2021

Spiritual Care of Gay Men in Committed Relationships: An Evidenced-Based Intercultural Approach

Marc J. Coulter

Spiritual Care of Gay Men in Committed Relationships: An Evidenced-Based Intercultural Approach

---

A Dissertation

Presented to

the Faculty of the University of Denver and the Iliff School of Theology Joint PhD Program

University of Denver

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

---

by

Marc J. Coulter

June 2021

Advisor: Carrie Doehring, Ph.D.

Author: Marc J. Coulter
Title: Spiritual Care of Gay Men in Committed Relationships: An Evidenced-Based Intercultural Approach
Advisor: Carrie Doehring, Ph.D.
Degree Date: June 2021

Abstract

Sexual minorities have historically been targets of homophobia, heterosexism, discrimination, and persecution particularly within traditional, conservative religious organizations. As a result, many people who identify as male and gay reject traditional forms of religion and seek alternative spiritual beliefs and practices affirming their sexual orientation, often self-identifying as "spiritual but not religious" (SBNR). Some white, gay male couples in committed relationships also reject traditional views of sexual fidelity and negotiate open, consensual, non-monogamous sexual relationships with their primary partner. Gay couples seeking behavioral health assistance to navigate relational difficulties may encounter clinicians who fail to acknowledge the harmful influence of discriminatory, heteronormative, Christian-centric prejudice gay men face growing up in the US and the subsequent impact this has on their relationships. This dissertation uses an emergent strategy method to draw upon the lived experiences of white, gay SBNR couples (depicted through fictional case studies) to (1) explore the relevance and meaning of research on relational spirituality, SBNR persons, and clinical care of gay persons and (2) formulate emergent clinical strategies (Lizardy-Hajbi, 2021) for spiritually integrated therapeutic care of white, gay SBNR couples going through relationship transitions. These strategies identify how hostile religious environments negatively influence same-sex couples' construction of their own relational and spiritual beliefs and practices as

well as spiritual and relational intimacy, resulting in religious, spiritual, and moral struggles. Spiritually integrated therapists are encouraged to implement the emergent strategy method of this dissertation to explore how traditional, heterosexist, Christian-centered, U.S. religious beliefs, values, and practices influence gay men and gay male relationships. The emergent strategy method and this dissertation's emergent strategies may be relevant and meaningful in clinical work with couples who identify as white, gay, male, and SBNR, especially those moving through relational disruption, particularly the decision to engage in a consensual, non-monogamous, sexually open relationship.

Acknowledgements

No work of this nature is completed in isolation and I want to acknowledge the beneficial presence of those who have made this work possible. A few are no longer with me, but I have carried you in my heart along this journey. You continue to shape and influence me in wonderous and magical ways. To the way-showers who kept insisting I could complete this, I thank you. You held a space of faith which I could not hold, especially my husband Patrick whose unwavering belief in me has carried me places I never dreamed possible. Your steady love, laughter, support, and nourishment of my body and soul, made this happen. I'd be lost without you. To Dr. Carrie Doehring, I am honored that you provided such an incredible opportunity to walk with you on this path. I am humbled by your wisdom, your generous soul, and your kind and compassionate presence. To all the professors and support staff at Iliff and DU, especially Drs. Julia Roncoroni and Antony Alumkal, thank you for your support and assistance, you taught this old dog a few new tricks. To my JDP cohort and those who came before, especially Dr. Ryan Hall, thank you for welcoming me and for exploring this terrain with me, I'm astonished by your brilliance. To my family and friends who have cheered me on, I can never thank you enough. I never thought this was possible, but you did, and your cheers kept me going one step at a time. To my clients who have inspired me for over 20 years, thank you for sharing your hearts and trusting me with your secrets. Finally, I want to acknowledge the love and support of my mom from a very early age. You have believed in me from the start and made this possible. I am blessed. I love you all. Thank you.

Table of Contents

Chapter One: Introduction

How do United States, white, and male-identified gay persons in committed relationships, who identify as spiritual but not religious (SBNR), draw upon aspects of their spirituality and religion to cope with relational crises and transitions? How is evidenced-based research in the psychology of religion relevant or not to SBNR gay couples? Spiritually integrated therapists who work with clients who identify as gay, male, and SBNR must have answers to these questions in order to provide quality care and treatment. An evidence-based approach to treatment is useful when providing clinical care, however current research fails to adequately address the unique experiences of gay SBNR men over their lifespan. Clinicians must use both an evidence-based and an intercultural approach when assisting gay, males couples as they move through transitional stages and crises, particularly if clients are negotiating/renegotiating whether to have a sexually open relationship that includes sexual partners outside of the primary relationship. The term intercultural care

> is an attempt to capture the complex nature of the interaction between people who have been influenced by different cultures[1], social contexts and origins, and who themselves are often enigmatic composites of various strands of ethnicity, race, geography, culture and socio-economic setting. (Lartey, 2003, p. 13)

[1] Culture is defined as "the way in which groups of people develop distinct patterns of life and give 'expressive form' to their social and material life experience" (Lartey, 2003, p. 31).

To practice intercultural care that respects the distinct ways that each gay man in a partnership, as well as each gay couple, draw upon beliefs, values, and spiritual coping practices in their committed relationships, clinicians must consider the relevance of research on religious coping, focusing on relational spirituality. Much of this research explores what is called the sanctification process in committed heterosexual relationships, and it is generating important research findings on when and how sanctification helps (Mahoney et al., 2005; Murray-Swank et al., 2005; Pargament & Mahoney, 2005; Pargament et al., 2017). The term, sanctification, is used to describe a "process in which aspects of life are perceived as having spiritual character and significance" (Mahoney et al., 2013, p. 220). Some people in committed relationships may also consider the relationship itself as sacred, containing divine qualities that promote spiritual beliefs and practices (Mahoney et al., 2013, p. 220). According to Mahoney (2013), relational spirituality explores the 'how', 'why', and 'when' people rely upon values, beliefs, and spiritual practices, for better or worse, in creating, maintaining, and transforming their close, personal, intimate relationships. In other words, "the search for the sacred (spirituality) is united with the search for intimate relationships" (Mahoney, 2013, p. 366). Psychological research on relational religious coping is based on Ken Pargament's definitions of religion and spirituality. Religion refers to the "larger social, institutional, and cultural context of spirituality" (Pargament, 2007 p. 32). Spirituality, while constantly evolving, generally involves a "search for the sacred" (Pargament, 2007, p. 32).

There is currently no research on whether and how gay men construct significant spiritual meaning making via committed relationships. Further, there is no research on

whether gay men who identify as SBNR would find measures of sanctification meaningful or relevant in describing their relationships. Do SBNR gay men in committed partnership turn toward their spirituality as a resource to create, sustain, and transform their relationships over their lifespan? If their spiritual belief systems and practices are not a resource, why not? What role does sexual orientation play in the development of moral and spiritual orienting systems for each partner, and how does this contribute to a shared relational moral orienting system? These are important questions; however, the questions, along with the answers, do not address the unique processes gay men experience throughout the lifespan. The challenge for clinicians who want to practice evidence-based therapy is whether and how research on sanctification in heterosexual couples can be generalized to include gay, SNBR couples.

One way to explore the relevance of such research is to consider how general orienting systems (GOS) function for persons and couples. These orienting systems provide a framework for understanding one's world and include emotional, cognitive, social, spiritual, and behavioral resources that are used to manage difficult life events and subsequent struggle (Trevino et al., 2019). During times of pressure, these orienting systems are burdened, potentially resulting in moral or spiritual stress. Doehring (2015c) describes how moral stress "arises from conflicts among core values and is experienced physiologically through emotions like shame, guilt, or fear about causing harm by putting ultimate commitments in jeopardy" (p. 637). Men who identify as gay and SBNR possess unique orienting systems that may well be more complex than their heterosexual counterparts. Spiritually integrated clinicians need to understand the function of a client's GOS and how relational stress impacts this in beneficial and consequential ways.

How are these individual and relational orienting systems conserved and/or transformed in those who identify as male and gay during relational transitions and crises? Gay men face unique experiences and challenges as they move through typical developmental stages of life as a result of their sexual identity. Many have experienced adverse religious experiences growing up in heteronormative, US, Christian cultures (Schlager & Kundtz, 2019, p. 11). These social dimensions must be addressed in clinical care with particular attention placed on the moral stress experienced by men who identify as gay growing up in the US. According to Doehring, moral stress develops when life-limiting belief systems, or theologies, learned early in life through systemic interactions and fueled by emotional responses such as fear, disgust, and shame, create disconnection from self and others (2015, p. 638). Spiritually integrated clinicians help clients recognize the influence of moral stress and assist in creating more intentional orienting systems (beliefs, values, and ways of connecting with goodness) that help clients experience compassion, kindness, and goodness (Doehring, 2015c, p. 635). Clinicians must assist clients in understanding how childhood and adolescent experiences of heterosexism mirror covert sexual abuse (Kort, 2018, p. 82) and shape foundational and formative layers of individual and shared moral orienting systems that then generate stress reactions when experiencing relational crises and transitions.

This clinically oriented, interdisciplinary thesis brings into dialogue

- Pargament's (2007) argument that "spirituality cannot be separated from psychotherapy" (p. 14) as "the spiritual dimension of life is fully interwoven with other life domains" (p. 15). He asserts that behavioral health clinicians must possess competency in spiritual conversations with

clients and contends that spiritually integrated psychotherapy "can be interwoven into virtually any psychotherapeutic tradition" (p. 18)

- Psychological research on religious and spiritual coping that demonstrates how aspects of religion and spirituality are helpful and/or harmful, and whether people cope by conserving or transforming values, beliefs and spiritual practices during relational crises and transitions
- Psychological research on general orienting systems, including spiritual and moral orienting systems
- Psychological research on relational religious and spiritual coping exploring the process of sanctification for those in committed relationships (such as conserving/transforming beliefs and values about aspects of their relationship that have ultimate meaning)
- Sociological and psychological research on people who identify as spiritual but not religious (SBNR)
- Psychological research on, and clinical studies of, gay couples and how they navigate relational transitions including making decisions about and navigating sexually open relationships
- Pastoral theologies and socially just approaches to spiritual care using intersectionality to examine the ways interacting social systems confer social advantages and disadvantages that ameliorate and/or exacerbate suffering for gay persons and couples
- Pastoral theologies and intercultural approaches to spiritual care in general, and specifically for gay couples, that use a particularist

comparative approach (Hedges, 2010) to study the unique ways that each gay man and each couple re-experience embedded values and beliefs amid relational transitions and crises, and how they might search for shared values and beliefs

After reviewing research and scholarship, I propose an evidence-based, intercultural approach to spiritual care of SBNR couples and utilize an extensive fictional composite case study to describe how this model could be combined with a spiritual care approach with a couple considering opening their relationship sexually. My project further demonstrates why spiritually integrated clinicians need to develop competencies in intercultural, evidenced-based care of gay male, SBNR clients. It also provides an outline for how clinicians might incorporate an intercultural, evidenced-based approach when working with this population, especially as couples contemplate whether to have a sexually open relationship that includes sexual partners outside of the primary relationship. In this dissertation, I bring my 20-year praxis as a white, gay, SBNR, spiritually integrated therapist into dialogue with the praxis of a white, gay, male couple client as well as scholarship and research in order to propose spiritually integrated strategies for helping white, gay, male, SBNR couples draw upon spiritual practices, values, and beliefs as they navigate relational stress and transition. My hope is that this dissertation could become the basis for research on relational spirituality of SBNR gay couples.

Rationale

This dissertation builds a multi-layered and intersectional understanding of the spiritual, social, and moral influences on gay men to argue for why spiritually integrated

clinicians must develop competencies in an evidence-based intercultural approach when working with clients who identify as white, gay, male, and SBNR. This dissertation argues for the need for research for such competencies and provides important clinical strategies for working with gay, white, and male-identified couples facing the relational transition of opening their relationship to additional sexual partners. All couples experience disruptions at various times throughout the life of their relationship. I focus on the specific relational disruption of nonmonogamy due to the prevalence of sexually open relationships within the gay male community as well as the expectation of sexual monogamy that is deeply rooted in most traditional religions. The spiritually integrated approach provided here may serve as an outline for therapists to utilize in their clinical work with white, gay male couples who are facing various types of relational disruption, not only the negotiation of nonmonogamy. I provide a thorough description of how childhood and cultural beliefs and values influence gay men. I draw upon psychological research on religious and spiritual coping and relational spirituality to offer an evidence-based, intercultural approach for clinicians to assist clients in identifying beliefs and values that potentially harm or help committed relationships. I demonstrate why the current knowledge base is inadequate for spiritually integrated clinicians who work with couples who identify as gay and male, and I provide a new approach for clinicians to utilize as they work with this population.

Expected Contributions

While most mental health clinicians would consider themselves able to provide services to clients of diverse backgrounds that include gay, male clients, many lack adequate training specifically around the religious and spiritual concerns of gay men in

committed relationships, and the reciprocal influence of their religious or spiritual beliefs (past and present) on those relationships. Gay men in the US are frequently raised and live in unforgiving environments in which their sexual orientation is a shameful secret to keep hidden. Organized religion and societal norms sometimes compound their emotional and spiritual struggles through damaging dogma and punishing rhetoric. Spiritually integrated mental health clinicians who do not know how to recognize these embedded beliefs and accompanying religious, spiritual, and moral struggles that may persist long after beliefs are rejected, are potentially ill-equipped to assist these clients in recognizing how past life experiences currently influence them in life-limiting and life-affirming ways, particularly in their committed relationships.

I have been unable to locate research focused upon gay men who identify as SBNR and how their spiritual beliefs, values, and practices influence their committed relationships. The purpose of my research is to clinically explore the function of beliefs, values, and coping practices for gay men who identify as SBNR in committed relationships, and specifically, to understand how spirituality informs their relational commitment. My goal is to use current research and scholarship to propose ways gay men's spiritual beliefs and practices shape the values, beliefs, and practices of commitment and how their spiritual orienting systems as individuals and as a couple function in contemplating and/or moving through the transition to a sexually open relationship. I argue for the clinical need to develop specific competencies in spiritually integrated, intercultural, evidence-based care of gay male SBNR couples.

Clinicians have an opportunity to assist clients in developing new coping skills in relation to all aspects of their spiritual and moral orienting systems. Spiritually integrated

clinicians must use a clinical approach that incorporates evidence-based care as well as intercultural care when working with white, gay male couples who identify as spiritual but not religious. This dissertation fills a much-needed clinical gap in spiritually integrated care of those who identify as gay, male, white, and SBNR in committed relationships and analyzes how clinicians can best assist them in navigating critical life events such as contemplating the transition to a sexually open relationship.

By utilizing this approach, clinicians and clients will begin to identify how the client's sexual orientation and their GOS interact with moral, societal, and cultural influences and how that then manifests in relationships. Together, they can then begin to analyze the client's experience of orienting system stress as a result of their alternative sexuality and the subsequent impact on their relationships. Through this co-creative process, spiritually integrated clinicians have a new way of assisting clients in identifying their past and current spiritual beliefs, values, and practices that influence relational stress. This clinical approach helps couples intentionally incorporate their spiritual and moral orienting systems into their relationships via an intentional process unique to each couple.

Method

This interdisciplinary, clinically integrated theoretical dissertation is inherently rooted in the lived human experience of SBNR gay couples. It has come about as a result of 20 years of my own clinical work providing care to these types of clients. I bring this lived experience into dialogue with sociological research on SBNR persons and psychological studies of how aspects of religion and spirituality help or harm people coping with stress and struggles, particularly people who identify as gay, white, male,

and SBNR. I draw upon research on the need for specific competencies in spiritually integrated psychotherapy (Vieten et al., 2013). Using Pargament's model of spiritually integrated therapy and Doehring's model for intercultural, particularist spiritual care, I describe how clinicians are able to provide spiritually integrated care that helps SBNR white, gay couples recognize how moral and spiritual orienting systems are developed and how these systems are expressed and experienced in intimate ways in committed relationships differently in gay, male couples.

Given the lack of research on relational spiritual coping in SBNR couples and white, gay male couples, this dissertation begins with a literature review of related research and then constructs an interdisciplinary proposal for using spiritually integrative ways of helping SBNR, gay men and couples understand life-limiting values, beliefs, and ways of coping that are evoked under stress. Helping these men and couples explore and experiment with practices that connect them with goodness in themselves and each other will then enhance a search for more life-giving beliefs and values that they want to intentionally live out while moving through difficult relational transitions, such as contemplating and/or practicing open sexual relationships. A mixed method, practical theological approach, utilizing a critical lens, is a good starting point for moving forward into this uncharted territory. The definition of practical theology used in this dissertation is "an activity of believers seeking to sustain a life of reflective faith in the everyday" (Miller-McLemore, 2011, p. 32).

Lizardy-Hajbi recasts practical theological methods using "processes by which pastoral leaders might nurture (or co-nurture) change within faith communities toward

post/decolonial praxes" (2021, p. 139). In recasting practical theological methods, Lizardy-Hajbi challenges

> implicit assumptions that the modern colonial construction of a singular (white, cisgender, heterosexual, able-bodied male) figurehead of a congregation is the most God-like or holy image of pastoral leadership and, therefore, the most capable or effective model/progenitor of change within the church. (pp. 139-140)

Her revisioning of pastoral leadership is meaningful for the ways I describe the co-creative clinical process of searching for spiritual practices and meanings, wherein the lived experience of white, gay men and couples is valued as a source of spiritual authority that challenges religiously-based heternormativity. Practical theology is an important foundation of this project. However its reliance on Christian sources of religious authority makes it less relevant for those who self-identify as SBNR and are not necessarily linked to a single faith community or a single faith leader. While therapists and their clients cannot enact cultural change in the ways that activist communities and their leaders can, this dissertation utilizes an emergent strategy methodology that challenges religiously based heteronormativity. This method is meaningful in my dissertation as a way to value as authoritative my experiences as an SBNR gay therapist, and my client's authoritative experiences as gay SBNR couples whose lives and especially spiritual orientations challenge traditional heteronormative religious ways of understanding relational stress and spirituality. Thus, this dissertation's method of bringing my clinical praxis and my clients' relational praxis into dialogue with current scholarship and research is a way to embody

> knowledge and action (theory and praxis) [that] are engaged dialectically in creative interplay, at times not distinguishable from one another. However, what is most central to theory-and-as-praxis and praxis-and-as-theory is the "continuous work to plant and grow an otherwise despite and in the borders,

> margins, and cracks of the modern/colonial/capitalist/heteropatriarchal order." (Lizardy-Hajbi, 2021, p. 145)

The clinical strategies for spiritually integrated care that emerge from the dialogical process of this dissertation move toward the kinds of emergent strategies described by adrienne maree brown (2017), a Detroit-based social justice facilitator and doula, who describes emergence as

> a strategy for building complex patterns and systems of change through relatively small interactions...emphasiz[ing] critical connections over critical mass, building authentic relationships, listening with all the senses of the body and the mind…emergence notices the way small actions and connections create complex systems, patterns that become ecosystems and societies…and how we intentionally change in ways that grow our capacity to emboy the just and liberated worlds we long for…depend[ant] on learning to listen, listen without assumption or defenses. Such strategy relies on principles of biomimicry—"the imitation of models, systems, and elements of nature for the purpose of solving complex human problems"—and permaculture, or "a system of agricultural and social design principles centered around simulating or directly utilizing the patterns and features observed in natural ecosystems." (brown, 2017, pp. 7-8)

In drawing upon brown's emergent strategies within a clinical context, I am focusing on changes within persons and couples. Her focus on radical community and cultural change is on a far larger stage than mine.

In illustrating the emergent clinical strategies of this dissertation, I use a fictional composite clinical case study to analyze how the lived experiences of gay white men and couples experiencing a crisis reflect moral and spiritual orienting systems that are unique to each couple, features of which may be common across this population. By using a fictional composite clinical case study, as well as short vignettes, I am able to best illustrate the emergent clinical strategies of an evidence-based and intercultural approach to clinical care and highlight its clinical relevance.

This dissertation brings into dialogue lived experiences (my own as a white, SBNR, gay, male, therapist and my clients) and research in psychology of religion, as well as maree brown's emergent strategies, in order to identify emergent clinical strategies for spiritual integrated care of gay, white SBNR couples. My goal is to recognize that the spiritual lives of gay men are more than a simple function in their lives, as some evidence-based endeavors suggest, and the spiritual lives of gay men cannot be reduced to simply a resource to cope with difficulty. The richness and complexity of the spiritual realm, particularly for SBNR gay men, deserves to be brought to light, and an interdisciplinary, clinically oriented approach that integrates both psychological research and intercultural care is the best way to facilitate this process.

I draw upon the empirical research of Ken Pargament and Annette Mahoney on the sanctification process of heterosexual couples. I further utilize Pargament's work on religious/spiritual meaning making and coping as it applies to my project. The psychology of religion theoretical framework offers unique ways to study psychologically healthy men who identify as male and gay in the US and their views on religion/spirituality in relation to their committed partnerships. I also utilize the self-differentiation approach to relational spirituality proposed by Sandage et al. (2008), who underline the importance of self-differentiation in relational spirituality. Their critique of the cognitive focus on religious coping research is used to develop a more holistic relational understanding of spirituality for gay couples.

My hope is that this dissertation's emergent strategies for an intercultural spiritual care approach with SBNR couples will support clients in helping them identify and draw upon their own life-giving values, beliefs, and practices to search for and experience

goodness in ways that counteract the internalized abuse they might have absorbed in childhood and adolescence as a result of growing up in a heteronormative, Christian, U.S. environment. Utilizing this new approach, therapists will be better able to assist their clients in identifying the influence of internalized social oppression and help their clients construct more affirming beliefs and practices. As a result, clients are then able to create a sense of spiritual and relational cohesion and justice for themselves and their relationships and intentionally utilize life-affirming values, beliefs, and practices while living in sometimes hostile, heterosexist, U.S. cultures.

Limitations

There is no research on the ways gay SBNR couples identify their embedded beliefs and values about their relationship that arise in the stress of crises and transitions (such as potentially opening up their relationship to other sexual partners). Nor is there research on how gay SBNR couples search for shared intentional beliefs and values about their relationship. Given this lack of scholarship and research, this dissertation will be limited to a review of the literature and a construction of an interdisciplinary approach to intercultural, evidence-based, spiritual care of gay, white, SBNR couples. Given that there is no research on how differences like race, class, physical ability, age, etc. shape how gay SBNR couples search for relational values and beliefs, I will draw upon research about how race and religious heterosexism generate religious and spiritual struggles for gay men, in order to speculate on how racism likely compounds relational stress for SBNR gay couples. African American scholars in religious studies describe how entrenched religious heterosexism can be in African American churches and how many black, LGBTQ people struggle to find acceptance within their own communities. Many

face rejections as a result of their sexual orientation, conflicting with communal reinforcement of heterosexuality in many African American, Christian churches (Douglas, 2015; Kolysh, 2017; Sneed, 2008). One can easily imagine how struggles are compounded by sexism, racism, classism, ageism and other aspects of social oppression. The subsequent moral and spiritual stress experienced by Black men and women as a result of heterosexism is not the focus of this project. It is also beyond the scope of this project to explore the intersection of sexism and heterosexism as it pertains to the lesbian experience, whose relational struggles are shaped by the intersections of religious sexism and heterosexism. However, I will examine pastoral theological literature that is relevant to African American and lesbian heterosexism and sexism as it applies to my work with gay SBNR white couples. My hope is that this dissertation will open questions about intersecting aspects of identity for gay SBNR couples, and prompt qualitative and quantitative research on their experiences. I acknowledge my own position of privilege and power as a white, cis-gender, gay-identified, able-bodied, economically advantaged, male in the US.

Chapter Outline

Chapter 2: Spiritual but Not Religious

A review of recent literature indicates that the number of people who identify as religious in America has declined while the religiously unaffiliated has risen (Jones et al., 2016; Kosmin et al., 2008; Woodhead, 2017). Those who claim no official religious affiliation now account for one-quarter of all Americans (Jones et al., 2016). Many Americans identify as spiritual but not religious (SBNR) and choose independently from various religious and spiritual teachings or choose none at all. No data currently exists on

how many of those who identify as SBNR also identify as gay and male. This chapter provides information about the SBNR population in the US, and includes data on those who identify as gay, male, and SBNR.

Chapter 3: Spiritually Integrated Evidenced-Based Care

This chapter draws upon research of Pargament and Mahoney providing a psychological approach to spiritual caregiving based on religious coping research. I assess the strengths and weaknesses of research exploring the role of beliefs, values, and practices in an interactional model of coping. I detail Pargament's focus on spiritual orienting systems, spiritual integration/wholeness, and spiritual/religious struggles, as well as Mahoney's work on relational spirituality and sanctification. I provide a brief overview of Lazarus and Folkman's (1984) seminal work on stress and appraisal and utilize their work as a springboard from which to explore and incorporate more systemic, dyadic models of coping that include relationships as tools for coping. These may include ways in which couples utilize the relationship itself as a mechanism of religious and spiritual coping, especially with moral and spiritual struggles. For the purpose of this dissertation, I utilize Lazarus and Folkman's early design, and detail how this has evolved into spiritual relational couples work via the scholarship of Pargament and Mahoney. I also describe Sandage's critique of religious coping and his (and colleagues) exploration of relational spirituality. Combining these two approaches provides a more comprehensive, evidence-based approach to spiritual care of SBNR gay couples in relational transitions. Pargament's argument for competencies in spiritually integrated psychotherapy will be used to demonstrate the need for such competencies in spiritually integrated care of SBNR gay couples.

Chapter 4: Intercultural Care

This chapter provides the core concepts of moral orienting systems, utilizing the embedded theology work and intercultural particularist approach to spiritual care, described by Carrie Doehring's descriptions of spiritually integrated care and Crystal Park's research on meaning-making. The moral orienting system is presented as a fluid collaboration between one's values, beliefs, behaviors, relationships and body knowledge; and I analyze the unique ways this occurs for gay men. I also engage the work of Joe Kort and his scholarship around gay men in support of an intercultural approach for spiritually integrated clinicians working with gay men. I review the current approach to spiritually integrated care of gay men and demonstrate why intercultural care alone is not sufficient when clinicians work with gay male clients. I explore sexually open relationships, same-sex relationships and how these non-traditional relationships evolve in male couples. I explore consensual non-monogamy and polyamory and the subsequent psychological and spiritual well-being of relationally diverse white, gay male couples.

Chapter 5: The Praxis of Evidence-Based Intercultural Care

This chapter offers a fictional composite clinical case study as well as short vignettes to illustrate the applicability of emergent clinical strategies for evidence-based spiritually integrated care of SBNR gay male couples. Through these vignettes and the case study, I illustrate the praxis of emergent clinical strategies and spiritually integrated clinical competencies for the evidence-based and intercultural care of gay men who identify as SBNR. This is the heart of the dissertation and offers spiritually integrated clinicians emergent strategies for working in new ways with gay male clients as they

begin to explore a sexually open relationship. I explore why competencies in evidence-based, spiritually integrated intercultural care is the most appropriate method for spiritually integrated clinicians to utilize when working with gay, male, SBNR clients, specifically as they contemplate opening the relationship sexually to other partners.

Chapter 6: Discussion/Further Areas of Research

I complete the dissertation with a discussion of the lessons learned from the project and the possible opportunities for additional areas of research. I analyze what is missing from my project and offer insights on possible additional work. I propose ways that my research may be used in clinical care settings, by spiritually integrated caregivers, and present ways it may be used to advance theory and practice in pastoral care, psychotherapy, and spiritual caregiving. I provide a summary of the project and offer best hopes for the future of the scholarship.

Chapter Two: Spiritual but not Religious (SBNR)

I have been a licensed professional counselor for almost 20 years and have worked with clients from all walks of life. My clients have been court-mandated, involved in the justice system, college students, county mental health clients, military service members and their families, and private practice clients. Over the years, I began to notice a pattern; clients talk about their spiritual beliefs and practices on a fairly consistent basis. As Pargament (2007) states, clients "don't leave their spirituality behind in the waiting room" (p. 4). Not having any background in conducting spiritual conversations, I was uncertain how to engage in this aspect of their lives as a licensed professional counselor. I began to participate in these conversations from a place of curiosity and a stance of not knowing. As an outsider, I carefully explored their world and the importance of their beliefs and practices. I noticed that many clients mentioned that they consider themselves 'not religious' and that they rarely attend any sort of organized religious service. Most reported that they identify with an individual experience of religion or spirituality. They said things such as, "my relationship is sacred," or "nature is my religion." Many would say, "I guess I'm more spiritual but not religious." Not surprisingly, my clients match the general U.S. population, where more and more people are less likely to identify with one particular organized religion, and instead embrace an independently formed set of beliefs and practices which they consider spiritual (Drescher, 2016).

In this chapter, I offer a broad overview of a segment of the population that has been described as spiritual but not religious (SBNR). It is important to note that the term SBNR is used as a self-descriptor by individuals, as well as a term used by some sociological and religious studies researchers to categorize this population. Mercadante (2014), a professor of theological studies, reports those she interviewed for her book, *Belief without Borders*, use this SBNR label for themselves. The General Social Survey uses the term to describe those who do not fit into other categories on their religious surveys, though they do not provide an option for participants to identify themselves as SBNR.

Research on those described/self-identified as SBNR has not considered demographic aspects of SBNR beyond age, as the review of the literature in this chapter highlights. There has not been research specifically on white, gay male couples who identify as SBNR. I will draw upon sociology of religion research and my clinical practice to infer how those who identify as male and as gay, who consider themselves to be SBNR, are influenced by and, in turn, may be influential in shaping this social trend of identifying, and being identified, as SBNR. My hope is that the reader will gain a better understanding of the SBNR population and why they are vital to the study of religion and to my dissertation. By the end of this chapter, the reader will gain clarity around those who identify as SBNR and why men who identify as gay and as SBNR present unique, clinical opportunities and challenges for spiritually integrated clinicians.

This chapter provides an overview of literature on the SNBR population in the U.S. and provides insight into how men who identify as gay and SBNR, who are in committed relationships, may fall more easily into this category as a result of negative

experiences of religion used to discriminate against them, and positive experiences associated with the spirituality but not religion. I will review the concept and definitions of SBNR, along with research by sociologists of religion. I will highlight the relevance of research for spiritually integrated care of gay men in committed relationships. The purpose of this chapter and, indeed, this dissertation, is for spiritually integrated clinicians to collaborate with white, gay male couples who want to draw upon aspects of their spirituality to enhance their mental, relational, and spiritual health. Spiritually integrated clinicians who work with clients who identify as gay, male, and SBNR in a clinical setting must use a culturally sensitive, as well as an evidenced-based approach with these clients. It is important for these clinicians to have a basic understanding of how the term SBNR has been used by people as a self-descriptor and adopted by sociologists of religion in research and scholarship. I provide fictional vignettes throughout this project to illustrate how clinicians might conceptualize their work with gay, male clients whose self-identity as SBNR may be influential and integral to identity throughout the lifespan.

Vignette

Jack and Tim are white gay men in their upper-50s who have been in a committed relationship of almost 30 years. Both have college degrees and professional careers. They adopted two, mixed-race children at birth who are now both enrolled in high school. The family lives in the suburbs of a large metropolitan city in the Midwest. They are active in their community and volunteer as a family on a regular basis. Jack and Tim are getting close to retirement.

Tim was born and raised near the area in which they live and has close friends and family nearby. He grew up attending a fairly conservative Christian church and now attends a non-denominational church occasionally, sometimes taking their teenagers with him. He describes himself as "very churched" from childhood, learning the Bible "backward and forward." Now, Tim says that his beliefs and practices "ground me and give me a sense of peace" when he feels uncertain. He describes himself as "more spiritual than religious at this point. I find God in different things and different places than inside the walls of a church or in the Bible. Sometimes, it's a feeling I have that God is just there through good times and in bad."

Jack grew up in a household that he describes as, "Christmas and Easter Catholics" and reports that he was baptized in the Catholic church and has only vague memories of his first communion. He now considers himself a "nonbeliever" and says that he "finds my spirituality in nature and with people, but not in a church." He states that he and Jack were "serial church joiners" for many years, but now he no longer attends church services with Tim and their teenagers. "I used to really like what I knew about Jesus. I just got to the point where I lost all respect for his fan club, especially the Catholic church. I respect Tim's beliefs about religion. I just don't share them. We agree to disagree at this point" about religious issues. "If someone wants to bless me, or say a prayer for me, I know that is the highest they have to offer, and I'm touched by it. I just don't believe it does anything for me; maybe it does something for them." Jack is estranged from his family of origin and no longer speaks to them as a result of their rejection of him when he came out as gay and married Tim many years ago.

Brief overview of SBNR

The spiritual but not religious movement may have had its beginnings in America in the 1700s. Religious, spiritual, and philosophical movements swept across areas of the United States in the 18th and 19th centuries, beginning with "eighteenth-century spiritualism, nineteenth-century New England Transcendental and New Thought movements, William James's psychological exploration of religion and mysticism, and progressive political sensibilities that developed through the early twentieth century" (Drescher, 2016, p. 56). William James could be considered the father of the SBNR movement in the US. He memorably attempted to capture individualized, rather than relational and institutional, experiences of religion, with this now-famous description of the infinite varieties of religious experience: "the feelings, acts, and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine" (James, 1902/2007, p. 43). James was culturally situated among other white, upper-class, well-educated, New Thought leaders, free-thinkers, and Transcendentalists such as Ralph Waldo Emerson, Emma Curtis Thompkins, Mary Baker Eddy, and Emanuel Swedenborg. They offered (mostly white, educated, and financially stable) Americans alternative ways of thinking about religion and spirituality throughout the nineteenth century (Dresher, 2016, p. 4). As Mercadante (2014) points out, social surveys on religion were not available in the early 20th century, but by the 1950s, when Gallup began tracking religion, and the 1957 U.S. Census included "No religion" as a category, 98% of the U.S. population surveyed identified with some sort of religion (Rosen, 2010). Participants were not offered the opportunity to self-identify as spiritual or SBNR. It would be decades before sociologists recognized

SBNR as a self-identifier rather than a classification of those who did not fit into other deist, heteronormative, academically-generated categories.

It is important to note the importance of sample demographics when discussing social surveys focused upon religion. Gender, race, income, and location are often measured in social surveys conducted in the US. One of the earliest sociological studies of religion to include the study of the non-religious in America was conducted by Glenn M. Vernon of the University of Utah. Published in 1968, his article identified the religious "nones" as a "neglected category" worthy of scholarship. He used "none" deliberately as a "negative definition, specifying what a phenomenon is not, rather than what it is" (Vernon, 1968, p. 219). His study is noteworthy because he recognized that those who may not identify with a specific religion may still have complicated layers of religious and spiritual beliefs and practices, though he did not offer any other ways for them to describe themselves.

Throughout the 1960s and 1970s, Americans, especially the youth, continued to engage in this sociological shift away from what some viewed as organized religious systems of oppression that included conservative positions on birth-control, abortion, and gay-rights. They tilted toward an individualized sense of personal autonomy and spiritual identity. Mercadante (2014) bases her descriptions of this shift on qualitative, semi-structured interviews with 90 individuals and two focus groups of 15 people who self-identified as SBNR in the Midwest and Western part of the US.

"Mainstream religious America suddenly had young adult children who did not trust anyone over 30" (Mercadante, 2014, p. 24). Many US, white, youth, perhaps emboldened by anti-establishment movements and civil rights and anti-war

demonstrations, pushed against strict religious institutional dogma that demanded adherence to traditional ways of thinking. They embraced alternative religious beliefs and practices. Their rejection was, in part, fueled by what was seen as racist, sexist, and homophobic doctrines of traditional religious organizations. Many white, young people rebelled against traditional social norms about "gender, race, institutional loyalty, self-sacrifice, self-control, community involvement, and the importance of religion" (Mercadante, 2014, p. 24). Within other "non-white, non-mainstream, disadvantaged, and immigrant communities" this cultural shift happened more slowly (Mercadante, 2014, p. 25) but spread to other parts of the country, according to sociological surveys.

The 1980s saw a rise in evangelicalism in a possible backlash to the rebellion of the 1960s. Conservative evangelicals pushed back against gay rights, the Equal Rights Amendment, and legalized abortion. This revival of evangelical conservatism was potentially a "reaction against loosened mores of the 1960s" as "attention shifted from the experience of conversion toward more social issues like abortion and homosexuality," thus creating polarization between the more conservative and more liberal, which continues to exist according to sociological research (Mercadante, 2014, p. 27).

Confidence in religion and religious leadership dropped in the 1990s, and the United States saw a rise in alternative, spiritual practices (Zinnbauer et al., 1997). Qualitative sociological research from the 1990s exposed this trend and supported the idea that many people were leaving traditional, mainline churches and that enrollment in seminaries was declining as people began to identify as SBNR (Mercadante, 2014). This shift toward religious non-affiliation "can be charted and it is dramatic" (Mercadante, 2014, p. 28). What is not charted, however, is the distinction between people using SBNR

as a self-descriptor versus a term used by scholars to categorize respondents of quantitative surveys.

Researchers have continued to see decreased church attendance and, what Americans consider, increased levels of spirituality. Digital media has democratized religious authority, such that, individuals have an internal rather than external locus of religious/spiritual/moral authority, as noted by Cloete (2016). Review of recent literature indicates that the number of people who identify as religious in the US has declined, while the religiously unaffiliated has risen (Jones et al., 2016; Kosmin et al., 2008; Woodhead, 2017). Those who claim no official religious affiliation now account for a quarter of all Americans (Jones et al., 2016).

Sociological research such as the Pew Research Center and the General Social Survey collect empirical data on religious beliefs and practices along with other demographic details such as age, race, gender, political affiliation, and education (Lipka & Gecewicz, 2017). However, the religious social surveys fail to offer respondents the option of the category spiritual but not religious. Instead, the Pew Research Center, for example, asks respondents two separate questions: "Do you think of yourself as a religious person, or not?" and "Do you think of yourself as a spiritual person, or not?" (Lipka & Gecewicz, 2017). The General Social Survey offers respondents the option to self-identify as a spiritual person in various degrees from "not spiritual" to "very spiritual," as well as their religious preference and whether or not they consider themselves a religious person. While these two questions allow respondents to separate out spirituality from religion, the survey could include an item about the degree to which they are spiritual but not religious. Information collected by researchers is used to catalog

respondents into the category of SBNR based upon other information gathered on religion and spiritual beliefs and practices. Demographics such as region, race, education, age, and political affiliation are included in these surveys; however, sexual orientation or same-sex marital status is not surveyed.

Earlier, religious quantitative social studies of the Southern Appalachian region of the U.S. by De Jong and Ford (1965) focused on categorizing religious beliefs and preferences, and they categorized the 10% of those who did not express a religious belief as "independent." Their categories (all variations of Christianity aside from the category, "All other denominations") only provided respondents the opportunity to identify with pre-selected categories, and did not provide them with ways to present more information about their beliefs and practices. Their study included socioeconomic categories based upon "income, occupation, education, household equipment, and self-identification of social class by respondents" (De Jong & Ford, 1965, p. 30). Notably, they also included a separate analysis of Black people in their study, but this was less than 4% of the total respondents surveyed. Spiritual belief systems were not measured, nor did they offer any inquiry into the 10% who did not indicate a religious preference. Not surprisingly, sexual orientation was also not included in the survey.

Details from the 2017 Pew survey on the religious landscape of Americans (More Americans now say they're spiritual but not religious, 2017) indicate that "More Americans now say they're spiritual but not religious" and state that the number of American adults who identify as SBNR rose from 8% in 2012 to 27% in 2017 (Lipka & Gecewicz, 2017). Demographic data reflects that those who do not align with more traditional religious beliefs and practices tend to be "younger, urban, white, a bit more

likely to be male than female, and a slightly more likely than most Americans to have had at least some college education, but no more likely to have completed college or graduate school" (Drescher, 2016, p. 20).

Many Americans who may currently self-identify as SBNR choose independently from various religious and spiritual teachings or choose none at all. They are more than just the "none of the above" and have important nuances in their beliefs, values, and practices which must be considered by those who study religion and spirituality. Though they do not supply definitions of religious or spiritual, GSS (2020) yields data indicating that the number of those who identify as very religious has decreased from 19% in 1998 to 15% in 2018. The number of those who consider themselves very spiritual has increased from 22% in 1998 to 29% in 2018. 35% of young people born between 1981 and 1996—the "millennials"—no longer identify with a specific religion, nor do they identify as agnostic or atheist (Lipka, 2015). It is impossible to know what percentage of those surveyed included sexual minorities, as sexual orientation was not in the demographic questions, nor was there data on socio-economic status; thus, potentially limiting the usefulness of this study to sexual minorities and the underprivileged. However, data collected included racial identity, with 65% of those surveyed identified as white.

Jack, from the chapter's vignette, would not be considered a millennial; however, his transition from traditional churchgoer in childhood to identifying as SBNR reflects what the data suggests about many Americans. Like many, he is rejecting the messages received from church and has sought out and created his own ways of thinking about his spiritual life. Jack grew up in a Catholic home. He and his family attended services

frequently when he was a child, but less frequently as he grew older. Here is how he might describe this shift:

"I guess my parents lost interest in going to church as a family when my siblings and I pushed back against going the older we got. I think we wore them down and they got tired of trying to convince us to go. It was the late 1980s, and the AIDS crisis was starting to hit the mainstream news. Our parish priest fought hard against what he saw as the 'homosexual agenda,' rallying parishioners as the 'good' Catholics battling the bad gay sinners. My uncle was gay, but not very open about it. We watched as he got sicker and sicker. Even though I wasn't yet out of high school, I knew he was dying of AIDS. I loved him. Deep down I knew I was gay, too. I just couldn't believe in my heart that I should hate him the way the church was telling me to. I don't think my mom could make sense of my uncle's suffering as sin to be hated; after all, he was her brother. I don't think we had deep conversations about it, but I think that's when she got fed up with the Catholic church, too. We all kind of just stopped going and spent our Sundays doing things apart from each other. It was a relief to not get dressed up and pretend to believe in something that I didn't really believe in. I attended a couple of Catholic services when I went to college. Even though they said they were more progressive, I still found the memories of the hate too much to handle and never went back. Now I just do my own thing and don't think of myself as a religious man at all, definitely more in the spiritual category if I had to choose."

Defining Spiritual and Religious

How do researchers and those offering spiritual care understand those who do not self-identify with any of the options for describing religion or spirituality on surveys and

intake assessments in health and behavioral health care? How do researchers understand those who self-identify as spiritual but not religious? Understanding what spiritual means as a self-descriptor can be difficult for scholars and researchers. When descriptors like SBNR and 'none' first started to be used, many clinicians likely found it initially challenging to understand what spiritual life looked like outside the confines of traditional religious beliefs and practices. The emergence of more nuanced psychological ways of measuring and assessing aspects of religion and spirituality beyond single items like, "Do you describe yourself as religious?" and "How often do you attend religious services?" have greatly expanded clinical understanding of an array of aspects of religion and spirituality, as I will elaborate in the next chapter. Another area of research relevant for clinical care of SBNR persons has focused on "multiple religious participation" (Mercadante, 2014, p. 248), "religious multiplicity" (Bidwell, 2018, p. 1), and spiritual fluidity (Bidwell, 2018). Researchers and scholars have attempted to claim and name what each concept means to many people; however, the myriad individualized ways people use SBNR as a self-descriptor are difficult, if not impossible, to categorize. There is growing consensus that there are no readily available self-descriptors for aspects of self-identity that are so often experienced as inextricably relational and cultural, ineffable, mysterious, and meaningful in ultimate ways.

Comparative scholars of religious studies highlight the characteristically colonialist approach to the study of religion and critique the fact that "all peoples must inherently find some way to talk about this colonial Christian imaginary – even if in their own discreet language" (Tinker, 2013, p. 169). Historically, there have been many religious agendas in the study of religion. Old measures are biased toward traditional

religion, particularly Christianity. Implicit bias goes into the religious surveys in implicit and explicit ways, including the lack of attention given to sexual orientation, as well as the heterosexist bias in the gathering of information. The category of religion itself is a construct of Christianity and the academic study of religion until recently and could not exist without it.

Spiritual, spirituality, religious, and religion are diverse and obscure constructs which are not easily definable through empirical data. Sociologists who utilize a qualitative approach to the study of spiritual and religious lives may ask participants to define, for themselves, the concepts of spiritual, religious, and sacred (Ammerman, 2014), offering a complex and layered way of understanding these categories that allows participants to self-identify. Sociologist of religion, Nancy Ammerman (2014), studies the religious lives of her research participants, English-speaking, urban, primarily Christian, well-educated, and higher socio-economic status. Ammerman (2014) reports that they, "not surprisingly, often use the language of 'spiritual but not religious'" (p. 49). However, it is important to understand the implicit, cultural, Christian, economic, and white bias in those categories based on Ammerman's sample. Further, as Ammerman offers, it may be useful to use the term SBNR as a way of legitimizing one's sense of self rather than as a "description of an empirical situation" (Ammerman, 2014, p. 51). Ammerman fails to take into account the inherently distinct characteristics of those whose social status as sexual minorities intersects with their status as religious minorities.

Psychologists of religion have increasingly demonstrated that singular definitions of spirituality and religiousness are not meaningful for many people. An often-cited, 1997

study by Zinnbauer et al. surveyed Christian churches and "New Age" groups, community mental health workers, students at a conservative Christian liberal arts college, students at a State University, nursing home residents, and faculty at a nursing college. The 346 participants were predominantly white, middle-class, and college educated (the researchers did not ask about sexual orientation). The study shows that the terms spiritual and religious represent different concepts to many Americans.

> Religiousness was found to be associated with higher levels of authoritarianism, religious orthodoxy, intrinsic religiousness, parental religious attendance, self-righteousness, and church attendance … spirituality was associated with a different set of variables: mystical experiences, New Age beliefs and practices, higher income, and the experience of being hurt by clergy. (Zinnbauer et al., 1997, p. 561)

They also found that the two concepts are not fully independent, sharing some common beliefs and practices such as prayer and references to God and Christ (Zinnbauer et al., 1997).

There are no singular, survey/demographic terms for the complex ways people describe what has been called religion and/or spirituality. Depending on the person, terms like religious and spiritual may mean attending church services, participating in altruistic acts, or engaging in what one considers religious rituals (Zinnbauer et al., 1997). While it may be true that growing awareness of the limitations of previously used categories hinders empirical social scientific research, such awareness creates intercultural opportunities for setting aside assumptions and being curious, and about how clients describe these aspects of themselves. This is a vital component for offering empirically-based, culturally-competent, spiritual care.

Many sociologists and psychologists of religion define religion and spirituality in interrelated ways in order to highlight how the category of spirituality could not be used without the category of religion. Both religion and spirituality are often used in reciprocal ways within the cultures where these terms are relevant, deriving particular meanings from their social connections and environment (Ammerman, 2013). Media, such as movies, television, music, books, podcasts, social media platforms, and other online sources are constantly influencing their audience's spiritual beliefs in subtle and obvious ways with references to God, the Divine, spirit, soul, essence, prayer, meditation, etc. Pargament (2007) argues that "spirituality cannot be separated from psychotherapy" as "the spiritual dimension of life is fully interwoven with other life domains" (pp. 14-15).

> For the purpose of this project, the term spirituality or spiritual will be described experientially, in terms of lived spirituality. Spirituality could generally be considered something beyond the ordinary located at the center of an individual but connected to community and the natural world with a sense of awe or wonder generated by various forms of beauty, uncertainty, and life philosophies while seeking life's meaning or understanding via beliefs and practices. (Ammerman, 2013, p. 268)

Or, as religious scholar Orsi (2005) describes it, "a network of relationships between heaven and earth involving humans of all ages and many different sacred figures together" (p. 2). Spirituality includes a range of extra institutional, experimental, eclectic, and quotidian activities, ideas, and dispositions that include understandings of "the spirit" as a divine force or being, as well as those that attempt to avoid references to organized religion entirely (Drescher, 2016). It is important to recognize that the terminology used to describe this ineffable dynamic of one's self and one's relationships is "fluid, dynamic, indeterminate, and often contradictory" (Drescher, 2016, p. 44). It is

also important to recognize that people form "complex religious bonds" that evolve over their lifetimes, "ebbing and flowing alongside the rest of the multiverse" (Bidwell, 2018, p. 102), and that for many people, spirituality is experienced primarily in relational and cultural ways. I will go into more details about the infinite variety of lived spirituality in subsequent chapters.

SBNR as a Way to Understand Those Seeking Care

What does it mean to be SBNR? There are multiple sources that describe this phenomenon. Most of the research is focused upon more urban, education, and economically advantaged people. Drescher (2016) defines SBNR as

> someone who generally believes in some form of a supernatural, transcendent being or force, and who is likely to take up various practices from traditional religions and metaphysical teachings. Unaffiliated SBNRs are typically not interested in sustained engagement with institutional religious organizations, doctrine, or dogma. (p. 26)

As a clinician focusing on lived spirituality in conversations with clients, I use an extremely wide brush to paint a picture that encompasses everyone from the "nones" (those who identify as 'none of the above' on religious social surveys) to the "somes" (those who identify as having some religious affiliation) to those who identify as "Spiritual But Not Religious" (SBNR), recognizing that these categories, while helpful in research, are less helpful in clinical work. These categories do not capture the wide variety of those who could be described, in the broadest sense, as religiously unaffiliated. As for those who identify as Atheist (2% of U.S. adults) I will consider how they also fit into the broad category of religiously unaffiliated for, as I argue later, though they may reject deist or theist beliefs, they live and interact in a society in which the majority of people hold some sort of deist or theist belief, which may or may not influence their

psychological well-being (Kosmin et al., 2008, p. 11). Research has demonstrated, for example, that atheists experience divine religious struggles (Sedlar et al., 2018).

I use the term SBNR to identify those who do not identify with a particular church, synagogue, mosque, ashram, temple, or other organized religious organization, nor do they desire to belong to any traditional religious organization. Drescher (2016), who describes the broad category of the religiously unaffiliated as "Nones" states, "What Nones have in common is that they *do not* share a common set of beliefs with others in groups of which they are members" (p. 23).

It is important to note that, though SBNRs may identify as having no religion, they may attend an organized worship service occasionally, attend a spiritual retreat, or engage in activities that they consider to be spiritual such as prayer, meditation, yoga, 12-step recovery groups (with a focus on 'higher-power' and 'a God of our understanding'), as well as read books and attend lectures by spiritually-minded folks, but a vast majority, 88%, report that they are not seeking a religious home (Drescher, 2016). They are exploring, for a moment, not a lifetime. Further, many embrace what they consider to be a freedom to choose from their own areas of spiritual interest with no impulse to "adhere to any teacher's or group's set of beliefs" (Mercadante, 2014, p. 68).

Though they sometimes may reject traditional, organized, religious services, not all SBNRs move independently in their spiritual lives, contradicting the typical thinking that those who identify as spiritual only seek spiritual connections independently from other people. They may seek out others who identify as SBNR and make attempts to connect in community. Drescher (2016) describes this process of connection in formal and informal ways with others who "affirm, enrich, and support their spiritualities outside

traditional religious congregational membership structures" (p. 92). Their spirituality includes values and beliefs that implicitly or explicitly make up belief systems, as well as practices experienced and/or identified as spiritual, intentions, and behaviors. Religious scholar, Robert Orsi (2005), concurs, saying that "religion takes place in the everyday lives, preoccupations, and commonsense orientation of men and women must be considered in order to understand religion" (p. 12). All of these aspects of spirituality may be personal and/or social.

While those who identify as SBNR may be assumed to be living out their spiritual lives privately, that is not always the case. New Thought churches can be a popular place in which SBNRs gather and collectively express their individual beliefs as part of a larger, communal network. Sunday services, along with home-study gatherings, meditation retreats, classes pertaining to spiritual teachings of New Thought leaders, as well as prayer circles, small business networking groups, photography clubs, and other organized events, all provide opportunities for those who may identify as SBNR to gather.

Digital technologies also offer ways for individuals to participate in, and identify, spiritually. These types of digital media "provide a diversity of voices, opinions and information on life and religion specifically" (Cloete, 2016, p. 5), which allow users to explore their spiritual beliefs as well as connect with others. Digital applications, or apps, allow users to interact with each other and track certain components of their lives which they deem to be spiritual, such as meditation, yoga, mindfulness, or gratitude journaling. While not gathering in a sanctuary, these connecting points and relationships, though virtual, provide evidence that not all who identify as spiritual are moving through their

lives in isolation. Durkheim's notion that religion, or in this case spirituality, is a means of social connection is present throughout the U.S. among those who identify as SBNR.

Many religiously unaffiliated consider most of the world's religions to contain a common core, and they believe that underneath the dogma of a certain belief system, the message is essentially the same. Mercadante (2014) describes this as "perennialism" and found that most of her interview subjects described themselves as having the ability to filter through the structure of organized religion and discover the "universal truth" within all religions. They then create their own composite of "religious beliefs and spiritual practices" (Mercadante, 2014, p. 85). Perennialism, the idea that a single thread of truth is woven through all religions, or that "mystics of all religious traditions describe and seek the same experience of self-loss, transcendence, or union with the divine" (Mercadante, 2014, p. 188) fails to take into account the unique qualities of individual religions, and runs the risk of ignoring important beliefs and practices of individual religions for the sake of claiming universality. Perennialism also does not acknowledge how the idea of a single "truth can be relative, subjective, and personal" to those who are staking the claim of universal truth (Mercadante, 2014, p. 188) while failing to consider the particulars of regional and social influence of religion and acknowledging that "universal truth" is generally associated with a Christian "truth."

The religiously unaffiliated is a broad category containing a multifaceted segment of the population. Though not providing an SBNR classification, nor a means for participants to self-identify, Baker and Smith (2015) provide a framework for scholars to categorize the religiously unaffiliated population.

- Religiously Non-affiliated (Nones) – Individuals who claim no public affiliation with an organized religion.
- Atheists – Individuals who do not believe in theistic claims.
- Agnostics – Individuals who assert that theistic claims are unverifiable in principle.
- Nonaffiliated Believers – Individuals who claim no religious affiliation but maintain some form of theistic belief.
- Culturally Religious – Individuals who claim religious affiliation and theistic belief, but rarely (if ever) attend religious services or pray privately. (pp. 15-17)

The authors concede that these categories end up being somewhat unclear because people's identification of their status within the categories are often not static and change over time (Baker et al., 2015).

In my clinical experience, identifying as SBNR is something that evolves throughout a lifetime. Identity is not static, and people may adopt alternative ways of describing practices, beliefs, values, and communities experienced as spiritual, sacred, and/or connected to transcendent dimensions of life. Intersectionality, that is, the ways that intersecting aspects of one's social identity interact from one context to the next, has complexified and contextualized what identity means, especially within systems of social privilege and oppression. Aspects of one's identity carrying core values, ultimate beliefs, and significant relationships are often experienced as sacred, as research on sanctification demonstrates, and as I will highlight in the next chapter. Spiritually integrated clinicians can appreciate how often clients' crises and transitions invalidate previously meaningful spiritual practices, beliefs, values, and relationships or communities experienced as

spiritual or sacred. When one aspect of a client's self-identity is called into question, aspects of their identity associated with spirituality are called into question as well. Sometimes, clients become more spiritually fluid or identify with more than one religion. People form "complex religious bonds" that evolve over their lifetimes, "ebbing and flowing alongside the rest of the multiverse" (Bidwell, 2018, p. 102). People are strongly influenced by their social networks and these networks influence many intersecting aspects of their identity, especially in a digital age of networked identities. There is a move from "rootedness to fluidness or, put differently, rootedness lies in the fluidness" (Cloete, 2016, p. 5).

As social networks change, so may spiritual identification. "Social, religious, economic, and political circumstances, especially, shape the ways that spiritually fluid people can and do express and experience their multiplicity" (Bidwell, 2018, p. 117). In the next chapter, I will review research on how often crises include religious, spiritual, and moral struggles that lead to transformation or conservation that is lifegiving, or chronic struggles that are life limiting.

Bidwell (2018) uses the terms "spiritual fluidity, religious multiplicity, and multiple (or complex) religious bonds to encompass the variety of religious multiplicity – belonging, practice, identity, influence, affinity, and hybridity" (p. 123). Bidwell's (2018) qualitative ethnographic descriptions of people who identify as spiritually fluid or religiously multiple are most often relevant or meaningful to people who identify with this experience of multiplicity, often because of their cultural background, transformative crises, and/or evolving networked identities described by scholars of digital religion. Self-identifier terms using the word, religious, may signify some sort of connection to

multiple religions. The term religiously multiple will likely not be meaningful to those who use the self-identifying term SBNR to signify their active rejection of any association with religion, even though particular experiences, crises and transitions may be influenced by religion, likely Christianity in the U.S. Research on divine struggles among atheists provides illustrations of the way such struggles influence beliefs, values, and practices of atheists (Silver et al., 2014). Bidwell's (2018) work can be helpful in understanding those who do not fit into one traditional, religious box, and who experience religious, spiritual, and moral struggles often originating in childhood experiences of religious duty or conformity, which have made them reject terms associated with childhood beliefs, but who may still be influenced in life-giving ways by aspects of their childhood experiences. Clients may find terms like spiritual fluidity and religious multiplicity helpful for reclaiming lifegiving aspects of past or current religious and spiritual beliefs, practices, and/or communities.

The influence of religion in childhood and formative transitions/relationships often resurfaces in later crises and transitions in helpful and unhelpful ways and is an important consideration when understanding the religiously unaffiliated. A larger percentage of the non-religious report leaving their childhood place of worship (Drescher, 2016), yet, the influence of such childhood experience is often tenacious and carried with an individual throughout their lives, as research on religious, spiritual and moral struggles (reviewed in the next chapter) demonstrates. They are influenced in ways that are perhaps unnoticeable to themselves. The positive and negative residue of ideas, emotions, textures, smells, and images may remain and carry authority throughout the lifespan. Events from the past are often memorialized in an ongoing process that ritualizes or

sanctifies ideas of self as they are influenced by culture. An intercultural, clinical approach, detailed in later chapters, will illustrate how clinicians can build trust with clients so that these complex aspects of self can be fully explored in therapy.

SBNR and Gay Men

The number of people in the US who identify as SBNR is growing, and it is influenced by, and influences, the predominantly Christian population which still stands as the most dominant cultural influence (Silver et al., 2014). Sociological and religious scholars studying those who engage in non-mainstream beliefs and practices do not include correlational data on sexual orientation, making it difficult to determine how many of those who self-identify as SBNR also identify as gay. As previously mentioned, the Pew Religious Landscape Survey includes the following demographic categories: age, generation, race (although limited to white, Black, Asian, Latino/a, or Other), immigration status, sex, gender, religion, income, education, marital status (does not include same-sex partners), and parental status. It does not include sexual orientation (Pew Research Center, 2014). This creates uncertainty as to how much sexual minority voices and experiences are being represented in the surveys.

SBNR research is focused on the individuals as they sort out whether and how aspects of their person they identify as spiritual or religious are influential. In this dissertation, I explore whether and how the term SBNR, used as a self-identifier, can be meaningful in clinical work with white gay couples. To what extent is SBNR research relevant for white, gay male couples who are in crisis or transition and who identify as SBNR? Looking more closely at the relevance and meaning of this research for clinicians is an opportunity to detail the aspects of the relational lives and partnering/coupling of

those white, gay male couples who identify as SBNR. Despite extensive research on the SBNR population, no one has specifically looked at the intersection of sexual identity and SBNR identity.

How might clinicians explore with their gay, male, couple clients and the ways that aspects of self/relationships associated with sexual orientation may or may not interact contextually with aspects of self/relationship associated with being spiritual? What might such clinical work look like? How is research on SBNR in sociology of religion relevant for clinicians? An intersectional critique of SBNR research points to the clinical limitations of research that does not consider the contextual experiences of interacting aspects of social identity. How might clinical work with white, gay male couples who identify as SBNR be helpful for future research in sociology of religion?

My clinical experience leads me to argue that the complex spiritual beliefs and practices of sexual minorities who are raised in Christian, heterosexist society, heavily influenced by the culture, need to be incorporated into the discussion of SBNR. I am advocating for an intersectional approach to identity that assumes that aspects of identity intersect from one life experience to the next and may be fluid. Though sexual orientation may be salient, relational orientation may be more fluid, and aspects of identity in relation to race, social class, health status, age, citizenship status, etc., co-mingle and co-create different experiences at different times in peoples' lives. Spiritually integrated clinicians working with this population must include attentiveness to the particularities of all aspects of the intersectional identities of gay men who grow up in the US. People who identify as male and gay face unique experiences and challenges as a result of their sexual identity, especially in moving through crises and transitions. Many face adverse

religious experiences growing up in a heteronormative, US, Christian culture. Traditional religions may contain toxic, anti-gay rhetoric, heterosexist beliefs and practices that promote heterosexual norming while actively rejecting alternate sexualities. These social dimensions must be addressed in clinical care to create both individual and communal change, as Lartey (2003) states, "social justice cannot be divorced from care since a just environment provides the resources that make care possible" (p. 11).

Recent polls estimate that 4.5% of adults in the U.S. identify as lesbian, gay, bisexual or transgender, rising from 3.5% in 2012 (Newport, 2018). However, exact numbers are difficult to determine based upon the continued moral judgement and possible social ramifications of identifying as something other than heterosexual in the United States. Individuals may be reluctant to disclose their sexual identity if they are not open to others about their orientation out of fear of possible consequences of being openly gay. Privacy concerns, as well as legal, economic, and social consequences are potential barriers to identifying and living openly as something other than heterosexual. Loss of employment, housing, education, possible disownment from family members or friends all play a part in why a person might fail to identify as non-heterosexual (Steinmetz, 2016). There are also those who may engage in same-sex sexual experiences, but who do not identify as being gay; and those who feel sexually attracted to others of the same sex, but do not engage in sexual activities and also do not identify as being gay. Behavior and identity are not always in alignment with each other and may be difficult to conceptualize and quantify for those who are in the midst of an internal or external moral struggle in regard to their sexuality. Alternative sexual lives do not fit neatly into the prepackaged constructs of a heteronormative society, and sexual and relational minorities

frequently face exclusion from social surveys or are lumped into categories that do not take into account the uniqueness of their experience in relation to other aspects of self and their systems.

Further, gender, race, class, age, location, religion and spirituality, and other contextual elements shape the sexual minority experience (Fontenot, 2013). Sexual minorities access mental health services more often than the general population (Fontenot, 2013) and based upon my own experience as a mental health caregiver, religious and spiritual issues and concerns are frequently initiated by clients seeking care, especially during times of relational crises and evaluation. Spiritually integrated clinicians must develop their ability to remain curious about the "implicit and explicit expressions of religious and spiritual life and inquire as appropriate to normalize the discussion of religious and spiritual histories, beliefs, practices and struggles" (Fontenot, 2013, p. 265) particularly when it comes to gay, male clients.

Historically, non-heterosexual people have been ostracized, condemned, or faced overt and covert forms of prejudice from organized religious institutions in the US. At the very least, they have been unwelcome at many places of worship, and at the worst, they have been attacked verbally and/or physically. There is no empirical data that has measured why gay men do not affiliate with religion. It is probable that the systemic heteronormativity or outward, religiously-justified hostility toward those who identify as gay as well as their same-sex partnerships make many religious traditions or spiritual communities untrustworthy. If gay men struggled in childhood, adolescence, and young adulthood in discriminatory religious and/or spiritual communities or traditions, memories of their religious and/or spiritual struggles could easily deter many gay men

and couples from maintaining bonds with traditional religions. For gay men, the restrictive social messaging as well as the rejection they experienced, especially during the AIDS crisis of the 1980s and 1990s, certainly created ample reason to abandon the religious institutions from which they came. The heterosexist values of Christianity have been, and still are, used as political weapons against those of alternative sexualities. Religious doctrines and sacred texts have been used to 'protect' the sanctity of heterosexual marriage.

From the vignette, Jack's experience provides a framework for spiritually integrated clinicians to conceptualize how sexual minorities experience heterosexism in some traditional religious settings. "When I met Tim, we decided to explore some of the local churches together because he wanted to. For a while I went along for the ride, but lost interest. I guess the messages from my Catholic upbringing left a bad taste in my mouth and I never really regained a taste for religion."

Jack asks, "Why would I want to be a part of something that actively tries to exclude me and make me feel not welcome? Oh, they'll be nice and say that they're accepting, and even say that they welcome gay people to the church, but then exclude us from events geared toward more traditional families. Even the way they introduce us to newcomers at the church, they don't acknowledge that we're married and raising our kids. I remember more than once being introduced as Tim's 'roommate' or 'friend.' I think it's sometimes a subtle version of the more blatant homophobic rhetoric I heard as a kid in the Catholic church. I don't like it. It makes me feel uncomfortable, and I worry how the kids are being affected by it."

Unfortunately, incidents like Jack describes continue to happen, though there is progress. A 2014 Gallup poll (Newport, 2014) indicates that those who identify as LGBT are significantly less likely to identify as highly religious than their heterosexual counterparts, but that both populations identify as moderately religious in almost equal measure. The same poll indicates that 35% of those who identify as LGBT claim no religion, while 17% of those who do not identify as LGBT identify as not having a religion (Newport, 2014). Since many traditional religions do not value LGBT, or non-traditional approaches to sexuality, people may begin to question their religion as well as their religious beliefs. They may experience moral conflicts about how their religious identity intersects with their sexual orientation, especially in public arenas. Claiming an identity of SBNR offers freedom from these moral struggles, and opportunities to explore what is particularly meaningful for them without the negative associations of traditional churches.

Many gay men like Jack have experienced trauma as a result of experiences with religions that have been unwelcoming and sometimes threatening. They do not trust religious authorities nor seek spiritual guidance from traditional places of worship. Instead, they may seek spiritual guidance from psychotherapy (Kort, 2018). Clinicians must be prepared to have hard conversations with gay men about religious trauma they may have experienced and how such trauma may continue to influence their views on religion, spirituality, and relationships. Clinicians must also be prepared to assist clients in moral conflicts and evaluation of their religious beliefs and the associated grief that may accompany the loss of beliefs, practices, and community.

Gay men typically have had to create their own guidelines or rules in regard to romantic relationships. Historically, there have not been many societal role models for same-sex relationships; therefore, gay men have had to forge their own paths in exploring their sexual identity as well as their intimate relationships. Any aspects of self, relationships, and community that could carry religious or spiritual meanings have also been called into question, and gay men have had to explore and create their own meanings. There have been very few, openly gay spiritual or religious leaders who provide guidance, and many gay men have faced unforgiving and hateful religious environments where they have been unwelcome. The coming out process of identifying and embracing one's sexual orientation tends to call everything–values, beliefs, and practices– into question. For example, the coming out process is a reconstruction of one's identity as an individual and as part of a larger social circle, which may include traditional religious beliefs and practices.

Several pastoral theologians have provided leadership in the area of spiritual caregiving to sexual minorities. The contributions of Larry Graham, Carrie Doehring, Nancy Ramsay, Bonnie-Miller McLemore, and others will be detailed in the subsequent chapter on intercultural spiritual care. That chapter will include more details about how a person's sexual orientation influences their spiritual identity, and vice-versa, and how spiritually integrated clinicians can best care for these clients.

Negative experiences from past religious interactions lead gay men away from traditional religion and toward a different expression of their spiritual lives. Though heterosexism and homophobia lead to reduced religious engagement of gay men than heterosexual men, both groups identify as secular in almost equal measure (Baker &

Smith, 2015) though they arrive at that point in very different ways. Spiritually integrated clinicians must be aware of the unique experiences gay men face in the U.S. as they navigate through religious and spiritual issues. Drescher (2016) states that those who identify as SBNR are less tied to static identity markers, are more fluid and experimental, and hold provisional beliefs and practices which change over time. This could be especially true of gay men who have faced the task of defining and perhaps redefining their sexual identity through developmental life stages in a society in which heteronormativity is expected and celebrated. Those who resist fitting into categories created to label them sexually, straight, gay, bisexual, pansexual, etc., may also resist the Christian cultural norming of spiritual labels. Those who identify with alternative sexualities are perhaps more comfortable embracing alternative spiritual belief systems. While there used to be an element of shame for not fitting into preselected, institutional categories, more and more people are comfortable living their lives openly outside of constricted boundaries (Kort, 2018, p. 239). When a person does move away from or even actively rejects their past religious system, they continue to carry some of those beliefs and practices with them moving forward. Those religious beliefs and practices potentially influence their committed relationships.

Heteronormative values and beliefs about marital relationships, particularly around monogamy and sexual faithfulness, are central to many religions and are influential in cultural norming. Gay male relationships have traditionally been outside of cultural norms, in part because same-sex marriages were not legal at a federal level in the US until 2015. Gay men had to create their own identities as well as the identities and definitions of their committed partnerships. These relationships sometimes looked quite

different than those of their heterosexual counterparts who had the option of legal marriage and traditionally religious marriage ceremonies sanctified by the church. While free from traditional confines, white, gay male couples found creative ways of coupling that fit their desires rather than the desires of the church.

Disruptions in any relationship can propel the couple to re-evaluate and reconstruct their meaning-making systems. Same-sex male relationships facing disruption, particularly the decision to open their relationship sexually, is the focus of this project. It is important for spiritually integrated clinicians to understand how gay men come to identify as SBNR in ways that are different than those who identify as heterosexual and how their client's spiritual beliefs influence their committed relationships.

Conclusion

Clinical methods of exploring aspects of self-identity dig deep into the contextual ways that aspects of identity interact under stress. The lived experience of being spiritual and not religious is inextricably intertwined with many other aspects of identity, like sexual orientation, race, gender, and so on. This lived experience plays out in family, organizational, political, and economic systems in the U.S. where social advantages and disadvantages accrue from aspects of one's social identity. Quantitative research does not take this into account, and qualitative research, at least to date, has not explored the complexity of intersectionality. Quantitative researchers of sociology and religion have failed to take into consideration the interactive social identities and social influences in gay men's lives and have frequently presented their interpretation of data while providing labels and categories in the process. Qualitative researchers have done this as well and

must be aware of their own bias toward traditional, heteronormative categories of data collection and construction while failing to take into account the influence of heterosexist, traditional religions and the influence on men who identify as gay. Further, researchers need to ascertain how aspects of identity, related to those who identify as spiritual but not religious, interact with sexual orientation and same-sex relationships. SBNR research has not paid as much attention as it should to interacting aspects of social identity. Clients need to have clinicians who can engage in these conversations. SBNR is being used by sociologists of religion to do research on a large and expanding segment of the U.S. population, and this research is relevant for spiritually integrated clinicians in several ways. This research could help them understand clients who are not religiously affiliated and for whom the term spiritual would be a meaningful self-descriptor. SBNR research prompts spiritually integrated clinicians to consider what might make clients use 'spiritual' and reject 'religious' as self-descriptors. Mental health clinicians do not have to be experts in SBNR research. They do need to be the expert in asking questions about their client's expertise in their own beliefs and practices. This is particularly relevant with gay men who may have experienced religious harm due to their sexual orientation.

It is important for clinicians to recognize the porous borders and culturally determined nature of definitions of any terms used to describe the religious and/or spiritual aspects of self-identity. The lines are not to be strictly defined by those who are engaged in the study of religion and spirituality or those who engage in clinical care. Empirical approaches provide potentially useful, but limited information, about the complex layers of the religious and spiritual lives of those who identify as SBNR. Clinicians must allow clients the opportunity to define for themselves who they are, what

they believe and practice, and how these beliefs potentially reflect their spiritual lives. It is the responsibility of the caregiver to facilitate that process. The following chapter will provide additional details on the importance of evidenced-based care of gay couples and detail why empirical evidence is necessary for spiritual care.

Chapter Three: Spiritually Integrated, Evidence-based Care

How do US, male-identified, gay persons in committed relationships, who identify as spiritual but not religious (SBNR), draw upon aspects of their spirituality and religion to cope with relational crises and transition? How is research on religious and spiritual coping and struggles relevant or not to SBNR gay couples? Spiritually integrated clinicians who work with those who identify as gay, male, and SBNR must use an evidence-based approach to answer these questions. However, research on religious and spiritual coping may or may not help clinicians understand the unique experiences of white, gay male couples who identify as SBNR, especially if research samples draw upon heterosexual couples.

The purpose of this chapter is to review

- Psychological research on religious and spiritual coping that demonstrates how aspects of religion and spirituality are helpful and/or harmful, and whether people cope by conserving or transforming values, beliefs, and spiritual practices during relational crises and transitions
- Psychological research on general orienting systems, including spiritual and moral orienting systems
- Psychological research on relational religious and spiritual coping and the sanctification process for those in committed relationships (such as,

- conserving/transforming beliefs and values about aspects of their relationship that have ultimate meaning)

My review of this research supports my argument for an evidence-based, intercultural approach to spiritual care of SBNR couples. The chapter concludes with a fictional composite case study, illustrating the relevance and limitations of current research on religious and spiritual coping for white, gay male couples going through relational transitions and crises.

An evidence-based approach to spiritually integrated therapy draws upon research on whether and how aspects of religion and/or spiritually help or harm people. This approach has been inadequate in acknowledging the unique experiences of gay men. This chapter explores the relevance of this research for assessing the clinical needs of clients who identify as gay, male, and SBNR, as they move through relational transitions or crises, and will provide insight into why this approach alone is inadequate. I begin with a brief overview of Lazarus and Folkman's (1984) seminal work on stress and appraisal, which has been foundational in research on religious and spiritual coping. I review how this interactional model of coping has been used to measure the ways various aspects of religion and spirituality—such as beliefs, values, practices, and social support—function psychologically in this model. I detail how research on religious coping and struggles has been extended to measure spiritual orienting systems, spiritual integration/wholeness, and spiritual/religious struggles, notably in the work of psychologist of religion, Ken Pargament. I also review Annette Mahoney and colleagues' research on religious coping via relational spirituality, intimacy, and the sanctification process in relationships. They

have used the term ‘sanctification’ to describe a “process in which aspects of life are perceived as having spiritual character and significance” (Mahoney et al., 2013, p. 220).

This review of research on religious and spiritual coping and struggles concludes with a critique of the individualistic orientation of research on religious coping by psychologist of religion, Steven Sandage and his colleagues. I also introduce the research of Dr. John Gottman and his colleagues who highlight some of the unique characteristics of same-sex couples. I utilize their exploration of relational spirituality to introduce a more comprehensive, evidence-based, as well as intercultural approach to spiritual care of SBNR gay couples in relational transitions.

Foundationally, in this chapter, as well as this dissertation, I draw upon Pargament’s (2007) argument that “spirituality cannot be separated from psychotherapy” (p. 14) because “the spiritual dimension of life is fully interwoven with other life domains” (p. 15). He further posits that behavioral health clinicians must possess competency in having spiritual conversations with clients and spiritually integrated psychotherapy “can be interwoven into virtually any psychotherapeutic tradition” (Pargament, 2007, p. 18). With this in mind, I review recent research on the need for measurable competencies in spiritually integrated psychotherapy, in order to demonstrate the need for competencies in evidence-based, spiritually integrated care of SBNR gay couples facing relational disruption.

Lazarus and Folkman’s 1984 Interactional Model of Stress

Early research on individually oriented, transactional models of coping provide a basic way to understand stress responses and the role of spiritual or religious practices, values, beliefs, and social support in coping with stress. In the past, and even still today,

some researchers have measured the role of religion and spirituality with single items, often using self-ratings on religiosity or spirituality or questions about how often people attend religious services. These single-item measures do not consider the different kinds of spiritual struggles some couples experience, nor do they account for and measure disparities of spiritual practices, values, beliefs, and social support. Consider these two examples of same-sex couples who live very different lifestyles.

Mike and Russ are a same-sex couple who reside in a mostly conservative, Southern state in the US. Mike lives in a highly conservative rural town and works for a private, Christian university. Mike and Russ have been together six years but live separately due to the fact that Mike would lose his job if his employer found out he was gay. Russ resides on the outskirts of a larger city nearby, and they see each other on the weekends when Mike comes to visit. Mike tells his colleagues that he cares for his elderly parents when they ask where he spends his weekends. Prior to employment, Mike had to sign a statement of faith that he would uphold the spiritual beliefs and teachings of the evangelically oriented, Christian university that include requirements of regularly attending and engaging in a "Bible-believing evangelical local church." His employer further stipulates that Mike must identify as a traditional evangelical Christian who follows "lifestyle expectations" that align with the university's Statement of Faith. Mike has worked for the university for eleven years. He applied for the job while he was deeply involved in his local evangelical church and still not open with himself or others about his sexual orientation. He met Russ while beginning to acknowledge and accept his sexual orientation. He feels conflicted about his need for stable employment as well as self-identity as Christian, and his love for Russ who identifies as SBNR. Recently, Russ

has approached Mike about possibly opening up their relationship sexually, resulting in a relational disruption that has brought them to seek counseling. Mike knows very few, openly gay men and has limited exposure to the gay community. He fears being outed at work. He limits who he is open with about his relationship with Russ and does not talk about his spiritual struggles with anyone.

Alternatively, Joe and Stefan have been partnered for five years and reside together in a large, metropolitan city in the Pacific Northwest. Joe and Stefan have no concerns about losing employment or friendships as a result of their relationship. Joe works for a large, public university. He is able to be open about his relationship with Stefan, often socializing with his partner and colleagues together in the evenings and on weekends. Some of his colleagues are also in same-sex relationships. He and Stefan have vacationed with them several times over the years, going on yoga and meditation retreats together. They have also worked together with other gay couples on more liberal, political campaigns. They attend a non-denominational, New-Thought church on occasion where they have developed and maintained a small network of friends. Joe and Stefan have both been consensually sexually non-monogamous throughout their relationship. They are quite comfortable with their open-sexual relationship and have many friends who speak openly about their own sexually open relationships. Both were in monogamous relationships previously but realized that sexual monogamy was not a priority for them in their current relationship.

These two examples highlight the limitations a transactional model that focuses on how individuals cope without taking into account the role of relational webs, especially the ways heterosexist religious systems may disadvantage gay persons and

couples. The cultural and religious systems in which people reside are not taken into consideration in a transactional model of coping that leaves out intersecting social advantages and disadvantages.

Research on individually oriented transactional models of coping is a good starting point for research on stress appraisal and coping, but it is too limiting when assessing how gay, male, SBNR couples experience religious or spiritual coping during a relational crises or transition. Spiritual care of gay, male, SBNR couples must build upon these models of spiritual coping and incorporate a more systemic, dyadic model of coping that includes the relationship as a unique and vital aspect of for religious/spiritual coping. In addition, spiritual care must take into consideration the unique sociological and cultural dynamics gay men face in the US that make same-sex, relational coping distinct from heterosexual relationships.

As noted in Chapter 1, this dissertation focuses on experiences of white men given that there is no research on how differences like race, class, physical ability, age, etc. shape how gay SBNR couples search for relational values and beliefs. I address such omissions by drawing upon research about how race and religious heterosexism generate religious and spiritual struggles for gay men, in order to speculate on how racism likely compounds relational stress for SBNR gay couples. Lazarus and Folkman's (1984) seminal work on stress, appraisal, and coping offers a springboard from which to explore and incorporate more systemic, dyadic models of spiritual coping. Their transactional model focuses upon interactions between a person and their environment and provides a useful way of understanding how individuals respond to stressful life events. Their model focuses on the role of cognitive appraisals in coping with stress. In order to understand

both the strengths and limitation of this cognitive model of coping, I begin this summary with a brief overview of more recent research on stress.

In the years since Lazarus and Folkman's (1984) interactional model of coping was adopted and extended to explore religious and spiritual coping, extensive research on the neurophysiology of stress has been widely used in medical and psychological research and treatment for stress-related health problems. Public education about the effects of stress on the body (see, for example, the American Psychological Association's website on stress effects on the body) has helped people monitor how they experience stress, especially chronic stress, and strategies for helping their bodies return to its "pre-emergency, unstressed state" (American Psychological Association, 2018). The polyvagal theory of Stephen Porges (2017) has been influential in research on and clinical care of those experiencing acute stress caused by life threatening events, and its enduring impact in posttraumatic stress symptoms. Trauma research and clinical care emphasize the ways that chronic stress can be relieved through breath-and-body-centered practices that induce a relaxation response. Current research explores the role of spirituality and religion in relaxation responses. For example, Wachholtz and her colleagues (2005; 2008) demonstrate how adding spiritual associations to meditation or pain management increases their efficacy. With this brief summary of the ways that stress is now understood, I turn to summarizing the foundational role of Lazarus and Folkman's (1984) interactional model of stress, and its focus on cognitive appraisals of stress.

According to Lazarus and Folkman (1984), stress occurs when a person views the demands of a situation as exceeding their resources. A person's cognitive interpretation of a potentially stressful event is what creates a stress response, rather than the actual

event. The effect that stress has on a person is based on an individual's appraisal of threat and their ability to respond, rather than the actual stress incident itself. Psychological stress is defined as a "particular relationship between the person and environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her wellbeing" (Lazarus & Folkman, 1984, p. 19). During cognitive appraisal, a person analyzes whether there is an event that is potentially stressful and/or threatening (primary appraisal). They subsequently assess individual resources that might help to reduce, tolerate, or eliminate stress (secondary appraisal).

The transactional model of coping focuses on cognitive and/or behavioral attempts to alter the connection between the stressor and the person in order to reduce or eliminate what is experienced as stressful. Coping, then, is defined as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p. 141). There are two types of coping: problem-focused and emotional-focused. Problem-focused coping is used when a person believes they are able to control the circumstance and potentially manage or eliminate the source of stress (Lazarus & Folkman, 1984). Emotional-focused coping is used when a person believes they do not have control over the problem and need to regulate their emotional response (Lazarus & Folkman, 1984).

A transactional model of coping helps clinicians understand their client's relationship to environmental stressors and identify their coping responses. However, it does not take into consideration that people do not move through stress events alone and that coping resources include a larger systemic web of connections and relationships to

others. Further, this model does address the role of committed intimate relationships in exacerbating or alleviating stress. Stress reactions may be individual, but a person's coping resources include those with whom they are in a relationship, particularly deep, personal, intimate relationships. A person's coping resources typically include intimate relationships, and if their partner is the perceived cause of stress, they may be unable to utilize them as a coping resource, thus creating additional stress on the individual.

Research on Meaning-making in Religious and Spiritual Coping

Crystal Park uses a transactional model of coping to explore the role of meaning making in religious and spiritual coping. Her research focuses on "religion [as] a common basis for global meaning systems" or schema (Park, 2013, p. 360). She reports, "Religion as a framework of meaning can strongly influence individuals' initial appraisals, or understanding, of particular events" (Park, 2013, p. 367) including events that evoke a stress response. Park (2013) argues that "people require a system of meaning to comprehend the world and to navigate and organize the infinite stimuli they encounter, from basic perception of their environment to broad existential questions" (p. 357). Park (2013) posits that global meaning-making and situational meaning-making are integral components of how people make sense of their world during the ordinary and extraordinary events in their lives, including those resulting from relationship disruption. Park defines religious and spiritual global meaning making as

> an overarching system that provides the general framework through which people structure their lives and assign meanings to specific encounters with their environment (situational meaning). Global meaning comprises three aspects: beliefs, goals, and feelings. Global beliefs are broadly encompassing assumptions that inform people's views of their own nature as well as their understanding of other people and the world. The emotional aspect of global meaning refers to experiencing a sense of meaning or purpose in life or as being connected to causes

> greater than oneself. This sense of meaningfulness may be derived, in part, from seeing one's actions as oriented or making progress toward desired future goals. Global meaning influences individuals' interpretations of both ordinary encounters and highly stressful events (appraised meaning). In everyday life, global meaning informs individuals' understanding of themselves and their lives and directs their personal projects and, through them, their general sense of well-being and life satisfaction. (2013, p. 358)

Pargament (2013) concurs with Park, stating that

> Spiritual coping methods offer support when other sources of support are hard to find, ultimate explanations when life seems incomprehensible, and a sense of control when the world seems out of control. And, like other spiritual pathways, the path of spiritual coping is designed to help people conserve their relationship with the sacred. (p. 276)

Mahoney and Pargament (2004) define sacred as, "concepts of God, the divine, the supernatural, the metaphysical, and the transcendent" (p. 482).

Psychologists of religion, such as Park and Pargament, have used Lazarus and Folkman's (1984) transactional model of stress to assess how aspects of spirituality and religion are correlated with and/or predict positive and negative outcomes. They include "God" as a coping resource (Lazarus & Folkman, 1984). While research participants are instructed to bring their own words to describe the sacred, those who identify as SBNR are not usually given the opportunity to identify as such, nor are they studied as a distinctive demographic group. Men who identify as gay and SBNR require a more systemic model for clinical spiritual care that incorporates relational, cognitive, emotional, and religious and/or spiritual influences which include more nontraditional beliefs and practices.

Spiritual Orienting Systems

Pargament's work includes exploring the negative and positive roles that religion and spirituality play when people face critical life events. "The critical question isn't

whether religion and spirituality are good or bad, but *when, how,* and *why* they take constructive or destructive forms [in the aftermath of trauma]" (Pargament et al., 2013, p. 7). Religion and spirituality can be a "source of meaning in the face of uncertainty, tragedy, and loss" (Pargament, 2010, p. 5). Religion may offer motivation to sustain oneself "psychologically, socially, and physically, but also spiritually" in the midst of crisis (Pargament, 2010, p. 6). Rather than using the term schema, as Park does, Pargament (2007) uses the term spiritual orienting system, described as "frameworks of spiritual beliefs, practices, relations, experiences, and values that consistently guide and direct the search for the sacred" (p. 92).

Pargament and his colleagues have done extensive research measuring a range of religious and spiritual coping that go beyond meaning making. Pargament et al. (2000) developed a 105-item measure of 21 types of religious coping (the RCOPE). Though not capturing information specific to individual religious or spiritual beliefs or practices, the RCOPE is designed to identify various religious coping methods including "active, passive, and interactive strategies; emotion-focused and problem-focused approaches; and cognitive, behavioral, interpersonal, and spiritual domains" (Pargament et al., 2013, p. 563). The RCOPE measures the efficacy of religious coping by focusing on the "relationships of specific religious coping strategies to the outcome of stressful situations" (Pargament et al., 2013, p. 563). The RCOPE has been used in research to demonstrate that religion and spirituality are "distinct resources" and important components of coping (Pargament et al., 2013, p. 566). Pargament and colleagues report:

> The religious coping literature also indicates that people are far more likely to see God and their congregation as a source of love and support than as a source of pain and punishment (e.g., Croog & Levine, 1972; Bearon & Koenig, 1990). On

> the basis of this literature, we predicted greater use of the pattern of positive religious coping methods than the pattern of negative religious coping methods. (Pargament et al., 1998, p. 712)

In one study using the RCOPE, Pargament and his colleagues (2000) identified five key components of functioning that religion and spirituality bring to coping:

- Meaning – offering a framework for understanding and interpretation
- Control (Mastery) – providing a sense of power when confronting unusual circumstances
- Comfort – affording one a way to soothe oneself when confronting stress
- Intimacy – fostering social solidarity and social identity
- Life Transformation – assisting in making major life transitions through the release and embrace of sources of significance

It is important to note demographic data in this study; participants were pooled from two populations: college students and elderly hospital patients. The college students surveyed attended a large, mid-western university, and were primarily white (93%), single (99%), and female (69%), and had an average age of 19. The elderly participants were patients admitted to hospitals for medical conditions: 52% were male, 62% were white, and the average age was 68.4 (Pargament et al., 2000). Demographic questions did not include sexual orientation, whether anyone identified as SBNR, or how they utilized meaning as a function of coping when facing disruptive life events.

Most of the research on religious and spiritual coping does not ask demographic questions about sexual orientation or whether people identify as SBNR. Nor do Pargament and his colleagues consider the influence and subsequent damage done by

heteronormative and sometimes prejudiced language, rhetoric, beliefs, and practices of many traditional, institutional religions. This religiously-based damage, rooted in overt and covert discrimination, may create deep disruptions that can last a lifetime for many gay men who grew up in some traditional and sometimes prejudiced places of worship.

A recent study builds on Pargament's research on spiritual orienting systems and coping indicates that spiritual growth increases after religious or spiritual growth struggles when those orienting systems include elements of "greater wholeness (purposiveness, breadth and depth, life affirmation, cohesiveness)" and that growth may be dependent on the "degree of wholeness that characterizes the individual's orienting system" (Hart et al., 2020, p. 15). However, again, this work fails to consider the particular experiences of men who identify as gay and grow up in heteronormative and homophobic religious or spiritual environments. Wholeness, as it applies to gay men and their spiritual orienting system may be different from their heterosexual counterparts. Spiritual orienting systems specific to gay men in particular must be researched and included in the clinical work of spiritually integrated behavioral health clinicians.

Gay men may not have the same positive responses or feelings of comfort around more traditional ideas of religion or God due to past negative experiences. Traditional religious belief systems typically contain "foundational symbols that reveal aspects of…religiously based antigay prejudice," which potentially "undermine sexual minority persons' sense of fundamental goodness – one's own sexual desire and behavior may be associated with a violation of dimensions of reality held sacred" (Fontenot, 2013, p. 622). For some gay men, it is difficult to find solace or a sense of wholeness in traditional, religious institutions with established anti-gay norms. As a result, the religious harm

many gay men experience or perceive prevents them from engaging in traditional religions in the same ways heterosexual people often do. For some, this may be a barrier to utilizing religion as a coping tool during times of stress; however, those gay men who identify as SBNR potentially develop their own ways of creating meaning and coping that include aspects of their nontraditional spiritual beliefs and practices. SBNR coping creates an opportunity for clinicians to assist clients in identifying and utilizing those tools during relational disruption, in order to promote relational as well as spiritual growth via a process of "self-examination, mourning, and liberation" similar to the coming-out process (Fontenot, 2013, p. 622).

Relational Spiritual Coping

Annette Mahoney builds on both Park and Pargament's research on religious coping by focusing on the key coping elements of meaning and spiritual intimacy within relationships. She measures relational coping as a vital component of spiritual orienting systems, exploring how close, intimate, personal relationships can be an important element of meaning-making: "religiously based values about what constitutes desirable interpersonal processes in marriage and parent-child relationships may affect how family members cope with conflicts after they arise" (Mahoney, 2005, p. 690). Mahoney's research on relational spirituality builds on Lazarus and Folkman's (1984) ideas of individual coping as well as Pargament's and Park's work on religious and spiritual meaning-making and coping and provides a new way at looking at coping through a spiritually relational lens.

According to Mahoney (2013), relational spirituality explores the 'how, the why, and when' of relying upon religion or spirituality, for better or worse, as people create,

maintain, and transform their close, personal, intimate relationships "when the search for the sacred (spirituality) is united with the search for intimate relationships" (p. 368). For Mahoney (2005), "the substantive content of religion infuses the goals and processes of family relationships with spiritual significance and meaning" (p. 691). Mahoney's research focuses on how couples create relational intimacy via shared spiritual experiences, thus creating a sense that the relationship itself possesses sacred qualities. This may help to shape, form, and maintain a couples' relational connections or spiritual intimacy. In a 2018 APA newsletter, Mahoney provides the following definition of relational spirituality:

- First, relational spirituality refers to turning to felt connections with transcendent or immanent supernatural entities in ways that influence the quality of human relationships and the psychological adjustment of the people in those relationships.
- Second, relational spirituality refers to people reporting that one or more of their human relationships possess a religious/spiritual dimension.
- Third, relational spirituality refers to ways that close relationships are shaped by peoples' connections with religious communities. (Mahoney, 2018)

According to Mahoney et al. (1999) spiritual intimacy is constructed in two ways. The first is through joint actions that reflect, in some way, the spiritual or religious aspects of the partnership. These actions might include: jointly participating in religious activities, such as attending traditional or non-traditional types of religious or spiritual services; praying together; discussing spiritual belief systems and personal spiritual issues

or talking about spirituality or God in the marriage; having discussion about spiritual activities; attending religious or spiritual classes or participating in rituals; celebrating religious holidays; and attending spiritual retreats (Mahoney et al., 1999). The shared activities reflect an element of religion or spirituality that might be considered sacred by one or both partners, which leads to a sense of spiritual intimacy in the relationship.

The second mode of spiritual intimacy construction involves how one views the relationship itself through the lens of a spiritual orienting system. These are the beliefs that one's union has spiritual character and significance, either by believing that the relationship contains sacred qualities or by experiencing the union as a manifestation of God (Mahoney et al., 1999). This is a significant number of the U.S., heterosexual population, approximately 55% of the adult population, according to Mahoney (Mahoney, 2018), though there is no data on sexual minorities. Mahoney's research on relational spirituality seems to offer coping constructs which could enhance a couples' ability to deal with stress events, including adaptive communication methods, shared value development, support, and collaboration (Mahoney et al., 1999).

It is important to note that Mahoney emphasizes that both partners need not be involved in this process, that only one of the partners needs to carry the spiritual orienting system for the relationship. Because they are in partnership, the beliefs and values of one of the partners impact the other, whether or not this is acted upon or verbalized to the other partner. Mahoney (2010) provides a three-tier model for how relational spirituality impacts partnerships: a) family member(s) rely on a relationship with the divine, b) a family relationship is cognitively or behaviorally invested with spiritual properties, c) family member(s) rely on relationships with spiritual communities (Mahoney, 2010).

Importantly, the relationship is not the sole support of a person's spiritual orienting system; rather, it is a part of the multi-dimensional realm of a spiritual life that can be a resource in times of stress.

By utilizing relationships, specifically relationships imbued with a sense of sacredness, people are potentially able to draw upon their most important relationships to cope in ways distinct from secular coping support systems. According to Mahoney (2005), religion may become a buffer in couples and family conflicts by eliciting a sense of shared values rooted in a religious or spiritual system of meaning. A shared orienting system can be a defense against negative, impactful stressful events in life if one or both partners are able to utilize their spiritual resourcing. For example, beliefs that "God has a bigger plan for us" or "God will provide for us" may be external or internal declarations or thoughts of a shared spiritual orienting system. Couples may be more likely to turn toward each other in times of crisis when they believe that they share a common religious or spiritual operating system. Mahoney's research shows that couples who tap into that sense of sacred in their relationship report higher levels of sexual and marital functioning, are better able to withstand difficulty as it arises, and utilize the sense of spiritual intimacy as a buffer during disruption (Mahoney et al., 1999; Mahoney, 2001; 2005; 2010; 2013; 2018). Unfortunately, as she acknowledges, studies have not yet been done on non-traditional or same-sex couples (Mahoney, 2018).

Of course, a shared spiritual orienting system has the potential to be beneficial or harmful. Religion and spirituality have the capacity for both good and bad, just as relationships have the ability to be beneficial or harmful. Conflicts between partners, such as marital infidelity, may be particularly distressing for those who view the relationship

as sacred. Sacred loss is a belief or feeling that one has lost something that was once considered sacred and may "elicit stronger emotional and behavioral reactions when they are appraised as sacred losses or violations" (Pargament et al., 2017, p. 734). Some might experience significant disruption or even a feeling of desecration if the bond is compromised in ways that make them question the sanctity of their union and result in significant feelings of depression, anger, and anxiety more than those who do not view their relationship as sacred (Murray-Swank et al., 2005, p. 211).

Disruptions in core relational values, beliefs, and practices may be particularly stressful for gay couples living in cultures that do not fully recognize same-sex relationships. My critique of Pargament's research on religious coping—that it does not look specifically at sexual minority persons and couples, also can be levied at Mahoney, who fails to explore the ways in which same-sex relationships possess inherently different relational characteristics that are unlike their heterosexual counterparts. In addition, there is a significant lack of research on couples who follow nontraditional religious paths and identify as spiritual but not religious and are facing conflict in their nontraditional relationships. Until recently, research has focused on those who fit mainstream traditional institutions of religion and relationships. White, gay male couples who are non-monogamous and identify as SBNR fall outside of those institutional norms.

Mahoney acknowledges that "little work has been done on what roles religion may play in the formation of nontraditional family relationships such as same-sex unions" or including those who follow nontraditional religious paths as well (Mahoney, 2010, p. 810). Spiritual care givers need to be aware of systemic cultural/social factors impacting their nontraditional clients and their relationships. Psychologist of religion,

Steven Sandage and his colleagues, build on the religious coping research of Pargament and Mahoney to offer a more comprehensive, intercultural approach to relational spiritual caregiving, which may provide a more respectful and client-centered framework for spiritual care of nontraditional clients.

Relational Spirituality

Using an interdisciplinary approach to relational spirituality, such as the one which Sandage advocates, in collaboration with evidence-based practices, such as the ones Pargament and Mahoney utilize, is imperative for spiritually integrated clinicians working with gay, male, SBNR clients. Sandage et al.'s (2014) relational approach moves "beyond the excessive individualism that still characterizes much of the Western literature in psychology, mental health, and spiritual formation" (p. 233). This collaborative approach respects the unique challenges and opportunities gay men encounter growing up and residing in a primarily heteronormative, Christian society in the US. Discussions of relational spirituality, meaning, and coping, must take into consideration the many heterosexist practices of religious groups that potentially disrupt a gay man's core relational values, beliefs and practices. By using a more interculturally competent approach, clinicians open their clinical work with gay, male, SBNR clients to "different language sets, conceptual frameworks, and sets of norms and practices" outside of what they may be used to (Sandage et al., 2014, p. 233) creating a more respectful environment in which to align and work with their clients.

Definitions of relational spirituality typically involve beliefs in a Christian, monotheistic God (Tomlinson et al., 2016, p. 56). Those who fall outside of this norm, including those who identify as SBNR, are either not considered, or are assumed to fit

into traditional religious and sexual categories without taking into consideration the unique aspects of their beliefs, values, and practices, especially pertaining to their couple relationship. Sandage and his colleagues helpfully address the complexity of relational spirituality regarding the SBNR population as they respectfully recognize "multidimensional variables" of spirituality while acknowledging the difficulty of defining and operationalizing concepts of spirituality (Tomlinson et al., 2016, p. 56). Sandage's empirically based approach, along with the research of Dr. John Gottman and colleagues (Gottman et al., 2003), provide a useful starting point for spiritually integrated clinicians to work with white, gay male couples facing relational disruption. Gottman's important research work with same-sex couples utilizes multiple measures and methods and uncovers some of the unique negative and positive interaction patterns men in committed partnership use as they move through conflict. His research findings show that same-sex couples report and demonstrate relationship quality and satisfaction much like their heterosexual counterparts; however, same-sex couples demonstrate more positive ways of communicating through conflict, use fewer negative, hostile, and controlling tactics when arguing, take things less personally during a fight, and demonstrate lower levels of "physiological arousal" and increased levels of relational equality than straight couples (Gottman et al., 2003). Gottman's work does not address spiritual intimacy, sanctification, nor desecration. This will be detailed further in the following chapters. The following case study illustrates how spiritually integrated clinicians may utilize an

intercultural care approach in clinical care with gay male clients in relationships who identify as SBNR.

Illustrating the Clinical Relevance of Research on Religious and Spiritual Coping

Using Jack and Tim, the same-sex couple described in the previous chapter, I will illustrate how an evidence-based approach to clinical spiritual care, utilizing religious coping research, may be helpful; but also lacks the needed cultural considerations required of spiritual caregiving with same-sex couples who identify as SBNR, and who are coping with relational disruption and subsequent stress. I will identify the clinical opportunities for spiritual caregivers who work with gay men, in committed relationships, who identify as SBNR in Part 1 of this case study. In Part 2, I will illustrate this same couple as they move through relational disruption and provide details on the areas of exploration that are important.

Case Study: Part 1

Jack and Tim have been together for almost 30 years. They had initially decided that they both wanted the relationship to be sexually monogamous and both agreed that if either of them had sex outside of the relationship, they would discuss it. “We met during the height of the AIDS crisis and it was important for us to do what we needed to do in order to protect ourselves. We both got tested a lot before we met and always engaged in safe sex before we met. We started having unprotected sex once we were both sure we were HIV negative,” Jack reports.

Clinicians must acknowledge the impact HIV and AIDS related deaths have had on the gay, male community and how the feelings of grief, loss, stigma, and shame related to HIV/AIDS were powerful in the past; and, perhaps, continue to influence the

lives of clients. Using an intercultural approach, clinicians might ask questions in clinical conversations that are focused on coping and meaning-making as it pertains to the devastating losses of many gay men who were alive during the time when their community faced social judgement and stigma as a result of an HIV positive diagnosis.

For example, Tim reports, "In the 80s and 90s an AIDS diagnosis was a death sentence; there was no cure. I couldn't tell you how many of my friends and people I knew died— dozens, probably. There was a deep sense of fear combined with anger and sadness. I was so furious with the conservative Christian churches. They were spreading so much of the hate at the time. We all pretty much figured we were gonna die from it, and I wanted to go out with a bang. I remember wanting to connect with others to try and push for research funding and to push back against the religious right and their fear mongering. I had to channel my anger somehow into something that felt a little bit productive. I felt like God was on our side, you know? Jesus' work was with the poor and those living on the edge of society, and I think he would have been right there on the front line with us fighting for some sort of justice. I guess my thoughts of Jesus walking alongside me helped to inspire me to want to continue to advocate for those who weren't able to fight for themselves. It gave me a little bit of hope that we could make a difference eventually if we kept pushing on. I felt like my work with others gave me purpose, it felt like we were literally fighting for our lives. God gave me the strength to continue to fight even when I didn't want to. I guess it helped me realize how strong I felt when I felt really connected to God. I still sometimes feel that way when I'm faced with something challenging."

Tim reports that he has "always been able to talk to God. I turn to him when I'm feeling uncertain or when I'm in pain; also in the good times. A lot of times I notice that I give thanks to him when something good happens. There was a time when our home flooded and when the insurance kicked in. I remember being so thankful that God worked to help us rebuild. I tell Jack about the way I see God working for our good, but I don't think he believes the same as I do. Even as a kid, I felt like God was kinda like that understanding Father figure I could turn to when I was in pain, but also to celebrate the good things. I guess I feel more reassured that he's watching over me, over us, my family. I don't always understand his ways, but I do think that he has our best interest in his heart." When asked about whether or not his religious beliefs and practices align with his sexuality, he reports, "Oh, when I was first starting to realize I was gay as a kid I remember being terrified that God was punishing me for something. I remember trying to kinda pray the gay away and really begging and pleading with God to intervene and make me straight. I grew up when AIDS first hit the scene and I remember overhearing one of the pastors say that he thought all gay people needed to be rounded up and quarantined on an island somewhere where they could all die. I was terrified that I was going to be found out and be made to go live on an island away from my family and friends, and that I was going to die separated from the people I loved. It also sent a strong message to me that being gay was wrong and that I was unworthy of being with the rest of the 'normal' people at church. I couldn't tell anyone; I had to keep it a secret, but I remember thinking that God knew, and that I could pray to him for help. What I noticed is that my prayers transformed from begging him to not make me gay, to one of love and acceptance of who I was. This was way before the internet and I felt so alone, like I was the only one dealing

with this, but I remember flipping through one of those free weekly newspapers and seeing an advertisement in the personal ads saying that it was possible to reconcile being gay and Christian. It was the first time I felt like I wasn't alone. I called the number and it turned out it was for a gay Catholic organization, and even though I wasn't Catholic, I went to one of their services and met others who kinda took me under their wings. I think that God definitely had a hand in leading me to that group and helping me to accept myself."

Tim goes on to say, "Oh yeah, I didn't know anyone who was openly gay in our church growing up. That was just not something people talked about. If there was anyone gay, no one talked about it, that was just something that people would not do. I remember the older kids I would sometimes see after church, during the fellowship time, after the service making dirty jokes about gay people, calling us younger boys or smaller boys 'fags.' And then as AIDS became more public, and the awful jokes got even worse. One of the ladies at church had a son who she said died of cancer, but then I later found out that he actually died of AIDS. She was too ashamed or afraid, or I don't know what, to tell anyone. I don't think she ever received the support from the church that she probably really needed at the time of her son's death. She didn't stick around the church very long after her son died. This was all during the time that I was starting to realize that I was gay and what I was seeing around me just didn't feel right in my, soul, maybe. I wasn't convinced that God thought I was bad because I was gay like the people in our church might. I guess I sought out other communities with people who thought like I did, and God led me to them, and he led me to Jack."

Case Study Commentary: Part 1

Current research in religious and spiritual coping is both helpful and limiting in assessing a person's religious or spiritual beliefs and practices. For example, such research does not take into account the details of Tim's religious struggles and the process he went through to reconcile his sexual orientation with his religious identity. Current research does not capture the struggle some gay men experience during the coming out process and potential, subsequent struggles with aspects of their spiritual, religious, and relational identities. Ways of coping that include religious and/or spiritual tools are potentially unavailable during times of struggle when those coping tools evoke negative responses as a result of heterosexist dogma.

Case Study: Part 2 Describing Relational Disruptions

By utilizing an intercultural, evidence approach to spiritual care, a clinician might explore how Tim utilized his spiritual beliefs and practices when faced with relational disruption such as opening up his relationship with Jack sexually. "In the beginning, we both thought that monogamy was what we both wanted forever, but then things started to change after we were together a few years. I think we both started to recognize that we could create our relationship however we wanted to and not have to do it like other heterosexual couples we knew. It hasn't always been easy, and I used to worry about what God might think of us. Having an open relationship isn't something that I ever learned about in church or outside of church for that matter, but I did remember that some of those old guys in the bible had multiple wives, so I figured it couldn't be that bad. I think the hardest part is dealing with our different sex drives as well as dealing with the kids. We certainly don't discuss it with them, but logistically it takes time to meet up with

a sex partner. If Jack goes off and has sex with someone and I'm left at home with the kids, I can get a little resentful, and vice-versa. But I imagine it's like any marriage when one partner has outside interests like golf, or hunting, or whatever. We've had a lot of conversations over the years about it, it wasn't just a one and done kind of talk. We ask each other how the relationship is going, and we talk about things if it's not working. I did find myself praying about this for a little bit and I think I came to the point where I believe that God will understand our non-traditional relationship. I sometimes find it easier to talk to God than I do to Jack. God doesn't hurt me the way that Jack sometimes can. I do love Jack though. We love each other and I know where Jack's heart is, and that he's coming home to me and that we're gonna be sleeping in the same bed together at the end of the day."

Jack has a different perspective. "I don't think that there is a God up there like Santa Claus with a naughty and nice list. I think we have created the relationship that works for us and that's it. We both have agreed to fidelity, not monogamy. It definitely feels like we have a deeper connection than most. Tim, I think, calls it sacred, and I guess I agree. I know when life gets tough and things seem to be falling apart, I can count on Tim like no one else. It's kind of nice knowing that we created something that has lasted so long while other of our straight friends' marriages have ended up in divorce. Sometimes they have even come to us for advice on making a marriage work which I think is ironic since the so-called institution of marriage has only been available to us for the past few years. I'm glad we never fit into the box that society wanted us to fit in. We do it the way we want to, and we only have ourselves to answer to. We have other gay friends in marriages like ours and they get us. They understand that a traditional,

monogamous marriage isn't what works for us. It's like we have connected with our own community of people living outside of social norms. It used to be a much bigger deal than it is now, almost like a "don't ask, don't tell" situation; no one really talked about it, but now that we're older I guess we just figure everyone is open. We know a few guys involved in a 'throuple' type deal, ya know, three guys in a relationship together. That's not for us though, we both agree. Go have sex if you want, but no dating. The only fights we've had about it have been when one of us thinks that the other one has crossed the line into dating. That has been hurtful, but we got over it pretty fast. I think we just really trust each other's intentions. Without that, I don't think we would have lasted this long. It's hard when the person you love the most is the one who creates hurt. Normally I rely on Tim to help me through bad times, but I didn't feel like I could turn toward him during that time when I felt like he abandoned me and our agreement. That was probably the lowest I've felt about our relationship and I remember questioning all of it: our marriage, our family, our open relationship. It was one of those, "why have you forsaken me" moments. I looked at our kids and what we created together, and I really had a feeling like it was all meant to be, that maybe it was something like divine intervention that brought us all together and has kept us together. I shared that with Tim, and he said that he believed that God was always watching over us, protecting us, and guiding us. He said he prayed during those difficult times and he thinks it worked to keep us together, but I don't know if that was it or not. I just know that we're happy and he and the kids bring joy and purpose to me and makes me want to be a better man."

Spiritual integrated clinicians need to be skilled at building rapport with their clients who identify as SBNR by engaging in conversations about the clients' religious

and spiritual history, and especially important for gay clients, how their past religious or spiritual experiences shaped their lives in both helpful and unhelpful ways. With a respectful curiosity, clinicians assist gay, SBNR clients in identifying and expressing how their past and current beliefs and practices contribute to coping and meaning-making as a sexual minority as well as a religious minority. Chapter five of this dissertation provides further details of how clinicians can explore these issues with the gay male clients and how clients may utilize their SBNR beliefs and practices as ways to cope with relational disruption in ways that honor their sexual and spiritual identities.

Conclusion

This dissertation builds a multi-layered and intersectional understanding of the spiritual, social, and moral influences on gay men to argue for why spiritually integrated clinicians must develop competencies in an evidence-based, intercultural approach when working with white clients who identify as gay, male, and SBNR. This dissertation argues for the need for research for such competencies and provides important clinical strategies for working with gay, white, male couples facing the relational transition of opening the relationship to additional sexual partners. This chapter's review of research on transactional stress appraisal, coping, and meaning-making demonstrates the relevance and limitations of such in the lives of individuals who identify as SBNR. This chapter argues that spiritually integrated clinicians must incorporate a larger view of systemic, relational coping, which includes socio-cultural as well as relational influence, especially pertaining to gay men in committed relationships who identify as SBNR. Up until now, relational spirituality has been focused on primarily Christian-centric, hetero-normative samples in the mid-west.

Expanding the work of Pargament, Mahoney, Sandage, Gottman, and colleagues to include gay men in committed relationships who identify as spiritual but not religious is important and valuable for spiritually integrated clinicians working with gay men in committed relationship who identify as SBNR. The individually oriented, transactional model of Lazarus and Folkman is too limiting, and clinicians must incorporate aspects of Park, Pargament, Mahoney, Sandage, Gottman, and as I detail later, Dr. Joe Kort's work to explore a new area to answer the question: "do gay men who identify as spiritual but not religious, in committed relationships, engage in relational spirituality in similar or dissimilar ways, and do they experience the same relational advantages and disadvantages as their heterosexual, Christian counterparts?" The following chapter provides an overview of spiritual orienting systems as they pertain to gay men who identify as SBNR and offers deeper insight into intercultural considerations for spiritually integrated clinicians working with this population.

Chapter Four: Intercultural Care

This chapter proposes an intercultural, socially-just, spiritual orientation for behavioral health care of SBNR gay couples. I argue for intercultural ways of working with this population and review the influence of spiritual and moral orienting systems of gay men, who identify as SBNR, during times of relational stress. I begin by summarizing and describing current approaches to spiritual care and pastoral counseling for white, gay male couples in committed relationships, within the field of pastoral theology. Next, I describe how spiritually integrated clinicians might use such approaches to develop an intercultural approach to white, gay male couple counseling. I then highlight the ways that intersectional studies have been used by pastoral theologians and describe how spiritually integrated clinicians would begin to construct a socially-just approach to spiritual care of SBNR couples that draws upon intersectional analysis of interacting social privileges and disadvantages. Finally, I introduce the following chapter, which outlines a fictional clinical case study and vignettes that outline how all of these components may be utilized by behavior health clinicians in clinical practice with white, gay male couples who identify as SBNR.

Professional Mental Health Organizations Call for Competence

According to ethical guidelines for mental health organizations, clinicians are obligated to have clinical competency in both the religious and spiritual concerns of clients as well as competency in working with sexual minorities (See, for example, the

ethical guidelines of ACA, APA, NBCC, NCSW, AAMFT, etc.). There is a call for counselor education programs to take a more active stance in educating counseling students about religious and spiritual issues. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredits counseling education programs in the U.S. They require accredited counseling programs to include curriculum focused on "the impact of spiritual beliefs on clients' and counselors' worldviews" but this fails to emphasize the importance of counselors to develop skills and competency in addressing the religious and spiritual influence of their clients' lives (Bohecker et al., 2017, p. 132). "Counselors risk being neglectful and doing a disservice to a critical aspect of their clients' being if the counseling profession is not profound on its stance on the integration of spirituality and religion in counseling" (Bohecker et al., 2017, p. 138).

This is especially important for sexual minorities who have typically faced homophobia and heteronormative bias in traditional places of worship. Religious and spiritual beliefs are constructed in communities that are often hostile to gay men.

> In many religion-based institutions, scriptures and doctrines are interpreted in ways that support the condemnation of non-heterosexual identities, the disapproval of nontraditional gender roles and expressions, and the rejection of same-sex couples and their families. (Rostosky et al., 2012, p. 314)

As a result, "conceptualizations of religion and spirituality held by these individuals stand to complicate existing dialogues about what it means to be religious or spiritual" (Halkitis et al., 2009, p. 252).

Past and Current Approaches to Pastoral Counseling of Gay Men

Scholarship of intercultural, socially-just approaches to pastoral caregiving has a long history (Lartey, 2003; 2004; Ramsay, 2004; 2018; Doehring, 2015; 2019; Fontenot,

2013; Miller-McLemore, 2012; Greider, 2004; 2018). These pastoral theology studies do not focus specifically on SBNR gay couples. While pastoral theologies, using intercultural, socially-just approaches to spiritual care offer broad frameworks for clinical care of gay clients, they do not help behavioral health clinicians understand the particular beliefs, values, and practices of clients who identify as male, gay, and as SBNR, who are involved in committed relationships and who are experiencing relationship stress, specifically related to deciding on consensual nonmonogamy or opening the relationship sexually to outside partners. Spiritually integrated clinicians working with this population must be attentive to the particularities of gay men who grow up in the US. People who identify as male and gay face unique experiences and challenges as a result of their sexual identity while moving through typical developmental stages of life. Many face adverse religious experiences growing up in a heteronormative, US, Christian culture and these experiences influence their relational systems as adults. These heteronormative social structures and their ongoing influence on gay men must be addressed in clinical care to create both individual and relational change as a means for social justice. As Lartey (2003) states, "social justice cannot be divorced from care since a just environment provides the resources that make care possible" (p. 11). The purpose of this chapter is to elaborate the relevance of intercultural, socially-just orientations to spiritual care for behavioral health clinicians working with SBNR gay couples struggling with decisions about monogamy.

Recent polls estimate that over 4% of adults in the U.S. identify as non-heterosexual (Gates, 2017). There is a paucity of research on the diversity within this population. Gender, race, class, age, location, religion and spirituality, and other contexts

shape the sexual minority experience (Fontenot, 2013). As discussed later, it is important for clinicians to remain cognizant of the heteronormative privilege sexual and spiritual minorities face as they are excluded from traditional, empirically based measurements. Clinicians must avoid lumping same-sex couples into heteronormative modes of viewing coupling, and this is especially true of heteronormative standards of sexual fidelity.

Sexual minorities access mental health services more often than the general population (Fontenot, 2013. P. 625) and some research shows that they are more than twice as likely as non-sexual minorities to seek out counseling services (Cannon et al., 2012, p.4). Based upon my own experience as a mental health caregiver, religious and spiritual issues and concerns are frequently initiated by clients seeking care, especially during times of crises and trauma. Spiritually integrated clinicians working with white, gay male couples experiencing relational stress must develop their ability to remain curious about the "implicit and explicit expressions of religious and spiritual life and inquire as appropriate to normalize the discussion of religious and spiritual histories, beliefs, practices and struggles" (Fontenot, 2013, p. 265). Further, they must possess the knowledge of how these heteronormative, societal religious structures influence the lives of gay individuals and couples as they navigate through their relationships and relationship disruptions.

Current approaches to spiritual care and pastoral counseling for white, gay male couples in committed relationships, within the field of pastoral theology, are limited. Many psychologists and pastoral theologians offer general scholarship on work with couples, and then attempt to generalize their work as it applies to white, gay male couples as well as those who identify as SBNR. Few theologians specifically address the unique

characteristics and concerns of this population, including the social, political, and religious rejection of those with alternate sexualities. I am providing a much needed, evidence-based, intercultural, socially-just approach for spiritual care of gay men who identify as SBNR to bridge that gap.

Intercultural Spiritual Care

Pastoral theology literature challenges secular caregivers to adopt an intercultural approach that takes cultural context into account. Recent scholars are providing good information about why the shift is important. Emmanuel Lartey (2003), one of the first to use a broader lens of intercultural care of the individual within their system, offered that intercultural care attempts to "capture the complex nature of the interaction between people who have been influenced by different cultures, social contexts and origins, and who themselves are often enigmatic composites of various strands of ethnicity, race, geography, culture and socio-economic setting" (p. 13). And according to Doehring (2012) intercultural spiritual care "is a two-part process that begins by establishing trust, which then enables us to collaborate and co-construct life-giving spiritual, religious, and existential meanings and practices" (pp. 2-6). Doehring (2012) goes on to describe the trust-building process in spiritual care conversations:

> Entering into a spiritual care conversation is like standing on someone's doorstep, knocking and waiting to see if we will be invited inside. When we step into someone's religious or spiritual home, we need to treat everything we see and hear with the utmost respect, as potentially sacred to that person. We need to be mindful of where we step as we respond, and how our questions or comments might be like picking up something we see, handling it, getting our fingerprints all over it, perhaps in the process making it ours rather than their sacred object. (pp. 2-7)

Clinicians must also be mindful of the importance of "using the care seeker's religious language and not imposing their own" (Doehring, 2012, pp. 2-10) to ensure trust is established and maintained through the therapeutic process. This curious and respectful stance affords clients and clinicians a safe space in which to explore the client's inner-most ideas. Implied but absent from this are clients who identify as a sexual minority.

Spiritually integrated clinicians must include sexual orientation as a potentially important component in their intercultural approach to the care of gay men. Ramsay (2004) addresses this need in in broader terms by utilizing the concept of intercultural care as a tool to "empower those otherwise on the margins or silenced" while seeking to "correct the problematic consequences of Eurocentric cultural, political, and economic hegemony" (p. 12). Kathleen Greider (2018) tasks caregivers to engage in care that responds to "suffering, interwoven with socio-political engagement informed by caregiving, with commitment to disrupt oppressive systems and decrease the misuses of power that cause suffering" (p. 100). All three, however, fail to target intercultural approaches that explicitly include sexual minorities.

Historically, non-heterosexual people have been ostracized, condemned, or faced overt and covert forms of prejudice from organized religious institutions in the US. At the very least, they have been unwelcome at many places of worship, and at the worst, they have been attacked verbally and/or physically. Many have faced experiences "in which religious beliefs were used as a justification for discriminating against and even rejecting their individual and couple identities" (Rostosky et al., 2012, p. 313). Unfortunately, these discriminatory practices against sexual minorities continue to happen, though progress is being made. An intercultural approach to spiritual caregiving must take this

into consideration, and several pastoral theologians have provided leadership in the area of spiritual caregiving to sexual minorities.

Larry Graham (1997), in his seminal book for pastoral care of sexual minorities, provides a groundbreaking framework of care for spiritually integrated clinicians to build upon when working with this population. Graham used a qualitative method of analyzing extensive interviews with gay men and couples about their experiences of pastoral care. Though his work is inclusive of all sexual minorities and does not just target gay men in particular, his work offers a profile of care that is applicable to gay men. His approach includes:

1. Care as active welcome and full affirmation of sexual orientation.
2. Care as normalized participation.
3. Care as using alternative sexual life experience in ministry.
4. Care as organized response to opportunity and need.
5. Care as strategic public advocacy. (Graham, 1997, pp. 31-33)

Graham calls for a relational justice approach to care, meaning that spiritually integrated counselors must build relationships that oppose "social arrangements characterized by domination of one individual or group by another" and "promotes the values of egalitarian mutuality and ecological sustainability" (Graham, 1997, p. 175). Nancy Ramsay (2004) also highlights the shift in pastoral care toward a more relational justice focus and believes that this has helped caregivers assist care seekers shift their understanding of self to a broader, more "contextual, socially located identity in which the political and ethical dynamics of asymmetries of power related to difference such as gender, race, sexual orientation, and class are prominent" (p. 10). Within this location

identification, care seekers as well as caregivers are able to embrace their own responsible agency while redistributing power.

Rooted in liberation theologies, some pastoral theologians like Bonnie-Miller McLemore (2012) shift their attention from the pain and suffering of individuals (private care), to recognizing the individual as moving within a system of oppressive dominant norms and practices such as heterosexism, patriarchy, racism, classism, and ethnocentrism, that create barriers to their well-being (public struggle). Building upon the early work of Lartey, this shift provides a space for pastoral theology to expand into the arena of public theology while spiritually integrated clinicians continue to provide care to the individual with the increased awareness of the complexity of the system in which they reside. While pastoral theology remains committed to assisting persons in need, it no w "involves analyzing power and social constructions of selfhood, giving public voice to the socially marginalized, and arguing for alternative theological understandings of the social context as essential for adequate care not only in congregations but also in society at large" (Miller-McLemore, 2012, p. 99). These acts of social justice begin to heal and transform not only individuals, but also communities. "Justice itself is holistic – subjective and social, interpersonal as well as systemic, enacted at the micro and macro levels" (Greider, 2018, p. 101).

Pastoral theologian Carrie Doehring (2015) also advocates for a more liberative and self-reflexive approach to caregiving. She urges spiritually integrated clinicians to develop an awareness of the heterosexist and heteronormative environments in which clients and caregivers reside and develop an understanding of how clinicians' own reflexivity is necessary for building relational trust with clients and for responsibility co-

creating beliefs and values, especially around marital fidelity. Heterosexism includes active and passive discrimination, social, political, and economic inequality, and acts of overt and covert verbal or physical violence (Fontenot, 2013). Doehring (2015) encourages clinicians to be mindful of internalizing and perpetuating harmful and discriminatory practices in their work with those receiving care (p. 54).

Clinical Concerns

The lives of men who identify as gay are much more than simply the person with whom they have sex. Their lives encompass the communities in which they belong, their friendships and relationships, as well as the life that they build despite being identified as a sexual minority. Their sexual identities cannot be reduced to what they "do in the bedroom." These identities comprise all of their human complexity as they move through the systems of their lives which often includes struggles arising from being a sexual minority, as well as joy and celebration.

Addison and Coolhart (2015) provide an overview of the literature that addresses some of the systemic areas of concern when working with sexual minorities. Those relevant to my topic include:

- The "minority stress" effects of social oppression, such as heterosexism, internal and external homophobia, rejection by families and communities, and problems with achieving legal protections and status absent the opportunity for marriage (Brown, 1995; Connolly, 2004; Green & Mitchell, 2015; Otis et al., 2006).
- A lack of role models and social supports for healthy, long-lasting queer couples (Ritter & Terndrup, 2002).

- Differences in partners' degree of "outness"—how long each has identified as gay or lesbian; and whether each has come out in various aspects of their personal lives such as work, family of origin, and community (Brown, 1995; Connolly, 2004; Otis et al., 2006).
- The option or even community preference for nonmonogamous relationships, particularly for gay men, and the concerns this raises regarding HIV/AIDS, other sexually transmitted infections, and issues of boundaries and jealousy (Brown, 1995; Gotta et al., 2011; Johnson & Keren, 1996; Ritter & Terndrup, 2002).
- Lack of clarity around the relationship, particularly in nonmonogamous relationships, and/or in the absence of access to legal marriage, which Green and Mitchell (2015) labeled "relational ambiguity."
- The need to negotiate gendered roles and activities because a gender role "script" for queer partners is lacking (Addison & Coolhart, 2009; Green & Mitchell, 2015).

The authors acknowledge that most of the research on these topics is focused on white, middle-class, gay, male couples and rarely include those who identify as female, bisexual, or transexual. This list also does not include the topic of religion or spiritual issues and the experiences gay male clients have endured as a result of heterosexism and homophobia at the hands of religious institutions. This must also be considered in an intercultural approach to clinical care.

Intersectionality

While mindful of the concerns unique to sexual minorities, spiritual caregivers use an intersectional methodology in providing socially-just, intercultural, spiritual care. "Intersectional pastoral theology synthesizes intersectionality theory's emphasis on social justice and pastoral theology's emphasis on relational justice, to the benefit of both" (Greider, 2018, p. 100). For clinicians working with clients in committed relationships who identify as gay, male, and SBNR, this means that they assist clients in (1) recognizing the unbalanced systems of power and privilege within the heteronormative system in which they live, and (2) paying attention to the ways in which their multiple identities interact within these systems of oppression (Crenshaw, 1989; 1991). It is particularly important for caregivers to recognize the often oppressive religious system that not only rejects people for sexual orientation, but for not conforming to traditional religious heteronormative beliefs and practices as well. Sexual and spiritual minorities may experience feelings of combined rejection on both the sexual and spiritual fronts.

Spiritual caregivers help their clients create awareness of intersectional social disadvantages, which then allows them to move with their own agency intentionally through their lives while challenging and transforming the systems of influence. Caregivers need to be cautious about universalizing all same-sex couples and their experiences and tune in to the unique, various identities of the couple seeking care, particularly as minorities in sexually and spiritually heteronormative environments. One should not assume similarities of others based solely on outward appearances or proclamations of belonging or claims of membership (Addison & Coolhart, 2015). This does not mean that spiritual care clinicians abandon ideas and possibilities of "power that

can be found in collective identity and shared goals;" instead, they assist care seekers in understanding and integrating universal and individual experiences, making room for both (Addison & Coolhart, 2015, p. 440).

The diversity within sexual minorities must be recognized and highlighted as well. Things such as age,"race/ethnicity, geographic region or residence, socioeconomic status, and immigration status" (Frost et al., 2019, p. 248) impact the lives of care seekers differently. Caregivers must work within the framework of these intersecting realities and identify the unique experiences of clients seeking care. Caregivers must explore with clients how "multiple social statuses shape the relationship among cohort, identity, minority stress, and health" (Frost et al., 2019, p. 248). This is not a static, one-sided interaction. It is dynamic, with all sides acting in influence of each other. These influences may be noticeable or may be obscured; they are fluid complicated, layered, subjective, and specific rather than "as single-axis, static, autonomous, and generalized" (Addison & Coolhart, 2015, p. 440).

Additionally, clinicians must consider the historical contextual influences in the lives of their sexual minority clients. Generational differences are important to consider, and they include unique social and sometimes political differences over time. Historical events, such as the gay liberation movement, AIDS, the establishment and subsequent repeal of 'Don't Ask, Don't Tell' in the U.S. military, federal recognition of same-sex marriage, the Pulse nightclub shooting massacre, as well as the development of antiretroviral medications which significantly decrease the risk of dying from as well as transmitting HIV, shape identities and influence individual as well as group development

of sexual minorities through the various generational lived experiences (Frost et al., 2019).

Caregivers using an intersectional approach assist their clients in bridging the connection between their shared experiences as sexual and spiritual minorities and their "disconnects based on their differences" (Addison & Coolhart, 2015, p. 440). It is important to note that for this project the focus is upon clients who identify as male and white, which provides an opportunity to recognize the power and privilege inherent to both gender and race. Clinicians must consider social advantages as part of the intersectional identity of the clients with whom they work and the influence this has upon their lives.

How this process unfolds is dependent upon the clinical care context, the clients, and the caregiver, as I will illustrate via a clinical case study in the next chapter. In general, spiritually integrated caregivers assist their clients in assessing their spiritual and moral orienting systems by asking questions while being mindful of the power dynamic inherent in the role of clinician. Psychosystemic spiritual care contains the values of justice while developing insight into the difficult systems in which clients reside (Schlager & Kundtz, 2019). With a tentative and curious stance, clinicians inquire about current and past systemic spheres of influence in their clients' lives. Clinicians gather information which includes material that may be distinctive to sexual minorities including sexuality, gender identity, shame, harassment, bullying, self-esteem, abuse, violence, coming out, discrimination, same-sex attraction and relationships (Kort, 2018). Spiritual caregivers can then assist their clients in exploring the impact of these experiences within the systems of their client's lives as they consider the unique cultural

and social dynamics these experiences have on their lives currently. It is important to note that many of the topic areas that Kort (2018) mentions occur within the spiritual and religious systems which actively exclude gay men and same-sex couples. These men's lives are shaped in hostile, heteronormative religious environments, and these influences remain present over the lifespan development resulting in added stress. Sexual minorities face ongoing and distinct stress, including discrimination and intolerance in blatant and subtle forms, fear and expectation of rejection, hiding their sexual identity, internalizing negative social structure views (internalized homophobia), and the ongoing struggle in spending time coping with these stressors (Rostosky et al., 2012, p. 313).

Stress and Religious Coping

In psychological literature, stressors are defined as "events and conditions (e.g., losing a job, death of an intimate) that cause change and that require that the individual adapt to the new situation or life circumstance" (Meyer, 2003, p. 675). Sexual minorities experience minority stress as a result of being separate from societal norms and is unique to the group, chronic, and socially-based (Meyer, 2003, p. 675). Minority stress "describes prejudice and stigma as stressors to which sexual minorities are exposed, which, in turn, have an adverse effect on their health and well-being" (Meyer, 2003, p. 676). Sexual minority identity is linked to a wide range of stress responses, including vigilance when interacting with others and expecting potential rejection or conflict, concealing sexual identity for fear of harm, or internalizing negative beliefs about one's sexual identity (internalized homophobia) (Meyer, 2003, p. 676). Despite some movement toward social change, including wider acceptance of sexual minorities and federal same-sex marriage recognition, sexual minorities or those who are perceived to be

a sexual minority continue to experience higher rates of bullying, suicide, and severe and chronic mental health issues, and substance use/misuse problems (Frost et al., 2020; Fish & Pasley, 2015; Marshal et al., 2011; Mohr & Husain, 2012; Russell & Fish, 2016).

Minority Stress and Moral Stress

Spiritual caregivers provide a safe space for gay male clients to explore, and tend to, any feelings of shame or guilt about self-identity as a sexual minority that have been shaped by social systems of oppression like heterosexism and homophobia. Moral stress occurs as a result of a conflict of core values that may reflect internalized heterosexism and homophobia and can be a "part of a range of experiences in which people feel responsible or ashamed" (Doehring, 2015c, p. 638) about themselves or their relationships during times of stress or disruption. For example, the moral stress of coming out as gay or lesbian is fed by religious and cultural heterosexism.

> When young adults internalize religious prejudice against sexual minorities, their moral stress about their sexual identity is intensified by heterosexist religious beliefs, like beliefs that God knows and judges their sexual desires as sinful and that the community of faith will shun them. Being cast out by parents and communities of faith makes it seem as though God is casting them aside as sinners. Moral stress is shaped by internalized social oppression, which is why spiritual care must identify social systems of oppression that intersect and exacerbate moral stress. (Doehring, 2015, p. 638)

Same-sex couples in crisis may hold feelings of shame around not engaging in perceived societal standards of relationships, especially heterosexual norms of monogamy and sexual fidelity. Heteronormative beliefs and values about fidelity may create internalized pressure for gay couples who are exploring the possibility of opening their relationship sexually. Gay men might also experience moral stress around embedded homophobic and heteronormative religious or spiritual beliefs, leading to fear of being

condemned and/or rejected by family, friends, God and/or their spiritual communities (Doehring, 2015). Spiritual caregivers help clients recognize the moral stress and negative feelings associated with the stress. Using calming practices, fostering self-compassion can provide a safe context for exploring the values and beliefs they want to practice.

Through this process, clients understand embedded belief systems that promote "shame and reinforces dualisms of gender, a split between one's body, feelings, and soul" (Marshall, 2017, p. 65). Clinicians help clients identify any feelings of shame around their sexual identity that may be rooted in societal heterosexual privilege and oppression of sexual minorities and assist clients in moving toward more affirming feelings of "goodness, compassion, and love" (Doehring, 2015, p. 637). This self-awareness and affirmation can be particularly important for white, gay male couples experiencing relational disruption, as maladaptive coping mechanisms rooted in heteronormativity and fueled by negative emotions may present particular challenges for gay men during times of stress.

Pargament et al. (1998) report that "empirical studies indicate that religious coping is commonly used by many groups in times of stress, particularly the most disenfranchised in society (e.g., Ferraro and Koch 1994; Koenig et al. 1992; McRae 1984)" (p. 710). As noted in the previous chapter, however, if religion and spirituality can be a source of coping and support, is this true for sexual minorities who face heteronormative and anti-gay rhetoric and practices from these institutions? Sexual minorities most likely do not think of religious or spiritual communities when asked a question often used by Pargament (2018): "Where do you turn for solace in the midst of

your suffering?" due to many institutions disavowing their existence. Most all the mainstream religious denominations in the US have taken stances against non-heterosexual unions and rejected sexual minorities from holding leadership positions in church (Barnes & Meyer, 2012). As outsiders, gay men may experience rejection from not only family and loved ones as a result of their sexual orientation, but from society and social structures including traditional places of worship, thus preventing them from actually being a coping resource.

Strengths of Same-Sex Unions

Spiritual orienting systems are formed differently with gay males during self-identity development, and this can result in moral stress; however, research shows that same-sex couples are not doomed to experience higher levels of relational difficulty than their heterosexual counterparts as based solely on their sexual orientation. Research shows that same-sex couples typically possess skills that promote healthy relationships which heterosexual couples do not. Dr. John Gottman, a relationship researcher, has determined that same-sex couples behave differently that heterosexual couples in ways that benefit the union. According to Gottman's research, same-sex couples were less defensive and more receptive during conflict and less likely to take things personally. They were more egalitarian in the relationship, experienced more autonomy, more effectively used humor and affection and are more upbeat through conflict, and they remain more positive after conflict compared to heterosexual couples. He also observed that same-sex couples use fewer hostile emotional tactics such as domineering and fear, are less controlling than heterosexual couples, and show less belligerence toward one another (Gottman et al., 2003, p. 66). He also reports that during conflict

> Unhappy gay and lesbian couples tend to show low levels of 'physiological arousal.' This is just the reverse for straight couples. For straights, physiological arousal signifies ongoing aggravation. The ongoing aroused state—including elevated heart rate, sweaty palms, and jitteriness—means partners have trouble calming down in the face of conflict. For gay and lesbian couples this lower level of arousal shows that they are able to soothe one another. Further, gay male couples who are beginning couples therapy report lower levels of trust, higher reports of family of origin trauma, and higher incidence of alcohol and substance use issues (Gottman et al., 2020, p. 237). Remarkably, same-sex couples build and maintain long-term successful relationships despite barriers of acceptance, lack of social approval, and support in ways that heterosexual couples receive. (Gottman et al, 2020; Kurdek, 2004)

Consensual Nonmonogamy

Gay couples may not confine themselves to heteronormative relationship structures and create relationships which may look quite different than traditional heterosexual arrangements. Some same-sex couples have consciously decided to engage in consensual nonmonogamy, meaning that they choose to have sexually open relationships where one or both partners engage in sexual activities outside of the primary relationship. Many mental health clinicians are ill-equipped to engage in conversations with their clients about their sexually open relationships, and many may assume monogamy is the ideal for all couples, straight or gay, based on heteronormative bias. Some clinicians may hold a strict moral stance on sexual fidelity, which may potentially influence their view on sexually open relationships. In the U.S., traditional forms of intimacy such as heterosexual, married, monogamous, and pro-creative sex are generally more valued and privileged and other types of intimate relationships that fall outside of that norm tend to be denigrated, valued less, or even unrecognized (Hammack et al., 2019). Clinicians must be able to engage in conversations with their clients about both

spiritual/religious fluidity as well as sexual fluidity in ways that promote identifying and dismantling predominantly Christian and heteronormative ways of thinking.

Heteronormative bias influences the concepts of fidelity that places sexual monogamy as the norm, and there may be a suspicion of non-monogamous couples based on traditional, and hetero-centric views of fidelity. As Marshall (2017) points out, "same-gender-loving relationships are not just another way of talking about heterosexual marriage, instead, they bring a new vision for relationality and faithfulness into our common conversations" (p. 65). It is the responsibility of the clinician to maintain an open stance when it comes to views on sexual fidelity verses relationship commitment. Heteronormative ideas of sexual fidelity permeate the U.S. society and influence how sexually open relationships are viewed. However, many gay, male couples view relational fidelity quite differently. Data supports the idea that gay men are much more fluid in their approach to sexual openness and consensual nonmonogamy than heterosexuals, and research supports the idea that nonmonogamy does not necessarily mean a couple is dissatisfied with their relationship or that the relationship is troubled (LaSala, 2004). Fidelity to a primary relationship is not necessarily related to sexual fidelity.

A 2010 study of 78, mostly white, gay men, living in the San Francisco Bay area, who reported living in in committed relationships, found that 41.3% of gay male couples had open sexual agreements with some conditions or restrictions, and 10% had open sexual agreements with no restrictions on sex outside the relationship (Neilands et al., 2010). The participants reported high levels of relationship commitment despite having a consensual nonmonogamy agreement. Another study of 65 gay men residing in a larger

metropolitan area reinforces the idea of primary relationship commitment despite sex outside of the relationship. LaSala (2004) explored the motives some gay men provide when asked about why they participate in sexually open relationships.

> Unlike their monogamous counterparts, nonmonogamous couples did not see sex as always intertwined with intimacy and commitment. They chose to establish sexually nonexclusive dyads to accommodate their needs for intimate companionship, personal freedom, and sexual variety. As a matter of fact, the most commonly stated reason given for establishing an open relationship was that couple members valued their own and their partner's personal freedom and eschewed the idea that one mate could satisfy all of their sexual needs. (LaSala, 2004, p. 9)

LaSala goes on to explore the repercussions of opening a relationship sexually. Some men report that they felt closer to their primary partner, had reinforced feelings of commitment to him, and had improved sex lives with their partner as a result of opening up the relationship sexually. Others reported feelings of jealousy and insecurity that have potentially damaged the relationship (2004, p. 19).

Deciding to be sexually open or closed is an ongoing discussion that includes assessing whether or not both partners want to continue to engage in the sexually open arrangement. Some couples may decide to close the relationship sexually after experimenting with nonmonogamy, while others continue the open arrangement for years. Depending on the couple, it can be a fluid process which involves continued evaluation and honest discussion between both partners about the satisfaction and dissatisfaction with the sexual arrangement. For some, their sexual arrangements are contextual and dynamic, with the recognition desires and needs change over the course of time (Philpot et al., 2018). There may come a point when one partner decides that the sexually open arrangement is no longer working for him and the partners then navigate a

different sexual arrangement. If one partner desires an open relationship while the other desires a closed relationship, this may create relational tension and strain in the relationship. If partners value monogamy differently, these competing values can create an imbalance in the relationship which might need to be addressed in therapy sessions (Philpot et al., 2018). Also, even though a couple may have agreed to consensual nonmonogamy, one or both partners may not frequently engage in sex outside of the relationship. Some go months, or years without engaging in sex outside of the primary relationship, challenging a stereotype that gay men are promiscuous (Philpot et al., 2018).

It is important to avoid generalizing all gay men and recognize that gay men living in more rural areas are potentially not as sexually open as men in who reside in a large, urban area where a significant number of other gay men reside. Sexually open relationship agreements may be considered normal in larger cities with larger openly gay populations much more so than in smaller, more rural areas, but there have not been studies on consensual nonmonogamy within these gay populations at this point. There is also no data on how religious or spiritual beliefs or practices influence the decision-making process around consensual nonmonogamy, nor is there any data on how any subsequent feelings, thoughts, or behaviors consequential to the decision impact the relationship.

Despite a large number of gay men reporting sexually open relationships, there are a significant number of gay men in committed relationships report that they are sexually exclusive with their partner. For some gay men, monogamy is linked to commitment and intimacy, others maintain sexual exclusivity out of fear of sexually

transmitted diseases including HIV, while others report that feelings of jealousy prevent them from opening their relationship (LaSala, 2004).

How the gay couple communicates about their sexual agreements may be an important factor in couples therapy, and clinicians must be open to alternative ideas of relationship fidelity that fall outside the heterosexual norm and must be competent and comfortable in including these types of conversations in the counseling sessions. Though a couple may be experiencing relationship stress, it does not always mean that it is related to sexual monogamy or nonmonogamy (LaSala, 2004). The process of how white, gay male couples negotiate sexual agreements, along with ideas of relationship commitment, intimacy, and satisfaction, provide insight into the ways white, gay male couples create stable relationships which fall outside typical heteronormative ways of thinking (Neilands et al., 2010). Gay men might be more experienced with these types of discussions as a result of years of discussion about sexual safety, because of HIV and the effect it has had on the gay male community. Conversations between gay men about HIV status and subsequent conversations about safer sex practices and agreements about sexual practices in and outside of the primary relationship have been a part of the gay community for decades and these types of conversations have been well researched (Crawford et al., 2001; Elford et al., 1999; Guzman et al., 2005; Hoff & Beougher, 2008; Kippax et al., 1993; Kippax et al., 2003; Neilands et al., 2010). The data gathered support the idea that a strong commitment to negotiation, consent, and agreement of sexual practices within and outside the relationship promotes "positive relationship markers such as intimacy, satisfaction, trust, and social support" (Neilands et al., 2010, p. 34).

HIV's devastating and profound impact on gay men is significant and is worth mentioning; however, the scale and scope of the epidemic which killed thousands of gay men is beyond the focus of this project. It is certainly worth mentioning that clinicians have a duty to address any client concerns related to HIV or HIV status as they arise in sessions. Conversations about HIV risk factors, transmission, medications, etc., are important, and clinicians would be wise to educate themselves by finding trustworthy and current information from reliable sources such as county and state health departments or the Center for Disease Control.

Conclusion

I have reviewed the benefits and liabilities of using an intercultural, socially-just approach (as described above) to complement an evidence-based approach that draws upon research on relational religious coping, especially for those who identify as gay and SBNR, and whose childhood layers of values and beliefs were formed amidst and in reaction to religious heterosexism. In the next chapter, I illustrate the complex applicability of this approach with a clinical case study in order to demonstrate how to use this approach in a clinical setting.

Chapter Five: The Praxis of Evidence-Based, Intercultural, Spiritually Integrated Care

This chapter offers a fictional composite, clinical case study, and short vignettes to illustrate the applicability of an evidenced-based, intercultural approach to the clinical care of gay men, in committed relationships, who identify as SBNR. I provide a foundational model of spiritually integrated, clinical competencies for caregivers by using research and scholarship on evidenced-based, intercultural, spiritually integrated care discussed in the previous chapters, which apply to the clinical examples in this chapter. This chapter offers spiritually integrated clinicians an innovative framework for working with gay male clients as they navigate relational disruptions and transitions. I demonstrate why competencies in evidence-based, intercultural care are vital to caregivers and their clients and is the most appropriate method for spiritually integrated clinicians to utilize when working with gay, male, SBNR clients, specifically as they contemplate opening their relationships sexually to other partners.

Mental health clinicians are tasked with offering an intercultural approach to clinical care. Addison and Coolhart (2015) offer guidelines for incorporating a relational, intersectional approach for therapists to utilize when working with same-sex couples. The following are a few of their most pertinent ideas as they apply to this dissertation.

1. Identify the multiple intersections of identity present in the couple relationship.

2. Broach the topics of gender, sexuality, race, class, and other aspects of culture.
3. Ask open-ended questions about the influence of gender, sexuality, race, class, and other cultural identities.
4. Consider how any given queer couple fits but also diverges from the "best practices" model, as well as how their difficulties fit within or challenge your preferred theoretical framework for couple work. (Addison & Collhart, 2015, p. 450)

I utilize their expertise to outline how clinicians can implement an intercultural approach to working with clients who identify as gay, male, and SBNR as they move through relational crises. Though these are vital aspects of clinical care conversations, Addison and Coolhart fail to incorporate the role of spiritual identities of clients in their intersectional approach. This is an important aspect of intercultural, spiritually-focused clinical work. There are unique considerations for sexual minorities as a result of growing up and living in a predominantly heterosexual world that may often be heteronormative and heterosexist.[2]

The intercultural aspect of identity, focusing on the spiritual lives of clients, addresses the spiritual component of intercultural clinical care of sexual minorities. The intercultural component is vital and necessary in exploring the ways in which culture, individual uniqueness, and human characteristics work together in client's lives (Lartey, 2003). Doehring (2015) describes intercultural care as a co-created and reciprocal process

[2] Heterosexism is defined as "an ideological system that denies, denigrates, stigmatizes, or segregates any non-heterosexual form of behavior, identity, relationship, or community" (Walls, 2008, pp. 26-27).

of intermingling stories and lives, built upon a foundation of compassionate respect and trust, which moves between clients, caregivers, and their relational systems. As part of the intercultural care process, Pargament (2007) advocates that spiritually integrated therapists must

> (1) possess knowledge about combining therapy and spirituality; (2) be open to learning about and be tolerant of diverse spiritual expressions; (3) have self-awareness of one's own spiritual worldview and the way it impacts the therapeutic process; (4) be willing to be authentic with clients about one's understanding and experience. (pp. 190-193)

Clinicians must incorporate all of these foundational and intersecting aspects of an intersectional approach to their clinical work with sexual minority clients. Throughout this process, it is important for caregivers to engage in active listening while tending to all aspects of their care-seekers lives with curiosity, compassion, openness, and lack of judgement. Using the emergent clinical strategies method described by (Lizardy-Hajbi, 2021), I include this intercultural, evidenced-based perspective in the following case study in order to demonstrate the applicability of this approach. The first part of the fictional case study illustrates the complex, intersecting identities caregivers need to be aware of when providing spiritual care to clients.

Fictional Case Study Part One: Jake and Brian

Brian contacted me for couples counseling to work on "communication skills" with his partner Jake. Both clients identify as male and as gay. They live in a large metropolitan city, and the clients report being financially stable and own the condominium in which they live. They have been together for approximately six years and have cohabitated for the past two years. They do not have children, nor do they plan to have children in the future. Both are reportedly open about their sexual orientation as

well as their relationships at work and within their large circle of friends who are also mostly gay men. They both report that they do not have sex outside of their relationship and have recently talked more seriously about opening up the relationship sexually.

Jake is 49-years-old, white, and in good health. He is a freelance editor for major publications and works from home most days. He does travel occasionally for work. He was partnered in the past and lived with his partner of 12 years, until his partner died suddenly and unexpectedly of natural causes approximately 10 years ago. Both Jake and Brian are reportedly active in political causes and met while they were both volunteering for the local Democratic party. They both are physically active and enjoy many outdoor activities together.

Brian is 40-years-old, white, and is also in good health. He works as an assistant at a design firm and is in graduate school finishing a master's degree in industrial design. He has a few close friends but spends most of his free time on schoolwork. He reports that this relationship with Jake is his first long-term relationship. He had a brother who also was gay but died over 15 years ago from "alcohol and drug addiction" according to Brian. He is not close with his parents nor his extended family in part due to his sexual orientation.

In terms of his family background, Jake is close with his immediate and extended family, some of whom reside nearby. His elderly parents have been married for over 50 years and live in a different state, and he visits at least twice a year, sometimes with Brian. Jake grew up the oldest of three siblings in a fairly liberal, mid-western family. He came out as gay to his family after he and his first partner moved in together. He has a younger sister who is married with children and lives with her family near their parents.

He has another brother who is married but is in the military service and lives overseas. He reports that his family are all supportive of his sexual orientation and of his relationship with Brian.

Jake has always offered financial assistance to family members as needed. His nieces and nephew are expressive of their love and always look forward to his visits. They sometimes come and visit "Uncle Jake and Uncle Brian" in the big city. Jake is the godfather to his nieces and nephew. Gregarious with a lot of friends, he is often identified as being emotionally supportive and generous by nature but is sometimes accused by his partner, Brian, of not having good boundaries because he gives so much time and money to his family and friends.

Brian describes his family background as quite different than Jakes. Brian's parents divorced when he was 12, and he now has little contact with either of them aside from an occasional phone call on birthdays or holidays. He does not consider his family supportive and describes interactions with them as "traumatic." Brain states, "Oh my family was very unforgiving when it came to anything outside of what they consider to be 'morally acceptable' by their church. Which is so ridiculous since they ended up divorced. I remember the controversy when one of their favorite Christian singers crossed over to the pop world. They boycotted her and got rid of all of her tapes and CDs. They were certain she was going to hell for her sins. Don't get me started on what they had to say about Boy George and Culture Club… a man wearing makeup and looking like he did, they ridiculed him and forbade me from listening to any of that music. Of course, I did listen to him, but only in secret. There were a lot of things I kept secret from them. It wasn't a safe place to be myself in a lot of ways, not just my sexuality, but my interests

and hobbies or ideas about life. I was and still am so different from them and they could never accept those differences in any of their kids. My older brother got the brunt of it from my parents; he was a lot more open about his sexuality than I was, and they let him have it. He left home before graduating high school and didn't have much contact with any of us after that. I blame them for my brother's death. I don't think he would have turned to drugs and booze if it weren't for the things they put him through. I kept things more hidden and have only told a couple of family members. Of course, my family isn't stupid, I'm sure they know about me, but I have never come out to my mom and dad. I just don't honestly feel that it's worth the trouble at this point."

Brian and Jake's religious and spiritual backgrounds growing up were quite different. Jake reportedly was raised in a moderately progressive Christian home and his family attended church on a "semi-regular basis, though we never really attached to any particular religious community until my parents found a local Methodist church when I was a little older." He says that now, "Nature is my religion" and he considers himself "more spiritual than religious. I believe in something out there, above and beyond anything I've found in reading the bible."

Brian reports that he grew up in a "pretty conservative, Christian" home and his family was never accepting of his or his brother's sexuality. He hasn't been to church since he moved out of his mother's home after high school. "Church was never a safe place for me," Brian says. "I never felt included, I always felt like an outsider looking in. It just never made sense to me how people would talk about God as a vengeful and punishing man and then turn around and talk about God's love. It seemed so hypocritical to me even at a young age. Plus, I was already so full of fear and self-loathing, I didn't

want to spend my time marinating in those feelings on Sundays. I have moved on and find my joy and bliss in other ways that fulfill me and make me feel connected to something bigger than myself, you know, the way I feel connected to Jake. I believe in a higher power and more in my connection to Jake more than I believe in a church."

Jake and Brian are not married but have discussed the possibility in the past. Jake would like to have a marriage ceremony but knows Brian does not. This difference sometimes creates conflict in their relationship. Jake says this about why he would like to have a marriage ceremony: "I like the idea of being married and having that piece of paper, you know? It sounds ridiculous, but I think it matters. Now that we're legally able to do it I think we should. It was such a relief when we were finally able to legally marry in 2015. I was so excited to realize that this was a real possibility for us. I want a big ceremony with all our friends and family celebrating our love. I want to do it before my parents die though, and they're getting old. They love Brian like he's one of their own. They call him their 'second son.' I don't know that it has to be a church wedding, I'm not sure we could find one that would marry us, but maybe something outside celebrating my love for Brian and celebrating the glory of nature, two of the most important things in the world to me. I think my family would appreciate us getting married as my parents have been asking about it. My mom and dad have said that there are a couple gay couples who attend their church now and that they have had marriage ceremonies. I think it planted a seed in their mind about the possibility of us getting married and they have started asking me a lot more about when Brian and I are going to tie the knot. I keep putting them off, but the more they bring it up, the more I think that I want to do it. My friends keep asking

about it too. We have a lot of gay friends and co-workers who have already gotten married, and they are really encouraging us to do it as well."

Brian reports that he loves Jake and wants to be with him, but unlike Jake, he does not like the idea of getting married. "Why would I want to get married by an institution that doesn't accept us?" he asks. When asked about his religious beliefs he states, "I believe in something, but I'm really not sure. I think my brother looks out for me from wherever he is. I really believe that he led me to Jake in a weird way. This may sound crazy, but whenever I see a white feather, I see it as a little gift and a little reminder from my brother that he is around and looking out for me. It makes me happy to think he is still present in my life. He was always a protector of me. I think he knew that I was gay when I was just a kid and he wanted to shield me from some of the bad stuff he had been through as a gay man growing up in our house. His death of AIDS also made me aware of the importance of safe sex and I think that's why I'm HIV negative now. It's strange, but I swear I feel his presence sometimes. It's like he'll just show up sometimes, I know he's there. He doesn't say anything, but I'll just say 'hey, I know you're here, hope you're good. Love you.' I guess in that sense, I'm more connected spiritually since I still feel connected to his spirit even though he died. Religion though, no. I like what Jesus had to say. I just don't care for his fan club. I honestly don't pay too much attention to organized religion except when I see those homophobes on TV that are using their religion to create hate toward gay people. It makes me furious when they claim to be so righteous and then get caught cheating on their spouses, or like that one guy, the minister who was having a three-way with his wife and their pool boy. Stuff like that makes me so angry. I think most organized religion is just in it for the money."

When asked what their best hopes for therapy are, Jake replies, “I think I’d like to have some tools on how to talk about the next chapter in our relationship. I want to be able to talk about some of the things that are kinda hard to talk about, and so I think we avoid them. Marriage is one of those things, and our sex life is another. I am hoping we can get married soon, but Brian isn’t on board. I love him so much, and I want to spend the rest of my life with him. He’s brought up having sex with other people, and I’m not so sure. I know our sex life has dwindled a bit over the years, and I’m getting older and don’t have the same need for sex like I used to. I think Brian is more sexual at this point. We have some friends that are pretty open about their open relationship. It seems like a lot of gay relationships end up open whether they talk about it or not. We have talked about it ourselves but it’s not easy. It usually ends up in hurt feelings and then we don’t talk about it, but it keeps coming up. I don’t think we know how to have those conversations without getting upset and angry.”

Brian agrees, “Yeah, that’s really why we reached out for counseling. It seems like we can talk about a lot of the easy stuff like what’s for dinner or what we do on the weekends but these more difficult conversations we tend to avoid. We generally agree on most things, but I’m not so sure what to do if we don’t agree on big things. I’m a little more open to the idea of sex with other people than Jake is. And he’s more open to the idea of marriage than I am. I’m not sure what to do. I want to be with Jake. There’s nobody else for me, I do know that for sure.”

When asked about the decision to open the relationship, Brian states, “Well, I guess it seems like the next step for us. We’re both pretty secure with our relationship right now and a lot of our friends talk about their open relationships. Also, our sex life

isn't great. We used to be great together, I mean we had a lot of fun sexually, but eventually it sort of went flat. We've gotten into our work routines and everyday life just seems to take over. We've ended up spending less and less time in bed together doing anything except sleeping. I think it bothers us both, and so we have talked about what has been happening with our sex lives. A few weeks ago, we agreed to try spicing things up by having a third person join us. We found a guy; it's pretty easy to do these days with all the apps and stuff out there. It was fun and so now we're thinking it might be ok if either of us wanted to meet up with other guys occasionally for sex. We decided that we should make some rules around it, though, but we're not sure what the rules should be."

When asked about their concerns in opening their relationship, Brian says, "I don't think there's anything wrong with having sex, it's natural. I'm more sexual than Jake is, so as long as we're both safe, I don't think I have too many concerns. I have always had an interest in a little bit more, uh, kinky stuff that Jake isn't into, so I want to be able to explore that more. And I want him to maybe explore some things that I'm not into if he wants to. Jake adds, "Yeah, I think Brian is a little more excited about it than I am. I mean, I'm on board. I just worry a little." When asked about his concerns, Jake reports, "Well, I dunno, I don't get jealous you know. But, um, I guess I just don't want Brian to fall for someone else. I mean, I'm older now and I …" Jake starts to tear up and says to Brian, "Sometimes I guess I feel like you don't want to be with me, like I'm gross or disgusting. I can't help it if my sex drive has tanked. I just hope that you're not tired of dealing with me. Since you don't want to get married, I wonder whether maybe this is your way of telling me that you want out."

Brian reaches over and puts his hand on Jake's hand. "Oh sweetie, that's just not true, I'm not tired of dealing with you at all. I love you, and I want to spend the rest of my life with you whether or not we have a wedding. You're the only man for me. I know where my heart is, and it's with you. I know where I'm going to lay my head down to sleep every night and there's no other bed I'd rather sleep in than ours, next to you. I don't think you're ugly, I think you are beautiful inside and out. Our relationship is sacred … *you're* sacred to me and I'd never want to jeopardize that."

Case Study Part One: Commentary Part One

Intercultural Care

Utilizing the outline provided by Addison and Coolhart (2015) and the emergent clinical strategies offered by Lizardy-Hajbi (2021), I begin identifying and highlighting the multiple intersections of identity present in the couple relationship with the goal of assisting the clients in recognizing possible systemic advantages and disadvantages that help or hinder them in considering this relational transition. These include gender, sexuality, race, class, and religious/spiritual belief systems and subsequent Christian norming, heteronorming, heterosexism, and internalized homophobia.

As mentioned in previous chapters, this dissertation is focused on clients who identify as white and cisgender male; therefore, I focus less on the domains of gender, race, ethnicity, immigration status, ability status, and social class while focusing more on the realms of sexuality and religious/spiritual beliefs and behaviors. I acknowledge the inherent power, privilege, and advantages of being white and cisgender males who are U.S. citizens. I recommend that all clinicians have a working knowledge of all aspects of intercultural categories and are able to have salient clinical conversations with their

clients about all relevant aspects of social identity. The ALGBTIC LGBQQIA Competencies Taskforce Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (Harper et al., 2013) provide more detailed information about counseling competencies in intercultural categories that are not addressed in this dissertation. They offer a good starting point for therapists to increase their awareness about the other intercultural categories and their impact on same-sex relationships.

Minority Stress

Clinical caregivers must acknowledge the multiple intersections of minority stress experienced by their clients. This stress is related to the discrimination, violence, and intolerance that clients experience as a result of their sexual orientation (Schlager & Kundtz, 2019). As this couple's therapist, I begin by noting the aspects of their lives involving social oppression and violence that are unique to sexual minority clients. Behavioral health caregivers must acknowledge these influences, along with any subsequent cognitive or emotional disruptions which impact the relationship. These areas of concern that therapists must take into account include

- Heterosexism, internal and external homophobia, rejection by families and communities and lack of legal protection as a same-sex, unmarried couple.
- Lack of role models and social support for healthy, long-lasting queer couples.
- Varying degrees of 'outness' to family, friends, employers or employees, as well as the coming-out process and subsequent reactions from others.

- Cross-cultural impacts such as differing races, ethnicities, religious backgrounds, age group/generations, education and educational opportunities, and/or socioeconomic status.
- Sexual monogamy or consensual nonmonogamy as options, preferences, and/or communal norms.
- Lack of clarity regarding gender roles and negotiating roles within the relationship.
- Parenting concerns, or barriers to parenthood.
- Explicit or implicit caregiver bias about sexual minority individuals and/or couples. (Addison & Coolhart, 2015, pp. 438-439)

These guidelines provide a useful framework for the evidenced-based, intercultural care of sexual minority clients, but are somewhat lacking in the area of spiritually integrated therapy, which is the focus of my work. Clinicians must address specific religious or spiritual harm experienced by their sexual minority clients, as well as whether spiritual beliefs and practices are a resource or a liability to themselves and to the relationship.

Spirituality and Spiritual Struggle

Religion has a long history of being used to justify homophobia and the exclusion of sexual minorities and continues to be used as a weapon against those who do not conform to heterosexist standards. As a result, many gay men find alternative ways of engaging with spiritual beliefs and practices that are less antagonizing. While many gay men may have been raised in traditional religious households, "only approximately one quarter currently hold a membership in a religious institution (e.g., church, synagogue, or

mosque)" (Halkitis, 2009, p. 259). For many, like Brian, their choice to move on from the religious community in which they were raised was related to their sexual orientation and the anti-gay rhetoric they may have experienced from their religious upbringing. Part of our responsibility as caregivers is to assist clients to "overcome religiously inspired internalized cultural messages which say that they are inherently flawed and less than human" (Graham, 1997, p. 147).

In a therapy session, Brian talked about his experience, "Oh yeah, when I was growing up the message was clear from the top down, gays are sinners who are damned to hell as a result of their sexuality, and they, er…. I was not welcome. Gay people were considered monsters who would prey on children and molest them. Some people weren't that direct. I remember a couple of people talking about how we're all sinners and how they 'loved the sinner but hated the sin' kinda thing, but I realize now that was one of those microaggressions people talk about nowadays. We didn't have a word for it then, but yeah, those little digs were happening a lot. Like when someone would say, 'that's so gay' and I would cringe inside but not speak up because I didn't want to be perceived as being gay myself. I knew it was a bad thing to be perceived as being gay in that environment. The way people talked about AIDS and gay men and women made me feel ashamed of who I knew myself to be. I think my parents felt really ashamed too. Like they had done something wrong to have raised a gay son."

As a spiritually integrated caregiver utilizing an intercultural, evidence-based approach with sexual minority clients, I recognize that the damage caused by religious violence they experienced and may continue to experience might be a major element of stress. It is important to acknowledge and understand how traditionally heterosexist,

monogamous, and Christian systems have been used to diminish and harm those who do not fit into these systemic norms, particularly for Brian in this case study. Therapists are tasked with bringing these systems of oppression to light in order to assist clients in altering how they may consciously and intentionally respond to these negative stimuli in ways that are more affirmative. As spiritual caregivers, we can assist clients in learning how to do this and perhaps utilize their couple relationship as a resource in moving in the direction of healing, as I'll demonstrate later in this chapter.

An interreligious approach to compassion-based spiritual care may be particularly useful when working with sexual minorities and assisting clients in consciously responding to negative stimuli, which are centered on their sexual orientation. Doehring (2015) advocates that a spiritual caregiving approach which, "respects what is unique about each person's religious identity" is essential when working with clients with diverse sexualities, relational status and spiritual beliefs (p. xxiv). Doehring and Kestenbaum note that spiritually integrated clinicians become

> spiritually trustworthy when they convey respect for the unique ways people experience and name incarnational and/or transcendent aspects of their lives that mediate a deep sense of mystery, awe, beauty, goodness, holiness, and/or the sacred. [They] may be especially helpful when people experience religious and spiritual struggles that disrupt practices previously connecting them to transcendence. (2021, in press)

Once clients trust that their unique beliefs, values, and ways of connecting with transcendent dimensions of their lives will be respected, they will be able to trust the process of exploring their practices, values, and beliefs. Doehring (2015) describes how spiritually integrated clinicians can explore and co-create meanings with clients by helping them

> tenderly understand how their emotional reactions of shame, fear, guilt, and anger – formed in childhood by family and social systems – have accompanying embodied theologies – values, beliefs, and ways of coping constellated and held together by these emotions … Under stress, many care seekers are influenced by and act upon embedded formative values, beliefs, and ways of coping that may no longer be spiritually life affirming and may generate chronic spiritual struggle. Exploring and aligning values, beliefs, and spiritual practices will make room for a more complex integration of religious or spiritual worlds that can compassionately respond to suffering… Deliberative integration is sustained by ongoing spiritual practices – personal and communal – along with theological awareness of when personal and culture values, beliefs, and coping practices are life limiting. (p. xx)

Shame

Shame is often a significant emotional dynamic for gay men and couples because of formative and ongoing experiences of sexual orientation discrimination (Anderson & Koc, 2020; Kort, 2018; Schlager & Kundtz, 2019; Szymanski & Carretta, 2020). Brian stated in the case study that he felt ashamed to acknowledge aspects of his life that reflected his identity as a sexual minority. Underlying shame can easily stifle compassion toward self and others (Doehring, 2015) and also become integrated into ones' sense of self (Kort, 2018). Caregivers assist clients in moving from an internalized sense of shame or homophobia, to a sense of self-compassion and self-love that can be shared with oneself and others. Empirical research indicates that sexual minorities who experience non-affirming or hostile religious or spiritual environments in childhood are likely to experience internal conflict between their sexuality and religiosity, resulting in internalized homophobia (Halkitis et al., 2009). As discussed in previous chapters, this type of religious or spiritual struggle is associated with an increased risk of mental and physical health problems and may create strain on the relationship. Caregivers must

support their clients in developing new skills that assist in recognizing and transforming embodied experiences of shame that intensify relational struggles.

Coping

As research on religious coping described in the previous chapters demonstrates, aspects of religion and spirituality may be part of useful coping mechanisms under times of stress for some people. However, research is lacking on sexual minorities and their coping, especially when religion has proven to be harmful as a result of heteronorming and heterosexism. That said, clinicians van still draw upon some of the foundational elements of religious coping reviewed in previous chapters, combined with components of an intercultural approach as it impacts gay men when providing spiritual care.

I begin illustrating how to draw upon research on religious coping by using it to establish a sense of Jake and Brian's spiritual orienting systems to determine if they provide helpful ways of coping, and core values and beliefs during a time of relational transition and possible relational disruption. To get a sense of their orienting systems, I want to help them identify aspects of their orienting systems (as individuals and as a couple) through active listening and targeted questioning. I will use open-ended questions about the impact of their core beliefs and values, as well as their practices of connecting with spiritual/transcendent aspects of their lives, in order to help them explore how these influences shape their understandings of themselves and their relationship.

Shared Spiritual Orienting System

As part of my work of reinforcing the bond between Jake and Brian, I assess and highlight how the couple views the relationship as part of their orienting system. The orienting system is a contextual and socially influenced "general framework of values,

beliefs, practices, emotions, and relationships that offer direction and stability" as people move through their lives (Pargament et al., 2016, p. 381). I would begin by exploring their experience of stress when they think or talk about marriage and open relationships (since the two stressful topics are interconnected, at least for Jake). How do they experience stress in their bodies when these topics come up? What emotions get generated by stress around these topics (e.g., shame, guilt, anger, compassion, excitement, hope, etc.)? What values and beliefs about themselves and each other may be generated by stress-based emotions? Where do those values and beliefs come from and how helpful are these values and beliefs in helping them search for meanings about marriage and open relationships, as individuals and as a couple? I would also explore whether they have helpful practices for coping with the stress of difficult topics like marriage and open relationships. For example, are there practices that help them stay calm and experience self-compassion and compassion for each other? When they use those calming practices, do their values and beliefs about marriage and open relationships change or become clearer? These kinds of questions help Brian and Jake become more aware of how they experience stress and stress-related emotions when they think or talk about these difficult topics, and what sorts of values/beliefs from childhood might be associated with stress-based emotions like shame, guilt and anger; and what beliefs and values might become priorities when they are able to 'calm' their stress responses, and experience compassion toward self and others.

I might inquire more about Jake's comment that, "nature is my religion" and find out more about how being in nature is important and meaningful to him, along with what he experiences in the "glory of nature." I would perhaps follow up with questions about

the difference being in the “glory of nature” makes to him as well as his relationship with Brian. Is he changed as a result of being in nature? In what way? How does this impact his relationship with Brian? I might ask Brian what he notices about Jake when he is in the “church of nature” and how that impacts him as a result. It is important to ask these questions to gather a sense of his spiritual beliefs as they are related to his spiritual orienting system, how he makes sense of the world, and how Jake potentially uses these beliefs and behaviors as resources in times of stress. I might then explore how Jake might draw upon his experiences of the “church of nature” as a source of strength and calmness when he feels stressed about thinking and talking about marriage and open relationships. What might that look like? How might he do that now during a therapy conversation (for example, by doing some deep, slow breathing while he recalls memories of being in nature)?

It could be important for this couple to discuss Brian’s experience with his church growing up and recognizing the impact this has on him currently, especially when he thinks or talks about marriage and open relationships. There is an opportunity to explore whether stress-based emotions like shame, anger, and guilt get triggered by these topics because of his childhood experiences. I would inquire about how he has developed his spiritual beliefs and whether he has practices that connect him with goodness, similar to the ways Jake experiences nature. This exploration of stress-based emotions that arise when he thinks and talks about marriage and open relationships could be connected to grief over his brother’s experiences and death. Might he be able to intentionally remember his brother now as a source of protection and strength? What does it mean to him to know that his brother is looking out for him and protecting him? How does this

make a difference to him during times of difficulty? I might inquire about how whether he has utilized his spiritual beliefs and practices to navigate through difficulty in the past and if these resources might be useful as he faces relational difficulty and open relationships.

Clients possess a myriad of coping skills to help them move through difficulty—some helpful and some harmful. Sometimes they forget their own strengths, wisdom, skills, and tools. It can be helpful to remind them, specifically, of coping skills which might be connected to their spiritual beliefs and practices, especially coping practices that connect them with a sense of their inherent goodness, the goodness of humanity and the goodness of nature. Clients can be coached on how to use these practices to hold stress with compassion and, if possible, to decrease stress and increase calmness when they think and talk about challenging experiences and topics like open marriage. Being able to use calming practices that connect them with goodness will help clients when they feel overwhelmed, especially by memories of religious prejudice. I would engage the clients in a conversation regarding their spiritual strengths, resilience, and coping skills that have served them thus far. How have they relied on their spiritual belief systems, values, and behaviors as a couple that have helped them through past difficulty? Have they relied upon each other as a source of spiritual strength or resiliency? If so, how and what difference has it made? Exploring these spiritual resources will enable them to trust the process of exploring stressful relational transitions like marriage and open relationships. They will also be more able to explore and construct a spiritual orientation as a couple, that includes shared practices for connecting with goodness, and shared beliefs and values about marriage and open relationships.

Sanctification process

Couples are more likely to invest in a union viewed as inherently good or sacred. One or both may view the relationship as containing or manifesting some essence of goodness, spirit, sacredness, and/or the divine, or perhaps they view aspects of life, the relationship or themselves as possessing elements of the divine (Mahoney, 2016). In this case, Brian states that he believes his dead brother has brought he and Jake together. Perhaps I might engage the couple in a conversation about how they view their relationship as being inherently good, or having sacred elements, and if they both believe that the relationship contains elements that reflect their spiritual orientations to their lives. How do they define what is good in their relationship, which they may name as divine or sacred? Do they consider their union divinely influenced in some way? How has this inherent goodness shaped their relationship over time? What are their beliefs about their union being a sacred union? Why is it important for Jake to be married? What does Jake imagine the ceremony to be? Is it possible for Brian to incorporate his sense of relational sacrality to a ceremony if they choose to wed, and how might they craft a ceremony that honors both of their views? What do they expect might be different about their relationship after the ceremony? How do their views about sanctity of the relationship influence their views on monogamy and nonmonogamy? All of these questions are meant to reinforce how each client views the relationship as containing spiritual elements and builds upon the concepts of sanctification and spiritual orienting systems presented in previous chapters. It is important to use the client's language throughout these conversations and to be aware that Brian and Jake may use different language than each other. Using the client's language and assisting them in defining meaning provides an

opportunity for both the clients and the caregiver to conceptually understand the terms which are being used.

Spiritual Intimacy

As a spiritually integrated caregiver, part of my job is to assist clients in identifying "more clearly what the client holds sacred" (Pargament, 2007, p. 18) and to assess whether these beliefs and practices are useful coping mechanisms during times of crises. Using focused questions, I am able to help clients identify spiritual methods of coping that "help reorient and sustain themselves psychologically, socially, physically, and spiritually" (Pargament, 2007, pp. 109-110). For example, in this chapter's case, Brian stated that the relationship and that Jake are both sacred to him. It could be important to ask Brian to tell Jake what he means when he says that the relationship and Jake are sacred. I could ask him to describe what parts of the relationship he views through a sacred lens, and how does that make a difference in their relationship? I might ask Jake what it's like for him to hear this from Brian, and whether or not it is meaningful to him.

Research demonstrates that greater spiritual intimacy is a predictor of increased positive feelings and thoughts of the relationship and decreased negative thoughts and feelings (Mahoney, 2016). As detailed earlier in chapter 3, Mahoney describes spiritual intimacy as "disclosing and being supportive of the spouse's disclosures about spirituality" and has the potential to motivate couples to treat each other better and avoid hurting each other (Padgett et al, 2019, p. 5). Openly discussing spiritual journeys with another person increases feelings of spiritual intimacy. Is their relationship a safe place to disclose this? Do they trust that the information is going to be heard and honored? Part of

spiritual intimacy is listening to your partner in a way that allows them to feel heard. Do both Jake and Brian feel safe in disclosing intimate spiritual thoughts and feelings to one another, and do they both feel as if they are being heard when they discuss what is important? If one of them considers himself less spiritual, is it okay to talk about that as well? Are they able to also talk about spiritual struggles? These conversations can result in a sense of peace, closeness, unity to the relationship, as long as couples are able to spiritually self-differentiate by maintaining healthy boundaries between their spiritual experiences, practices, values and beliefs and their partners. As Doehring and Kestenbaum (in press) note, spiritual differentiation helps people "convey radical respect for differences in the narrative 'truth' of one's own and another's beliefs, values, and spiritual practices" (p. 1). Setting aside time to (a) intentionally listen to each other and (b) use calming practices if they find aspects of their conversation stressful, will increase their capacities to spiritual self-differentiate. Questions to potentially ask: When are the best times to have these conversations? Who initiates? How frequently? How do the two of you talk about potentially difficult subjects such as family, finances, health, spirituality? When do you feel most spiritually intimate? I might ask Brian if he talks to Jake about his spiritual experiences of seeing white feathers or feeling the presence of his brother and ask Jake if he shares his spiritual connections to nature with Brian.

Sacred Connections and Practices

Research demonstrates that many aspects of religion and spirituality help many people sustain loving family relationships (Mahoney, 2016). Couples who attend services more often and view religion as more important, report more marital satisfaction, more satisfaction with same-sex relationships, and with cohabitating relationships, less divorce,

less infidelity, and less domestic violence (Mahoney, 2016). As a couple who identifies as SBNR, Brian and Jake might turn toward alternative ways of expressing their spirituality as they navigate through their relationship over its lifespan. Caregivers must ask about the beliefs and behaviors in which they engage that reflect their spiritual orienting system, perhaps something as simple as spending time together in nature, for example. I would ask questions about their practices and beliefs, but also ask how these make a difference in their lives. I might extend this type of questioning to ask about whether or not their current community or system offers spiritual support, and whether or not they consider these connections as sacred. Do they each view caregiving of each other as a sacred activity, however they might define sacred? What is the caregiving experience like for them each as a care giver and receiver?

Desecration

Sacred connections run the risk of deep, internal disruption if that connection is in some way disconnected or violated. For example, if a person views a relationship as sacred and their partner does something that violates that view, emotional wounding may occur. Pargament et al. (2005) note that

> People may suffer more severe consequences when sanctified aspects of their lives are lost (i.e., sacred loss) or violated (i.e., desecration), and they may be more likely to lash out against the perpetrators of the injury. Only a few studies, as yet, have examined the impact of desecration and sacred loss (see Doehring 1993). Magyar, Pargament, and Mahoney (2000) examined the implications of desecration in a sample of college students who had been recently hurt in a romantic relationship. As predicted, students who perceived their hurt or betrayal as a desecration of a sacred relationship reported more negative affect and physical health symptoms, poorer mental health, and, interestingly, more personal and spiritual growth. These effects remained significant even after controlling for the negativity of the event. Thus, the experience of desecration had distinctive implications for the health and well-being of these participants. (p. 60)

In the chapter case study, consideration of whether religious prejudice is experienced as a spiritual violation may be relevant. While Jake's family is supportive and involved, Brian's family has never accepted his sexual orientation and some family members have outright rejected him for being gay. Brian describes his family experience as "traumatic" and is potentially retraumatized each time he interacts with his family. They are not a source of emotional support. Jake, on the other hand, finds his family a tremendous support. Does Brian view his early childhood religion as a disrupted sacred connection? How has Brian healed from his past experiences of religious prejudice in his childhood church and in his family of origin? How does religious prejudice violate his relationship with his family of origin, and how does it impact his relational attachments now, especially with Jake? Is there anything Jake might do that would help Brian heal from his past wounds? It is important to create a space to recognize the internalized shame of growing up gay in an environment which was not welcoming, and sometimes abusive toward alternative sexualities. Further, if one views the relationship itself as sacred, a relational disruption could potentially evoke intense feelings of desecration or sacred loss and violation. This sacred loss could be felt more deeply than other types of loss since it is connected to embedded spiritual beliefs and values about the relationship which now feel severed or damaged (Doehring, 2015).

Negative and Positive Functioning of Religion as well as Religious/Spiritual Struggle

Though many gay men have negative associations with aspects of religion and spirituality, for some gay men, their religious or spiritual beliefs and practices are positive influences in their lives. Jake says, "I guess it hasn't been that bad for me. I grew up in a moderately religious household and I don't think we were really aware of any

negativity toward gays in our community. Maybe it was there, and I just wasn't paying attention, but I always felt loved by the pastors or ministers and by the people we knew from the churches we went to. No one really talked about gay people being sinful, it was a much more positive environment. There were never any statements about condemnation; it was more about loving one another. It felt much more accepting, and I miss that closeness and that community. I can't remember ever feeling like an outsider because of my sexuality. I didn't come out of the closet until I was in my 20s and no longer living at home, but I don't think it would have been an issue for most of our close family and friends from the church. Growing up, I had seen and heard some anti-gay things at school and on TV I guess, but I didn't pay too much attention to it all. Maybe it's true what they say, 'ignorance is bliss,' but I honestly don't think most of the people at my church were anti-gay, at least not in front of me."

"When I went away to college, I searched for that type of community in the city I was in but couldn't find it. Those folks I met at church were nice and all, but the whole thing just didn't feel like the church community I grew up in, so I guess I was disappointed and just stopped attending church altogether except for when I went home. My parents still went to the same church and I loved coming home for Christmas and going to church with my family. I always felt like it was a really big celebration and they always welcomed me back home with open arms. It makes me sad to think that most of those people I knew as a kid are now passed. They gave me a solid foundation of what I believe to be unconditional love and acceptance. It definitely formed how I view people to this day. Brian thinks that I'm a little too trusting sometimes and maybe he's right, but I'd rather be this way than bitter and angry like some other people I've met.

"I couldn't have known it at the time, but I felt most connected to God, or at least something larger than myself, when I was at church. I think it was the architecture of the small churches we would go to. I just loved looking around the room and noticing how beautiful everything was. I was enthralled. I'm sure my parents got tired of me talking about it. I was intrigued by the space more than the message. It made me wonder how people built the building and really created a sacred space regardless of what happened inside the walls of the building. I still feel a connection to God, though I think my idea of what, or who God is has changed over the years."

It is important to acknowledge Jake's perspective and include his perspective in the clinical care conversations. Reflecting the emergent clinical strategies method, I alignin with him through open-ended questions that are asked with genuine curiosity, gaining deeper insight into his internal experience of his spiritual beliefs and understand them as part of his spiritual orienting system. Jake's spiritual beliefs and practices are potential resources that may help him cope with relational stress as well as other life difficulties.

Shared Meaning

As presented in the previous chapter, same-sex couples often embody a shared equality in the relationship that heterosexual couples do not. Shared gender roles are more common in same-sex relationships. Many same-sex and opposite sex couples try to create a sense of shared meaning in working through relational conflicts and difficulties which reinforces their connection to a shared spiritual orienting system as described earlier in the chapter. This can help them become united in shared beliefs and core values that give a sense of purpose to their lives as couples, especially when they face tumult

together. As detailed earlier, Gottman's research on the unique traits of same-sex couples indicates that same-sex couples bring their experiences of shared equality in gender roles, and their capacities for negotiating gender roles to relationships. These traits may also be applicable to same-sex couples when they are negotiating shared values and beliefs, for example, about marriage and open relationships. It might be useful to explore with Jake and Brian how they have created shared meaning and power over the years together. What is their opportunity to create shared meaning as partners while facing their current challenge of opening up their relationship? What is the couple's values and beliefs regarding their union? What behaviors/actions/experiences, jointly or independently, reflect their shared spiritual orienting system? I would also want to explore the external validation of their relationship via family and friends while acknowledging the differences in their relationships with their family of origin and how this impacts their relationship. Both are able to be "out" at work and with friends, which may create a sense of alignment and intimacy as a same-sex couple. I would also explore the idea of commitment in the marriage. Fidelity may have different meanings and show up differently in each relationship. Emotional fidelity verses sexual fidelity could be an important conversation to have to help the couple navigate through their concerns, and it may be important to help them explore how they each define emotional fidelity verses sexual fidelity.

Jake expresses that he thinks Brian may not be completely committed to him if they do not have a ceremony. Jake's questions about commitment, along with discussions about opening their relationship sexually, create feelings of stress for Jake. As previously illustrated, helping him explore spiritual practices for coping with this type of stress will

help him self-soothe in times of difficulty. This disruption caused by questioning Brian's commitment could feel like a sacred violation or desecration to Jake, if he views their relationship as sacred. Such relational disruption may bring forth strong feelings that challenge how he views the relationship and himself. Sacred wounds cut deeply, and navigating through this difficult terrain can be challenging. Throughout this process, it is important to validate each person's perspective as a way of consciously modeling curiosity and active listening.

I would also explore their process of coming out to themselves and to their family and friends as a possible source of ongoing stress or as a resource. What was that process like for each of them? What were the advantages and the repercussions? How do they believe that this has influenced them today and how has it influenced their relationship? Jake has experienced a serious loss in his life, having his partner die unexpectedly. What type of support did he receive around that? Does that traumatic loss impact his relationship with Brian in any way? What strengths, losses, and struggles might they each bring from past intimate relationships that might help or hinder them in their current struggles?

Monogamy and Consensual Nonmonogamy

Recent data collected by Gottman (2019) in research with 438 gay male couples demonstrates that "about half of the couples had open sexual agreements with some condition or restrictions" (p. 19). This is consistent with a 2010 study published by Neilands that approximately 42% of gay male couples had an open sexual arrangement (though this was taken from a sample in San Francisco with a large, openly gay population (p. 31). It is important to note that it is not just gay men who are engaging in

open relationships. According to recent data collected from heterosexuals, heterosexual Americans are increasingly interested in consensual nonmonogamy (Barker, 2013; Conley & Moors, 2014; Finkel et al., 2014; Moors et al., 2014; Moors et al., 2015; Moors, 2017). Caregivers should be cautious not to label a relationship as unhealthy or unstable based strictly on whether or not the couple is sexually monogamous. Doing so reflects contemporary heterosexual bias (Shernoff, 2006). Research shows that gay male couples, regardless of their open or closed sexual relationships, draw upon strengths that help them move through difficulty and maintain their relationship in positive ways (Gottman et al., 2003). Further, recent research on younger gay male couples in consensual, nonmonogamous relationships indicate that as a result of their open relationships, they report "improved overall relationship, communication, and sexual relationship quality" (Stults, 2019, p. 3053).

Brian and Jake report that they have already begun the important task of creating ground rules for the relationship prior to engaging in any outside activity. As they continue to have conversations about their relationship, they and their therapist may find it helpful to draw upon Joe Kort's (2018) list of questions about nonmonogamy. I've adapted his and included mine,

- Define consensual nonmonogamy. What does it mean to each of you?
- What exactly are you both agreeing to? Do you both agree on the sexual behaviors that are permissible? If so, what are they?
- Is this really what you both want, or is one of you acquiescing to keep the relationship together?

- How do you believe you will be able to make this work? What is the plan in case it doesn't work?
- Are there past relationship influences that might positively or negatively influence either of you as you move into opening your relationship?
- What do you need from each other as you move into this relationship stage?
- Is it important for you to continue to have sex with each other? How will you ensure that the sex between the two of you does not suffer?
- What are the ground rules? Are there activities, sexual or otherwise, that are off limits?
- How much detail do each of you want from one another about what happens outside of the relationship?
- Is there a limit to the number of outside sex-partners or the frequency of sex?
- What are the rules around sexual health?
- How open will you be with others about your open relationship status?
- What is the plan in case conflicts arise?
- What is the plan in case one of you believes the arrangement no longer works for them? Is returning to a monogamous relationship an option?

Clinicians might also ask their clients about other questions or areas of concerns that need to be on this list as they move forward in their discussions.

As couples disclose that they have included other partners in their sex-life, and report that they are making a decision about whether to open up their sexual relationship, it is important that clinicians monitor their own reaction and pay attention to any judgements they may be having regarding and not pathologize sexual behavior that some may label as promiscuous. Employing the emergent clinical strategies of Lizardy-Hajbi (2021), clinicians will need to practice spiritual self-differentiation, especially if they hold core values about monogamy that differ from their clients. This is an opportunity for Brian and Jake to express their concerns, as well as their expectations, in a trustworthy counseling environment free of judgement and bias from their caregiver. Though caregivers will certainly have their own values and beliefs, they must provide a safe, non-judgmental space where clients are free to explore their own core values and beliefs. Clinicians need to assist their clients in negotiating the principles and practices unique to their relationship and assist them in determining what will work best for them as they identify and develop communication skills regarding difficult topics. Brian and Jake might both need assistance in identifying their needs, wants, and desires and in learning how to communicate these in their primary relationship, as well as any outside sexual relationships.

Included in these conversations are discussions about spiritual beliefs and practices that may be resources or liabilities during this time. Spiritually integrated clinicians help their clients navigate this relational disruption, keeping in mind the influence of their client's spiritual orienting systems around specific, relational issues like marriage and open relationships. As gay men growing up in a heteronormative society, how have they both conceptualized sexual relationships and reconciled them with any

spiritual/religious beliefs from childhood? This is particularly important for Brian, who has experienced feelings of deep shame as a result of hostile messages received from his family and church community.

Both Brian and Jake are currently expressing an interest in potentially opening up their relationship sexually, and it is important to recognize that this may be a time of experimentation to determine whether or not an open relationship is suitable and sustainable. Returning to a monogamous relationship is an option later if they choose. Relationships may move between open and closed, defying "normative configurations of intimacy" (Hammack et al., 2019, p. 557). It may not be a permanent decision, and clinicians must assist clients in identifying communication skills needed to navigate the decision, as well as the subsequent conversations about the status of the relationship. For Jake and Brian, they will need to discuss their relationship on a regular basis, being intentional about when and how they do this. Jake reports, "We have dinner at our dining room table together every Sunday, no distractions, just us. We use this time to consciously check in with each other and be honest about how things are working. It's our 'state of the union' moment each week. Obviously, if something comes up during the week, we talk about it then, but this time gives us a chance to focus on us to make sure things go well in the next week." They may want to include conversations that include aspects of their decision to engage in consensual nonmonogamy as they move forward in their relationship.

Conclusion

Using an evidenced-based, intercultural approach while employing an emergent clinical strategies method offers spiritually integrated clinicians a foundational approach

that deconstructs traditional heteronormative approaches to care which prioritize sexual monogamy and Christianity. Spiritually integrated clinicians are encouraged to explore with their clients any negative consequences of their foundational religious and spiritual experience, their values and beliefs from childhood, while providing room to discuss how their clients came to their current spiritual beliefs and practices. It is important to consider how their sexual and spiritual identities developed over time and to identify any limiting beliefs or practices associated with residual religious heterosexism that might interfere with their current relationship with themselves or others. Through this case study, I have demonstrated how a spiritually integrated clinician might provide evidenced-based, intercultural care to white, gay male couples in ways which highlight their unique qualities and strengths as they contemplate consensual nonmonogamy. I recognize that every couple is unique and that clinicians must tailor their helping sessions to their clients. This chapter and case study is intended as a basic outline which may serve as a good place to begin, as clinicians cocreate the change process with their clients.

In the following chapter, I review the lessons from this project and provide an overview of the next steps as a result of this work. I offer a summary of how spiritually integrated caregivers may use this work in clinical care settings and present ways it may be used to advance theory and practice in pastoral and spiritual care, psychotherapy, and spiritual caregiving. I will provide a summary of the project and offer best hopes for the future of scholarship, research, and clinical care of couples who identify as gay, male and SNBNR.

Chapter Six: Discussion/Further Areas of Research

Implications

In this practical, theological dissertation, I have demonstrated emergent clinical strategies for spiritually integrated therapy with clients who identify as white, gay, male, and SBNR. These strategies have emerged from lived experiences of gay, SBNR males (mine and my clients), as we draw upon moral and spiritual orienting systems developed over a lifespan. These lived experiences demonstrate how we navigate relational transitions in intimate, committed relationships, in ways that counteract religiously based hetero-normative values, beliefs, and practices. I have reviewed past and current research findings and spiritual care approaches to highlight the limitations of research and scholarship that implicitly or explicitly assume religious – usually Christian – relational spirituality. I have used an emergent strategy dialogical method that brings lived experiences (portrayed through composite fictional case studies) into dialogue with research and scholarship (Lizardy-Hajbi, 2021), out of which clinical strategies have emerged for spiritually integrated therapy with white, gay SBNR couples going through relationship transitions. These emergent strategies are, in a sense, the 'findings' of my dissertation, although not in a traditional sense of being generalizable to all SBNR, gay, male couples. Rather, these findings demonstrate the value of therapists and clients engaging in their own process of honoring their lived experiences as they explore emergent values, beliefs, spiritual practices, and strategies for seeking spiritual, relational

well-being that counteracts heteronormative religious beliefs, values, and practices. In addition to reviewing and synthesizing the current knowledge base, I have offered future scholars and clinicians clinical strategies and methods to search for meanings that challenge traditional ideas of intimacy, fidelity, and spirituality of white, gay male couples. These emergent strategies challenge heteronormative, monoganormative, and Christian-centric ideas about intimacy and spirituality that dominate many of the clinical approaches to care and provide a new way for therapists to co-create meanings with their gay, male, couple clients. I am also challenging the belief that spiritual values, beliefs, and practices are coping tools for sexual minorities, specifically gay men, in the same way that they are for non-sexual minorities. Mental health clinicians must recognize the impact of Christian-centric, heteronormative, white, values and beliefs, especially their embeddedness in Christo-centric heteronormative systems, upon their client's lives. Exploring the impact of such values and beliefs helps gay male clients evaluate their spiritual values, beliefs, and practices and determine whether these are resources or roadblocks when coping with struggles in their committed relationships.

The evidence-based, intercultural, emergent clinical strategies described in this dissertation provide a more socially-just approach to care which conceptualizes and honors the unique experiences of white, gay male couples who do not fit into heteronormative categories. It also values diversity and affirms the contextuality, multiple perspectives, and the authentic participation approaches to spiritual care while avoiding stereotyping and reductionism (Lartey, 2003, p. 33). The emergent strategy method itself is demonstrated to be especially meaningful for clinicians and clients whose life

experiences do not fit cultural and religious norms and expectations for intimate relationships.

It is my hope this dissertation portrays, to some degree, the mystery and, one could say, holiness or inherent goodness of the diverse and fluid ways in which people love themselves and others while embracing aspects of themselves and their relationships that they consider sacred. In my clinical experience, many mental health clinicians have reported to me that their clients bring up religious/spiritual concerns for which the clinicians are not adequately prepared to discuss in session. Not only this, but therapists have indicated to me that they may not understand (1) the complexity of spirituality as it relates to those harmed by religion, and (2) how to help clients navigate through spiritual or religious struggles. Their clinical concerns reflect my own experience as a therapist, prior to beginning a PhD program in religious studies, and subsequently embarking on this doctoral research. I hope that readers who work as therapists in a clinical setting are challenged to think and act differently in the way they approach and explore alternative possibilities of relational intimacy and spiritual beliefs and practices of white, gay male couples. I hope my use of the emergent-strategy method will inspire them to engage their clients in this method as they co-creatively search for values, beliefs, and spiritual practices that honor the unique goodness of their life experiences as persons and couples. While many mental health caregivers are unlikely to identify as affiliated with a single religious tradition or community, especially as younger generations increasingly identify as religious multiple and spiritually fluid, they appear to acknowledge the potential mental health benefits of religious and spiritual beliefs and practices (Delaney et al., 2007, p. 538). These clinicians need to consider the negative effect of hostile,

heterosexist beliefs and practices promoted by many major world religions, resulting in religiously-based prejudice toward sexual minorities. A brief overview of the information presented in previous chapters follows.

Chapter Review

In chapter two, I reviewed the concept of spiritual but not religious (SBNR) and how this self-identity continues to grow in the US. I explored why gay men in the US may consciously move away from organized religion as a result of religious harm and marginalization and why identifying as SBNR potentially helps reconcile spiritual values, beliefs, and practices with sexual orientation. I explored the importance that scholars of religion recognize the impact this identity has on gay men.

In chapter three, I outlined past and current scholarship of evidenced-based care and how religion and spirituality have been shown to be resources for many during times of stress. I summarized the importance of including the spiritual realm in clinical conversations and advocated for therapists to develop competence in these types of conversations with their clients. While evidenced-based scholarship promotes the idea that religion and spirituality can be used as a coping mechanism during times of stress, it fails to adequately address how sexual minorities may experience spiritual struggles as a result of damaging, heteronormative practices of many major religions, especially when their stress reactions evoke childhood and cultural heteronormative beliefs and values. I provided sound reasoning as to why clinicians must increase their knowledge of how gay male clients in relationships are impacted by religion differently than their heterosexual counterparts and how values, beliefs, and practices of gay men who identify as SBNR can be used as a resource during times of relational difficulty.

In chapter four, I presented research on intercultural care as it applies to those who identify as gay, male, and SBNR in committed relationships. I drew upon research and scholarship on the role of meaning-making and moral orienting systems in order to describe the unique ways gay men in committed relationship move through relational disruption. I used the example of a relational disruption, focused on a discussion of consensual nonmonogamy, because of the prevalence of sexually open relationships in some gay, male relationships, and the ways that open relationships challenge beliefs, values, and practices of heteronormative monogamy associated with most major religions.

In chapter five, I provided a composite, fictional case study demonstrating the emergent clinical strategies for evidenced-based and intercultural care that challenges heteronormative values, beliefs, and practices. These emergent strategies have two purposes. First, they introduce new ways of approaching clinical work with gay, male couples that highlights the intercultural influences of hostile religions upon gay men in the US. Second, they highlight how clinicians and clients can draw upon their lived experiences to co-create their own emergent strategies which embody more life-affirming values, beliefs, and practices. The emergent strategy method, elaborated by Lizardy-Hajbi (2021) provides a way for clinicians and clients to assess embedded spiritual values, beliefs, and practices and then develop alternative, life-affirming values, beliefs, and practices that promote more psychological, spiritual, and relational health. Mental health clinicians help clients make sense of their world during times of disruption, and I provided an example of a couple experiencing disruption by the decision to open their

relationship to outside sex partners. During these disruptive times clients may benefit from more affirming, spiritually integrated coping resources.

Next steps

Future work will build on this project and further add to the discourse, perhaps through qualitative or quantitative research that explores aspects of relational spirituality of SBNR persons, and specifically gay and lesbian SBNR persons and couples. While I was able to draw upon research about how religious heterosexism generates religious and spiritual struggles for gay men, further work is needed regarding the intersectionality of race, sexual orientation, and spiritual values, beliefs, and practices. One would imagine that the added factor of race could easily compound relational stress for SBNR gay couples, while also offering communal kinds of support for confronting systemic racism. African American scholars in religious studies have explored religious heterosexism in African American churches and the subsequent rejection and discrimination many black, LGBTQ people face within their own religious communities (Douglas, 2015; Kolysh, 2017; Sneed, 2008). Spiritual struggles are almost certainly compounded by sexism, racism, classism, ageism and other aspects of social oppression. The subsequent moral and spiritual stress experienced by black men and women because of heterosexism has not been the focus of this project, but this project and the explorartion of emergent strategies could provide a foundation of exploration for future scholars.

Further scholarship is also needed regarding the intersection of sexism and heterosexism as it pertains to the experience of those who identify as female and lesbian, as well as those who identify as transgender, non-binary, gender-fluid and more (I leave open the possibility of other types of gender and sexual identity and recognize that the

possible expressions of gender and identity are not fairly compartmentalized by a white, cis-gender, male). For example, how would the emergent clinical strategies explored here apply to a therapist who is a person of color working with lesbian clients and/or lesbian clients who are people of color? Relational struggles are certainly shaped by the intersections of religious and cultural sexism and heterosexism in ways that are different than in the lived experiences of cisgender, white males drawn upon in this dissertation. Research is lacking on the intersectionality of identities such as race, class, physical ability, affluency, age, etc. and how these shape SBNR couples. This dissertation opens questions about intersecting aspects of identity and relational values and beliefs, specifically for gay, male, SBNR couples, and this work prompts qualitative and quantitative research on these types of couples as well as other types of minorities.

Finally, though this dissertation is written for clinicians who are not religious leaders, this work can be utilized by faith leaders and religious communities who respect those with spiritually fluid, religiously multiple, and SBNR identities. As I have shown, the research indicates that those who identify as SBNR do sometimes attend religious services as well as engage in alternative types of communal spiritual expression. I call on faith leaders to create a space of open engagement through curiosity and lack of judgement with the types of people who are represented in this work who may show up at their places of worship. Ultimately, this is a reminder for all of those who work with clients or congregants to co-create lifegiving, emergent strategies that honor the unique spiritual dimensions of their relationships while setting aside heteronormative assumptions of what it means to be in a committed relationship.

The clinical application of an evidenced-based, intercultural spiritual care approach with SBNR, gay, male couples will support clinicians as they assist their clients to identify and draw upon their own life-giving values, beliefs, and practices to search for and experience goodness in ways that counteract the internalized abuse they might have absorbed in childhood and adolescence as a result of growing up in a heteronormative, Christian, U.S. environment. Utilizing this new approach, therapists will be better able to assist their clients in identifying the influence of internalized social oppression through a culturally sensitive lens, and then help their clients construct more affirming beliefs and practices. As a result, clients are then able to create a sense of spiritual and relational cohesion and justice for themselves and their relationships and intentionally utilize life-affirming values, beliefs, and practices while living in sometimes hostile, heterosexist, U.S. culture.

References

American Psychological Association. (2018, November 1). *Stress effects on the body.* https://www.apa.org/topics/stress/body#menu

Addison, S.M., & Coolhart, D. (2015). Expanding the therapy paradigm with queer couples: A relational intersectional lens. *Family Process, 54*(3), 435-453. https://doi.org/10.1111/famp.12171

Ammerman, N. T. (2013). *Sacred stories, spiritual tribes*: *Finding religion in everyday life*. Oxford University Press.

Anderson, J.R., & Koc, Y. (2020). Identity integration as a protective factor against guilt and shame for religious gay men. *The Journal of Sex Research, 57*(8), 1059-1068. https://doi.org/10.1080/00224499.2020.1767026

Baker, J. O., & Smith, B.G. (2015). *American secularism: Cultural contours of nonreligious belief systems*. University Press.

Barnes, D. M., & Meyer, I. H. (2012). Religious affiliation, internalized homophobia, and mental health in lesbians, gay men, and bisexuals. *American Journal of Orthopsychiatry, 82*(4), 505-515. https://doi.org/10.111/j.1939-0025.2012.01185.x

Barker, M. (2013). Rewriting the rules: An integrative guide to love, sex, and relationships. Routledge.

Bidwell, D. (2018). *When one religion isn't enough: The lives of spiritually fluid people.* Beacon Press.

Bohecker, L. Schellenberg, R., & Silvey, J. (2017), Spirituality and Religion: The ninth

CACREP core curriculum area. *Counseling and Values, 62:* 128-143. https://doi-org/10.1002/cvj.12055

Brown, A. M. (2017). *Emergent strategy: Shaping change, changing worlds.* AK Press.

Brown, L. S. (1995). Therapy with queer couples: An introduction. In N. S. Jacobson & A. S. Gurman (Eds.), Clinical handbook of couple therapy (pp. 274–291). New York: Guilford.

Brown, J. (2015). Couple therapy for gay men: Exploring sexually open and closed relationships through the lenses of hetero-normative masculinity and attachment style. *Journal of Family Therapy, 37*(3), 386-402. https://doi.org/10.1111/1467-6427.12053

Cannon, E., Wiggins, M., Poulsen, S., Estrada, D. (2012). Addressing heterosexist privilege during orientation: One program's experience. *Journal of LGBTQ Issues in Counseling, 6*(1), 3-17. https://doi.org/10.1080/15538605.2011.598225

Cloete, A. (2016). Mediated religion: Implications for religious authority. *Verbum et Ecclesia, 37*(1). https://doi.org/10.4102/ve.v37i1.1544

Connolly, C. M. (2004). Clinical issues with queer couples: A review of the literature. In J. J. Bigner & J. L. Wetchler (Eds.), *Relationship therapy with queer couples* (pp. 3–12). Haworth.

Conley, T. D., & Moors, A. C. (2014). More oxygen please! How polyamorous relationship strategies might oxygenate marriage. *Psychological Inquiry, 25*(1), 56–63. https://doi.org/10.1080/1047840X.2014.876908

Crawford, J., Rodden, P., Kippax, S., & Van de Ven, P. (2001). Negotiated safety and

other agreements between men in relationships: Risk practice redefined. *International Journal of STD and AIDS, 12*, 164–170.

Crenshaw, K. W. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. University of Chicago Legal Forum, 1989, 139–167.

Crenshaw, K. W. (1991). Mapping the margins of intersectionality, identity politics and violence against women of color. Stanford Law Review, 43, 1241–1299.

De Jong, G., & Ford, T. (1965). Religious fundamentalism and denominational preference in the Southern Appalachian region. *Journal for the Scientific Study of Religion, 5*(1), 24-33. https://doi.org/10.2307/1384251

Delaney, H.D., Miller, W.R., & Bisonó, A.M. (2007). Religiosity and spirituality among psychologists: A survey of clinician members of the American Psychological Association. *Professional Psychology: Research and Practice, 38*(5), 538-546. https://doi.org/10.1037/0735-7028.38.5.538

Doehring, C. (1993). *Internal desecration: Traumatization and representations of God*. University Press of America.

Doehring, C. (2015a). *The practice of pastoral care: A postmodern approach* (Revised and expanded ed.). Westminster John Knox.

Doehring, C. (2015b). The challenges of being bilingual: Methods of integrating psychological and religious studies. In E. A. Maynard and J. L. Snodgrass (Eds.), *Understanding pastoral counseling* (pp. 87-99). Springer.

Doehring, C. (2015c). Resilience as the relational ability to spiritually integrate moral stress. *Pastoral Psychology, 64*(5), 635-649. https://doi.org/10.1007/s11089-015-0643-7

Doehring, C. (2019). Using spiritual care to alleviate religious, spiritual, and moral struggles arising from acute health crises. *Ethics, Medicine and Public Health, 9*, 68-74. https://doi.org/10.1016/j.jemep.2019.05.003

Douglas, K. (2015). *Stand your ground: Black bodies and the justice of God*. Orbis Books.

Drescher, E. (2016). *Choosing our religion: The spiritual lives of America's nones*. Oxford University Press.

Elford, J., Bolding, G., Maguire, M., & Sherr, L. (1999). Sexual risk behaviour among gay men in a relationship. *AIDS, 13*, 1407–1411.

Ellison, M. M. (2012). *Making love just: Sexual ethics for perplexing times.* Fortress Press.

Finkel, E. J., Hui, C. M., Carswell, K. L., & Larson, G. M. (2014). The suffocation of marriage: Climbing Mount Maslow without enough oxygen. *Psychological Inquiry, 25*(1), 1–41. https://doi.org/10.1080/1047840X.2014.863723

Fish, J. N., & Pasley, K. (2015). Sexual (minority) trajectories, mental health, and alcohol use: A longitudinal study of youth as they transition to adulthood. *Journal of Youth and Adolescence, 44*, 1508–1527. http://dx.doi.org/10.1007/s10964-015-0280-6

Fontenot, E. (2013). Unlikely congregation: Gay and lesbian persons of faith in contemporary U.S. culture. In K. I. Pargament, J. J. Exline, & J. W. Jones (Eds.)

APA handbook of psychology, religion, and spirituality: Vol 1. Context, theory, and research (pp. 617-632). American Psychological Association.

Freud, S., Strachey, J., & Gay, P. (1989) *The future of an illusion*. Norton.

Frost, D.M., Hammack, P.L., Wilson, B.D.M., Russell, S.T., Lightfoot, M., & Meyer, I.H. (2020). The qualitative interview in psychology and the study of social change: Sexual identity development, minority stress, and health in the generations study. *Qualitative Psychology, 7*(3), 245-266. https://doi-org10.1037/qup0000148.supp

Gates, G. J. (2017). *In U.S., more adults identifying as LGBT.* https://news.gallup.com/poll/201731/lgbt-identification-rises.aspx

Gotta, G., Green, R.-J., Rothblum, E., Solomon, S., Balsam, K., & Schwartz, P. (2011). Lesbian, gay male, and heterosexual relationships: A comparison of couples in 1975 and 2000. *Family Process, 50*, 353–376.

Gottman, J. M., Levenson, R. W., Swanson, C., Tyson, R., & Yoshimoto, D., (2003). Observing gay, lesbian and heterosexual couples' relationships. *Journal of Homosexuality, 45*(1), 65-91. https://doi.org/ 10.1300/J082v45n01_04

Gottman, J. M., Gottman, J. S., Cole, C., & Preciado, M. (2020). Gay, lesbian, and heterosexual couples about to begin couples therapy: An online relationship assessment of 40,681 couples. *Journal of Marital and Family Therapy, 46*(2), 218-239. https://doi.org//10.1111/jmft.12395

Graham, L. K. (1997). *Discovering images of God: Narratives of care among lesbians and gays*. Westminster John Knox. https://doi.org/10.1002/j.1556-6676.2013.00086.x

Green, R. J., & Mitchell, V. (2015). Gay, lesbian, and bisexual issues in couple therapy. In A. S. Gurman, J. L. Lebow, & D. K. Snyder (Eds.), *Clinical handbook of couple therapy* (5th ed). Guilford.

Greider, K. (2002). From multiculturalism to interculturality: Demilitarizing the border between personal and social dynamics through spiritual receptivity. *Journal of Supervision and Training in Ministry, 22*, 40-58.

Greider, K. (2012). Religious pluralism and Christian pastoral theology. *Journal of Pastoral Theology*, *22*(2), 1-21. https://doi.org/10.1179/jpt.2012.22.2.003

Guzman, R., Colfax, G. N., Wheeler, S., Mansergh, G., Marks, G., Rader, M., et al. (2005). Negotiated safety relationships and sexual behavior among a diverse sample of HIV-negative men who have sex with men. *Journal of Acquired Immune Deficiency Syndrome, 38*, 82–86.

Halkitis, P.N., Mattis, J.S., Sahadath, J.K., Massie, D., Ladyzhenskaya, L., Pitrelli, K., Bonacci, M., & Cowie, S.A.E. (2009). The meanings and manifestations of religion and spirituality amoung lesbian, gay, bisexual, and transgender adults. *Journal of Adult Development, 16*(4), 250-262. https:doi.org/10.1007/s10804-009-9071-1

Hammack, P. L., Frost, D. M., & Hughes, S. D. (2019). Queer intimacies: A new paradigm for the study of relationship diversity. *The Journal of Sex Research, 56*(4-5), 556-592. https://doi.org/10.1080/0022449.2018.1531281

Harper, A., Finnerty, P., Martinez, M., Brace, A., Crethar, H. C., Loos, B., Harper, B., Graham, S., Singh, A., Kocet, M., Travis, L., Lambert, S., Burnes, T., Dickey, L. M., Hammer, T. R., & ALGBTIC LGBQQIA Competencies Taskforce. (2013).

Association for lesbian, gay, bisexual, and transgender issues in counseling competencies for counseling with lesbian, gay, bisexual, queer, questioning, intersex, and ally individuals. *Journal of LGBT Issues in Counseling, 7*(1), 2–43. https://doi.org/10.1080/15538605.2013.755444

Hart, A. C., Pargament, K. I., Grubbs, J. B., Exline, J. J., & Wilt, J. A. (2020). Predictors of self-reported growth following religious and spiritual struggles: Exploring the role of wholeness. *Religions, 11*(9), 445. https://doi.org/http://dx.doi.org/10.3390/rel11090445

Hedges, P. (2010). *Controversies in interreligious dialogue and the theology of religions*. SCM Press.

Hoff, C. C., & Beougher, S. C. (2008). Sexual agreements among gay male couples. *Archives of Sexual Behavior 39*, 774-787. doi: 10.1007/s10508–008–9393–2

James, W. (1902). *Varieties of religious experience: A study in human nature*. Longmans, Green and Co.

Johnson, T. W., & Keren, M. S. (1996). Creating and maintaining boundaries in male couples. In J. Laird & R. J. Green (Eds.), *Lesbians and gays in couples and families: A handbook for therapists* (pp. 231–250). Jossey-Bass.

Jones, R. P., Cox, D., Cooper, B., & Lienesch, R. (2016). *Exodus: Why Americans are leaving religion—and why they're unlikely to come back*. Public Religion Research Institute.

Kippax, S., Crawford, J., Davis, M., Rodden, P., & Dowsett, G. (1993). Sustaining safe sex: A longitudinal study of a sample of homosexual men. *AIDS, 7*, 257–263.

Kippax, S., Slavin, S., Ellard, J., Hendry, O., Richters, J., Grulich, A., et al. (2003).

Seroconversion in context. *AIDS Care, 15*, 839–852.

Kolysh, S. (2017) Straight gods, white devils: Exploring paths to non-religion in the lives of black LGBTQ people. *Secularism and Nonreligion, 6*(2). 1–13. https://doi.org/10.5334/snr.83

Kort, J. (2018). *LGBTQ clients in therapy: Clinical issues and treatment strategies*. W.W. Norton & Company, Inc.

Kosmin, B., Keysar, A., Cragun, R., & Navarro-Rivera, J. (2008). *American nones: The profile of the no religion population*. Institute for the Study of Secularism in Society and Culture.

Kurdek, L. A. (2004). Are gay and lesbian cohabiting couples really different from heterosexual married couples? *Journal of Marriage and Family, 66*, 880–900. https://doi.org/10.1111/j.0022-2445.2004.00060.x

Lartey, S. (2003). *In living color: An intercultural approach to pastoral care and counseling* (2nd ed.). Jessica Kingsley.

LaSala, M.C. (2004). Monogamy of the heart. *Journal of Gay & Lesbian Social Services, 17*(3), 1-24. https://doi.org/10.1300/J041v17n03_01

Lazarus, R. S., & Folkman, S., (1984). *Stress, appraisal, and coping*. Springer.

Levine, E. C., Herbenick, D., Martinez, O., Fu, T. C., & Dodge, B. (2018). Open relationships, nonconsensual nonmonogamy, and monogamy among U.S. adults: Findings from the 2012 national survey of sexual health and behavior. *Archives of Sexual Behavior*, *47*(5), 1439–1450. https://doi.org/10.1007/s10508-018-1178-7

Lipka, M. (2015, May 13). A closer look at America's rapidly growing religious 'nones.' *Pew Research Center*. https://www.pewresearch.org/fact-tank/2015/05/13/a-closer-look-at-americas-rapidly-growing-religious-nones/

Lipka, M. & Gecewicz. (2017). *More Americans now say they're spiritual but not religious*. https://www.pewresearch.org/fact-tank/2017/09/06/more-americans-now-say-theyre-spiritual-but-not-religious/

Lizardy-Hajbi, K. (2021). Processes toward post/decolonial pastoral leaderships. *Journal of Religious Leadership*, *20*(1), 136-167.

Magyar, G.M., Pargament, K.I., & Mahoney, A. (August, 2000). Violation of the sacred: A study of desecration among college students. Paper presented at the annual meeting of the American Psychological Association, Washington, DC.

Mahoney, A. (2016, August). An event honoring the scholarly contributions of professor Kenneth Pargament – Annette Mahoney. *BGSU Psychology Department*. https://youtu.be/mVwJvbvigL8

Mahoney, A. (2005). Religion and conflict in marital and parent-child relationships. *Journal of Social Issues*. *61*, 689-706. https://doi.org//10.1111/j.1540-4560.2005.00427.x

Mahoney, A. (2010). Religion in families, 1999–2009: A relational spirituality framework. *Journal of Marriage and Family*, *72*(4). 805-827. http://www.jstor.org.du.idm.oclc.org/stable/40864947

Mahoney, A. (2013). The spirituality of us: Relational spirituality in the context of family

relationships. In K. I. Pargament, J. J. Exline, & J. W. Jones (Eds.), *APA handbooks in psychology. APA handbook of psychology, religion, and spirituality (Vol. 1): Context, theory, and research* (pp. 365-389). American Psychological Association.

Mahoney, A. (2018). Division 36/Society for the psychology of religion and spirituality presidential column. https://www.apadivisions.org/division36/publications/newsletters/religion/2018/07/advice-for-mentors

Mahoney, A., Pargament, K. I., Cole, B., Jewell, T., Magyar-Russell, G. M., Tarakeshwar, N., & Phillips, R. I. (2005). A higher purpose: The sanctification of strivings in a community sample. *The International Journal for The Psychology of Religion*, *15*(3), 239-262. https://doi.org/10.1207/s15327582ijpr1503_4

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

Mahoney, A., Pargament, K. I., Tracey, J., Aaron B. S., Scott, E., Emery-Tiburcio, E., & Rye, M. (1999). Marriage and the spiritual realm: The role of proximal and distal religious constructs in marital functioning. *Journal of Family Psychology, 13*(3), 321-338. https://doi.org/10.1037/0893-3200.13.3.321

Marshal, M. P., Dietz, L. J., Friedman, M. S., Stall, R., Smith, H. A., McGinley, J.,

Thoma, B. C., Murray, P. J., D'Augelli, A. R., & Brent, D. A. (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: A meta-analytic review. *Journal of Adolescent Health, 49*, 115–123. http://dx.doi.org/10.1016/j.jadohealth.2011.02.005

Marshall, J. L. (2009). Difference, dialogues, and discourses: From sexuality to queer theory in learning and teaching. *Journal of Pastoral Theology*, *19*(2), 29-47. https://doi.org/10.1179/jpt.2009.19.2.003

Marshall, J. L. (2009). Pro-active intercultural pastoral care and counseling with lesbian women and gay men. *Pastoral Psychology, 59*(4)*,* 423-432. https://doi.org/10.1007/s11089-009-0203-0

Marshall, J. L. (2017). Alternative visions for pastoral work with LGBTQ individuals, families, and communities: A response. *The Journal of Pastoral Care & Counseling, 71*(1), 60-68. https://doi.org/10.1177/1542305017693637

Mercadante, L. A. (2016). *Belief without borders: Inside the minds of the spiritual but not religious*. Oxford University Press.

Meyer, Ilan H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations. *Psychological Bulletin, 129*(5), 674-697.

Miller-McLemore, B. J. (2012). Introduction: The contributions of practical theology. In B.J. Miller-McLemore (Ed.), *The Wiley-Blackwell companion to practical theology* (pp. 28-49). John Wiley & Sons.

Miller-McLemore, B. (Ed.). (2012). *The Wiley-Blackwell companion to practical theology.* Wiley-Blackwell.

Mitchell, M. E., Bartholomew, K., & Cobb, R. (2014). Need fulfillment in polyamorous relationships. *The Journal of Sex Research, 51*(3), 329-339. https://doi.org/10.1080/00224499.2012.742998

Mohr, A., & Husain, A. (2012). The Youth Risk Behavior Survey and sexual minority youth in Wisconsin, 2007–2011. Madison, WI: Wisconsin Department of Health Services. https://www.dhs.wisconsin.gov/publications/p0/p00827.pdf

Moors, A. C., Rubin, J. D., Matsick, J. L., Ziegler, A., & Conley, T. D. (2014). It's not just a gay male thing: Sexual minority women and men are equally attracted to consensual non-monogamy. *Journal für Psychologie, 22*(1), 38–51

Moors, A. C., Conley, T. D., Edelstein, R. S., & Chopik, W. J. (2015). Attached to monogamy? Avoidance predicts willingness to engage (but not actual engagement) in consensual non-monogamy. *Journal of Social and Personal Relationships, 32*(2), 222–240. https://doi.org/10.1177/0265407514529065

Moors, A. C. (2017). Has the American public's interest in information related to relationships beyond 'The couple' increased over time? *The Journal of Sex Research, 54*(6), 677-684. https://doi.org/10.1080/00224499.2016.1178208

Murray-Swank, N. A., Pargament, K. I., & Mahoney, A. (2005). At the crossroads of sexuality and spirituality: The sanctification of sex by college students. *The International Journal for The Psychology of Religion*, *15*(3), 199-219. https://doi.org/10.1207/s15327582ijpr1503_2

Neilands, T. B., Chakravarty, D., Darbes, L. A., Beougher, S. C. & Hoff, C. C. (2010). Development and validation of the sexual agreement investment scale. *Journal of Sex Research, 47*(1), 24-37. https://doi.org/10.1080/00224490902916017

Newport, F. (2018) In U.S., estimate of LGBT population rises to 4.5%. https://news.gallup.com/poll/234863/estimate-lgbt-population-rises.aspx

Orsi, R. (2005). *Between heaven and earth: The religious worlds people make and the scholars who study them.* Princeton University Press.

Otis, M. D., Rotosky, S. S., Riggle, E. D. B., & Hamrin, R. (2006). Stress and relationship quality in queer couples. *Journal of Social and Personal Relationships, 23*, 81–99.

Padgett, E., Mahoney, A., Pargament, K., & DeMaris, A. (2019). Marital sanctification and spiritual intimacy predicting married couples' observed intimacy skills across the transition to parenthood. *Religions*, *10*(3), 177. https://doi.org/10.3390/rel10030177

Pargament, K., Magyar, G. M., Benore, E., & Mahoney, A. (2005). Sacrilege: A study of sacred loss and desecration and their implications for health and well-being in a community sample. *Journal for the Scientific Study of Religion 44*(1), 59-78.

Pargament, K. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. Guilford Press.

Pargament, K. (2010). Religion and coping: The current state of knowledge. In S. Folkman (Ed.), *The Oxford handbook of stress, health, and coping*. Oxford University Press.

Pargament, K., Wong, S., & Exline, J. (2016). Wholeness and holiness: The spiritual dimension of eudaimonics. In J. Vittersø (Ed.), *The handbook of eudaimonic wellbeing* (pp. 379-394). Springer.

Pargament, K. (2018, May). *Sacred matters: Spirituality as a vital resource for resilience, health, and well-being.* Presented at the Windhorse Community Services Interfaith Network on Mental Illness, Boulder, Colorado.

Pargament, K., Falb, M. D., Ano, G. G., & Wachholtz, A. B. (2013). The religious dimension of coping: Advances in theory, research, and practice. In R.F. Paloutzian & C.L. Park (Eds.), *Handbook of the Psychology of Religion and Spirituality* (pp. 560-579). Guilford Press.

Pargament, K., Koenig, H.G., & Perez, L.M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology*, *56*(4), 519-543. https://doi.org/10.1002/(SICI)1097-4679(200004)56:4<519::AID-JCLP6>3.0.CO2-1

Pargament, K., & Mahoney, A. (2005). Sacred matters: Sanctification as a vital topic for the psychology of religion. *The International Journal for the Psychology of Religion*, *15*(3), 179-198. https://doi.org/10.1207/s15327582iJpr1503_1

Pargament, K., Mahoney, A. Exline, J., Jones, J. Jr., & Shafranske, E. (2013). Envisioning an integrative paradigm for the psychology of religion and spirituality: An introduction to the APA handbook of psychology, religion and spirituality. In K. Pargament, A. Mahoney, J. Exline, J. Jones Jr. & E. Shafranske

(Eds.), *APA handbook of psychology, religion and spirituality Vol 1*. (pp. 3-19). American Psychological Association.

Pargament, K., Oman, D., Pomerleau, J., & Mahoney, A. (2017). Some contributions of a psychological approach to the study of the sacred. *Religion*, *47*(4), 718-744.

Pargament, K., Smith, B., Koenig, H., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion, 37*(4), 710-724. https://doi.org/10.1080/0048721X.2017.1333205

Park, C. (2005). Religion and meaning. In R.F. Paloutzian, & C.L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 357-359). Guilford Press.

Perrin, P. B., Sutter, M. E., Trujillo, M. A., Henry, R. S., & Pugh, M. (2020). The minority strengths model: Development and initial path analytic validation in racially/ethnically diverse LGBTQ individuals. *Journal of Clinical Psychology 76*(1), 118-136. https://doi.org/10.1002/jclp.22850

Pew Research Center (2014) *Religion & public life*. Religious landscape study. https://www.pewforum.org/religious-landscape-study/

Philpot, S.P., Duncan, D., Ellard, J., Bavinton, B.R., Grierson, J., Prestage, G. (2018). Negotiating gay men's relationships: How are monogamy and non-monogamy experienced and practised over time? *Culture, Health & Sexuality, 20*(8), 915-928. https://doi.org/10.1080/13691058.2017.1392614

Porges, S. W. (2017). *The pocket guide to the polyvagal theory: The transformative power of feeling safe*. W W Norton & Co.

Ramsay, N.J. (2004). *Pastoral care and counseling: Redefining the paradigms*. Abingdon.

Ritter, K. Y., & Terndrup, A. I. (2002). *Handbook of affirmative psychotherapy with lesbians and gay men.* Guilford.

Rosen, A. F. (2010) *A brief history of religion and the U.S. census.*

Rostosky, S. S., Abreu, R. L., Mahoney, A., & Riggle, E. D. B. (2017). A qualitative study of parenting and religiosity/spirituality in LBGTQ families. *Psychology of Religion and Spirituality, 9*(4)*,* 437-445. https://doi.org/10.1037/rel0000077

Rostosky, S. S., Johnson, S. D., & Riggle, E. D. B. (2012). Spirituality and religion in same-sex couples' therapy. In J.J. Binger & J.L. Wetchler (Eds.), *Handbook of LGBT-affirmative couple and family therapy* (pp. 313-326). Routledge.

Sandage, S. J., Jensen, M. L., & Jass, D. (2008). Relational spirituality and transformation: Risking intimacy and alterity. *Journal of Spiritual Formation & Soul Care, 1*(2), 182-206. https://doi.org/10.1177/1939790908000100205

Stults, C. B. (2019). Relationship quality among young gay and bisexual men in consensual nonmonogamous relationships. *Journal of Social and Personal Relationships, 36*(10), 3037–3056. https://doi.org/10.1177/0265407518809530

Russell, S. T., & Fish, J. N. (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual Review of Clinical Psychology, 12*, 465– 487. http://dx.doi.org/10.1146/annurevclinpsy-021815-093153

Sandage, S. J., Paine, D. R., & Devor, N. G. (2014). Psychology and spiritual formation:

Emerging prospects for differentiated integration. *Journal of Spiritual Formation and Soul Care*, *7*(2), 229–247. https://doi.org/10.1177/193979091400700207

Schlager, B., & Kundtz D. (2019). *Ministry among God's queer folk: LGBT pastoral care* (2nd ed.). Cascade.

Sedlar, A. E., Stauner, N., Pargament, K. I., Exline, J. J., Grubbs, J. B., & Bradley, D. F. (2018). Spiritual struggles among atheists: Links to psychological distress and well-being. *Religions, 9*(8) https://doi.org/10.3390/rel9080242

Shernoff, M. (2006), Negotiated nonmonogamy and male couples. *Family Process, 45*, 407-418. https://doi.org/10.1111/j.1545-5300.2006.00179.x

Silver, C. F., III, Coleman, T. J., Jr., Hood, R. W., & Holcombe, J. M. (2014). The six types of nonbelief: A qualitative and quantitative study of type and narrative. *Mental Health, Religion & Culture, 17*(10), 990-1001. http://doi.org/10.1080/13674676.2014.987743

Sneed, R.A. (2008). Like fire shut up in our bones: Religion and spirituality in black gay men's literature. *Black Theology, 6*(2). 241-261. https://doi.org/10.1558/blth2008v6i2.241

Steinmetz, K. (2016) Inside the efforts to finally identify the size of the nation's LGBT population. https://time.com/lgbt-stats/

Szymanski, D.M., & Carretta, R.F. (2020) Religious-based sexual stigma and psychological health: Roles of internalization, religious struggle, and religiosity, *Journal of Homosexuality 67*(8), 1062-1080, https://doi.org/10.1080/00918369.2019.1601439

Tinker, T. (2013). Why I do not believe in a creator. In S. Heinrichs (Ed.), *Buffalo shout, salmon cry* (167-181). Herald Press.

Tomlinson, J.T., Glenn, E.S., Paine, D.R., & Sandage, S.J. (2016). What is the "relational" in relational spirituality? A review of definitions and research directions. *Journal of Spirituality in Mental Health*, *18*(1), 55-75.

Trevino, K., Pargament, K., Krause, N., Ironson, G., & Hill, P. (2019). Stressful events and religious/spiritual struggle: Moderating effects of the general orienting system. *Psychology of Religion and Spirituality 11*(3), 214-224.

Vieten, C., Scammell, S., Pilato, R., Ammondson, I., Pargament, K., & Lukoff, D. (2013). Spiritual and religious competencies for psychologists. *Psychology of Religion and Spirituality*, *5*(3), 129-144. https://doi.org/10.1037/a0032699.supp

Vernon, G. (1968). The religious "nones": A neglected category. *Journal for the Scientific Study of Religion, 7*(2), 219-229. https://doi.org//10.2307/1384629

Wachholtz, A. B., & Pargament, K. I. (2005). Is spirituality a critical ingredient of meditation? Comparing the effects of spiritual meditation, secular meditation, and relaxation on spiritual, psychological, cardiac, and pain outcomes. *Journal of Behavioral Medicine*, *28*(4), 369-384.

Wachholtz, A. B., & Pargament, K. I. (2008). Migraines and meditation: Does spirituality matter? *Journal of Behavioral Medicine*, *31*(4), 311-318.

Walls, N. E. (2008) Toward a multidimensional understanding of heterosexism: The changing nature of prejudice. *Journal of Homosexuality, 55*(1), 20-70, https://doi.org/10.1080/00918360802129287

Woodhead, L. (2017). The rise of ‘no religion’: Toward an explanation. *Sociology of Religion, 78*, 247-262. https://doi.org/10.1093/socrel/srx031

Zinnbauer, B. J., Pargament, K. I., Cole, B., Rye, M. S., Butter, E. M., Berlavich, T. G., Hipp, K. M., Scott, A. B., Kadar, J. L. (1997). Religion and spirituality: Unfuzzying the fuzzy. *Journal for the Scientific Study of Religion, 36*(4), 549-564. https://doi.org/10.2307/1387689