Atheism as a Mental Health Protective Factor for Members of the LGBTQ+ Community

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Abstract

The relationship between religiosity and mental health for LGBTQ+ individuals is complex. While some research suggests religion can act as a protective factor for mental health in the general population, those in the LGBTQ+ community may face discrimination and stigmatization in religious environments, which can cause a worsening of mental health symptoms like stress and depression.1 In contrast, atheists are more supportive of the LGBTQ+ community, and research suggests that atheism is associated with better mental health outcomes in the general population. Studies show that atheists have better overall mental health compared to religious individuals, and they may feel more solidarity with marginalized groups due to their own experience with prejudice, which can offer a sense of community for LGBTQ+ individuals. However, no study to date has examined whether atheism can act as a protective factor for LGBTQ+ individuals' mental health. The current literature has a sole focus on religiosity and disregards the role of non-belief. Given these literature gaps, this paper calls for more dedication to research into the support that atheism can offer for LGBTQ+ individuals' mental health by providing a sense of community and reducing exposure to harmful discriminatory attitudes. Understanding this relationship can provide a more comprehensive view of how to support LGBTQ+ individuals with mental health struggles.

Keywords: *atheism, religion, mental health, LGBTQ+ community.*

Argument

The relationship between religiosity and mental health is a complex one, especially when it comes to individuals who are lesbian, gay, bisexual, transgender, queer or another sexuality (LGBTQ+) (Lekwauwa et al., 2023). Religion can have a positive effect on mental health, but this isn't always the case with LGBTQ+ people. Many religious organizations carry out discriminatory practices and prejudiced rhetoric surrounding the community that can be related to a worsening of depression symptoms for LGBTQ+ people (Lekwauwa et al., 2023). Compared to Christian Americans, atheist Americans are more supportive of LGBTQ+ rights (Schwadel et al., 2025). The relationship between sexuality, mental health and religiosity

is constantly being explored, but not the relationship between sexuality, mental health and atheism, and as such, less is known about the impact atheism can have on LGBTQ+ people's mental health. (Lekwauwa et al., 2023). Just because religion can be helpful to some members of the LGBTQ+ community, it does not mean the effects of atheism should not be investigated, as it can be helpful to other members of the community. Determining whether atheism can help LGBTQ+ individuals reduce the development/worsening of mental health problems (serve as a protective factor) can provide further insight into this complex topic (Lekwuawa et al, 2023). Additionally, no research with a Canadian sample surrounding this topic has been conducted. As such, research should examine the role that atheism could play in acting as a protective factor for mental health for those who are LGBTQ+, especially in Canadian samples.

Summaries and Critical Analyses

Compared to religious Americans and other religious nones (individuals who have no religious beliefs), atheist Americans are more likely to be in favour of anti-discrimination laws for the LGBTQ+ community (Schwadel et al., 2025). Religious nones were operationalized as atheists, agnostics and believers of nothing in particular (NIP). Data was collected from four American Values Atlas (AVA) and American Value Survey (AVS) questions to assess the views religious and non-religious Americans have on LGBTQ+ rights. The AVA and AVS are annual nationwide surveys used to assess Americans' attitudes about religion, personal values, politics, and current events to understand America's public opinion. Support for LGBTQ+ rights was determined by coding 1 as greater support and 0 as less support, dummy variables (zeroes and ones) were used to measure religious affiliation. Compared to all other groups surveyed, it was found that atheists were three times more likely to support anti-discrimination laws. Atheists have a 95% probability of supporting same-sex marriage compared to other religious groups examined (Schwadel et al., 2025).

The operationalization of religious nones provides valuable evidence that atheists can often be more supportive of LGBTQ+ rights because of their atheist label, as it tends to be more stigmatized (Schwadel et al., 2025). Categorizing non-believers into different groups made participants choose their form of non-belief and give themselves a label, instead of being one non-religious group. Atheists tend to experience more stigmatization compared to other non-believers, so they may feel more connected to other stigmatized groups, which other groups will not experience. This connection can result in atheists being more supportive of LGBTQ+ rights, which can positively impact LGBTQ+ individuals (Schwadel et al., 2025). When shared experiences of discrimination in stigmatized groups are highlighted, members of different stigmatized groups will feel more connected to each other (Cortland et al., 2017). When Asian Americans and African Americans (both stigmatized groups) perceived their discrimination to be similar to LGBTQ+ people, they felt more connected to them, and tended to show more support for LGBTQ+ rights (Cortland et al., 2017). Having this operationalization allowed researchers to determine how much more supportive atheists are of the community compared to other groups (Schwadel et al.,2025). A limitation of this research is that data was only collected via AVA and AVS questions, which only have four questions assessing views on LGBTQ+ people. Conducting a secondary survey with more questions about how religious individuals and religious nones view LGBTQ+ people will provide more comprehensive results about how religious and non-religious people view the community (Schwadel et al., 2025).

High religious fundamentalism scores can have a negative effect on depression and stress symptoms in American LGBTQ+ people (Warlick et al., 2021). The Religious Fundamentalism Scale (RFS) is used to measure the strength of someone's belief, and the Depression, Anxiety and Stress Scale (DASS) is used to measure anxiety, stress and depression, both were used to assess these variables in participants. A religiously diverse sample was used, including participants who were Christian, Jewish, Hindu, Islamic, Spiritual, Atheist and Agnostic. Linear and curvilinear analysis was conducted on the data. In curvilinear analysis,

curve estimation procedures are used, which can detect quadratic relationships (resulting in a curve). For LGBTQ+ people, linear analysis shows that stress and depression explain 18% and 13% of the variance in RFS scores, respectively, demonstrating that higher RFS scores positively correlate with higher DASS scores in both depression and stress. Curvilinear analysis explained 31.1% of the variance between anxiety and religious fundamentalism, so those lower and higher in religious fundamentalism will experience less anxiety (Warlick et al., 2021).

Warlick and colleagues (2021) found that not all facets of mental health are affected by religion in the same way, especially in LGBTQ+ people. These analyses suggest that religion negatively impacts depression and stress, possibly due to the discrimination many LGBTQ+ people can face in religious spaces. Understanding that religious fundamentalism and anxiety present a curvilinear relationship shows that not all aspects of mental health will be severely impacted by religion. Some LGBTQ+ people may find religion helpful when dealing with anxiety symptoms, while others may find it detrimental. A limitation of this study is that both the DASS and the RFS were completed online via a self-report questionnaire. So, participants' responses may not be entirely accurate. Participants may lose focus during the survey and provide careless answers, or they may not understand the question being asked, which can lead to discrepancies in answers and affect accuracy. Clarifying vague or unclear terms and/or including examples in questions can combat some of the limitations of online surveys, which can allow for more accuracy (Warlick et al., 2021).

Cross-sectional data found that compared to other American non-believers and believers, American atheists report having lower levels of common mental health symptoms (Baker et al., 2018).[8] The Baylor Religion Survey (BRS) was used to gather data about the relationship between different religious affiliations and mental health, and a variety of sociodemographic variables were collected to control for confounding variables. Survey answers were used to measure levels of social anxiety, general anxiety, paranoia, obsession and compulsion. Data was collected from Jewish, Catholic, Evangelical, Mainline and Black Protestants, non-affiliated theists, atheists and agnostic participants. It was found that atheists have the lowest mean scores for general anxiety, paranoia, obsessions and compulsions compared to all other groups. Only 46% of atheists report having any mental health issues, compared to the non-affiliated theists at 73%, showing that atheists have better mental health outcomes compared to other groups (Baker et al., 2018).

Controlling for confounding variables (sociodemographic factors) isolated the role religion plays in mental health, showing that atheists have overall better mental health outcomes even when considering sociodemographic factors (Baker et al., 2018). Isolating the relationship between religion and mental health strengthens the internal validity of the study. As such, the results found that mental health outcomes can be solely attributed to religion, not any other outside factors like income, gender or race. This control shows that atheism may have a positive effect on mental health in the general population, as only 43% of atheists report having mental health problems. So, these results may also be seen in other specialized groups, like the LGBTQ+ community. However, given that this data is cross-sectional, it cannot determine causation between mental health and religious and non-religious affiliations. Using a longitudinal design can provide causal data (Baker et al., 2018).

Counter Argument

Given the complex relationship between religiosity and mental health in the LGBTQ+ community, religion may have a positive effect on LGBTQ+ individuals' mental health (Lekwauwa et al., 2023). Systematic reviews have found evidence that religiosity can have a positive impact on LGBTQ+ individuals' mental health (Lekwauwa et al., 2023; Wilkinson & Johnson, 2021). A systematic review done by Lekwauwa and colleagues (2023) found that out of eighteen studies, two showed a strictly positive relationship between religion and mental health in an LGBTQ+ sample, which included transgender individuals.

Additionally, a systematic review done by Wilkinson and Johnson (2021) found that out of twelve studies, a positive/protective outcome was reported in three studies.

Summaries and Critical Analyses

LGBTQ+ youths were more likely to seek out spiritual help when feeling stressed, after completing coping skills training (Craig et al., 2018). A manualized cognitive behavioural intervention called affirmative coping skills-based intervention (AFFIRM) was used to provide training to 35 LGBTQ+ youth on how to build adaptive coping methods. The Adolescent Coping Orientation for Problem Experiences (A-COPE) was used pre- and post-AFFIRM to assess changes in coping strategies among LGBTQ+ youth. Before AFFIRM, seeking spiritual help from a religious figure was one of the least utilized coping methods among LGBTQ+ youths. However, after AFFIRM, a 19% increase was reported that LGBTQ+ youth would seek out support from a religious figure in times of stress. Additionally, after AFFIRM participants were more likely to seek diversion (i.e. watch TV/play games), engage in demanding activities (i.e. working out), use humour, and solve family problems as coping methods (Craig et al., 2018).

Despite the examination of pre- and post-test data allowing researchers to determine the effectiveness of AFFIRM, the lack of a control group and small sample size discredit Craig and colleagues' (2018) findings. By having no control group, researchers have no way of knowing the true effects of AFFIRM, as they have no control group to compare A-COPE scores to. This damages the internal validity of the study and the results. When testing an intervention/treatment, researchers typically use a control group as a baseline. They will be able to compare pre- and post-test results from the control and intervention group and can determine if it was the intervention that caused changes in participants. Since Craig and colleagues (2018) had no control group, they cannot make a sound causal claim that AFFIRM is the reason for the A-COPE changes, as there could have been other factors affecting the scores. Additionally, the small sample size (N=35) not only damages the external validity of the study, making it hard to generalize to the greater LGBTQ+ community, but it also makes the interpretation of the statistics questionable. Having a sample size this small can lead to statistical errors, which can damage the statistical significance of the results. However, AFFIRM does provide hopeful insights into how positive coping methods can affect LGBTQ+ youth's willingness to reach out to a spiritual figure in times of distress, despite the study's lack of validity (Craig et al., 2018).

American LGBTQ+ adults who use positive religious coping can moderate negative mental health outcomes due to external homophobia and internalized homophobia (Brewster et al., 2016). Data was collected from Christian, Jewish, Buddhist, Spiritual, Hindu, Muslim and other religious participants. They were asked to answer the Heterosexist Harassment, Rejection and Discrimination Scale (HHRDS) and the Internalized Homophobia Scale (HIS) to assess their experiences with external and internalized homophobia. Religious coping was evaluated by the Brief Measure of Religious Coping Styles (B-RCOPE). The Hopkins Symptom Checklist (HSCL-21) and the Psychological Well-being Scale (PWBS) were used to measure negative mental health symptoms and well-being. Positive religious coping did moderate the effect internalized homophobia has on well-being by 32%. However, positive religious coping did not moderate the effect external homophobia has on mental health outcomes or well-being (Brewster et al., 2016)

Using the B-RCOPE, a tool not made with LGBTQ+ individuals in mind, limits its construct validity (Brewster et al., 2016). This measure creates a dichotomy of religious coping, not considering LGBTQ+ individuals' complex religious relationships. Positive and negative religious coping can be highly subjective and mean different things depending on religion. Some LGBTQ+ individuals may feel internally conflicted about their religious experiences, and this won't be shown due to the dichotomous nature of the measure. The B-RCOPE not accurately measuring LGBTQ+ religious coping experiences, can have serious effects on the interpretation of the study's results. Positive religious coping may not moderate the effect of internalized homophobia

on well-being because of this measure (Brewster et al., 2016). However, this study did try to examine how negative LGBTQ+ experiences affect mental health and well-being and not just look at general negative experiences in an LGBTQ+ population (Brewster et al., 2016).

Justification

In the general population, atheism is predicted to have a positive impact on mental health outcomes, showing that atheism can act as a protective factor (Baker et al., 2018). As the LGBTQ+ community is large and diverse, this impact may also apply here. Many LGBTQ+ people experience discrimination, harassment and internalized homophobia, which are stressors that may lead LGBTQ+ people to experience more mental health struggles (Warlick et al., 2021). Not every LGBTQ+ person will have the same experience with religion, which can have a specific impact on their mental health (Lekwauwa et al., 2023). Given that many studies' samples have very few atheists, the effect that atheism could have on LGBTQ+ people is underdeveloped (Lekwauwa et al., 2023; Warlick et al., 2021). Examining the aspects of atheism that could have a positive effect on LGBTQ+ people's mental health is a scarcely researched topic (Warlick et al., 2021). While studies have shown that to some LGBTQ+ individuals, religion can have a positive impact on their mental health (see Craig et al., 2018; Brewster et al., 2016), religion may not be the only factor that can serve as a mental health protective factor as different individuals can have different complex relationships with religion that may end up harming their mental health. Conducting a study focusing on the impact of atheism on LGBTQ+ mental health can provide valuable insight into this complex topic.

Conclusion

To date, no study has examined whether atheism can serve as a mental health protective factor for LGBTQ+ people. Many studies in this area tend to focus on how religion impacts the mental health of the LGBTQ+ community (Warlick et al., 2021). Additionally, many studies on this topic have no or little atheist representation in their samples, making it difficult to determine the role atheism plays in mental health outcomes (Warlick et al., 2021). Work done by Schwadel and colleagues (2025) shows that atheists are more supportive of the community, which could positively impact its members. Warlick and colleagues (2021) found that LGBTQ+ youth with high levels of religious fundamentalism experience worse depression symptoms, which shows how damaging religion can be to the community. While atheism has been seen as providing better mental health outcomes in the general population, no work has been done to see if these results apply to minority groups such as LGBTQ+ (Baker et al., 2018). Examining the role that atheism plays in impacting LGBTQ+ individuals' mental health can provide valuable information on the relationship between religion and LGBTQ+ individuals.

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