at university and I was me. I was my true authentic self.
For the time that I was at university and then I would go home to visit my family. Excuse me, to visit my family or my family would visit me and I'd become this subdued person, which still happens, at this point.,24 Erm
But all of my friends at Uni were great.
My first year flatmate used to refer to me as a faggot.
But in a weird term of endearment way.
So I had met her in my summer school.
And we'd ended up kind of getting always assigned to each other. And I actually thought it was hilarious. I I don't hold any negative connotation with that word. It doesn't bother me.,25

Interviewer (PGR) 13:01
Mm hmm.
Yeah.

Ben 13:04
So I thought it was funny to be honest with you. And she was a Cumbria lass, she was a farming girl like you knew that it was meant with love. If she had a problem with you, she would cut you down in many different other ways. Yeah. So that was never a problem.

Interviewer (PGR) 13:16
Yeah. So definitely you know.

Ben 13:21
So it was good. But then going home for the summer's was was difficult,[26]. And, you know, I told my friend's parents that I was gay and I had kind of we talked about whether her son was gay, which is the friend I was talking about. And I was like, I think he is, but.
He will tell you when he's ready, if he's serious, and I remember.
He ended up getting a boyfriend and he told his mother and his mother was great and he'd had this like.
Loving and wanted response. And he was living this like happy life and.,[27]
I got to this point where I just had this built up.
Lie. It's just like I'm I'm just living a lie. My life is a lie. Everything that I'm presenting to the people that I meant to be closest to me is a lie. So it was.
It would have been April 2020 and.
No, 2014
when I came out, and I remember I was at home and I was sat in my bedroom and I said I just can't do this anymore. Like, I just can't do this and.,[28]
I chose the worst timing. My grandmother was really ill my dad was so stressed.,[29]
And we were sat at the dinner table and I just couldn't eat. And I was like, I I need to talk to you. I need to tell you something.,[30] And bearing in mind I'd already packed a bag.
And.
I I I 1000% thought there was gonna be disowned.
I had made sure that I had enough money and that I had everything packed so that I could get away as fast as possible and go back to my, my, my house at uni.,[31]
Was kind of the plan.
So there was a big fear of rejection, a big fear of being disowned, of losing everything.
That was meant to be safe.
And obviously it necessarily wasn't safe.,[32]
Yeah. Do you want more info on that or?

Interviewer (PGR) 15:46
No not for now. OK, so how...

Ben 15:47
No, no.

Interviewer (PGR) 15:50
You kind of went down and were sat at the table. How did they respond?

Ben 15:56
My dad's words were 'don't'.,[33]

Interviewer (PGR) 16:02
After you told him, all like before?

Ben 16:02
No no before.
'Don't.'
'It's not a good time' and I was like, I can't keep doing this. I can't keep putting this off and

then I just blurted it out.,34
And like my dad just flipped his lid.
My mother was like 'I had no idea' which I was like. How 'cause. You're the person that I was the most flamboyant around and the one that I trusted the most.,35

Interviewer (PGR) 16:33
Mm hmm mm.

Ben 16:38
And I guess remember running upstairs and kind of just locking myself in my room, I was crying.
And my dad obviously was stressed out of his mind with my my grandmother, which I understand, and my mother just. I just. I didn't know what to do. I didn't leave. I stayed and they didn't disown me. But for the days afterwards.
There was a lot of my mother being.
Like I went for a walk with my mother, my mother saying 'it's just a phase. It's just a phase. You'll get through it. It's fine.',36

Interviewer (PGR) 17:16
How did that feel?

Ben 17:17
Horrible. Horrible.
Anger. It brought up anger. It brought up distrust.
A lack of faith.
You know, my mother's always been the person that I've always felt like I could talk to and would support me 100% and.
Yeah, I think it really hurt.
A hell of a lot.,37

Interviewer (PGR) 17:44
Hmm.

Ben 17:46
When I reflect on it, and as I have done over the years, I now know that it was her way of trying to understand what was happening.
And she could have gone about that in a different way. But we're all also human and react. In uncontrollable ways, sometimes but but it hurt and my dad just didn't speak to me.,38

Interviewer (PGR) 18:11
And how did you cope with with that getting that response from your parents? You know, the feelings that came with it?

Ben 18:21
I think I just expected it.
All through my childhood with my dad.
Having really severe depression.
And a drinking problem.
I've been so used to my dad. Whenever my dad is angry or hyper emotive. He just doesn't speak to anybody. He doesn't talk to you. He doesn't look at you and you just feel like you're hanging on tenter hooks all the time. So I kind of I already knew what that feeling was. I'd already known that feeling of kind of not being.

Observed or.
Not necessarily feeling supported.
So that was a really difficult emotion and it never really got spoken about again.
For the longest time, like nobody talked to me about it,[39] I had will get on to early relationships soon, obviously, but I'd met a partner and then me and this partner had broken up and I was really hurt and really upset by it and.
I didn't have anybody to talk to about it and I just kind of had to accept that it was happening and feel the hurt and the pain and attempt to self soothe, which has created a lot of anxiety related issues for me because I don't feel like I've got anyone there.[40]

Interviewer (PGR) 19:36
Mm.
Mm.
You've mentioned this kind of a little bit, but how did these experiences and I guess particularly this one with your parents impact, how you felt about your yourself?

Ben 20:01
Erm
It's a lot of self deprecation.
Especially kind of after hearing everything my parents had said about the homosexual people as I was growing up.
And then them turning around and saying to me, you know, you let us see all those horrible things in front of you for so many years.
And there was almost this sense of.
fuck you.[41]

Interviewer (PGR) 20:40
Mm hmm.

Ben 20:40
Like.
There was also the sense of, like liberty in it and.
It did feel like a massive weight off my shoulders. I no longer had this huge secret.[42]
And and that was good.

Interviewer (PGR) 20:59
Yeah. And did that did anything change in the way that you behaved?

Ben 21:07
Umm yeah, it probably was more of my true authentic self. I was probably a bit more flamboyant.
Yeah, I would definitely say that was the case.[43]
But I do remember telling her and saying like I'm. I'm still me. Like I'm still your son. Like nothing has changed. I am still that person. I'm just.
Who I love is is just not what you would expect.[44]

Interviewer (PGR) 21:35
Mm hmm.

Ben 21:37
There was a long time where we just didn't really speak properly at all, to be honest with you.

So the the social interactions that I had previously that were limited with my family were then even more so limited.
I guess that's the biggest change.,45

Interviewer (PGR) 21:54
And that brings us very nicely to my next question, which is how did these experiences impact your relationships with other people? As you mentioned that with with family it was, it was about talking less.

Ben 22:08
Yeah, I erm
Really. I struggle to be vulnerable with people now.
I'm I'm incredibly untrustworthy in the sense of like I I don't trust other people.
And I only really feel like I can rely on myself.
And that's the huge pressure of kind of.
Not being able to talk to people because I'm the kind of person that needs to talk about this problems with other people to help work through them.
So that has made things difficult.,46

Interviewer (PGR) 22:53
And does that change how you feel around other people, thinking about like new people or family members or people that you've known for a while?

Ben 23:06
It's easier to talk to new people.
Because there's no preconception.
And for the longest time I used to just kind of come out with like, 'I'm gay' straight away to these new people as kind of like a defence mechanism.,47
And.
As life has progressed and kind of things have developed further on, I don't talk about it as much anymore because.
For the longest time, I felt like it was all that I was.
And as I've matured and I've grown, it's it's. It is part of me and it's part of my personality. But it's it's not the entirety of me.,48
So relationships have improved subsequently since then, but like those kind of initial early relationships definitely have been more difficult.,49 I still do you know have a lot of trust issues.
With people.
I overthink a lot of situations I over read text messages. For example, I read into them too much.
I much prefer.
Verbal face to face interactions.
Versus communication via text message for example.
Because body language for me probably is the biggest thing, because that's when I was a child, is what I used to look out for.,50

Interviewer (PGR) 24:36
Mm hmm. So relying on that as a cue.

Ben 24:36
Yeah.

Interviewer (PGR) 24:41
And and how else do you you cope with some of those feelings of
Not being able to trust and kind of a tendency to overthink?

Ben 24:51
I really struggle.
I really really struggle. I was doing it yesterday.
Erm I have a tendency to over ask questions because I'm trying to get clear answers, but I do it in such a way where I'm not direct.,51
Or like if I don't get a response from something within what I would deem a reasonable sense of time it sends me spiralling.
So yesterday I went for a Six Mile walk.
In the pissing rain.
and I just put my phone on do not disturb.
And I walked from falling ends into Jesmond Dene, I guess, walked back and forward in Jesmond Dene went by the river and just tried to drown out negative thoughts with something that was nicer, and I do it to stop myself from maybe making a rash decision and a decision that I'll regret.
And it helps. I do find that that helps a lot.,52
I do try to talk to to people about things, but I I find that quite difficult and sometimes I really don't want to hear what they have to say.,53 Sometimes I just want to verbalise it.

Interviewer (PGR) 26:12
And do you think society impacted these experiences of coming out that you had?
Or impact any of your decisions around coming out. I guess it's it's a bit of a tricky question to answer.

Ben 26:27
Yeah, I I think.
There definitely is some societal issues with it, so in the sense of I.
I guess it's probably better defined by like secondary education and the experiences in secondary education. You know the use of gay as an insult
And queer as an insult.
Like I still find people doing it now being like, oh, that's so gay. Or when people like describe things as like, oh, that's so aids and like.
You're diminishing.
Not just a group of people, but you like, you're diminishing a horrific tragedy to something.
That's funny. You wouldn't do that about the 9/11 terrorist bombings.
Or the 7/7 bombings in London. But you do it because it's a minority group.
And that made it scarier to come out because you just think that there's all the already this negative viewpoint.
Around these things.,54

Interviewer (PGR) 27:31
So what do you think the the message was that you got from society about coming out or about your sexual identity?

Ben 27:41
For me, because I don't really know any queer people.
It was just a case of 'shut up and hide'.
Be the good little straight boy and find a girlfriend. Get married. I suppose they get still. That

kind of archaic viewpoint of you're a man. Hide your emotions and then be.
Normal get a job, find a girlfriend, have kids and that's your life.
And and that's.
The societal pressure that I felt, yeah.[55]

Interviewer (PGR) 28:13

And is that why

Ben 28:16
OK.

Interviewer (PGR) 28:16
Why you kind of came out as bisexual first or was it that you did think that you were bisexual and it's just it's just changed?

Ben 28:25
A mixture of the both, so there definitely was some level of confusion about that bisexuality.
And as to say like that fluidity is is kind of it initially was there and then for the longest time is dissipated and it's only recently maybe within the past two or three years that it's kind of started to emerge again, but more so was Demi Demi's sexuality as we discussed earlier.[56]
But also.
It was that concept of it being more socially acceptable. It's like, oh, like I I do like men, but still like girls. It's OK, you know.
To kind of alleviate that pressure and burden and it's almost like putting feelers out.
To judge people's interactions because it's easier to come back from being bisexual than it is to come back from being a full blown homosexual.[57]

Interviewer (PGR) 29:22
A drip feed it kind of feels like.

Ben 29:24
Yeah, absolutely. That's exactly what it was. And that really was what it was at the time.
Yeah, 'cause, I think deep down, I always knew that I was gay.
It was just that internal homophobia.
of being too scared.[58]

Interviewer (PGR) 29:42
And do you - Don't worry if you don't, but do you, do you remember like the earliest stage where you you thought that you were gay or bisexual or kind of remembered feeling 'I don't think I am just straight' or having feelings for another boy?

Ben 29:59
Hmm.
What do you mean? Can you elaborate a bit?

Interviewer (PGR) 30:05
So just kind of what was the earliest?
Age you can remember where you started to question your sexual identity?

Ben 30:18
There there's it's two-part answer because I think.
Around 7 or 8.

I had a notion of.
Thinking that boys were pretty.
But at the age of seven or eight I would have no real conceptualised understanding of sexuality.
But when I was 13, 14, 15, there were absolutely boys at school that I fancied. Yeah, like, absolutely. They were. Yeah. So like, it was very embedded.
That feeling of queerness was embedded not so much the the certainty of homosexuality, but the embeddedness of queerness was very much there from a young age or from early kind of teenagers, yeah.,59

Interviewer (PGR) 31:15
So we're gonna move on now to think about early relationships and patterns within relationships.
So who looked after? Who looked after you when you were younger? Who was at the home?

Ben 31:28
My father, my father, was at home. My father was a house husband and my mother was the breadwinner.
Yeah.

Interviewer (PGR) 31:38
How would you describe yourself as a teen that kind of young like 13, 14, 15 age?
Just in a in a couple of words.

Ben 31:57
I'm trying to think of the the the word seen Queen.
Driven.
And approachable.
It was. I would be the words that I would use to describe, and very respectful.
Of people's time and people's energy.,60

Interviewer (PGR) 32:21
Mm.
What were you like in in the home?
Were you use those words there as well?

Ben 32:29

Yeah, yeah, I would say that I was.
Yeah, my parents never necessarily stopped me from.
Expressing my identity, I had long hair like down to my shoulders and my parents were all for it.
I'm.
Yeah, yeah. 'cause. I had a a lot of different areas of my life where discipline and respect was kind of drilled into me both from like the home point of view, but from extracurricular activities that I was doing.
So that absolutely I would say that in the home and out of the home, yeah.,61

Interviewer (PGR) 33:16
And how would you describe your mum and dad?
Not now. How they were then.
In in like a similar way in just a couple of words.

Ben 33:31
Unhappy.
Stressed.
My mother was supportive.
And my dad was in his own way. He tried.
To be.
Yeah, they they tried to be as supportive as they could be.
Minus the additional pressures they faced, yeah.,62

Interviewer (PGR) 33:56
And how would you describe them separately so if together they were kind of unhappy and stressed and supportive as parents, how would you like if you just do your dad first, how would you describe your your dad as he was?

Ben 34:11
Volatile.
Unpredictable.
Incredibly strict.
Umm.
And at times I guess I would be fearful of him.
But.
Like he was there. Like if something goes wrong. He's there.
But a lot of negative emotion is there.
For my dad, yeah.,63

Interviewer (PGR) 35:00
And what about your mum?

Ben 35:03
Love, hard working
Upset.
Ostracised.
I.
Deeply unhappy, probably actually is is the best way to describe it.
And again, she probably also was fearful.,64

Interviewer (PGR) 35:41
And so your your dad was the kind of the one that's staying at home looking after you. So what's your earliest memory of him?

Ben 35:50
The actual earliest memory.
My earliest memory of my dad is my dad smashing my cot with me in it. When I was two years old.
Yeah, that's my earliest memory.
And that's not the nicest of thoughts to think about really.
Because that.
Just defines my whole childhood, to be honest with you.
Umm.
Yeah.
Sorry, that's a really tough one for me. (crying),65

Interviewer (PGR) 36:24
That's OK. It sounds like it.
It's it's really tough, yeah.

Ben 36:31
It's a tough it's a it is a tough one. That's my earliest memory of my dad.

Interviewer (PGR) 36:33
Yeah
These questions are hard the ones on early relationships.

Ben 36:45
Yeah.
No, no, honestly, it's OK. These are all things that I've talked about before and I have talked about them with my family.
So they're just raw.
They're just raw.
Yeah. So that's my earliest memory of my dad is him smashing my cot with me in it, and then I don't really remember a lot of my early early years, probably because of trauma responses to be quite frank with you.
I I don't remember a lot of good.
I remember, I think probably the next thing that I can remember of my dad.
That isn't kind of fuzzy.
Again is.
Me and my brother.
Were sat in the little dining room at home and.
My Nana was coming to collect us, which was my dad's mother.
And.
There was shouting. My mom and my dad was shouting at each other and then my dad was smashing the house up.
And then my Nana.
Came to take me my brother away from it.
'Cause my mother had rang her
And she took us outside, and the next thing I remember is my dad grabbing both me and my brother by the ear, dragging us in the house upstairs, and then locking us in our bedroom.
And then, for whatever reason, we were then kind of grounded. And then as kids, when we were grounded, it was never just a case of, like, you can't go outside. It was a case if you can't leave your bedroom.
You can't watch TV, you can only read. You can draw, you can't play with your toys. You are not to eat your meals with us.
And that was a recurring theme in childhood.,66
As well, so that will be, yeah.

Interviewer (PGR) 38:55
Mm hmm.
And you've painted a bit of a picture, so I've got a bit of an idea, but I don't wanna kind of jump to too many conclusions. But what was the relationship like between you and your dad growing up just the two of you?

Ben 39:13
Turbulent.,67

Interviewer (PGR) 39:14
Mm hmm.

Ben 39:17
I'm fairly certain my father has bipolar. It's not confirmed, but there was some seriously manic periods and some serious depressive periods. And in the manic periods he was super supportive, like there are positive memories of my dad. My dad used to always pick me up from school.
And we used to sit together in a morning. We used to always leave the house early to drive to school, and my school was in the village. That was a 10 minute drive away and we used to sit together and play cards in the car together in the morning. Like, so there are really happy memories there as well.,68

Interviewer (PGR) 39:53
Mm hmm.
Yeah, mm hmm.

Ben 39:56
And it's so difficult to kind of process that duality between the two.
Because, like there were times we really got on well and I think as I got a bit older.
And kind of approached.
10 or 11 years, I'd started doing jujitsu at the time, and my dad was really big into martial arts when I was a younger child.
And had stopped doing it and we kind of bonded over that, which brought some.
Comfortability of us back together, and he used to always be interested.
Most of the time.
He was always interested in what I was doing at school.
Oh, what I was learning.
So it's difficult.
That kind of early relationship, yeah.,69

Interviewer (PGR) 40:55
And how have you managed that over years?

Ben 40:59
In terms of now or back then?

Interviewer (PGR) 40:59

Now, like kind of,
Like since kind of leaving home.

Ben 41:14
Me and my father.
We're in a good place now.
We've talked a lot about things that my father's done when I was a kid, things that I did when I was a kid that might have upset my father.
And I know that there's a lot of regret and sorrow that he feels.
About ways that he's acted and a lot of things that he can't remember.
Erm, which obviously doesn't make them any less true, but you know.
So we we are in a position now where.
We're a lot more respectful of each other, a lot more respectful of each other's times and.,70

There has been absolutely been times in the past.
Five years.
Where he's really shown up.
And he's shown his true colours for me as a father and really helped me.
And that has made it easier for us to kind of converse with each other.
Which is good.,71

Interviewer (PGR) 42:31
That's good.

Ben 42:32
Yeah.

Interviewer (PGR) 42:35
And we we touched on this a bit earlier when we were talking about your experience of coming out, but.
You you had kind of quite a clear impression or idea about their views on sexuality growing up, is that right?

Ben 42:47
Yep, Yep.

Interviewer (PGR) 42:50
And what was the kind of impression that you got from them?

Ben 42:55
That it wasn't a good thing.
That it wasn't OK.,72

Interviewer (PGR) 43:00
Sexuality in in general or?

Ben 43:03
Not so much sexuality in general. Sex is not something that was never discussed.
It didn't stop me from hearing my parents having sex, unfortunately.
Much to my dismay, no, it's not fun. It's also not fun walking in on it.
But it was never discussed.
In the House, it was never discussed in the House.
Yeah. So in terms of viewpoints of sexuality, I I don't necessarily know, but viewpoints and homosexuality were very clear in the sense of that it wasn't a good thing. It was a bad thing in that they thought the people that were homosexuals were weird.
Oh, that's how it came across to me.,73

Interviewer (PGR) 43:52
And how did that make you feel? Kind of knowing that that was their view growing up.

Ben 43:58
I didn't agree with it. I didn't agree with a lot of things.,74
Really, a lot of it is education, a lot of it is they are a product of their time. You know, I I have older parents, my parents, my mother's 65. My dad's turning 69, you know? So they are part of that
Early boomer generation that were kind of buying houses.
During the Thatcher era so.

You know, they were alive during the AIDS crisis, and I I do believe a lot of that kind of pre notions are based upon their lived experiences and you can't blame them for that. But that didn't make me feel great.,75

Interviewer (PGR) 44:47
So how did it make you feel?
What emotions were there when you were growing up knowing that this was
They view on homosexuality.

Ben 45:02
Honestly, I don't think I thought about it too much.

Interviewer (PGR) 45:06
Mm hmm.

Ben 45:07
I think it became more of a thought process.
For me
When I was over 18 and I wasn't at home anymore.,76

Interviewer (PGR) 45:18
How did it make you feel?

Ben 45:20
In terms of how it made me feel, then it made me feel scared.

Interviewer (PGR) 45:23
Yeah.

Ben 45:24
It did. That really is the kind of the the key emotional indicator there is that it made me feel scared, made me feel scared. It made me feel like I was wrong.
Like I was some form of abomination, I guess
Like I'm the odd one out.
And a lot of why me?
As well, why does it have to be me?,77

Interviewer (PGR) 45:47
Mm hmm.

Ben 45:52
Yeah, that's how I felt, I guess.

Interviewer (PGR) 45:58
And have these experiences growing up and and with your, your dad and your relationship with him.
And your your mom as well. I'm kind of focusing a little bit more on him just because he was, he was the one that was that the housekeeper as you said. But have those experiences impacted how you view yourself now do you think?

Ben 46:10
Yeah.
No.

No.
Maybe.
In my early 20s, perhaps.,78

Interviewer (PGR) 46:28
How so then?

Ben 46:31
I still think there was a lot of internalised homophobia.
A lot of confusion, I guess. I don't really know.
How to navigate the world.
Of being gay, and I had no kind of positive role models towards it, so I didn't really know what it meant. I just knew that I was attracted to men.
And I didn't really know anything I guess.
And it kind of manifested in in.
Just being quite reserved with it, I guess maybe not as open with it as I would like to have been.
I guess I wouldn't say there's been anything like overtly negative.
As a result of kind of their negative viewpoints on it,79 and my understanding of their negative viewpoints and that internalised homophobia, was there still is like it would be easier if I was straight, because it would be, and I still think that now, sometimes.,80

Interviewer (PGR) 47:48
In the society that we live in, that's very heteronormative it. It would be currently.

Ben 47:54
Yeah, it'll be delightful, but it is what it is.,81
God a dream.

Interviewer (PGR) 48:02
It would be.

Ben 48:03
It would be.
But yeah, I don't think it was a particularly prevalent emotion. I just think it was like a little niggle.
Every now and again, and probably usually when I was upset and drunk.
I would say and as you all know, when we drink, we all get emotional regardless of who we are. So that would be my response to that question, yeah.

Interviewer (PGR) 48:30
And have these experiences impacted your relationships with other people?

Ben 48:43
Yeah.
Yeah.
I definitely, yeah. Because the hypervigilance and and kind of the the fear of being. Abandoned, I guess is is a is a real well, I mean it that is a huge fear that I have. I probably think that is the fear that I have the most. I I suffer horrifically with the thought of being rejected. I think about that pretty much every day.
Not so much in the context of my family, but in terms of like relationships, yes.,82

Interviewer (PGR) 49:22
And how does that or or if it does,, impact the way that you behave in a relationship?

Ben 49:28
I'm very people pleasey
I definitely have an anxious attachment style.,83
And I really struggle to air
My emotions because I don't feel like my emotions are valid.
I'm like, I can sit there and tell myself that my emotions are valid and I can sit there and tell other people that their emotions are valid, but if something's upsetting me that someone else has done, it's not very often that I'll turn around and say that that's upset me, and that's not fair on me. But that's what I do.
I'm so scared that if I do that.
That I'm gonna be abandoned,84, or I'm gonna enter into this state where, like, I'm in such limbo that makes me so uncomfortable that I would rather deal with the pain of kind of being upset.,85 And I guess that really comes from the early kind of childhood role model. I have that. Well, that's what I saw growing up.
You know it my mother just saying, OK to everything. Just, just to make life easier when actually, you know, I I've been in the situations in relationships and friendships where I actually should have turned around and said no, that's just not right. Sorry, I can't deal with that. It's not OK.,86
And.
As I'm getting older, it's getting a little bit easier but.
I've had a bit of a shit time,87.

Interviewer (PGR) 51:01
I I agree.

Ben 51:06
(laughter) So yeah, it's it's been a bit of a rough rollercoaster,88. Yeah, it it definitely does have some, quite a lot of impact on my ability to regulate my relationships.,89

Interviewer (PGR) 51:18
And is.
I'm kind of using relationships is quite a broad term here, but is that like intimate, romantic relationships and friendships?

Ben 51:26
Both.
It's absolutely both.,90

Interviewer (PGR) 51:30
Mm hmm.

Ben 51:31
Less so in.
Friendships, but to kind of give you an example.
If someone says to me.
Like sends me text me like 'hi. Are you free?' My brain immediately goes to the negative.

And then I will spiral until I get that response and then I'll continue to spiral further.,91
And then in terms of relationships?
Because of, kind of other relationship trauma related stuff that doesn't necessarily relate to coming out. I am, I do really struggle to.
Say when things are upsetting me and say them in a way that.
Isn't hurtful.
I never like. I never want to hurt somebody. It's not in my nature. I don't want to cause somebody pain, but.
There were times when I wished that my partners would feel the pain that I feel with their actions.
And that creates a level of vindictiveness that's not fair, because that person shouldn't have to experience that. And I shouldn't have to have that feeling of being vindictive either, but
At the same time, like I like they.
Trying to think of how to word it without sounding like a prick.
I just want them to suffer too.,92

Interviewer (PGR) 53:10
Mm hmm. We'll see the pain that you've.

Ben 53:12
Yeah.

Interviewer (PGR) 53:13
Because no one else felt that at the time it sounded like.

Ben 53:16
Yeah, like I want them to feel.
How much it hurts when.
They lied to me.,93
I've been cheated on historically to the point now where like I can't.
Just accept what someone says that they're doing without over thinking that situation.
And that must make it so difficult to even be in a relationship with me.,94
But you know, like I've had to stop an ex partner from killing himself five times so.
Like there has to be at some point like that is gonna have an impact on me. And then when it does have an impact on me that partner to then turn around and say well, you're not getting any help for your issues. So I'm just gonna abandon you.
From the abandonment of my mental health and it's like, well, I was there to support you that entire time. But you're not willing to give me the same support back.
And that creates a huge level of unworthiness.,95
So, intimate relationships are really difficult.,96

Interviewer (PGR) 54:36
Before we move on

Ben 54:36
Sorry
That was that was a lot. Sorry.

Interviewer (PGR) 54:39
You're fine. You're alright. I know it's a it's a weird format. The interview 'cause some stuff that you just kind of have to then move on and it feels a bit jolted. So I'm sorry.

Ben 54:46

No, no, don't worry.

Interviewer (PGR) 54:51
Before we move on to the third section, do you want a quick break or anything?

Ben 54:55
Do you need to go the toilet?

Interviewer (PGR) 54:58
No, I'm OK, thanks.

Ben 54:59
I'm OK as well, just having a quick puff and we'll be good to go pet

Interviewer (PGR) 55:03
OK.
The third part is.
About your identity and sense of self.

Ben 55:11
Yeah.

Interviewer (PGR) 55:12
And some of it's going to link into relationships, you're relationships now which you've just been speaking about.
But how would you describe yourself now?

Ben 55:26
In what context?

Interviewer (PGR) 55:28
Well, similarly to when I asked it earlier.

Ben 55:31
In terms of sexuality and things like that?

Interviewer (PGR) 55:34
Just generally, how would you describe yourself in a couple of words?

Ben 55:35
Hmm generally.
Strong willed.
Respectful.
Intelligent.
Emotionally damaged.
Loyal.,97

Interviewer (PGR) 55:58
And what would you say the main parts of your identity?

Ben 56:06
Willingness to help
My generosity.
I'm always an ear to listen.
I try to be light hearted as possible.
I'm incredibly empathetic and sympathetic.
Those are kinda the main traits that I present to people, but there's a lot of masking,98 and there's a lot of sadness.
Umm.
Yeah.
A lot of sadness, a lot of self loathing.
Sorry I haven't been this vulnerable with myself in quite some time.
(crying)
A lot of self hate.
A lot of pain.
I feel really.
Like a shell, and to be honest with you.
In comparison to what I used to be and.
It's just been such a hard five years.
To be honest with you.
Yeah, leave that there. (crying),99

Interviewer (PGR) 57:32
Mm hmm.

Ben 57:34
Sorry.

Interviewer (PGR) 57:35
OK, wait for a minute. It's heavy stuff.

Ben 57:36
I do that a lot as well.
Yeah.

Interviewer (PGR) 57:41
And and you you're being really honest. So I do really appreciate it and I know the questions are hard.

Ben 57:47
Well that's how you get the best results

What's your next one then?

Interviewer (PGR) 57:58
Thinking about intersectionality, so thinking about sexuality, ethnicity, class, religion, those kind of parts. Do you see them as kind of contributing to your identity?

Ben 58:16
I'm really proud of being a gay man.
I love that I'm a gay man. I would never change it for the world now.
And I've found.
There is a sense of community like the there were two sides to kind of being a gay male and

like, there's a really promiscuous side of it, which is really seedy and quite grim. But everyone partakes in that. But there is a huge sense of community. And I have met the best people in my life.,100

Interviewer (PGR) 58:51
Mm hmm.

Ben 58:54
Because of that and I have met the people that have stopped me from killing myself because of that.
So.
Being gay and that's actually is a huge part of my life.,101
My own ethnicity is is not something I care about. I'm privileged and I'm aware that I'm privileged and in that sense, but I'm really supportive of other minorities because of my own learned experiences of how I felt.,102
And with religion.
For me, religion has never been a huge member of, or part of my life. I grew up.
Church of England. I went to a Church of England's school.
But I was never raised to be religious.
I am probably best described as agnostic. I guess is the best way to describe it. I don't necessarily believe in organised religion, but I do certainly believe.
that there is something somewhere.
Whether we want to call that God, whether we want to call that fate, whatever we want to call it, but it makes it a little easier to swallow the bad stuff that happens.,103

Interviewer (PGR) 1:00:14
Yeah.

Ben 1:00:20
So.

Interviewer (PGR) 1:00:20
And is there, is there a part of your identity that feels most important?

Ben 1:00:32
That I am a good person.
I really struggle to remind myself on a regular basis that I am a good person.
But I am a good person and that for me is is the the most important thing.
My biggest life goal and has been now for the longest time is just to help people.
And I wish more people thought like that.
So that's my biggest thing I would say, yeah.,104

Interviewer (PGR) 1:01:05
And have there been any particularly positive
And or difficult experiences which have contributed to your sense of self?

Ben 1:01:17
Where would you like to start with that? (laughs)

Interviewer (PGR) 1:01:18
(laughs) It's a big question and it probably links to some of the things that we've already said.

Ben 1:01:23
Totally it does. It links to a lot of.

Interviewer (PGR) 1:01:25
You don't have to give me every single one.

Ben 1:01:27
No, totally. But I will give you the ones that have had the most impact.

Interviewer (PGR) 1:01:28
Thanks.
Yeah.

Ben 1:01:33
The first relationship that I'd had with a male was incredibly turbulent and incredibly toxic.
It wasn't physically violent, but it was mentally violent.
And it was with an older male, someone who was 35 when I was 21.
Or 22 and it was just abusive without going into the details, it was just abusive and left me a little unhinged.,105
And a lot of self hate because I felt like I was the problem and then I proceeded to embed that hate further by going to dinner with him and his new partner.
That he encouraged and I only just stopped doing that. I finally stood up for myself when he kept saying, you know, just don't become one of those people that goes out on the weekend all the time. And I was like, I don't know who the hell you think you are to tell me.
That I can't do that. So you can go and F yourself.
So that was a big one.,106
The next one was my my engagement, I guess. And then go on. Yeah, yeah, yeah.

Interviewer (PGR) 1:02:44
Sorry, can I pause you before we move on? So how how did that experience with him contribute to how you you view yourself, your sense of self?

Ben 1:03:01
He is the initial proprietor of a lot of the self hate.
The self loathing or the the anxiety.
Yeah. On the other side, there was a lot of good and he he opened my eyes to the queer world and helped kind of shape my understanding of the queer world and what it meant to be gay and.
Taught me about queer history and things so.
The It's shaped me, kind of in good ways in the sense of like it has helped me understand my identity more, but it's also created some serious issues in my identity.,107

Interviewer (PGR) 1:03:42
Mm.
Mm hmm.
Sorry, go on. You're talking about your engagement next?

Ben 1:03:47
No.
Yeah, I mean that was kind of just solidified the fears of abandonment. You know, kind of being left alone in the pandemic.

Financially struggling, emotionally struggling and again like.
It was difficult,[108], but when it ended it brought around so much good at the same time.
Because he calls me to develop more anxiety than I've ever known.
And really kind of solidified down those anxiety issues that had already been kind of begun to manifest.,[109]
But then at the same time, I'm also super grateful because that was when my dad showed his true colours.
You know, I really distinctly remember.
It was the morning after and I rang home and I told them what had happened and my dad was just like, I'll be there in 1/2 an hour.
And it was just. And he shouldn't have been there. It was. The pandemic weren't allowed to leave.
(laughs) But it was that within half an hour and he was just like, I'm here. It's OK,[110] (cries) I like I was so angry. I was so upset. I need to sit and be listened to and like, that's really kind of where our relationship began to repair.
Which was nice,[111] and because of that breakup, I've met the people that I live with now and the people that have have kind of saved my life, I suppose.
Which is really nice.
And that they've helped kind of shape me further, and they challenge, me and my thought processes and.
They work hard to try and make me a better person, which is great, and I really appreciate that.,[112]
So those are probably the most formative experiences, I would say.
Yeah, they've been good. There's been a lot of bad, but there's been some good,[113].

Interviewer (PGR) 1:05:52
There's been good in there.

Ben 1:05:54
Yeah.

Interviewer (PGR) 1:05:55
And would you you say that your identity's changed a lot over over time?

Ben 1:06:02
Yeah, I've gone from being.
It's like really weird cause like I went from being super confident and kind of being in higher education and kind of really climbing up high in that performing really well.
To then kind of this huge dip.,[114]
And it it's nice to see kind of that.
I I went to a really deep dark place.
Where there just wasn't really any good.
And it's a long journey and it will be a long journey going forward, but.
It's nice to see that those experiences have kind of, are bringing me closer and closer to what my identity was to when I was happiest.,[115]
So yeah, it has changed over time and it has gone to a really bad place and it the identity has gone to a place, there's a lot of self loathing, more self hate and I still have those feelings, but they're not as prevalent.
Which is nice and yeah.,[116]

Interviewer (PGR) 1:07:15

And now, does how you see yourself and your identity change regularly can you can you feel quite differently about yourself from one moment to the next?

Ben 1:07:28
No, no. My identity is fairly rigid.
And that is because I've learned to accept both the good and bad sides of who I am and sometimes it's OK to be bad.
And maybe sometimes I need to be a little bit more bad.
And actually feel emotions rather than compartmentalising things, which is what I've done my entire life.
And actually expressing how I feel, which still feels really alien and it will feel for quite some time.
But it's getting easier.,117

Interviewer (PGR) 1:08:09
Mm hmm.
And thinking about
Now what are intimate or romantic relationships like for you generally?

Ben 1:08:21
A struggle.
The struggle is real.
Intense. I'm a very intense person.
I fall in love very quickly.
But I'm also very easy to hurt and very easy to take advantage of.,118
But.
On the flip side, my current relationship ,for lack of a better term,
Is teaching me.
A lot about what I don't want.
From life and is also teaching me that it's OK to be angry.
And that it's OK to verbalise that.
Which is a lesson that I wish that I had learned 10 years ago.
So that's kind of good.,119

Interviewer (PGR) 1:09:28
That's good.
So what? What goes wrong in relationships generally for you?
Things that you've you've noticed over the years in different relationships.

Ben 1:09:40
We fall out of love with each other or what we thought was love was never really love.
It was really good friendship.
Which I suppose my viewpoint on love is if it's skewed.,120
I think what happens is that I.
I mean, again, I can't speak for the other parties, but.
From conversations that I've had with ex partners.
I think about my partners a lot.
Whether I'm with them or whether I'm not with them, I wonder what they're doing. I wonder if they're OK, if they're happy, if they're having a good day.
And I talk about my partners a lot and what I tend to find is that my partners don't talk about me.
And I don't know if that is a good thing or a bad thing, and I'm I'm still trying to figure that

out.,121
And then I'm also trying to figure out if am I the one that's maybe doing something wrong there.,122
In that sense, but I guess my intensity level is.
Is potentially so full on that it's almost smothering.
And I guess it's because I want to love somebody so much.
And I want to make them feel safe and I want them to make them feel supported, that that in turn has the opposite effect.
And sometimes I just need to let people feel.,123

Interviewer (PGR) 1:11:13
And and how do you feel in relationships generally when?
Yeah. No, that's just it. That's my question. Sorry. How do you feel in relationships?

Ben 1:11:22
It's alright. You're you're gonna say when things are going good and when things are going bad.

Interviewer (PGR) 1:11:26
Well, yeah. I was gonna say when things are going wrong, but then I was like, actually, let's, let's just do generally first.

Ben 1:11:31
Generally, when things are going.

Interviewer (PGR) 1:11:32
Because no one feels good when things go wrong.

Ben 1:11:35
No, no.
When it goes well.
Happy. I feel relaxed.
Like I guess I feel like a great warmth, I suppose, like and. And that's the only thing that I can really attest to love. You know, I very much remember from one of my older relationships looking at when I'm partners and going, I guess thinking about to myself like I love you so much.
And then let's see. That wasn't reciprocated. But. But like that feeling of like I would do anything for you.,124

Interviewer (PGR) 1:12:11
Mm hmm.

Ben 1:12:16
And when it goes bad, it's a lot of against self hate it. It's not so much hate towards them, it's more like what have I done wrong too cause that problem.
When actually, it isn't me. Sometimes. Sometimes it isn't me. Sometimes it is just them.
And I mean, yeah, that's.
So it's a lot of self hate, yeah.,125

Interviewer (PGR) 1:12:44
And how how do you manage that? Those feelings when things go wrong, when you start to feel the self-hatred

Ben 1:12:51
Not very well.
A lot of vaping.
I try to talk to my family, about it and get their perspectives. I talk to a lot of people about it.,126
And I I there have been times where I've tried to talk to partners about it.
And I've kind of kind of almost like semi talked about it and then bottled it.,127 And then there've been times most recently where I've I've challenged somebody on not necessarily being a priority in their life and then actually had the full conversation with them and it led to a a relatively positive conversation in the end.,128
So talking about these things, just make it easier, but when it does go bad, my brain spirals and immediately goes down the path of the worst things because of the previous relational experiences that I've already had.
So I I guess I begin to kind of develop resentment feelings, I suppose.,129
And then I deal with that by. I try to avoid it. I try to hyper focus on stuff. If and if I can't, where I get to the point where I'm overwhelmed.
And I can't hyper focus is when I'll go for a walk.,130

Interviewer (PGR) 1:14:17
And and what goes well in relationships generally?

Ben 1:14:26
Can you give me some more context?
'Cause that is an answer in itself that I just gave you.

Interviewer (PGR) 1:14:37
So you, you you kind of have an idea of of what usually goes wrong. You mentioned kind of falling out of love or kind of thinking it was love and
You focusing more on their needs, but what do you notice
You do well in a relationship.

Ben 1:14:57
What I do well in a relationship? Oh good question.
I'm always there.
If something bad was to happen and I was in a place where, like, we were arguing, it would get put aside.
I'm incredibly loyal.
And thoughtful, to be honest with you. For me, that's the good parts of relationship. I want to make the other person feel good.
I want them to feel happy and relaxed when they're around me. That's kind of my thoughts.,131

Interviewer (PGR) 1:15:31
Mm hmm.
Mm hmm.
And you've mentioned.
How these experiences in relationships have kind of impacted how you view yourself in terms of particularly that kind of self loathing and hatred and.
And kind of anxiety is, is, is there any other way that these experiences have impacted how you view yourself that we've not mentioned?

Ben 1:16:09
That I'm resilient, I guess.
I have weathered.
Many a storm.
So yeah, there is.
Sometimes it kind of the thought goes to like 'you're weak', but I'm not and I know that. I'm not like, I'm incredibly emotionally strong. I just think that I'm so tired of being.
Used and abused.
In so many different formats.
But that's where those kind of thoughts of weakness comes from, I think so. Yeah. That's what I would say.,132

Interviewer (PGR) 1:16:47
Mm.
And thinking about all of these different experiences that we've we've talked about, so your coming out, early relationships -

Ben 1:17:01
Mm hmm.

Interviewer (PGR) 1:17:05
- And kind of your sense of self and how you are in relationships now -
Have any of these experiences impacted your mental health? And I know you've mentioned kind of anxiety a little bit and don't feel like you have to repeat yourself too much, but.

Ben 1:17:20
Oh Don't I know

Interviewer (PGR) 1:17:21
But just generally, do you feel like they they have impacted your mental health and well-being?

Ben 1:17:25
Yes, there is no other answer to that. But yes, yeah, beyond yes,133

Interviewer (PGR) 1:17:28
Mm hmm.
And is it, Is it the anxiety that you've already mentioned or is it kind of in other ways?

Ben 1:17:38
Multiple ways - for the longest time I was depressed.
And that depression really has changed. It wasn't necessarily just the relationships that were causing the depression. There was a lot of external stresses as well. Erm.
And kind of fixing those problems really has helped alleviate the depression side of things for me, which is great.,134
Erm The anxiety is really the the biggest thing, and that has improved as much as it may not necessarily come across that way sometimes to other people.
They used to be times where I couldn't walk through areas of the city.
For fear of bumping into somebody.
And I don't feel that anymore, which is nice.
But it is very much the, it's, my anxiety is predominantly to do with relationships like I like. I get anxious. Like for example if something goes wrong at work I get anxious about that. But

that's a normal response or it should be a normal response like you should be anxious if something goes wrong at work, because you care about it. So like I try to change my mindset sometimes to kind of help with that. But it yeah, my anxiety has definitely been heavily impacted.,135

Interviewer (PGR) 1:18:31
Mm.
M.

Ben 1:18:56
Yeah.

Interviewer (PGR) 1:18:59
This is my next question is the final question of the the interview.

Ben 1:19:02
Oh no.

Interviewer (PGR) 1:19:06
I don't know whether you'll like it or I hate it.
What do you wish you could tell your younger self?

Ben 1:19:13
Oh I love this question. RuPaul uses it all the time. (laughs)

Interviewer (PGR) 1:19:16
I know. And that's exactly where I've taken it from.

Ben 1:19:20
(laughs)

Interviewer (PGR) 1:19:20
I was like, you'll either think it's cringe or love it.

Ben 1:19:25
OK.
Life's gonna be really hard.
But it's also gonna be rewarding.
Look at the mistakes that I've made.
Learn from them.
And stand up for yourself a bit more because you do deserve to have happiness. You deserve to be loved and you deserve to have your voice be heard is probably what I would say and that it will be shit sometimes. But you'll get through it.
I think, yeah.
And then give me a slap. (laughs)
But no, no, obviously not. But you know, yeah, that's what I think I would say, yeah.,136

Interviewer (PGR) 1:20:21
Thank you. So that brings us to the end of the interview.
And I just want to thank you so, so, so much for your your time and and honesty and vulnerability in your answers. I really appreciate you taking the time to answer and for sharing part of your story with me.

Ben 1:20:29
Thank you.

Interviewer (PGR) 1:20:42
How are you feeling now that we've finish?

Ben 1:20:46
Alright, I haven't cried in so long and I wanted to cry for ages.

Interviewer (PGR) 1:20:47
Yeah.
Oh, I'm glad that I did that for you.

Ben 1:20:53
It's so cathartic when you do it sometimes, but yeah. No, I feel OK because a lot of the stuff that we've talked about is stuff that I've spoken about before. I'm not shy about my past experiences.
And it's just good to talk about that, because if someone else can listen to it and go, like, actually, I feel the same way and then reaches out and says like, hi. And I'm like, talk to me about it. It's nice to help people.
It's good. It's really good. It just makes me wanna help people more, which is nice.

Interviewer (PGR) 1:21:31
Is there anything you'd like to discuss with me? Any kind of concerns or
Things that may have been stirred up.

Ben 1:21:46
Honestly, no, not really.
No, I don't think so. Like nothing's bothered me. Nothing's left me unsettled or anything like that.

Interviewer (PGR) 1:21:53
OK.
OK.

Ben 1:21:58
Because all of the things that we've talked about are things that I do think about.
On a fairly regular basis.
'Cause it helps me process. So yeah, no, I'm good, don't worry.

Interviewer (PGR) 1:22:11
And do you have any questions in terms of like the research, the next steps, anything like that?

Ben 1:22:17
No, I love it. I think it's fantastic. I think it's such a good piece of work. I'm just excited to read it eventually.

Interviewer (PGR) 1:22:24
Me too (laughs)

Ben 1:22:25
Like, I think it'll be absolutely brilliant and I think it's really great that.

The majority of queer people, me using that terminology obviously is is from my point of view,
I think we do maybe need a bit of therapy.
Just just a little bit, you know.
But there's also great improvement and I think that.
The therapy very much applies to very specific generation.

Interviewer (PGR) 1:22:58
Mm hmm mm hmm.

Ben 1:22:59
And the kind of research kind of branches really from.
Our generation kind of upwards to the older generations. I think it's so great to see the newer generations now.
Being able to come out in a more free space and face less oppression for it and that makes me really happy.
So, but I do think it's a great work, so I am I am looking forward to reading it.

Interviewer (PGR) 1:23:22
Thank.
So I have a a debrief form. I'll send you if you could please just read through that and you don't have to do it immediately after this, but just kind of feel to there tomorrow and then sign an e-mail that back to me and then if you've got any questions after reading the form or in a couple of weeks, months, please do just e-mail me. You've got my e-mail address. Does that all sound OK?

Ben 1:23:27
M.
Yes.
Yep, that sounds grand.

Interviewer (PGR) 1:23:50
Brilliant. Thank you. I'm gonna stop recording now. Unless there's anything else you'd like to say.

Ben 1:23:56
Nope, it's all good.

Interviewer (PGR) stopped transcription

Annotations

[1] Stars off by saying he's gay but then corrects himself as this has changed over time, and includes his gender identity as well. Prefers to say 'homosexual' rather than 'gay'

[2] More recently he identifies as demisexual and being in a relationship and having feelings with someone is important. Use of the word 'can't' it's something that is physically impossible, it's not a preference. Use of the word 'foundation' - this creates stable base to be intimate with someone and must come first.

[3] Sexuality is changing as he gets older and he now sees it as something that is more fluid - he wouldn't rule anything out

[4] He came out so he's okay with that as a term

[5] Initially noticed it in teen years and then seemed to come out several times in stages, first to someone close to him and then to friends. Sense that coming out as bisexual was more acceptable? He had a girlfriend at the time.

[6] Came out publicly as a defence for his friend, almost like he was forced to. Exposed to discrimination and homophobia at an early age from friends. Coming out publicly in a hostile environment.

[7] Coming out was a process, done in steps at different ages, nothing changed the first time he did it.

[8] Started off coming out as bisexual aged 15 but then moved to gay at the age of 17

[9] One of the first friends he told didn't acknowledge or really hear what he was saying. Sh told him what his sexuality was and referred to it as him being silly, as if it was a joke. Use of 'perfectly straight' - because to be straight is to be perfect. 'Pushed him back?' - into the closet? Pushed back his progress? Feels like a physical act, to push and be rejected

[10] Felt defeated, as if he had lost and there was no hope. He had trusted her but then it impacted the relatonship, a painful experience

[11] People's rejection of his sexuality made him quetion and hate himself, impacted his self esteem and view of himself

[12] Grew up in a household that made homophobic slurs, these were normalised. Created a sense of shame early on and possible internalised homophobia

[13] Homophobic comments form his family were painful, 'horrible', something he heard all the time. These haven't got less painful he has just got used to them.

[14] Distance was a coping strategy to help with the pain of this discrimination and rejection. Rejected from both friends and family during this time. He didn't make progress with it was if the honus was on him, it was his responsibility to move forwards with this.

[15] He had to be hypervigilant as he felt under threat, learnt that this was the safest way of being. Trauma response.

[16] Felt like he was forced to grow up out of fear. His father was so unstable so there was now space for him to be a child. A sense that he resent being called mature and wants to be immature and like a child again, as he lost this. Who's voice is at the end? Is that his or his Dad's? Feels like an internalised voice of his Dad's perhaps

[17] Going through that negative experience brought them closer together, it had become a shared experience. She was a safe friend that provided a space to talk about things.

[18] There was a generational impact to coming out, and a message from society that it was okay but it wasn't, so you were torn as in a way you were accepted, but also weren't. An uncertain half rejection.

[19] His expectation from his family that he would be rejected, kicked out and be homeless. That he would be so unsafe he would have to leave.

[20] A positive experience of coming out, it was easier to come out to new people as they didn't know you prior to coming out. Idea of true authentic self is introduced. The acceptance was freeing. People didn't make a big deal about it which helped it feel normal.

[21] He'd spent 18 years not being able to be himself, must have felt trapped (keeps describing as feeling free). It felt good and affriming to be accepted. This one positive experience gave him courage to come out to more people

[22] All he needed was one person, 'in his corner' - metaphor for being in a boxing ring, he just wants one person to help him with this fight. 'who was willing' - as if it's a difficult thing to do or difficult task

[23] The acceptance form one friend gave him courage to face others, it was still a gradual process

[24] At uni he felt free and accepted but at home he was rejected and still facing discrimintation, which meant he felt like a different person. Sense of a split self. He would be subdued as a coping strategy to manage the discrimintation. He behaved differently in what he perceived as safe and unsafe spaces.

[25] Language can change depend on context and meaning behind it, didn't find this word offensive

[26] Going back to his family home which felt unsafe, it was something he knew he had to do

[27] A friend experienced a positive reaction, it was what he longed for. Sense that he was understandably jealous. It gave hima glimpse of what it could be like

[28] He couldn't do it anymore and felt like he had to come out, felt like everything as a lie. Sense that he felt suffocated. 'Everything that I'm presenting' - his sexual identity was intertwined with everything, his whole self and he was deliberately monitoring and changing this so people didn't see it. Must have been exhausting?

[29] Criticises how he did it and puts blame back on himself. But a sense that he couldn't wait any longer, it had become urgent

[30] It was a need', a necessity, not a want

[31] He'd prepared for the worst, his expectation was he would be rejected and disowned. But he did it anyway, so it's worth the risk?

[32] Fear of rejection from family, a sense that family should be safe and he would lose this but also recognising that his family wasn't particularaly safe

[33] immdiate response was to be told not to do it by his

[34] 'Can't' - felt unnatural, it was out of his control. Blurted it out - almost unstoppable, he didn't plan or think through what to say

[35] Initial reaction from parents was disbelief and anger, ignorance from his mum. Note - calls his dad dad but his mum mother?

[36] Locked himself in his room for safety perhaps. Seems like he was more hurt by his mum's reaction. He wasn't disowned but his mum downplayed it and rejected how integrated his sexuality was to his indentity and personality.

[37] His mum's response made him feel angry as he thought he could trust her. He was expecting support from her so the relationship became fractured and he questioned whether he could trust her anymore.

[38] He's been trying to make sense of his mum's reaction over the years and has justified it somewhat. Draws similarities between him and her through the shared experience of being human - we may all make mistakes in how we react

[39] He expected a negative response form his Dad because he had grown up with his dad having mental health difficulties and a drinking problem. Almost like an acceptance that things would be bad (defeat, failure, trauma response?). He moves to present tense when talking about how his Dad reacts, as if he is reliving it in his head. Short repetitive sentences add to the impact, as if these are blows like the ones he received from his dad. He's used to being treated like he doesn't exist by his dad. The feeling of not being seen and unsupported was familar to him. The family's response was to then just avoid it and it became unspoken

[40] He felt alone and had to try and be there for himself as no one else was there. This has impacted his mental health as he feels anxious because he feels like he is all alone. There was no one to share the pain and hurt with which would have been helpful

[41] His parents rejection results in self deprecation and anger against his parents. They had blamed him for 'letting' them say the homophobic slurs as if they didn't have a choice and it was his fault for being passive. 'Fuck you' - feels angry

[42] There was a positive aspect to coming out, it felt like freedom, a release, he no longer had to hide

[43] Changes in behaviour occured as a result of coming out, feeling able and safe to be his true authentic self, which resulted in him being more flamboyant. It was safe enough for him to do this.

[44] Trying to get his mum to realise that he hadn't changed, it was just new information to her

[45] After coming out his contact with family was reduced even further, they didn't really speak

[46] The negative reaction to coming out has impacted his relationships now as he has learnt that others will let him down and are not to be trusted. Therefore, the safest option is to rely on himself. But this makes things difficult as he does need people and finds it useful to talk to people when he is going through a difficult time. A vicious circle?

[47] New people are safer to be around as there is less risk of rejection. The threat isn't there as it doesn't matter whether he is accepted or not. They also didn't know him 'before' he came out so people have less preconceived ideas. He learnt to immdiately state his sexuality to people so that people wouldn't developed any preconcieved ideas that he would then have to fight against, it gives people less time to assume he is straight. A defence against being rejected, it gives him the power if he says it first as he can then decide whether he wants to be friend son them based on their reaction, rather than people rejecting him from friendship

[48] As he grew older, sexuality became less of a focus as it became more integrated into his whole self

[49] Relationships have improved as he's got older, early relationships were much harder when sexuality was the focus and it felt like it took up a large part of who he was

[50] Negative reactions to coming out had led to trust issues as he isn't sure he is safe in relationships (because he hasn't been in the past). this leads to overthinking of texts as he doubts what people say. He finds it easier to rely on body language as when a child that was hie cue for safety because peoples actions and words didn't match up. Trauma response?

[51] He still struggles with over thinking and tries to search for more information to gain certainity, but is afraid of being direct - safety behaviour

[52] If he isn't reassured within his own time frame, he finds that distressing. Going for a walk helps him manage negative automatic thoughts. 'Sends me spiralling' - as if he has no control, he is sent. Spiralling down and down

[53] He finds talking to people hard. Wonder what he is scared they will say?

[54] Has had experience of using his sexuality as an insult or way to describe negative things (current and historical). Likens this to bombing attacks. This influenced coming out as it created a negative rhetoric that was scary.

[55] Society's message was straight=good and normal, and that queer people should hide away as no one wanted to hear from them. Who's voice is that? His Dad's? or society's? Straight also means to not be emotional

[56] Sexuality is fluid for him and has changed over the years, possibility that this felt confusing for him

[57] Bisexual is more accepted than homosexual, it's like a drip feed to see how people would react. Easier to retract if the negative response was too much. 'full blown homosexual' - as if there is a scale

[58] Sense that he had always known he was gay but people's negative responses had become internalised to make him scared into thinking it was wrong

[59] Knew from a young age that he liked boys, it was 'emdedded' - deep within him

[60] Describes himself positively

[61] Discipline was an important part of childhood, 'drilled into him' - doesn't sound like a pleasant experience.

[62] His parents were unahppy, stressed but tried to be supportive

[63] Fearful of his Dad, yet he is reliable

[64] Describes his mum differently - symapthises with her, both victims. Ostracised by who?

[65] Earliest memory is of danger and fear from his Dad, trapped in cot which is supposed to be a safe place. Defines his whole childhood because he was meant to be safe but wasn't? 'Not the nicest of thoughts' - downplays it

[66] Doesn't remember a lot of childhood but anothe key memory is one where his Dad was abusive, he had been prevented from being rescued by his Nana. Trapped in his bedroom, locked as if it's a prison cell. A theme of being seperate, alone, ostracised, trapped, unsafe, punished. He never knew what he was being punished for.

[67] Describes his relationship with his dad as turbulent, up and down, unsafe, never knew what reaction he would get, uncertain

[68] Thinks his dad has mental health difficulties - possibly him just trying to make sense of it although it could be true. Easier to accept what happened if he was mentally unwell. But there were positive memories as welll, tone is different here as he remembers this

[69] Difficult to oscillate between the two different version of his Dad - should he love him or be afraid of him? They did have shared interests which were connecting points

[70] He has reconciled with his dad and they've talked about things which has helped. He has taken responsibility for some of things he did as a child (although, he was a child?). This has helped mutual respect. Sense that he feels angry his Dad can't fully remember things he has done as it feels like they are not being acknolwedged

[71] His Dad has been reliable and trustworthy recently which ha simproved their relationship? People who 'show up' and do as they say are important - probably a key part of current relationships now

[72] The message he got from his parents was that being gay wasn't okay

[73] The message from his parents was that being gay is bad and gay people are weird - an add of 'that's how it came across to me' as if he needs to mediate their thoughts

[74] He didn't agree with their views but a sense he couldn't do anything about it

[75] He justifies his parents views based on their ages and own experiences. Connects with a time in history when being gay was illegal and that is part of their lived experience

[76] He internalised his parents view points on sexuality and they started to influence his own thoughts - internalised homophobia

[77] His parents views on sexuality made him feel scared, scared of punishment? Internalised homophobia - he felt like he was wrong. Abomination - something that causes disgust or loathing, this creates a different feel to 'odd one out'. Odd one out of the family perhaps? Always feeling like an outsider, like he was alone. Why me? - wishing it was easier and what he did to deserve this, again links back to the idea of punishment. It would be easier to be straight

[78] Unsure whether his experiences with his dad growing up have impacted how he views himself now

79 His parents views made him feel confused about how to navigate being gay, didn't have a role model or any advice. Felt like he didn't know anything, lack of knowledge, expertise creating an uncertain environment. There's more to being gay than just who you are attracted to.

80 He still thinks it would be easier to be straight

81 It would be delightful to be straight, a dream

82 One of his biggest fears is being abandoned and rejected in relationships, to the point where he thinks about it daily. As a coping strategy, he is hypervigilant to signs of this. 'suffers horrifically' - a visceral feeling that has a huge impact on him emotionally, as if it is a physicla affliction

83 Impact of early experiences means that he is scared people will leave him so he tries to please other people

84 He has learnt to not share his emotions because if he does he is at risk of being abandoned. He doesn't often stand up for himself. He'd rather be passive then risk being honest and being rejected. There was no space to do this in childhood because of the power his Dad had and he didn't see his mum stand up to his dad and share her emotions. Created unequal power dyanmics in his adult relationships.
Continued use of the word 'abandoned' to describe an ending of relationship, that's what it feels like to him, to be left, deserted

85 Uncertainity is an equally difficult state for him, it is so hard that he would rather be upset in a relationship

86 His mum didn't demonstrate clear boundaries in her relationship with his dad when he was younger so he has learnt to do the same. It's easier to go along with it than set boundaries. Being assertive is dangerous and difficult. Feels like a lack of responsbility on his behalf now considering his age perhaps?

87 Relationships are getting easier as he gets older but he ackolwedges the pain of childhood

88 Childhood experiences were up and down, felt chaotic perhaps

89 Early experiences impacted current ones

90 Wide impact in both friendships and intimate relationships

91 Friendships are impacted less as they are less intense perhaps? His cognitions are impacted and he won't be able to dissmiss negative automatic thoughts, these will continue to get worse until he is re assured

92 He finds it hard to know how to set boundaries and be honest without it being extreme. It's either non existent or too harsh. Sense that he is angry at being hurt and wants it to be the other way round. Creates a feeling of power when so often he has felt powerless. Vindictive - wants revenge, to see harm. Who is he truly vindictive against, his parents? He wants to cause harm (recipricocal role). He is holding two feelings in mid at the same time - the feeling of wanting to inflict pain on others, and his compassionate self'

93 Finds it so difficult to express his hurt to partners it would be easier for them to feel it. The only way they could understand his hurt is if they felt it too

94 He's been cheated (betrayed) multiple times in the past so he is presumption is that people lie and he can't trust what people say.

95 Intimate relationships are unequal, he will be willing to support them but they won't support him. He gives out a lot but isn't allowed to take. People have abandoned him when he has needed support which has made him feel like he is unworthy of it. Use of the word abandon again

96 inIntimate relationships have been hard and still hard

97 Describes himself positively for the most part, sees himself as emotionally damaged

98 Describes himself positively and kindly, perhaps as the figure he wished he had in his life.

99 It's impacted his sense of self now as he feels sad, can feel like he hates himself. Interesting that he refers to 'self hate' and 'self loathing' rather than saying 'I hate myself', perhaps as this feels too personal and too blunt, that feels too honest, he's almost removing himself from the conversation and not talking about himself. He feels like a shell, as if he's been emptied out and there's nothing left? Drained?

100 He is proud of who he is now and wouldn't change it. He's found positives in it, like community and meeting friends. Two sides of being gay - promiscous and friendship

101 Being gay is one of the main parts of his identity now and takes up the most space

102 He doesn't connect with his own ethnicity as that has not caused him difficulty

103 a belief in something makes it easier to cope with difficult experiences

104 Being 'good' is the most important part of his sense of self, he wants to help people. Where does this come from? Because no one helped him? Because he didn't feel good growing up? He was constantly punished and felt like he was bad? Punishment was a big theme early on so if he's good then that removes that?

105 His first relationship was with someone abusive and older - like his Dad. He went from physical to emotional abuse. Describes it as turbulent which is how he described his relationship with his dad (like a rollercoaster).

106 The ending of his first abusive relationship also led to self hatred beucase he felt like he was the problem. He seemed to punish himself by acting as if nothing had happened. Found it difficult to put up his own boundaries. It would be better to go to dinner wiht him than have an actual ending and loss of the relationship. But then describes putting up an aggressive boundary and pushing the person away instead of being firm and assertive.

107 First intimate relationship caused a lot of self hatred and anxiety, he felt like he was at fault. But there was also some good to this relationship and he was introduced to the wider queer community, he was educated by this older man.

108 He had an ending of an engagement that caused him to feel abandoned, rejected, alone.

109 The uncertainity of his ex partners calls made him anxious and resulted in persisting difficulties with anxiety

110 Althought the break up was hard, he is grateful it happened as it created an oppurtunity for his dad to show up and be emotionally supportive. His dad was reliable and safe here.

111 His dad created a safe space for his emotions and was calm, which allowed them to improve their relationship

112 As a result of the break up he met his close friends who make him a better person

113 Both good and bad experiences in relationships

114 His identity has changed over time and he saw himself doing really well and then going through a difficult times

115 The difficult experiences are helping him to realise who he is. 'A deep dark place' - alone, scary. Acknowledge that he's not out of it yet, still a journey ahead

116 Self hate a key feelings for how he has felt about his self over time, they have started to become less prevalent

117 His sense of self doesn't fluctuate daily, he accepts different sides to him. Does the bad side mean the one who set boundaries and stands up for himself? Why would that be bad?

Sense of good and bad apearing again. Being bad=actually feeling emotions and expressing them? A message he got from childhood perhaps, links back to the beginning when he talks about being a good little straight boy who doesn't speak about how he feels. Expressing his own emotions is still difficult for him.

118 Finds current romantic relationships difficult, an uphill struggle. He falls in love quickly but hurts easily. Falls in love because of a desire to be wanted and to feel secure?

119 He's learning that it's okay to be angry

120 He can often think he is in love but isn't, he links this back to early childhood and the early depiction of love he got from his parents.

121 He holds in mind his partner and is attentive to their needs, constantly on his mind, but this isn't reciprocated. he finds himself in unequal relationships. He's not sure if he is overcaring or they are undercaring? does he lose himself in his partner?

122 He questions himself in relationships and think he is to blame - constantly asking, what have I done wrong?

123 He has a deep desire to love someone and make them feel safe - a desire that comes from his childhood perhaps as he never had this. This is so intense it can lead to people feeling suffocated

124 When relationships go well, he feels happy, warmth and like he would do anything for that person. Anything?

125 When a relationship goes badly, he blames himself and doubts himself first. Causes self hatred

126 He tries to manage difficulties in relationship by getting other people's perspectives

127 He will try to challenge partners but finds it too scary at times and given up

128 He wants to be someones priority. His experience of putting up boundaries has gone positively but it is still hard to learn form these positive experiences - the negative ones are more powerful

129 When relationships get difficult he still presumes the worst because he has learnt to expect this from previous experiences, finds it hard to disentangle past and present

130 He finds it hard to acknowledge and sit with resentment and the anxiety so tries to distract himself

131 He is dependable and would be there to rescue someone (which he didn't get). He wants people to feel relaxed in relationships, ie. safe and not hypervigilant like he feels

132 These experiences have impacted his sense of self as he has hated and doubted himself, but he has also learnt that he is resilient and strong. An inner voice can sometimes say he is weak - where does that come from?

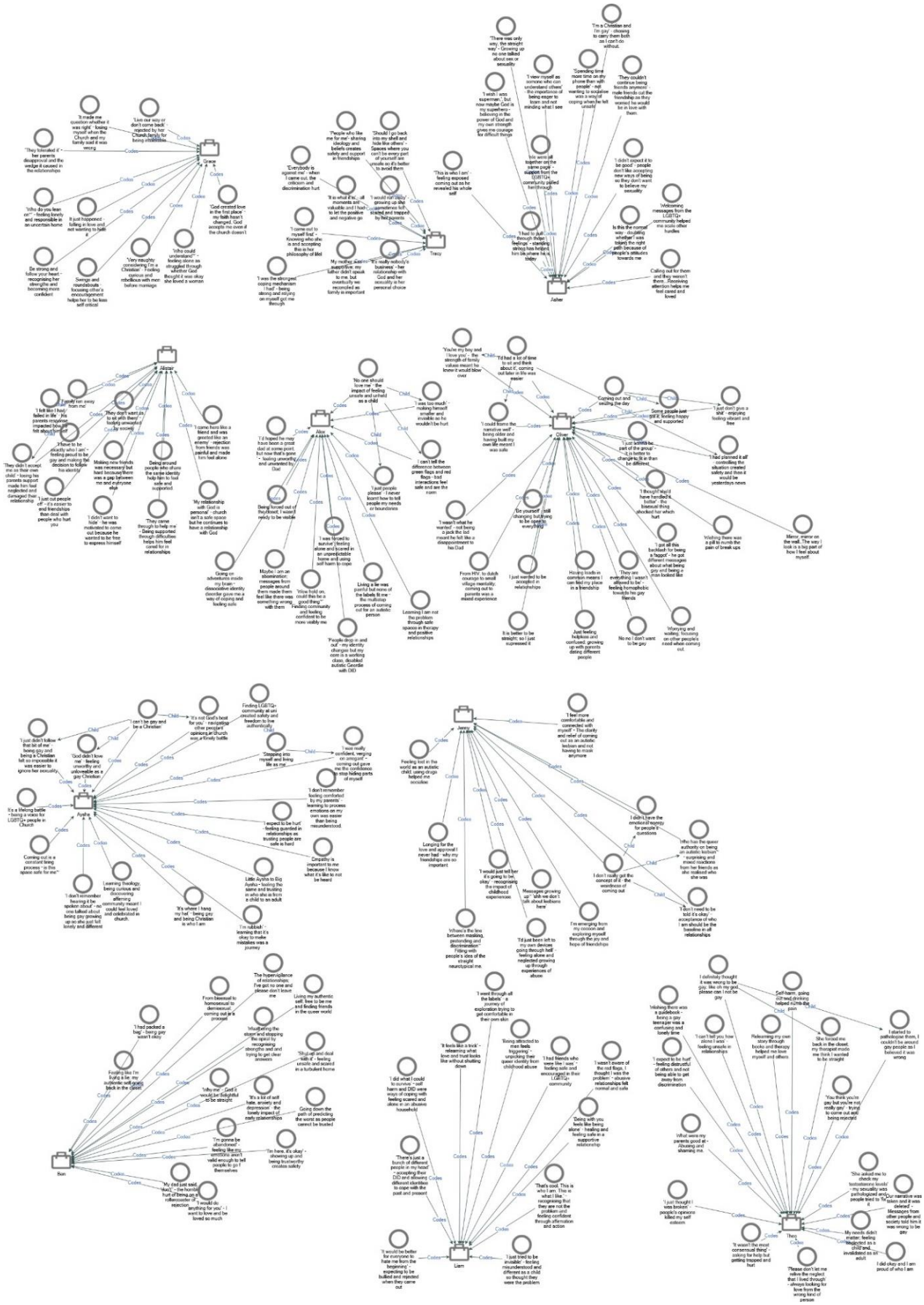
133 These experiences have impacted his mental health

134 has had a multi facted impact on mental health - became depressed

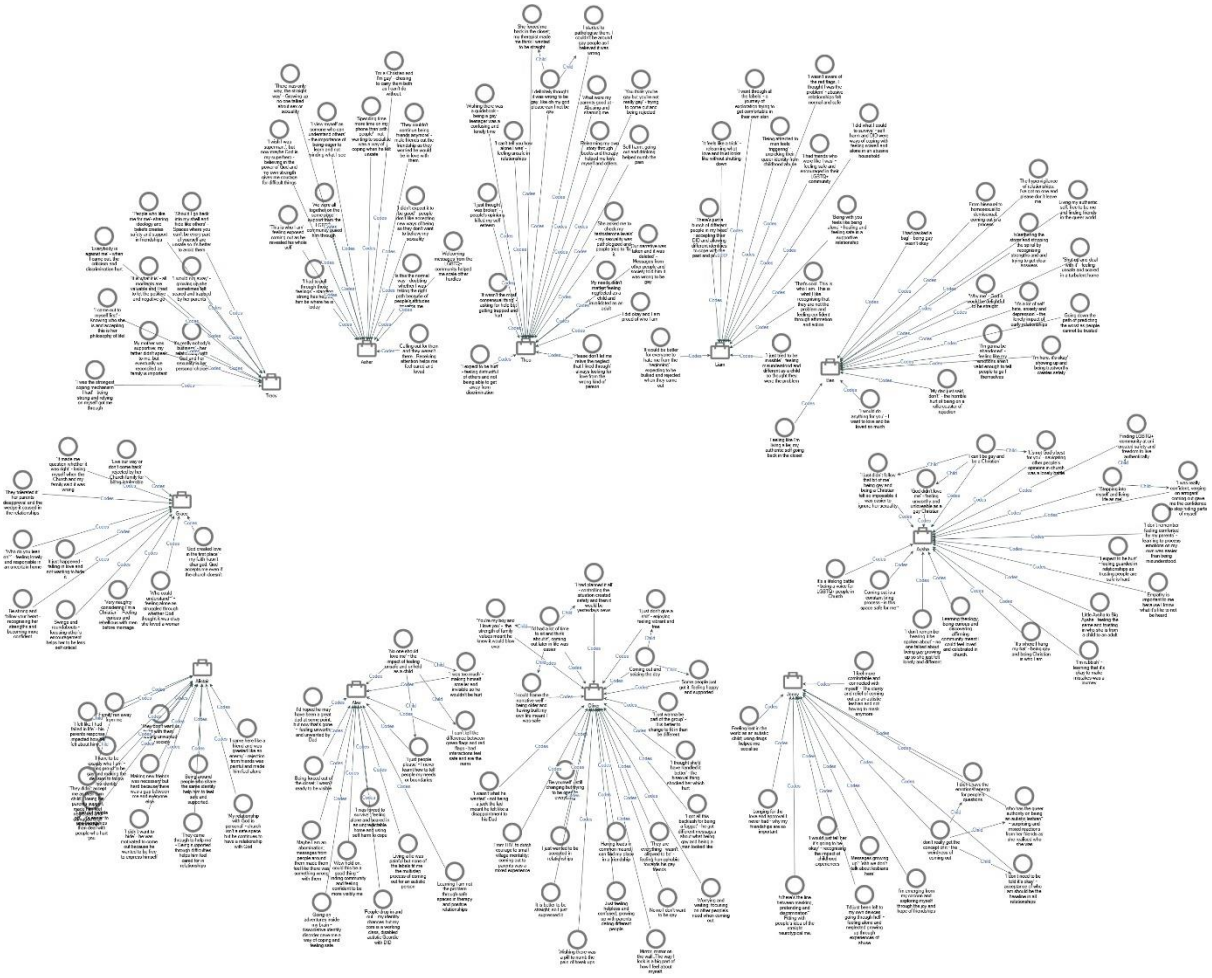
135 Anxiety is the biggest impact, he worries about relationship an whether he is safe in them, worries about being rejected and being abdandoned

136 Encourages his past self to stand up and set boundaries, Speaks to the self loathing part and says what he deserves. Give me a slap at the end? Feels like he is uncomfortable with the thought of encouraging himself, he still thinks he may be in the wrong

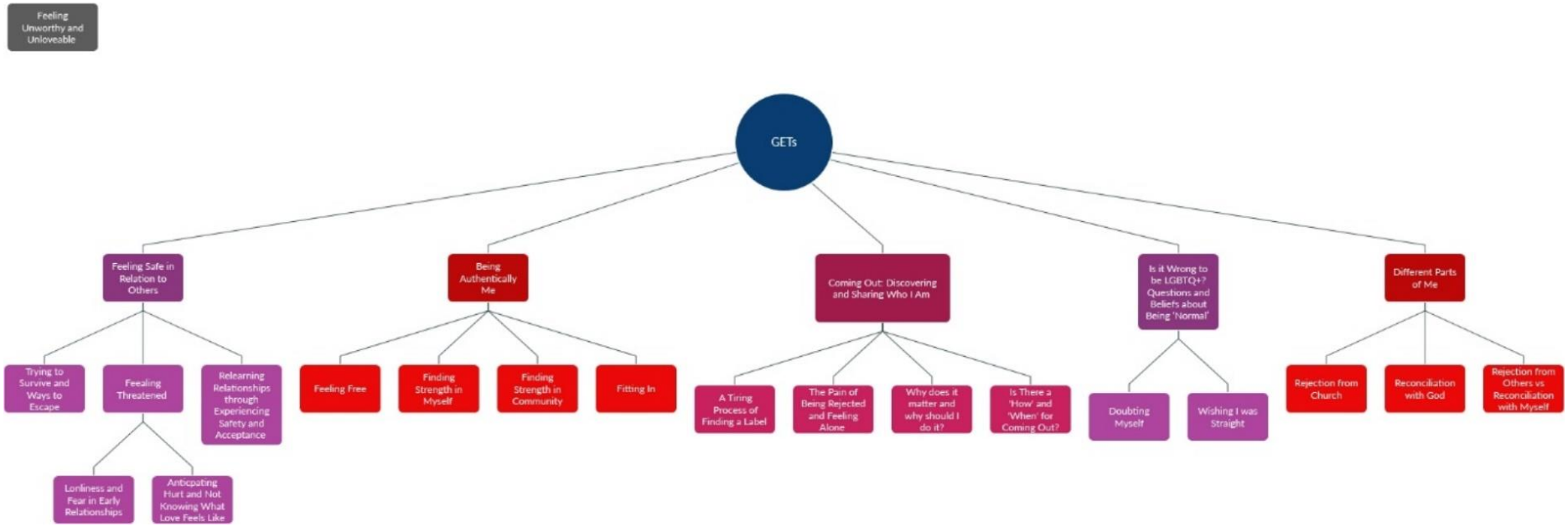
Appendix K - Development of PETs



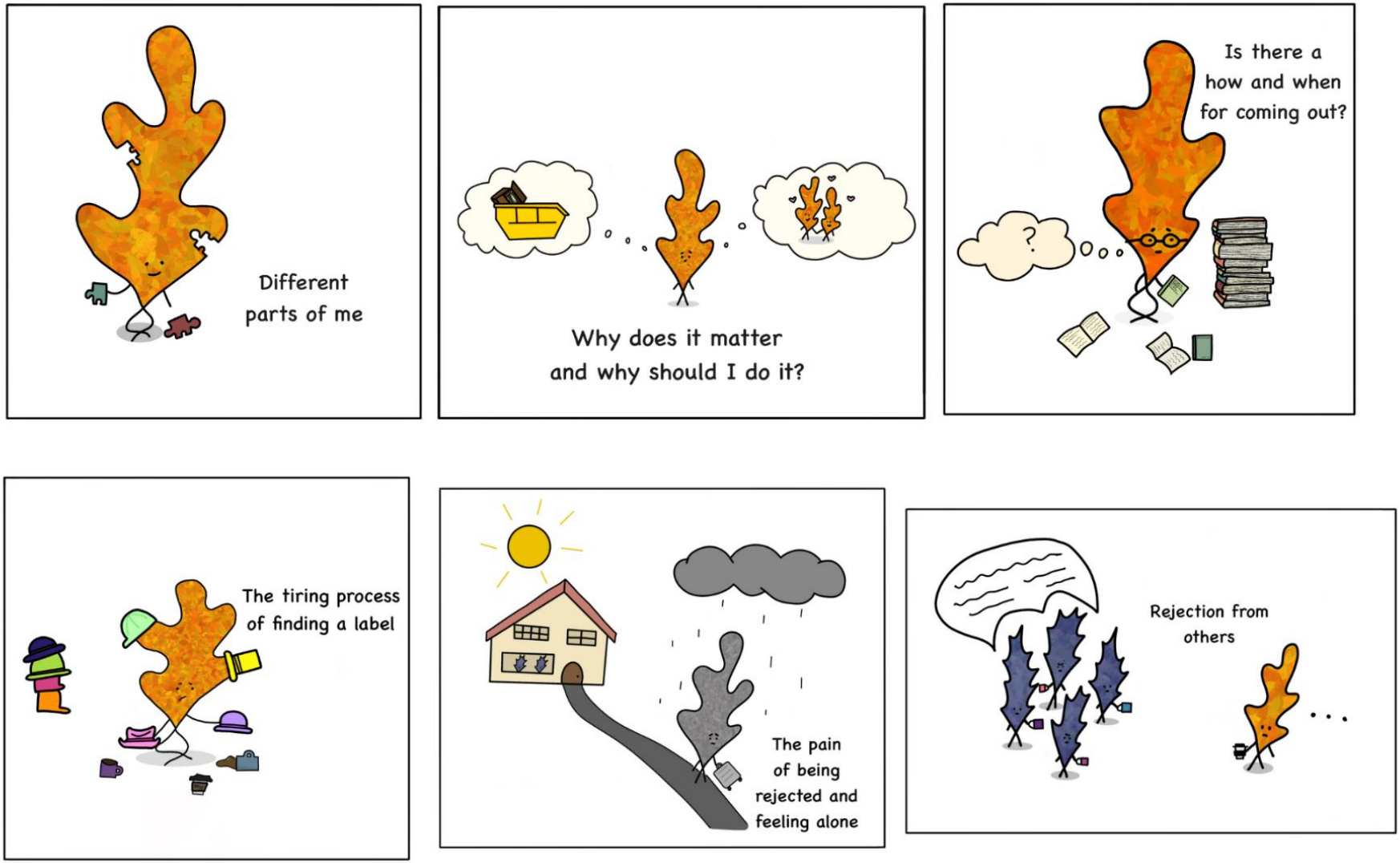
Appendix L - Development of GETs

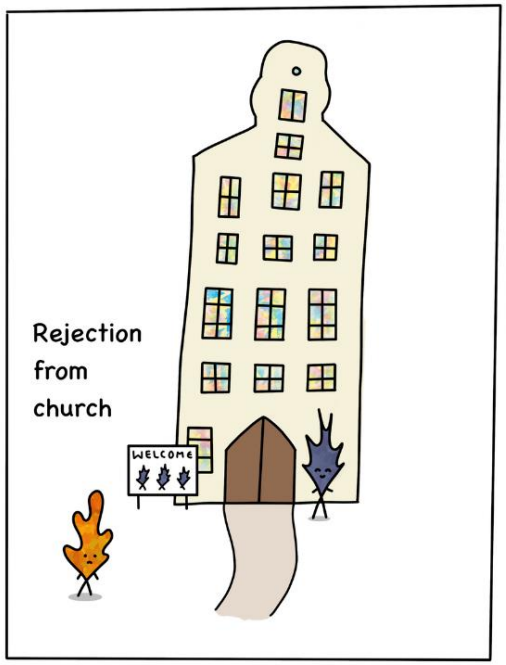


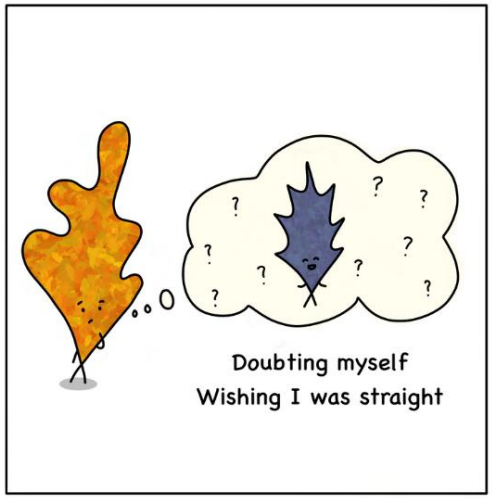
Appendix M - Summary of GETs

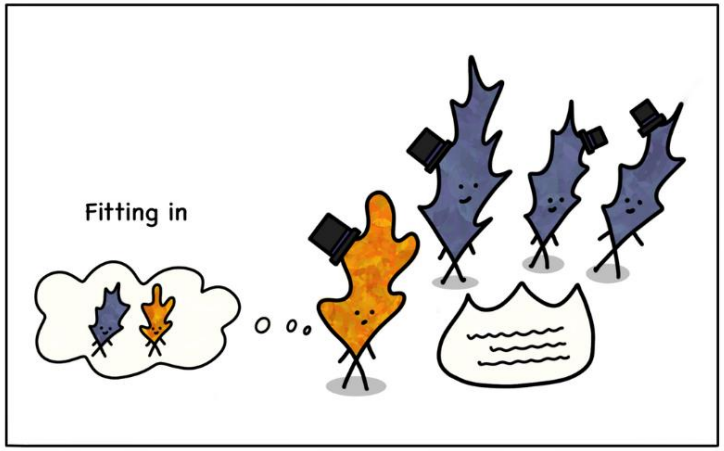


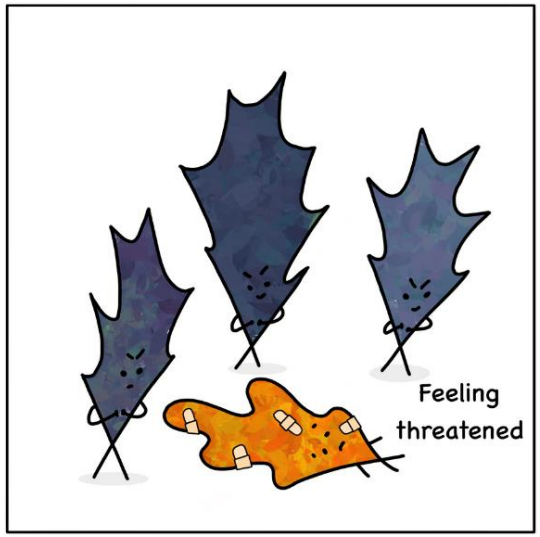
Appendix N – Story board of Finding




Rejection
from
church
WELCOME

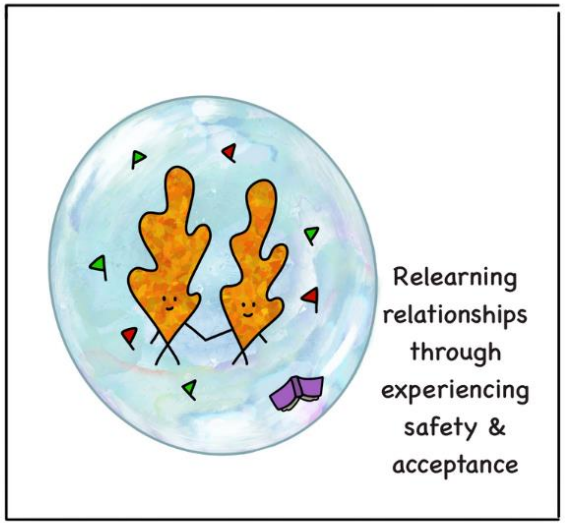

Doubting myself
Wishing I was straight

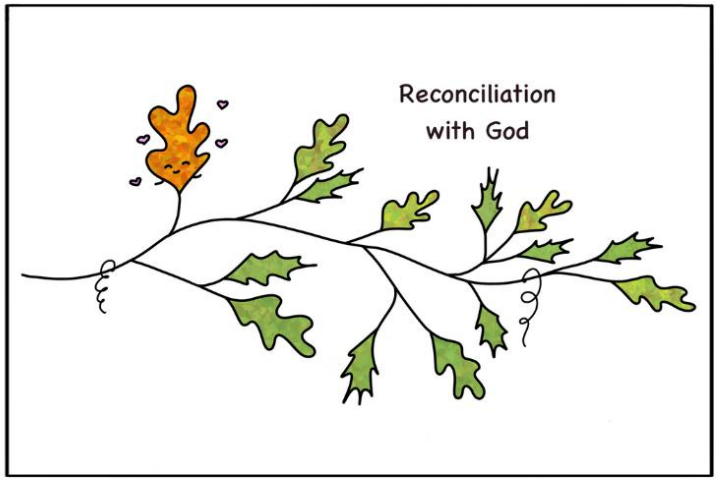

Fitting in


Feeling
threatened


Feeling
unworthy
& unlovable


Trying to survive
and finding ways
to escape

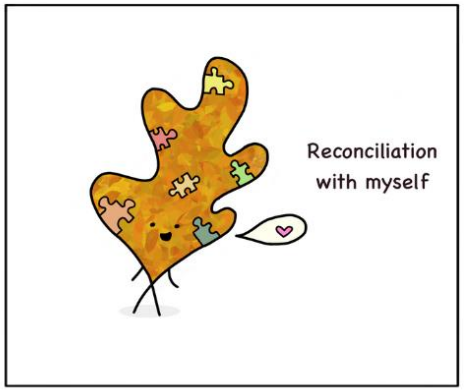

Relearning relationships through experiencing safety & acceptance


Reconciliation with God


Finding strength in myself

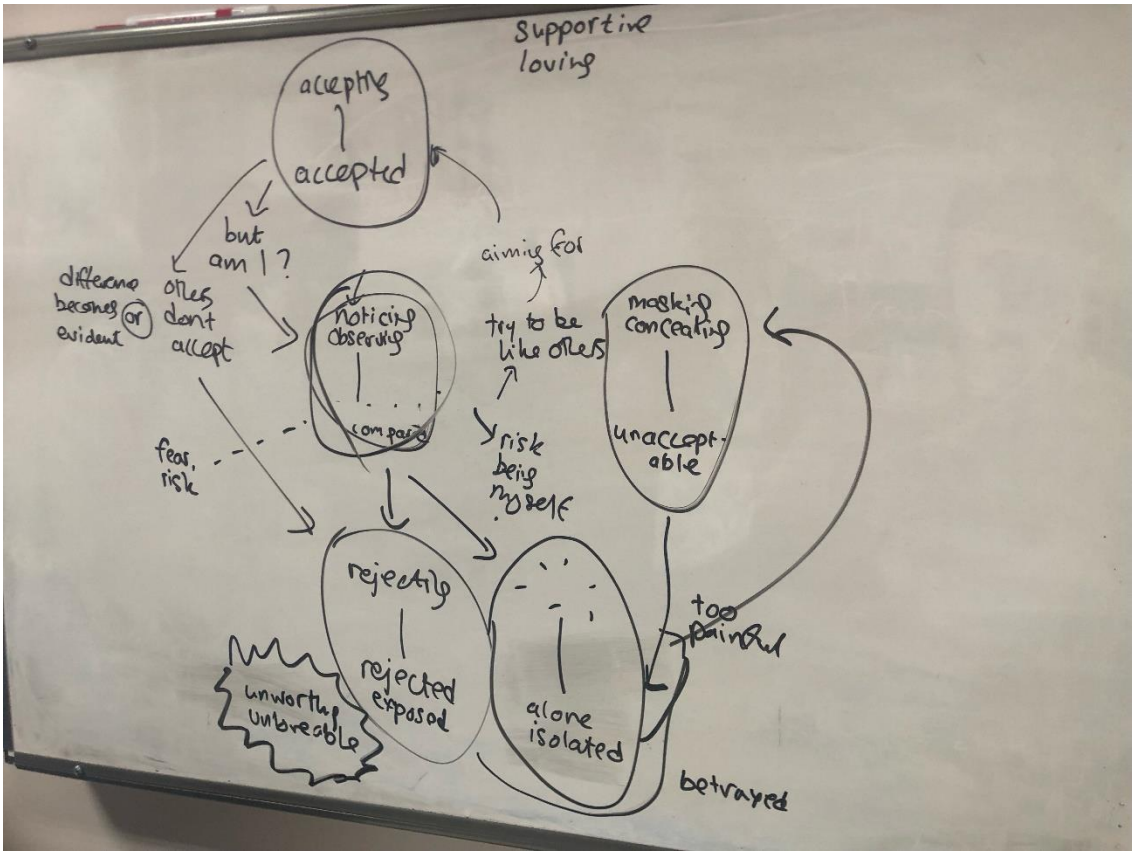

Finding strength in the community

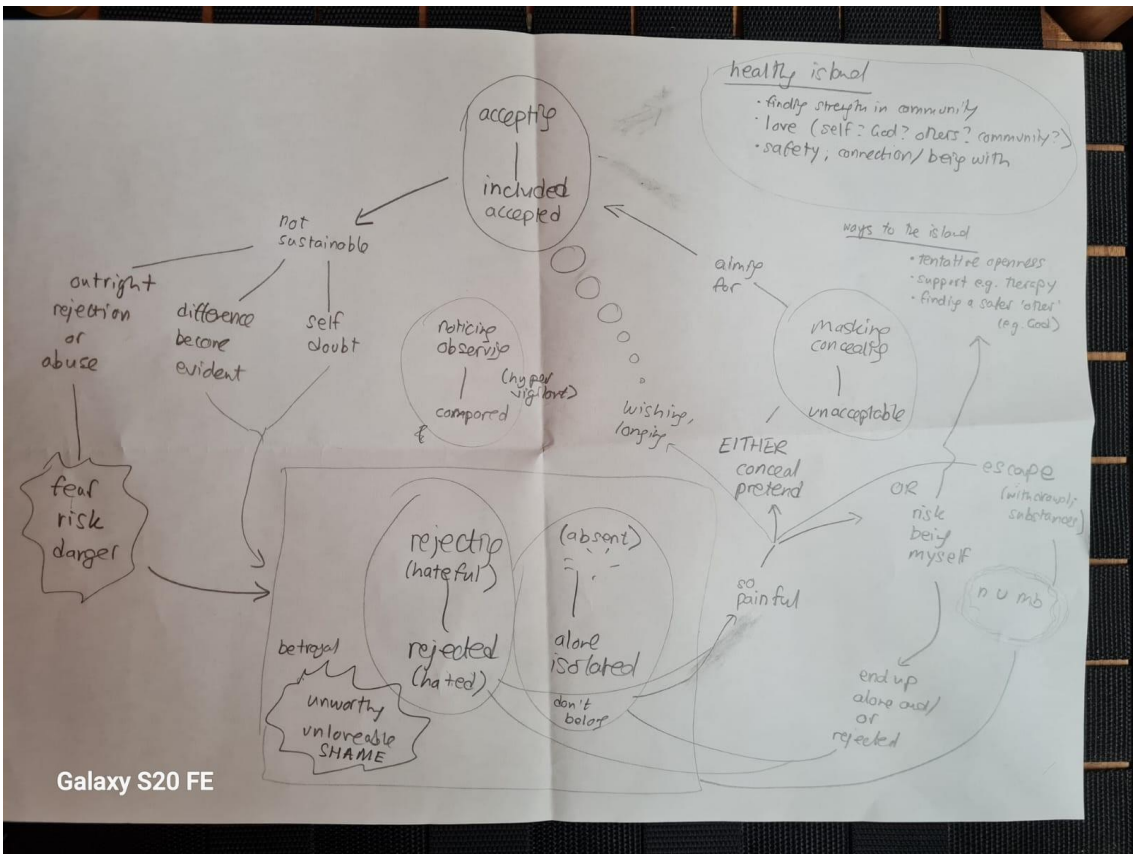

Feeling free

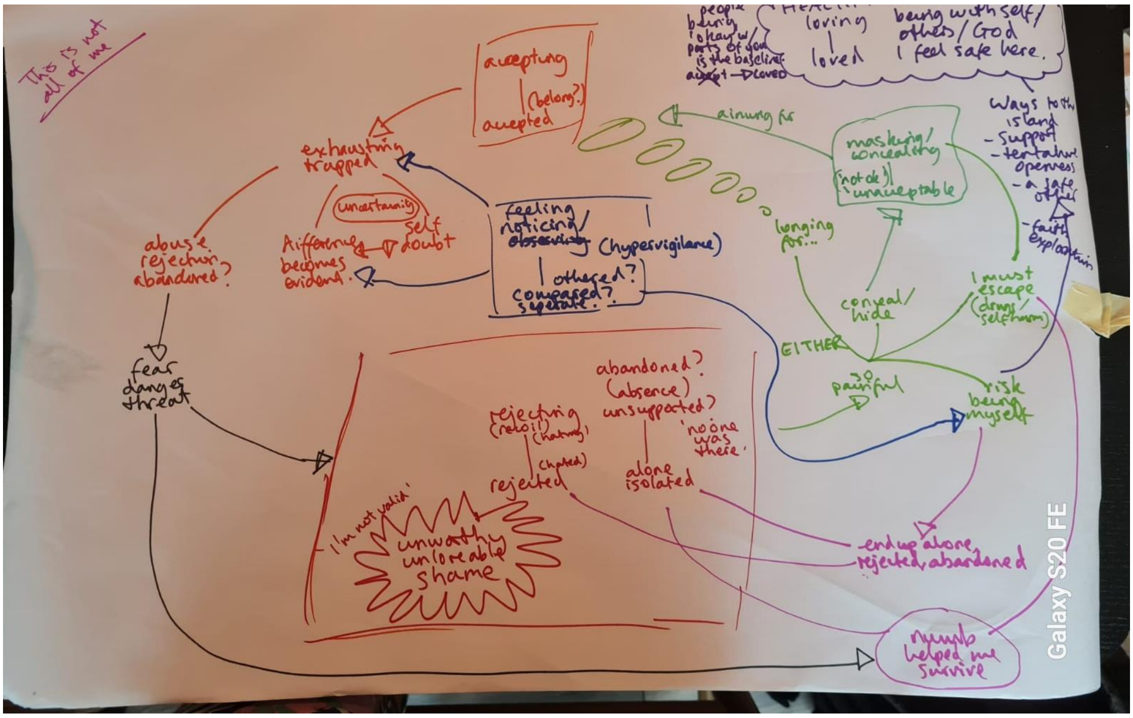

Reconciliation with myself

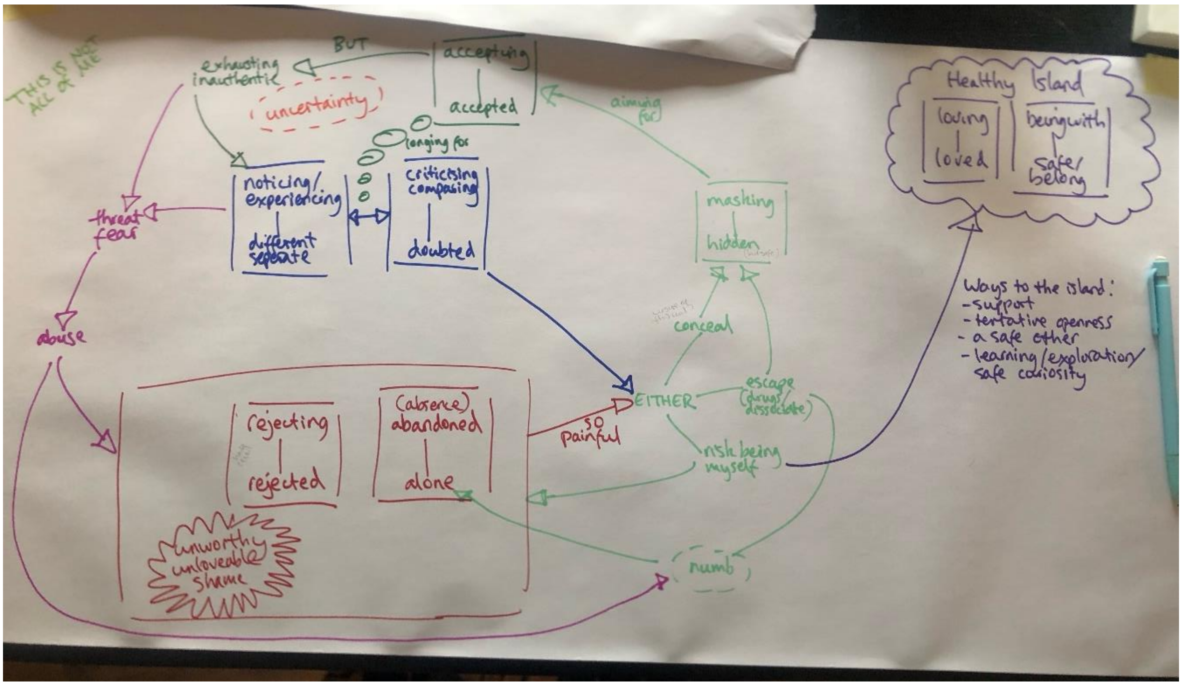

ME!
Being authentically me

Appendix O - Development of CAT Map






This is not all of me
accepting
accepted
(belong?)
exhausting
trapped
uncertainty
self doubt
difference becomes evident
abuse
rejection
abandoned?
feeling
noticing/
(hypervigilance)
othered?
compared?
separate
fear
danger
threat
aiming for
masking/
concealing
longing for...
conceal/
hide
I must
escape
Ways to the island
- support
- tentative openness
- a safe other
EITHER
so painful
risk
being
myself
abandoned?
(absence)
unsupported?
rejecting
rejected
alone
isolated
'no one was there'
'I'm not valid'
unworthy
unloveable
shame
end up alone,
rejected, abandoned
numb
helped me
survive
loving
loved
being with self/
others/God
I feel safe here.
Galaxy S20 FE


THIS IS NOT ALL OF ME
exhausting
inauthentic
BUT
accepting
accepted
uncertainty
longing for
aiming for
noticing/
experiencing
different
separate
criticising
comparing
doubted
threat
fear
abuse
masking
hidden
conceal
escape
EITHER
so painful
risk being
myself
rejecting
rejected
(absence)
abandoned
alone
unworthy
unloveable
shame
numb
Healthy Island
loving
loved
being with
safe/
belong
Ways to the island:
- support
- tentative openness
- a safe other
- learning/exploration/
safe curiosity

Appendix P - Reformulation Letter

Dear Participants,

When we met I mentioned that the research was guided by Cognitive Analytic Therapy. In Cognitive Analytic Therapy it is usual to define what we call a ‘target problem’. For my research, this was to explore and better understand LGBTQ+ identities and relationships and how these are shaped and expressed. It is also usual practice to write letters for those we are working with, to summarise and share what has been talked about so far, with the aim of moving forward and thinking about what is next. In that vein, I wanted to share this letter with you.

Thank you for sharing your story with me. During our conversation, we shared moments of sadness and pain, but we also found times to laugh together and hold onto hope for the future. This is my attempt at summarising it and understanding your past experiences and how they affect your relationships with your Self and with others now. I hope we will be able to discuss it and you should feel free to alter any aspects which don’t feel right or don’t make sense.

We began by talking about your experience of ‘coming out’, and you described it as a process with several stages, yet still ongoing as you find yourself in new environments. We reflected on how much energy this process has taken from you and the exhaustion that comes with it. We explored the experience of feeling and noticing your difference, and you expressed how this often left you feeling separate, wondering whether this difference was ‘normal.’ I find myself curious about what normal means to you, and whether our interpretations of the word might differ. The meanings we assign to words is often shaped by our experiences and I wonder if our different experiences lead us to see this word in different ways.

You spoke about your longing for acceptance in previous years, and we thought about how this might have stemmed from feeling different. These feelings were intensified when people

you cared about, as well as society, reacted negatively to aspects of your identity, leading to a heightened awareness of differences and a sense of uncertainty. We explored how you managed that uncertainty, and you shared how, at times, it felt easier to mask parts of yourself, as if certain aspects of who you are weren't acceptable, should be hidden, or were incompatible with other parts. We wondered if masking helped you feel protected and brought you closer to that feeling of acceptance, even if it came at the cost of hiding parts of yourself. Hearing you describe the ways in which you did this, I felt a sense of empathy for the energy it must have taken to do this and the weight it must carry.

It seemed that masking worked for a time, helping you cope, but eventually, the weight of it became overwhelming, and you found yourself in place of surviving and feeling trapped. We talked about how drugs and dissociation became forms of escape, but I wonder if that escape felt isolating and lonely, even though it provided some relief.

We also discussed the criticism you've faced throughout your life, from various sources, like family, friends, and even media, which amplified feelings of doubt about your identity. We explored how these external voices of criticism may have become internalised over time, which seemed to resonate with you as you noticed you were at times critical of yourself.

As we went through some of the experiences you shared, there were recurring themes of loss, betrayal, and hurt caused by others. The words you used to describe these moments felt vivid and powerful, and I wondered whether that reflects the intensity of the feelings that these experiences caused. A word that comes to my mind to describe these experiences is 'rejection.' While much of the rejection seemed to come from others, I wondered if it also led you to reject parts of yourself. You mentioned feeling unlovable, and I wonder if the word 'shame' resonates with you here—does that capture some of what you've felt?

These feelings of rejection were painful and, at times, became overwhelming, causing relationships to feel dangerous and unsafe. In these moments, it appeared to affect your new relationships, leading you to either withdraw, prioritise others over yourself, or find

yourself in similarly rejecting relationships. I wonder if these patterns may have developed as coping mechanisms—ways to protect yourself—yet, in doing so, you may have missed opportunities to have healing, supportive relationships where you could feel valued and loved.

There was a fluidity to the experiences you shared, as though you've moved back and forth between these feelings and experiences over time. I imagine this as an ongoing dance and how this might contribute and perpetuate the uncertainty and exhaustion you've experienced, as you continue to navigate these relational experiences. I wonder how our heteronormative society influences this and whether it might feel like you are being forced into this dance. Perhaps there is different dance you'd prefer.

There were moments when you spoke about the difference within you as something to be celebrated, something that felt freeing. We used the word 'authentic' to describe this. We talked about the experiences that have helped you feel like your authentic self, and one powerful moment was when you said that people being okay with parts of you should be the baseline. That made me think—perhaps being accepted isn't enough. I wonder if you would agree. It seemed that what you were talking about was the feeling of being loved. I wonder if experiencing that kind of love, the kind that embraces your unique and authentic self, has helped you see your own worth and to love yourself.

Towards the end of our conversation, I asked what you would like to say to your younger self, and you expressed words of love, support, and affirmation. I wonder whether offering those same sentiments to yourself now— feeling them, believing them and hearing them from others—might be another way to continue embracing life as your unique and authentic self.

Please keep in mind that this is a draft intended to summarise our conversation, and I would greatly value your feedback on it. I look forward to hearing your thoughts, including any changes you feel are necessary.

Best wishes,

Debbie

Appendix Q – Storyboard Resource for Dissemination

Supporting LGBTQ+ Individuals Through the Shared Story of Leafy

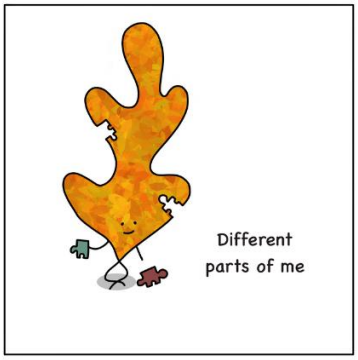
What is this? A storyboard about a character named Leafy, who is navigating life as a member of the LGBTQ+ community. The storyboard explores Leafy's journey of self-discovery, how they come to understand and express their identity, and how they share it with others while moving through the world.

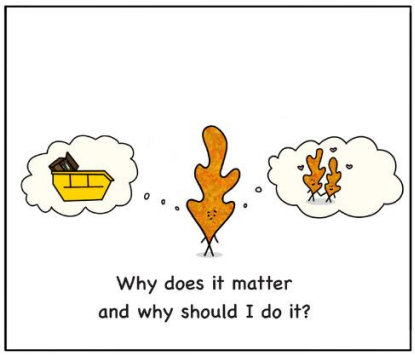
Who's it for? As an LGBTQ+ person, parts of Leafy's story might reflect your own experiences and help you feel seen and understood. These illustrations can help professionals better understand what it's like to live as an LGBTQ+ person and could be a way of starting conversations with those they support.

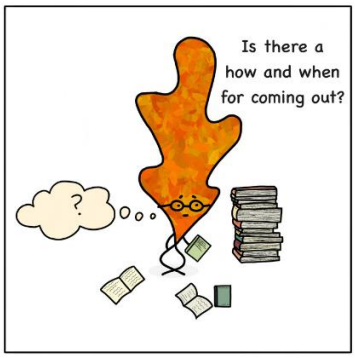
How were these created? Debbie Bell and Rowan Tinlin-Dixon did some research at Newcastle University in 2024/2025, exploring the relationships of LGBTQ+ people and their mental health. LGBTQ+ people were interviewed and the interview themes highlighted the impact of early caregiving, coming out, and societal expectations on identity development. They also showed the importance of other identities, such as neurodiversity and religion. These illustrations were created by Matilda Cowen, to help share the findings in an accessible and creative way.

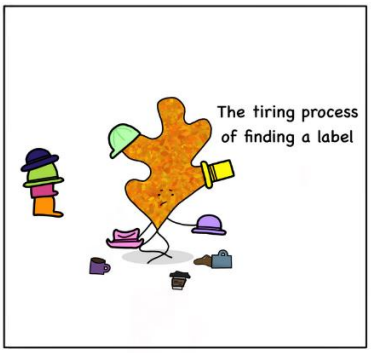
Will everyone relate to these illustrations? No, and that's okay – they reflect the experiences of a small group of LGBTQ+ individuals, so not everyone may relate to every part of Leafy's story. They are not meant to be prescriptive, but we hope they help increase understanding of the challenges and joy some LGBTQ+ people face.

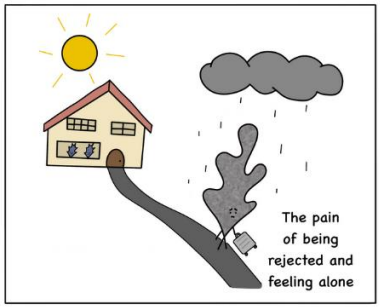
Tell us what you think: We would love to hear what you think about these illustrations. You can get in touch at nelgbtqresearchnetwork@gmail.com

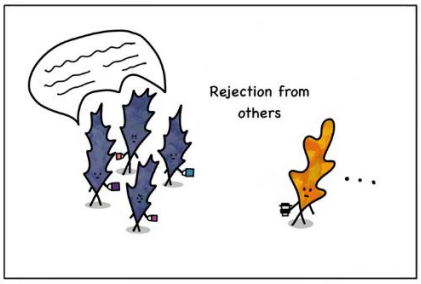

Different
parts of me

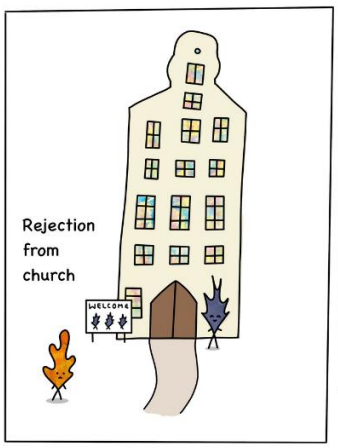

Why does it matter
and why should I do it?

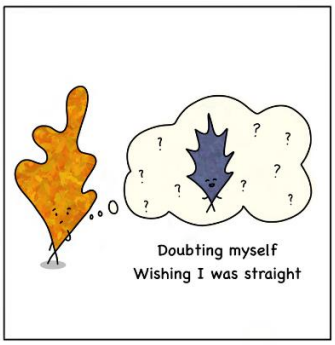

Is there a
how and when
for coming out?

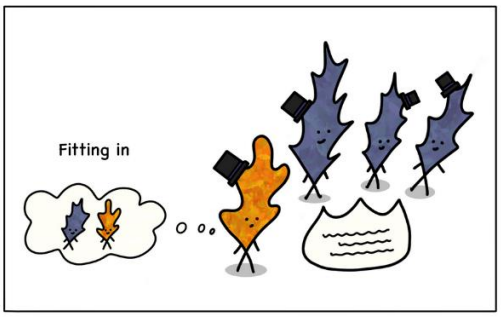

The tiring process
of finding a label

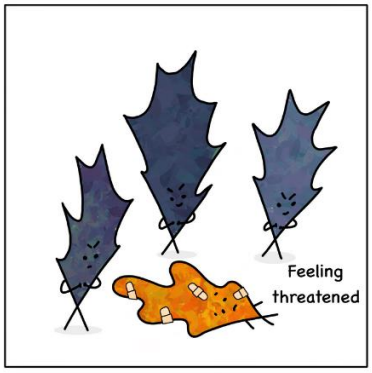

The pain
of being
rejected and
feeling alone


Rejection from
others


Rejection
from
church
WELCOME

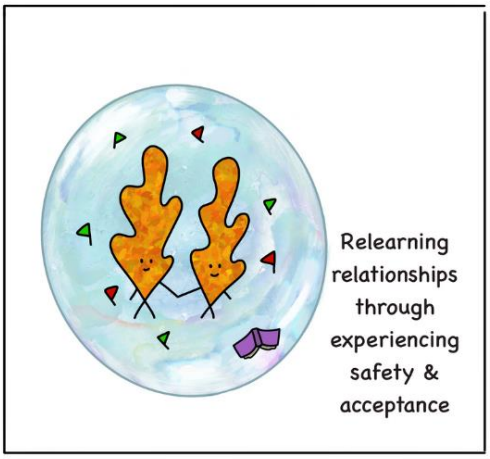

Doubting myself
Wishing I was straight

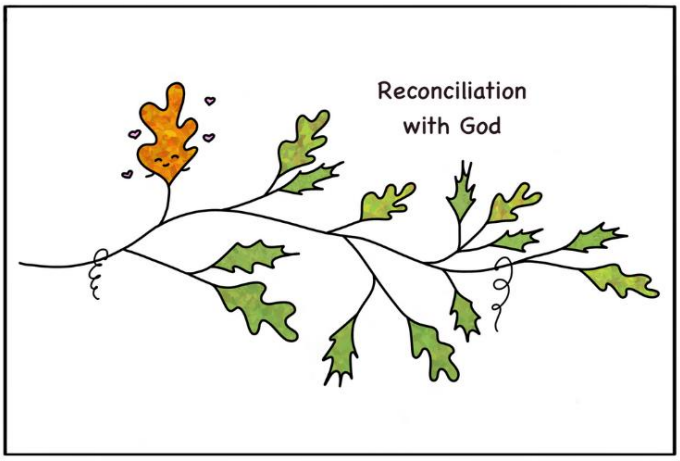

Fitting in


Feeling
threatened


Feeling
unworthy
& unlovable


Trying to survive
and finding ways
to escape

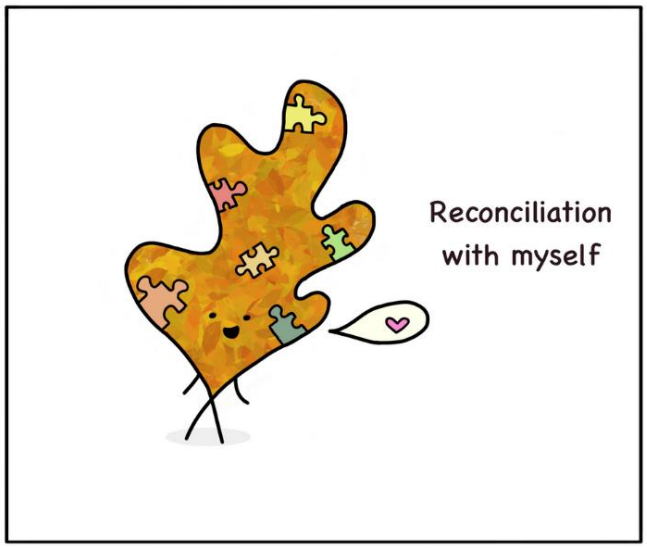

Relearning relationships through experiencing safety & acceptance


Reconciliation with God


Finding strength in myself


Finding strength in the community


Feeling free


Reconciliation with myself


ME!
Being authentically me

Appendix R - Project Sign Off Sheet

NEWCASTLE UNIVERSITY
DOCTORATE IN CLINICAL PSYCHOLOGY
Research Course: Sign off Sheet for Completion of Research Projects

June 2021

This version supersedes any previous version

Produced by M. H. Freeston on behalf of research tutor team

Completing the research process is an essential part of professional conduct in research in line with HCPC, BPS and University guidelines. It fulfils the ethical, scientific, research and financial governance obligations of the researcher and maintains the reputation of science and research and of the organizations who finance, sponsor, approve or host the research. This includes archiving and data storage, ensuring any specific undertakings that have been given to participants or other people who have collaborated have been met, informing the various bodies that have approved, sponsored or indemnified the study, completing all financial arrangements, returning all equipment and materials used in the study, transferring a copy of all materials and data to the supervisor.

With their resubmission to the internal examiner (usually at the time of amendments except for those who have received a straight pass at Viva), trainees must submit the following checklist as an appendix where they indicate the steps taken to close down the study in line with good practice. The student is required to sign this checklist. Documentary evidence may also be included (e.g. end of study debrief, letters to bodies, etc.). The checklist and the documentary evidence will be the final appendix in the thesis.

The internal examiner will verify that the checklist has been completed and signed before allowing final submission of bound copies. It is only when bound copies have been submitted that the trainee will appear on the pass list.

If there are reasons for delay (e.g. further data collection):

1. Discuss with your supervisor which steps can be completed and which will be deferred.
2. Indicate on the checklist which actions will be deferred and who will hold responsibility for completion.
3. Include a separate plan showing these actions, who will be responsible, and likely dates of completion.
4. Inform any relevant body (e.g. ethics, sponsors, etc.) if the responsibility has been transferred to a different person.
5. Indicate who has been informed of the transfer.
6. Ensure that the person/people who will be responsible for any actions sign the plan.
7. Include the plan with your checklist at submission to internal examiner.

Note it is the signature of the trainee that confirms these steps have been <u>completed</u> and is **considered a professional act**. It is possible that the completion of some/all of these actions may be audited at some stage. Please do not sign the checklist in anticipation of steps that have not yet been completed.

NEWCASTLE UNIVERSITY

DOCTORATE IN CLINICAL PSYCHOLOGY

Research Course: Sign off sheet for Research Projects

	Please tick if it does not apply	Please tick if completed. If not ticked, please provide an explanation	**Trainee name:** **Debbie Bell**
			Project title: **Exploring relational experiences of the LGBTQ+ community: looking at identity development, self-to-self, self-to-other and self-to-society relationships through a Cognitive Analytic Therapy lens.**
			Please add date for each action Please provide brief comment as necessary.
In line with participant consent, raw and electronic data where consent has been subsequently withdrawn has been dealt with appropriately (e.g. removed) and communicated in writing to the supervisor with responsibility for data keeping.	✓	☐	Date completed: 04/04/2025 No participants withdrew their consent.
In line with participant consent, where permission to use data in future studies has been asked for and not been granted, this has been appropriately identified in data bases (e.g. properly labelled) and communicated in writing/document to the supervisor with responsibility for data keeping.	✓	☐	Date completed: 04/04/2025 All participants consented to their data being used in future studies.
In line with your approved data management plan/ethical approval, the informed consent forms and contact details are	✓	✓	Date completed: 04/04/2025 Contact details held securely and separately from the data collected within the study.

a) securely stored in a separate place from any other data, or b) securely destroyed, as the case may be.			
In line with your approved data management plan/ethical approval, IDs or codes linking personal data to other data have been securely destroyed.	☐	✓	Date completed: 04/04/2025 Codes linking participant interviews and demographics have been destroyed.
In line with your approved data management plan/ethical approval, recruitment logs and other documents containing personally identifiable information have been securely destroyed.		✓	Date completed: 04/04/2025 Documents or recruitment logs have been destroyed.
In line with your approved data management plan/ethical/HRA/sponsors approval, the raw data (e.g. questionnaires, test sheets, data collection logs) have been a) pseudonymised, b) properly labelled and c) appropriate arrangements for their storage have been made; d) indications for date of destruction are clearly indicated	☐ ☐☐ ☐ ✓	✓ ✓ ✓ ☐	Date completed: 04/03/2025 Raw data has been pseudonymised and all identifiable information removed from interviews. No identifiable information was collected during screening. All data sheets and documents are properly labelled. Date of destruction clearly indicated in file name.

	Please tick if it does not apply	Please tick if completed. If not ticked, please provide	*Please add date for each action* *Please provide brief comment as necessary.* **:**
Any concerns about participants, adverse effects, follow-up with participants due to distress, concerns raised by participants, disagreements/ incidents that could lead to participant complaint, etc., have been discussed with supervisors, suitably recorded in an appropriate manner, addressed (if required), and signalled (if necessary) to the appropriate ethics and governance frameworks, including the Course and the sponsors. Any correspondence about these matters has either been archived (and pseudonym/anonymised if necessary) or destroyed as appropriate Please seek guidance about what is appropriate.	✓ ✓ ✓	☐ ☐ ☐	Date completed: 04/04/2025 No complaints or concerns were raised.

Participants have been debriefed as laid out in Ethics approval.	✓	☐	Date completed: 04/04/2025 Debrief process completed as planned
Participants have received a lay summary of the results of the study if requested or originally announced.	☐	✓	Date completed: 04/04/2025 Feedback sessions have been completed over MS teams.
Gatekeepers and others facilitating access to participants have been thanked and, wherever relevant, sent a copy of the lay summary.	☐	✓	Date completed: 04/04/2025 Feedback sessions have been completed over MS teams.
Participants and/or institutions, groups, organizations that have facilitated access have received the announced vouchers/course credits/reimbursements and/or the prise draw has been completed.	☐	✓	Date completed: 04/04/2025 Vouchers received and all expenses paid.
Contact details for gatekeepers have been provided to supervisors.	✓	☐	Date completed: 04/04/2025 Not applicable. No gatekeepers.
All study advertisements have been removed from websites or other postings.	☐	✓	Date completed: 04/04/2025

	Please tick if it does not apply	Please tick if completed. If not ticked, please provide an explanation	*Please add date for each action* *Please provide brief comment as necessary.*
Note: At least one final report should be completed for each project**.* *As a minimum a final report should indicate a) title, b) number, c) statements to the effect that study has been completed, no/some adverse incidents were noted, all obligations toward participants and gatekeepers have been completed, and all data and study materials have been securely destroyed/archived according to the data management plan, d) contact person (normally supervisor) for any further correspondence about the study.* *Some organizations have specific reporting requirements – see their websites/information.* ***If no final report has been submitted, please indicate clearly why not.			
NHS Ethics Committee has received, as required, progress and final reports about the study.	✓	☐·	Date completed: 04/03/2025 Not applicable.
University Ethics Committee has received, as required, a final report about the study.	☐·	✓	Date completed: 04/05/2025 Name of person contacted: res.policy@newcastle.ac.uk
Other approving body or Ethics Committee (e.g. charitable organization) has received a final report about the study.	✓	☐·	Date completed: 08/02/2025 Not applicable.

Relevant R & D Departments or other sponsoring organizations have received a final report about the study.	✓	☐·	Date completed: 04/03/2025 Not applicable.
HRA site file has been completed and archived according to sponsoring organizations wishes.	✓	☐·	Date completed: 04/03/2025 Not applicable.

	Please tick if it does not apply	Please tick if completed. If not ticked, please provide an	*Please add date for each action* *Please provide brief comment as necessary.*
All project related costs have been appropriately been dealt with and outstanding financial issues with the Course, supervisors, or funders have been resolved (e.g. copy costs, travel expenses, vouchers, materials, etc.).	☐	✓	Date completed: 04/04/2025 Vouchers and expenses paid.
Doctorate Director informed that all project related expenses have been claimed Employer's representative that all project related expenses have been claimed	☐ ✓	✓ ☐	Date completed: 04/04/2025 Date completed: 04/04/2025 Vouchers and expenses paid.
Funding bodies have received any required progress and final reports about the study.	✓	☐	Date completed: 04/04/2025 Not applicable
Any test materials (including unused recording sheets if purchased), manuals, programs, software belonging to the Course, supervisors, University or other sources or purchased for the study have been returned to the appropriate organization/person.	✓	☐	Date completed: 04/04/2024 Not applicable
Any equipment (including recording devices, storage media, mobile phones, sim cards, credit, software, books, manuals, etc.) that belongs to the Course, supervisors, University or other sources or purchased for the study have been returned to the appropriate organization/person. *(add additional items as needed)*	✓	☐	Not applicable Item: Returned to: Date returned: Item: Returned to: Date returned:
If literature review has been registered on PROSPERO or other data base, status has been updated including closing it down if there is no intention to publish. Note who holds registration (trainee or supervisor)	☐	✓	Review Registration Number: Status: Updated to say that the project is complete. Who holds registration? Debbie Bell d.bell@14@newcastle.ac.uk Updated on: 9th May 2025

	Please tick if it does not apply	Please tick if completed. If not ticked, please provide an explanation	*Please add date for each action* *Please provide brief comment as necessary.*
All correspondence concerning the study (e-mails, .pdfs or image files, or paper documents that have been scanned) has been handed over to the supervisors in either/both hard media and/or as an electronically transferred zip file. This includes approvals (peer, ethics, funding agencies), extensions to approvals, amendments, registrations, letters of support or permission, etc.	☐	✓	Date completed: 04/04/2025
All study materials in electronic form have been handed over to the supervisors in either/both hard media (CD/DVD; flash drive) and/or as an electronically transferred zip file. This includes: project proposals, ethics applications, requests for amendments, protocols, invitation/ recruitment materials, information sheets, consent forms, questionnaires, tasks and induction materials developed for the study including those on various platforms (e.g. E-Prime, Matlab, Qualtrics, apps, etc.), SOPS, debriefing materials, etc.	✓ ☐	☐ ✓	Date completed: 04/05/2025 All study materials have been shared with my supervisor electronically.
Final copies of the electronically saved raw data, transformed data, and syntax files been handed over to the supervisors in either/both hard media and/or as an electronically transferred zip file.	✓ ☐	☐ ✓	Date completed: 04/04/2025 Interview transcripts have been electronically shared with my supervisor.
Final electronic copies of thesis as well as the project presentation power point have been sent to supervisors.	☐	✓	Date completed: 04/04/2025 I have sent the project presentation and a final copy of my thesis to my supervisor.

If appropriate, data has been archived (along with all meta-data) in NU's Data Repository.	☐	✓	Date completed: 04/04/2025
Other: Please specify	☐	☐	Date completed:

Debbie Bell 08/05/2025

_____

_____ *Signature*

Date

Updated By M. H. Freeston, June 2021.