The relationship between spiritual beliefs and practices to psychological well-being among Latino gay, lesbian, bisexual transgender and questioning individuals

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Abstract
This research sought to explore the relationship of spiritual and religious factors to psychological well-being in the Latino gay, lesbian, bisexual, transgender and questioning adult population. The aim was to establish a better understanding of how spiritual beliefs and practices are vital to the treatment of Latino individuals struggling with sexual identity development. While the relationship of spiritual and religious beliefs and practices to psychological well-being has been examined for some time, this research focused on a culturally sensitive population as the topic has been largely neglected within the Latino community. Participants completed the Spiritual Involvement and Beliefs Scale-Revised (SIBS-R) and the World Health Organization Quality of Life (WHOQOL)-BREF. The data was used to determine if there was a significant association between an individual’s spiritual identification and psychological well being, so that culturally appropriate interventions may be developed and implemented in treatment.

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THE RELATIONSHIP BETWEEN SPIRITUAL BELIEFS AND PRACTICES TO
PSYCHOLOGICAL WELL-BEING AMONG LATINO GAY, LESBIAN, BISEXUAL
TRANSGENDER AND QUESTIONING INDIVIDUALS

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This research sought to explore the relationship of spiritual and religious factors to psychological well-being in the Latino gay, lesbian, bisexual, transgender and questioning adult population. The aim was to establish a better understanding of how spiritual beliefs and practices are vital to the treatment of Latino individuals struggling with sexual identity development. While the relationship of spiritual and religious beliefs and practices to psychological well-being has been examined for some time, this research focused on a culturally sensitive population as the topic has been largely neglected within the Latino community. Participants completed the Spiritual Involvement and Beliefs Scale-Revised (SIBS-R) and the World Health Organization Quality of Life (WHOQOL)-BREF. The data was used to determine if there was a significant association between an individual’s spiritual identification and psychological well-being, so that culturally appropriate interventions may be developed and implemented in treatment.
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INTRODUCTION

Purpose of the Study

This research sought to explore the relationship of spiritual and religious factors to psychological well-being within the Latino gay, lesbian, bisexual, transgender, and questioning (GLBTQ) adult population. The aim is to establish a better understanding of how spiritual beliefs and practices might be used in the treatment of Latino individuals who may also identify as a sexual minority. Individuals, specifically GLBTQ Latinos, may struggle with the acceptance of personal sexual self-identity development. This study will examine how significantly a person's spiritual cultural values affect and influence their daily lives in relation to psychological well-being. The perceptions of an individual’s spiritual values and culture will be examined. This study will provide information regarding the importance of culturally sensitive spiritual and religious beliefs and practices within the Latino GLTBQ population living in the United States, with the hope that the findings will aid in implementing psychotherapeutic techniques and themes with this population.

Research Questions

The following research questions will be addressed in this study. The answers to these questions will provide pertinent information that is significant to Latino individuals who self identify as a sexual minority.

Question 1: Do individuals who place a high importance on spiritual beliefs and practices portray a higher level of psychological well-being?

Question 2: Do individuals who place a high importance on spiritual beliefs and practices perceive a higher level of quality of life/satisfaction?

Question 3: How can the data collected be tentatively utilized in future treatment with this population?
Significance of the Study

This study sought to provide relevant information regarding the relationship between spiritual and religious beliefs and practices to psychological well-being. Sexual self-identity development is an important theme in psychotherapy. Cultural values will be examined in the literature in order to provide information to practitioners and psychologists about the participants' spiritual beliefs and practices in relation to their sexual identity acceptance and well-being. Ideally this knowledge will help practitioners better understand how to work with this population in a therapeutic setting, implement interventions, address personal goals, work collaboratively on doubts or questions presented, and structure sessions as an integral aspect of their psychotherapy and psychoeducation. Latino GLBTQ spiritual and religious values specifically have not been thoroughly examined in the context of how they relate to psychological well-being. This study will provide further groundwork for future research in this field, and establish practical answers and results that will need to be addressed and explored in future studies.

LITERATURE REVIEW

Incorporating spiritual beliefs and practices in psychotherapy has historically been a controversial issue in the field of clinical psychology. Very few studies have found that therapists are open to religious/spiritual issues, that clients want to discuss these matters in therapy, or that the use of religious/spiritual interventions for some clients can be an effective adjunct to traditional therapy interventions (Post & Wade, 2009). Conversely, research on the topic of Latino mental health has been examined in several studies, as have the gay, lesbian, bisexual, and transgender populations. There is, however, a lack of research that examines the above two populations jointly while incorporating spiritual
beliefs and practices, as well as psychological well-being. As a result, the importance of integrating questions related to spirituality and mental health with Latino GLBTQ individuals has not been comprehensively investigated. Furthermore, the cultural values that surround spirituality in Latino psychotherapy have not always been considered when providing treatment. Individuals who identify as GLBTQ may struggle with many difficulties and much discrimination in their daily lives. Individuals who identify as GLBTQ living in the United States, who are also ethnically or culturally diverse, cope with more challenging problems in assimilating into society, while managing personal conflicts between spiritual beliefs and practices, and sexual orientation relating to self-identity development. Throughout this study, and for the purpose of this research, the term Latino incorporates all individuals who self-identify as Latino/a, or of Latino descent.

According to the 2010 United States Census data, the U.S. population was estimated at 308.7 million people residing in the United States on April 1, 2010, of which 50.5 million (or 16 percent) were of Hispanic or Latino origin. The Hispanic population increased from 35.3 million in 2000 when this group made up 13 percent of the total population. The Mexican origin population increased by 54 percent and had the largest numeric change (11.2 million), growing from 20.6 million in 2000 to 31.8 million in 2010. Mexicans accounted for about three-quarters of the 15.2 million increase in the Hispanic population from 2000 to 2010. Puerto Ricans grew by 36 percent, increasing from 3.4 million to 4.6 million. The Cuban population increased by 44 percent, growing from 1.2 million in 2000 to 1.8 million in 2010. Hispanics who reported other origins increased by 22 percent from 10.0 million to 12.3 million. The Hispanic population
predominantly identified as either “White” or “Some Other Race.” It is projected that by 2050, 102.6 million (24.4%) will be Latino or of Hispanic descent (2010 United States Census data). These estimates indicate the significant increase in population over the last 10 years, and point to the ever-growing need for culturally sensitive psychotherapy with the Latino population. Furthermore, since spiritual beliefs and practices have been important values within Latino culture, incorporating these aspects into treatment will be helpful for Latinos who also self-identify as a sexual minority.

In this study, understanding what constitutes spiritual beliefs and practices will be discussed, as will its relationship to psychological well-being. The rapid rise of the Spanish-speaking population in the United States has resulted in an increased demand for Spanish language mental health services. Still, little is known about the training needs of practitioners who provide those services. Verdinelli & Biever (2009) found that therapists translating their own thoughts during the session, using technical vocabulary, and understanding the variations of Spanish were particularly challenging for heritage speaking therapists, which is defined as individuals exposed to a language other than English at home. Therefore, it is crucial to investigate the historical and current context for examining approaches to psychotherapy with clients who endorse religion, experience spirituality within their religion, or define themselves as spiritual even if not religious (Worthington & Aten, 2009), within Latino psychotherapy.

Additionally, this review of the literature will describe the challenges GLBTQ individuals and Latinos in the United States encounter, and examine the progress that has been made in the field of psychology recognizing and integrating spiritual beliefs and practices as an integral part of psychological well-being. Research has indicated various
difficulties and barriers to health care, specifically mental health, within the Latino population. The National Resource Center for Hispanic Mental Health therefore recommends clinicians develop cultural competencies, be aware of any risk-issues, and emphasize advocacy with this diverse population. Special focus will be paid to the importance or role of these spiritual and cultural values, and their relationship to individuals who identify as a sexual minority.

**Spirituality and Religion**

The construct of religion is fairly well-grounded, while that of spirituality is much more diffuse. Nonetheless, the two inevitably interact in various ways. As such, the terms religion and spirituality describe an expansive construct, recognizing that religion and spirituality can be interpreted broadly and confusingly (Blazer 2009). Defining spirituality and religion in a psychotherapeutic context, Worthington & Sandage (2001) distinguished a difference with religion being focused on the search for the sacred within formal institutional structures, and spirituality referring to the more experiential dynamics of personal meaning and transcendence. For many individuals, religion and spirituality are closely connected, but for some, spirituality is separate from religion and is rooted in their own personal ideals, beliefs, and faith. As a result, the authors identified five common examples that illustrate several of the ways religion or spirituality can manifest in therapy. Specifically, the primary non-Christian spiritual traditions that affect the lives and world-views of many Puerto Ricans, Dominicans, Cubans, and their descendants living in the United States are *Santeria* and *Espiritismo* (Baez 2001).

Defining the similarities and differences regarding religion and spirituality is also important to its integration within the psychotherapeutic setting. However, this dynamic
has only recently been incorporated in treatment and interventions in the field. Further research on this topic will be particularly beneficial to ethically and appropriately apply sound therapeutic practices with the Latino GLBTQ population.

Worthington & Sandage (2001) further found that, the United States population is highly religious with about 92% of the population being affiliated with a religion and 96% professing a belief in God or a universal spirit. They also found that on recent surveys, roughly 90% of Americans pray, 71% are members of a house of worship, 42% attend religious worship services weekly or almost weekly, 57% report praying at least once a day, and 88% consider religion either very important or fairly important in their lives. As a result, many clients will engage in spiritual and religious beliefs when they try to cope with life stressors and emotional struggles, such as the “coming out” process, which is defined as an acknowledgment of one's homosexuality or transgender, either to oneself or publicly. Therefore, defining religion and spirituality brings about important distinctions, and the following research will focus more on the aspects of spirituality.

First, some clients request explicitly religious therapy and might question the therapist about his or her religious beliefs and values. Second, some clients might be personally opposed to religious influence. Third, if a therapist's approach to religion or spirituality is implicit rather than direct, disagreement between clients and therapists on fundamental beliefs might impair the therapists' ability to help. Additionally, religion and spirituality are aspects of culture and, as such, may interact with acculturation. For example, an American-born Latino, might have Catholic parents but also might have converted to a different religion, creating both cultural and religious tensions that are often confounded in the minds of the client and client's family. Finally, clients are
always part of relational systems, even when they present for therapy alone, and this could influence the therapeutic alliance and treatment.

In 1998, Worthington developed a model for understanding the values of highly religious clients, which started with the premise that highly committed religious people tend to view the world differently than do less religiously committed people. Notably, over the years, client spirituality has received comparably less attention in research than client faith (Worthington & Sandage, 2001). The authors further investigated five previous studies that compared standard and Christian-accommodative versions of individual psychotherapy. All five studies have employed cognitive or cognitive-behavioral therapies (CBT; either Beck's cognitive therapy or Ellis' rational-emotive therapy [RET]), in the treatment of depression. They found that Beck-style CBT accommodated Christian clients through inclusion of Biblical scriptures, religious imagery, and references to Christian theology, and was equal to (or occasionally superior to) standard Beck-style CBT with Christian clients in reducing depression. The authors also found this to be generally superior to secular therapy in increasing spiritual well-being. Still, no religiously accommodative therapies that integrate Islam, Hinduism, Buddhism, or Judaism have been empirically investigated, although some have been articulated. Further, incorporating indigenous spiritual practices in psychotherapy is an area of research that has yet to be investigated when integrating spiritual practices with GLBTQ Latino individuals. As indicated, therapeutic interventions with the inclusion of religious or spiritual concepts were found to be very beneficial in the treatment of individuals, and can thus be implemented with the Latino GLBTQ population.
Psychological Well-Being and Spirituality

There is an increasing awareness in our culture and society that religion and spirituality are important facets of individuals’ lives and how clients manage their personal and emotional issues (Brown, 2007). There is an increased urgency for psychological service providers to have appropriate spiritual and religious resources in their practice (Shuler & Durodoye, 2007). One of the challenges of studying the constructs of religion and spirituality is how these terms are defined, how they are utilized by individuals, and how they may differ in their relationship to other issues such as emotional well-being. Worthington et al. (2009) suggested that secular programs that train therapists must pay more attention to training in spirituality and religion. Further, Ellis (2000) indicated that transcendental spiritual goals in psychotherapy can, but do not necessarily include, religious beliefs and values or a belief in a supernatural being. Sherry and colleagues (2010) found significant results indicating conservative religious beliefs were related to higher levels of shame, guilt, and internalized homophobia. Importantly, Hook and colleagues (2009) found there was limited evidence that religious and spiritual-themed therapies out-performed established secular therapies, thus the decision to integrate this into therapy may be an issue of client preference and therapist comfort. This review of the literature will therefore examine both positions of integrating and not incorporating spirituality within psychotherapeutic interventions.

In a 2007 study by Plante, the author was keenly interested in the relationship between psychology and religion. Most of professional and scientific psychology during the past century has avoided the relationship between religion and spirituality. For example, Freud (1927/1961) in Future of an Illusion stated that religious views “are
illusions, fulfillments of the oldest, strongest and most urgent wishes of mankind” (p. 30) and referred to religion as an “obsessional neurosis” (p. 43). The field of psychology has had an extensive history of being aversive to incorporating spirituality and religion in treatment. Many psychologists believe that individuals who are spiritual or religious are not as psychologically healthy as non-spiritual or religious persons. Psychology as a field tends to shy away from all things religious or spiritual in an effort to maximize and emphasize the rigorous scientific approach to both research and clinical practice (Plante, 2007). Notably, in psychology, the influences of religious and spiritual behaviors and beliefs on both mental and physical health can be utilized in treatment to connect an individual’s faith with their health. Furthermore, since the vast majority of Latino-Americans consider themselves to be spiritual and/or religious, the authors found that many have been demanding that mental health professionals respect, acknowledge, and integrate spirituality and religious principles into their professional work. However, anecdotal evidence raises concern that shame may be induced in religious individuals who transgress their religiously based sexual mores (Alvey, 2008). Still, religion and spirituality may impact mental health through multiple dimensions including the biological, psychological, and social realms, especially since mental illness is a time when personal resources are challenged and religion and spirituality may be a clinically significant positive or negative source of coping (Baez, 2009). This is more so the case within the GLBTQ population, who struggle with stigma and feeling chastised within their society.

As the more recent need to integrate spirituality with psychotherapy grows in Latino culture, psychologists have become further interested in spirituality and religion as
part of professional and clinical work, and are actively seeking ways to better integrate spirituality into psychotherapy. Simoni and colleagues (2002) found positive correlations between spirituality indicators and psychological adaptation (i.e., a composite measure of depressive symptomatology, mood states, mastery, and self-esteem. Specifically with women, Smith & Horne (1998) indicated that two aspects of spirituality (spiritual freedom and connectedness) were strong predictors of sexual satisfaction, which in turn is a significant factor of one’s psychological well-being. Another study found that in adolescents, religious beliefs and spiritual well-being may predict psychological adjustment in the absence of uncontrollable or dire life circumstances (Sullivan, 2005), such as coming-out, may also present with problems in therapy. Consequently, these challenges are present across the lifespan regardless of race, sexual identity, or gender. Derezotes (2009) emphasizes that spiritual and psychological factors are interrelated in the etiology of client problems. He encourages psychotherapists to be knowledgeable, tolerant, self-aware, and authentic, and views spirituality as an integral element of all psychotherapy, while reminding that such techniques as prayer, meditation, and ritual may help to foster client growth. Notably, the current (2002) version of the Ethics Code of the American Psychological Association (APA) clearly states psychologists should consider religion and religious issues as they do any other kind of diversity based on race, ethnicity, gender, sexual orientation, etc. Specifically, the APA Ethics Code states, “psychologists should be aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups” (p. 1063).
Therefore, psychologists should express sensitivity to the topic of spirituality. However, this does not necessarily indicate that all or many psychologists will feel comfortable in integrating spirituality and/or religion into their clinical practice. Furthermore, the multicultural guidelines of the APA (American Psychological Association, 2002) indicate the need to respect and be competent in diversity issues including those reflecting religious and spiritual diversity. Historically, many religious or spiritual individuals were pathologized by professional psychologists for their “unnecessary” beliefs. These individuals were often considered defended, insecure, deluded, and thought to be suffering from some important psychological dysfunction needing treatment (Plante, 2007). While psychologists and clinicians are not required to agree with all faiths, beliefs and spiritual values, psychologists are asked to be respectful of the religious and spiritual beliefs, behaviors, and traditions of others (Plante, 2007). Furthermore, this is important because as indicated in the 2010 U.S. census and national data, the vast majority of Americans believe in a God, are affiliated with a religious tradition or type of church, mosque, or temple, wish to be more spiritually developed, and want psychologists to be aware of and be respectful of their spiritual traditions, beliefs, and practices (Plante, 2007). These themes can be integrated into therapeutic interventions with Latino GLBTQ individuals who may be struggling with mental health issues.

Psychologists have a responsibility to be aware of, and thoughtful of, how religion and spiritual matters impact clients. The 2002 APA Ethics Code states: “Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interest of those with whom they work” (p. 1062). Psychologists should be cautious monitoring professional and personal boundaries with Latino GLBTQ
clients, which can be easily misunderstood when integrating aspects of psychology and spirituality. In regards to competency, while not all clinicians will be skilled and knowledgeable in the area of spirituality and religion, the APA Ethics Code suggests that professionals review research, books and other publications now available on this topic, attend appropriate workshops and seminars, seek out supervision and consultation from appropriate colleagues, and learn more about the religious and spiritual traditions of the clients they typically encounter in their professional practices. Gonsiorek and colleagues (2009) addressed what constitutes minimal competence in this area: (1) effective and truly mutual collaboration with clergy; (2) the high level of ethical complexity and “inherent messiness” of this domain of psychological practice; and (3) the particular challenges of demarcating the boundaries of these domains for regulatory and billing purposes. At the heart of psychology is the concern for the well-being and health of clients, yet, there are aspects to religion and spirituality that can be harmful to clients. By carefully reflecting upon ethical principles that best guide professional behavior as clinicians and mental health providers, psychologists are better able to integrate psychology and religion in ways that can enhance both professional work and perhaps also personal lives (p. 896). Furthermore, McGee and colleagues (2003) found that individuals can take an active, primary role in personal healing by utilizing spirituality. It will be challenging to implement in treatment without appropriate training and knowledge in the area of spiritual practices and beliefs. Many individuals seek out religious members in the community, however, as practitioners who provide services to individuals struggling with sexual identity issues, it is crucial to be properly trained, skilled and competent in this area of psychotherapy.
While it may be beneficial for members of the clergy to have extensive psychological training, it provides an easy opportunity to blur professional boundaries and develop potentially problematic and confusing dual relationships (p. 896). For example, many religious and spiritual clients only want to speak to or work with mental health providers who share similar faiths, beliefs, traditions and values. A psychologist who is actively involved in a church or spiritual group does not result in his or her being an expert in that field. Psychologists must avoid falling into the realm of pastoral care, spiritual direction, or theological consultation if they are not competent to do so or if their professional role does not include these areas of competence or expertise (p. 897).

Concern for the well-being of the client, and abiding by the ethical standards and regulations set by the APA to protect the client from harm, will enable psychologists to utilize religious and spiritual beliefs in concert with interventions.

Ramirez De Leon (2003) investigated whether a relationship exists between spiritual well-being and psychological well-being. Previous research had found a positive relationship between religious and spiritual well-being, and psychological well-being among individuals. This is an important concept in the field of psychotherapy, and particularly crucial within the Latino culture, because multicultural counseling dynamics are presented within the therapeutic setting with Latino clients. The author explored the relationship between spiritual well-being and psychological well-being among Mexican-American Catholics from five different parishes in San Antonio, Texas.

The instruments utilized were the Spiritual Well-Being Scale (Ellison & Paloutzian, 1982), and the Psychological Well-Being Scale (Ryff & Keyes, 1995). A Canonical Analysis was used to investigate the data from 124 Mexican-American
participants. The data indicated a statistically significant relationship between spiritual well-being and psychological well-being among the participants. However, the author found that certain demographic variables, such as age and income, appeared to influence the results. For example, older participants with a higher yearly income were found to have elevated scores in both scales compared to their counterparts. Notably, the sample used in this study included both Spanish and English speaking participants, yet the data indicated there was no significant difference found between spoken languages. Furthermore, the author discussed a brief historical overview of the relationship between spirituality, religion, and the counseling field. Frame et al. (2005) found that spiritual growth (i.e., existential feelings of connection with a force greater than oneself) improved some aspects of mental and emotional well-being. An articulated relationship to a higher, omnipotent, being may answer an individual’s questions or provide comfort in times of distress.

Since religion and spirituality are essential components of Latino culture, investigating the construct of spirituality within the Latino population entails considering both their historical and cultural significance. Lestina (2008) found that 83.5% of psychologists indicated they would offer, or have offered, spiritual themes within psychotherapy, however, 59.6% of psychologists indicated the client would need to initiate the discussion. The psychologists who indicated they would offer spirituality within treatment had significantly higher levels of professional attitude and comfort scores regarding the use of spirituality within psychotherapy, as well as higher scores for their personal spiritual beliefs and involvement than the psychologists who did not offer spirituality within treatment. Therefore, in order to understand Latin-American spiritual
ideologies and worldviews, it is also valuable to examine the function of religion and spirituality in the therapeutic setting and the role of spirituality in Latino daily life. It is a form of cultural identity that many consider to be something which defines them as individuals. Among the notion of spirituality are other existential concerns such as sexual identity, and the meaning and purpose of life. Therefore, by utilizing spiritual components with Latino sexual minorities in therapy, crucial questions and issues can be discussed and skills developed. Overall, providing meaning and motivation for Latino individuals seeking spiritual well-being, and tying it in with psychological well-being, will offer validation, acceptance, and understanding between these two often misunderstood dynamics. As the mental health profession gains skill and ease in dealing with spirituality concerns, hope exists there will be corollary benefits for dealing with patients in their human and personal fullness (Gallagher et al. 2002). Thus, clinicians should examine the individual as a whole and all the important components that constitutes their life.

Traditional Latino spirituality and culture, combined with sexual identity, implies a variety of worldviews. Being sensitive to these values is important in the therapeutic setting, as individuals may struggle to find a common ground between sexual orientation and spirituality. Specifically, multicultural counseling practices are utilized with the Latino GLBTQ population in order to promote spiritual growth and awareness within a cultural perspective. Since culture and spirituality are two important elements in the Latino population, a psychologist should be aware of these dimensions and how they play a role in treatment.

Gender roles are explicitly defined within the Latino culture. Jurkovic and
Walker (2006) found that nonreligious men exhibited higher levels of masculine gender-role conflict and stress than religious men. The participants in the study completed four questionnaires: The Gender Role Conflict Scale, The Gender Role Stress Scale, The Intrinsic-Extrinsic Religious Orientation Scale - Revised, and The Spiritual Well-Being Scale (p. 27). However, regarding sexual orientation and gender identity, there is little known research with the Latino population specifically. When counseling individuals who are struggling with sexual orientation issues, integrating spirituality and religious values can be fundamental to the treatment process. Still, more training and education for clinicians should be implemented in order to enhance clinical and cultural competency, understanding, and knowledge among professionals when conducting therapeutic interventions. By seeking spiritual comfort or journey, spirituality with Latino sexual minorities, psychologists can enhance their lives and promote psychological well-being. Gray (2001) further emphasized that mental health professionals are encouraged to assess patient’s faith issues in an unbiased manner and involve trustworthy and knowledgeable members of patients’ spiritual community in the counseling process.

Overall, psychology and spirituality in psychotherapy is likely to continue to evolve and develop in ways that will hopefully benefit clients, specifically the GLBTQ Latino population. It is only more recently that the field and study of psychology has slowly learned to accommodate and accept spiritual perspectives and faith/values into daily clinical work. Still, much more research is needed. Closely monitoring ethical issues that emerge or are likely to emerge during the course of our professional work is critical (Plante, 2007). Being cognizant of the ethical standards and principles set forth by the APA, such as respect, responsibility, integrity, competence, and concern for others, as
well as possible ethical dilemmas and getting appropriate training and ongoing consultation can greatly help psychologists work with spiritual clients, such as GLBTQ Latinos or those struggling with sexual orientation issues within a culturally sensitive environment.

**Psychotherapy and Sexual Identity Development**

When working with GLBTQ clients in a therapeutic setting, Hathaway and Ripley (2009) stated that professional codes, practice guidelines, legal precedence and ethical regulations are crucial to remember to implement. Further, understanding lesbian, gay, and bisexual (LGB) identity development, or the process by which LGB people come to know and value more fully who they are, is central to developing an effective and meaningful relationship with LGB clients (Reynolds & Hanjorgiris, 2000). They studied the sexual identity process in relation to lesbian, gay, and bisexual identity development in the United States. One of the areas of concern highlighted was self-identity and how to discuss this in treatment. Having an adequate appreciation and knowledge of coming out issues and life span identity development issues for GLBTQ clients is central to providing appropriate and affirmative psychotherapy. To handle these issues, self-assessment and self-awareness on the part of the therapist are vital. Unless a therapist can be truly LGB- affirmative and antiheterosexist (e.g., not use other-gender pronouns when discussing relationships), hesitant clients may never disclose what they are questioning (p. 50). Therapists also need to serve as a support system for clients, because clients who are struggling with sexual identity issues often do not “come out” without restraint, apprehension, and anxiety. Further, feelings normally associated with the process include shock, denial, anger, guilt, sadness and acceptance (Ciali, 2007). Therapists often act as a bridge between their clients and provide psychotherapeutic
treatments that allow GLBTQ clients to find a sense of belonging and develop psychological well-being so clients can feel comfortable with themselves and in their environment instead of internalizing or repressing their feelings and desires. This presents further issues to be discussed in treatment.

Psychologists who provide holistic care require an understanding and incorporation of a patient’s perspective on life at religious and spiritual levels (Ondeck, 2002). Furthermore, Punton (2008) stated that “a psychologist's ability to support a person of their faith with the integration of his or her homosexual lifestyle would require the ability to understand and deal with this incongruence. At the very heart of the matter is relationship—relationship between the homosexual person, others, God, and the church” (p. 165). This relationship is an important quality to discuss in therapy when relevant to the client or when it pertains to an important aspect to the therapeutic alliance.

Psychologists must help clients examine how their sexual identity affects other aspects of their life such as their careers, interpersonal relationships, religion and faith, and psychological functioning. Managing self-identity requires that GLBTQ individuals redefine what it means to be a minority, and within the Latino population, it can be considered a minority within a minority. It is crucial that psychologists understand what internalized homophobia is, how it operates, and how it affects other aspects of identity, self-esteem, and relationships (Reynolds & Hanjorgiris, 2000) with GLBTQ Latinos. Additionally, it is imperative that psychologists help GLBTQ clients develop strategies to counteract any negative thoughts or social messages. Overall, continuous education and consultation with knowledgeable and clinically/culturally competent peers is necessary for psychologists to work with GLBTQ Latinos in a therapeutic setting. Psychologists
must also address any biases, discrimination, and negative cognitive processes to institute positive changes, incorporate multiculturalism and psychoeducation in interventions in order to continue building the therapeutic relationship over the course of treatment.

Hanley-Hackenbruck (1989) studied the relationship and possible interventions in psychotherapy and the sexual identity process. Individual’s experiences, both clinical and nonclinical, have shown that sexual identity development involves a complex process of intra- and interpersonal transformations often beginning in adolescence and extending well into adulthood which lead to, accompany, and follow, the events associated with acknowledgement of one’s sexual orientation (p. 21). These experiences are the external manifestations of an internal process of identity formation in a GLBTQ individual. The author defined this process as it refers to a complicated developmental process, which involves at a psychological level, a person’s awareness and acknowledgement of same sex thoughts and feelings. For some clients, sexual identity ultimately leads to public identification and acceptance, however, various factors will affect the relative positive or negative meaning the individual places on the identity that emerges, as a result of the developmental process. The author noted that Erikson (1946) indicated that identity formation is an interactive process between the individual and society at large, (p. 22), but because the norms and values of both U.S. and Latino societies in general, have been largely antihomosexual, the identity development of sexual orientation involves integrating a stigmatized aspect of identity that is further shameful by religious and spiritual beliefs and practices. This, in turn, affects an individual’s judgment and psychological well-being, which is a fundamental topic of discussion in therapy with GLBTQ Latinos.
Feelings of shame, guilt, doubt, confusion, and alienation are all common themes in therapy with this population. In developmental terms, an identity crisis is precipitated (Hanley-Hackenbruck, 1989). Attitudes toward same sex attraction are different among cultural and religious groups within the United States. Latinos, for example, tend to be less permissive toward same sex attraction, which makes it especially difficult to complete the sexual identity process within that culture because of fear, anxiety, discrimination, stigma, and lack of knowledge or support. GLBTQ individuals must acknowledge and accept their differences, integrate into the current, self-concept which stimulates individuation, both by incorporating a previously unaccepted part of the self and by overcoming the antihomosexual attitudes incorporated since childhood and current in everyday life (Hanley-Hackenbruck, 1989). The idea of acceptance, however, is a notion that takes much time and interpersonal reflection. It can be challenging, emotional, and potentially detrimental dependent upon the messages received.

Environmental factors such as Latino culture, GLBTQ culture, family, friends, and religious beliefs all have some influence on an individual’s perception of self and psychological well-being.

The authors differentiated three important stages in a GLBTQ individual’s life that identify sexual identity development: prohibition, ambivalence/practicing or compulsion/exploration, and consolidation/integration (p. 27). They referred to superego modification as it proceeds from the critical or punitive position through ambivalence to a more positive, accepting position. The changes in ego functioning allow the individual to grow in autonomy and individuation through clarification of personal values and grief over losses of certain relationships, and is a very crucial aspect to psychotherapy and
sexual identity development because a person’s thoughts and internal struggles within the superego are necessary for movement through the developmental process, especially for the achievement of positive and integrated identity (Hanley-Hackenbruck, 1989). The first stage reflects society’s prohibitions against same sex attraction so the individual feels he or she cannot be homosexual. In the second stage, the individual experiences excitement with wanting to disclose a new found identity. In the last stage, the sexual identity developmental process continues through the reinforcement of individual, interpersonal and sociocultural experiences and the new identity takes on more facets and nuances (p. 31). As a result, coming to terms with one’s sexual identity can be a difficult process.

Within a therapeutic setting, fears, ambivalences and questioning will arise. Sexual identity development often brings individuals into treatment. Psychologists must be aware and competent with differential diagnoses when sexual minority clients seek therapy. Clients who identify as GLBTQ run the gamut of diagnostic categories and their experience of accepting their sexual identity will be greatly affected by their underlying personality and character structures (p. 33). A majority of clients treated in these instances express symptoms of adjustment disorders, anxiety disorders, and mood disorders. More serious psychopathology may arise in treatment as the therapy process proceeds. Any presenting conflicts or issues should be discussed and treated specific to the individual’s environment and Latino culture. Therapists can help the client further grow and develop within his or her social and sexual identity, and offer comfort and understanding by bringing meaning and peace to his or her difficult changes and transitions. This understanding will enable GLBTQ clients to have a more structured
framework, skills and knowledge to live more psychologically healthy lives.

**GLBTQ and Spirituality**

Grant and Epp (1998) defined a healthy religion as one that “acknowledges and offers support for both individual choice and for human limits and vulnerability” (p. 21). On the other hand, they saw pathological religion as that which "discourage[s] individual choice and decision making ... impose[s] rules and beliefs authoritatively ... leave[s] no room for personal discovery ... encourage[s] obedience through fear of punishment or rejection ... [and] encourage[s] a hopeless quest for perfection, especially by demanding a total repression of all sexuality or feelings of anger” (p.21). It is important to distinguish these two components, healthy and unhealthy, and how they factor into the well being of Latino GLBTQ clients. Barret & Barzan (1996) researched the lives of gay men and lesbians and how a normal sense of life and peace is complicated by the hidden "in the closet" nature of a large segment of the community. “In the closet” is a metaphor used to describe lesbian, gay, bisexual, transgender, queer/questioning, and intersex (i.e. between transitioning) individuals who have not disclosed their sexual orientation or gender identity and aspects thereof, including sexual identity and sexual behavior. The authors further stated that at present, psychological service providers and psychotherapists have to rely on a mixture of anecdotal clinical observations, often flawed empirical studies, and reports in biased and unempirical news media as sources for understanding homosexuality (p. 6). Since homosexuality or non-heterosexual orientation is often judged as sinful, these individuals are frequently given an indirect or overt message that they are not welcome and cannot participate in religious activities. Many Christian theologians and lay persons will cite Biblical scripture, e.g. "Thou shalt not lie with
mankind, as with womankind: it is abomination” (Leviticus 18:22, New International Version), and “Because of this, God gave them over to shameful lusts. Even their women exchanged natural relations for unnatural ones. In the same way the men also abandoned natural relations with women and were inflamed with lust for one another. Men committed indecent acts with other men, and received in themselves the due penalty for their perversion” (Romans 1:26-27, New International Version), to support their view that sexual activity between members of the same sex is "sinful" or against societal norms. Similar behavior may be found among other religious groups who condemn sexual activity between members of the same sex. These theologies cause much psychological and emotional distress and internalized oppression, which often requires the support of psychotherapy. Any negative or harmful experiences often take gay men and lesbians away from religious institutions that would have them compromise their spiritual values and their personal integrity. Even though the spiritual experiences of gay men and lesbians frequently mirror those of heterosexual or non-homosexual persons, they struggle with what to do about a need for religious community. Tan (2005) found that existential well-being was a significant predictor of adjustment: having high self-esteem, accepting one’s homosexual orientation, and feeling less alienated. In contrast, religious well-being was not a significant predictor of any measure of adjustment. These findings point to the importance of the existential aspect of spirituality among gay and lesbian individuals in determining adjustment and how to incorporate this into psychotherapy.

To begin, the notion that homosexuality is a moral rights, rather than a civil rights, issue is a conflict that many individuals face on a day-to-day basis. Statistics
show that many Americans often base assumptions or judgment upon little factual information about the lives of GLBTQ individuals, and thereby, simply reassert a negative stereotype that links homosexual behavior to sin. This potentially damaging message is a fundamental struggle as GLBTQ individuals try to find ways to overcome the clash between prejudiced religious institutions that assert their authority over them, and personal spiritual experiences that connect them with a God who offers love and acceptance (Barret & Barzan, 1996). Prior & Cusack (2010) found that despite the apparent disconnect between traditional religious affiliation and the promiscuous gay lifestyle of bathhouses, a majority of interviewees in their study asserted that spirituality and self-transformation was as important to them as sexual exploration and liberation from societal restraints (both as motivations for and outcomes of the bathhouse experience). As a result, rather than being encouraged to embrace their sexuality, most homosexuals in a religious setting learn to hate and fear, rather than acknowledge and accept their sexuality. In turn, it creates a powerful struggle to reconcile their religious beliefs with their emerging sexual identity. Many gay men and lesbians find a home in other communities, such as the Metropolitan Community Church, a Christian denomination, located in many large cities.

Counseling, with its trust of internal authority, must find ways to accommodate the external authority of religion. For psychological service providers this means that, in exploring the spiritual beliefs of gay men and lesbians, an analogy can be made between the client's need to rely on an internal understanding that leads them to live contrary to their families' wishes and the similar task that can be undertaken with an authoritarian religious organization (Barret & Barzan, 1996). Therefore, understanding the need for
psychotherapy and treatment goals is intrinsically important, and, as psychologists, encouraging sexual minority clients to learn from their experiences and gain therapeutic skills to move beyond the confines of the religious worldview they may have learned as children, is as equally important.

Most psychological service providers will benefit from a model that helps them understand the difference between spiritual and religious authority, as it will help clients work through the shame, guilt, and condemnation discussed by many religious denominations. As psychologists it is our responsibility to help clients actively explore a gay-positive spiritual world with a greater internal sense of authenticity and integrity (Barret & Barzan, 1996). The authors further noted the importance of understanding that metaphysical experience takes many forms and what individuals call spirituality and religion may be quite different experiences. For example, religion is one of an almost infinite number of expressions of one's personal and communal spirituality, and clinicians who want to explore the spiritual aspects of the lives of GLBTQ clients must first examine their own personal, and often unconscious biases, towards sexual or cultural minorities before being able to appropriately and effectively work with this population.

When clinicians are able to examine feelings about their own sexuality and avoid projecting their value onto clients, it will help minimize the possibility of negative countertransference in sessions.

Consultation, formal training, and continuous education are needed in order to work with GLBTQ Latinos, yet very few students and clinicians have been given formal training about the lives of sexual and cultural minorities. In the case examples within the author’s research, they found that a client’s spiritual life was enriched by being honest
about his or her own sexual identity and letting go of much of the shame he or she had experienced most of his or her life (Barret & Barzan, 1996). They noted that a psychologist or therapist must also encourage the client to be prepared for the fact that rejection and condemnation are real possibilities in life, and that recognizing or learning how to come to terms with the resulting emotions in therapy is crucial. As is true with person-centered and transpersonal counseling theories, clinicians can learn from the client about their experiences, which will ultimately help both the therapist and client in session. The authors explained the complexity of understanding spirituality and religion within the framework of five contexts:

<table>
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<tr>
<th>Spiritual</th>
<th>Religious</th>
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<tr>
<td>Internal authority</td>
<td>External authority</td>
</tr>
<tr>
<td>Truth</td>
<td>Individual experience</td>
</tr>
<tr>
<td>Focus</td>
<td>Existential concern</td>
</tr>
<tr>
<td>Value</td>
<td>Personal experience and insight</td>
</tr>
<tr>
<td>Action</td>
<td>Creative searching, reflection, dance</td>
</tr>
<tr>
<td>Helper</td>
<td>Spiritual guide, peer, none</td>
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Barret & Barzan (1996)

Both psychologists and clients can utilize this framework as a foundation of the work that will be conducted with GLBTQ Latinos. It also exemplifies that since individuals struggling with sexual identity issues have been excluded from full
participation in many traditional mainstream religions, they are now free to reflect on and integrate their own life experiences, thereby creating their own personal and communal spirituality (Barret & Barzan, 1996). Even though religious and spiritual traditional values and ideals may be forced upon GLBTQ Latinos, many are creating more psychologically healthy and positive ways of living their spiritual lives. They test what has been handed down, keep what is helpful, change what is not, create new beliefs, rituals, and images, and experiment with a variety of lifestyles in an effort to find and hold onto a healthy personal spiritual identity (Barret & Barzan, 1996). As a result of their feelings of anger, grief, and loss regarding a Higher Power, while maintaining a personal need for spirituality due to the burden of same sex attraction, psychotherapy would be beneficial and life-restorative for these clients. Clinicians, therefore, who work with Latinos who experience these feelings of change, loss, and distress, must carefully learn how to assist a sexual minority client as he or she identifies and explores alternative ways to live a spiritual life. Over time, the exploration of spirituality, and discussion of feelings of guilt and shame, will ultimately lead to psychological well-being. However, mutual understanding may be lost in client anger and animosity towards spiritual beliefs that realistically protects these sexual minorities from further pain. As a result, confronting these issues and challenging them in therapy will help GLBTQ Latinos develop and cultivate their spiritual worldviews.

**Latino GLBTQ and Spirituality**

Latinos and Latino-Americans face many challenges throughout the “coming out” process. It requires plurality, flexibility, adaptability, and permeability, in addition to political consciousness, activism, and empowerment (Comas-Diaz, 2006), while
acculturating to a new worldview and society. Notably, in order to understand the Latino culture, one must recognize the importance that religion plays in this culture (Ramirez de Leon, 2003). Garcia, Gray-Stanley and Ramirez-Valles (2008) examined individuals’ life histories to analyze the role of religiosity in the life of Latino GBTs who grew up as Catholics. They utilized a life course perspective to analyze the role of religiosity, identify life trajectories, transitional points, and changes in the lives of this rarely studied group of GBTs. Again in this study, the concepts of religion and spirituality are distinct yet intertwined. The authors use the term “religion” as it refers to an organized system of beliefs, practices, rituals, and symbols that relate to a Higher Power, occurring within or without a religious institution, usually termed the phrase popular religion, and the concept of spirituality as something that is less institutionally focused and is based on a personal quest for meaning, understanding, purpose, and relationship to the sacred or transcendent. It may be embedded within religious rituals or humanistic approaches (p. 413). The authors also explored why some GBT individuals remained Catholics in adulthood, while others abandoned their childhood religion. Individuals raised as Catholics were selected because it is the predominant religion in Latin America and among Latinos in the United States. Furthermore, the study of early religious factors is essential because, from early childhood, religion provides values and principles to guide actions, to develop a sense of purpose and self-identity, and provide a source of strength. It offers guidance on topics such as becoming a moral and responsible adult and community member, dealing with issues of sex and procreation, and death. Religion also serves cultural and communal functions, especially within the Latino culture. Nonetheless, it is important to remember that population-based generalizations may be
taken into consideration when examining the spiritual and cultural influences within the Latino GLBTQ population.

Garcia, Gray-Stanley and Ramirez-Valles (2008) defined trajectory as it refers to the overall pathway that occurs over the individual’s lifetime. Trajectories are mapped by linking transitions across the life course (p. 414). As social constructions, individual life histories are shaped by cultural and societal norms, which individuals follow in deciding how to live and interpret their lives, much like religion and spirituality. Latino Catholics, for example, who also self-identify within the GLBTQ subgroup, struggle with various spiritual choices in their lifetimes. Options range from having a specific affiliation or denomination, participation or attendance, practices or beliefs, and commitment change over the course of one’s life, and are influenced by personal experiences and culture. The authors argue that even though individuals experience or go through various life trajectories, many homosexual individuals experience more challenging changes. For example, GBT individuals encounter unique experiences, such as growing up among family members, friends, and societal institutions (e.g., schools and religious organizations) that prescribe a heterosexual lifestyle, and challenge them to negotiate between their sexual identity and dominant norms (p. 415). Regarding religion and spirituality, there is much intolerance in regards to homosexual individuals within the larger society, which then leads to further psychological and emotional distress. Notably, the teachings of Christianity more specifically that of the Catholic Church truly divides this population. The notions of sin, eternal damnation, and condemnation are constantly discussed and used as “threats” within religious or spiritual beliefs.

In Latino culture, family, religion, and the social environment all contribute to
push GBT youth to conform to heterosexual roles and norms. Many of them experience the conflict between their sexuality and religious beliefs, with feelings of rejection, shame, and guilt (p.416). This struggle with self-identity and internal crisis shapes who individuals become as homosexuals, and can help them learn and grow throughout the coming-out process. However, religious beliefs and institutions may sometimes hinder the relationship between psychological well-being and health, which may be perceived as an unsuccessful reconstruction of one’s personal beliefs and cognitions. In other words, there may be dissonance between one’s thoughts and actions, and those expressed by his or her religious beliefs. Individuals are then forced to reconcile and conceal their homosexuality, which in turn may repress their sexual drive on a physical and psychological level. In turn, same sex attraction, in this case Latino GLBT individuals, are forced to accommodate and redefine their spiritual beliefs and values, and sometimes even to renounce their faith. Feelings of abandonment by the Church, family, friends, and society as a whole may develop in response to these feelings of loss, guilt, and shame concerning their sexual identity. For most Latinos in the United States, Catholicism, either institutional or popular, is intrinsically connected with family, gender, culture practices, and everyday life. Latino GLBTs must disentangle the communion of these factors as they develop a sexual and gender identity (Garcia, Gray-Stanley and Ramirez-Valles, 2008). This process can be implemented in therapy with this population.

Furthermore, the authors examined those who self-identify as Latino and gay, bisexual, or transgender, and have been involved in HIV/AIDS- or GBT-related community work as volunteers or activists. Participants’ ages ranged from 18 to 63 years old, with a mean age of 36, and were born in the United States (40%) or Mexico (39%).
Of those born in the U.S., the majority were of Mexican (72%) or of Puerto Rican (16%) descent. Many participants had some college or vocational education (35%) or a college degree (30%). Seventy-two individuals (90%) identified as homosexual or gay men, 3 (4%) as bisexual men, and 5 as transgender (6%). Less than half of the sample was HIV positive (41%) (pp. 418-419). Themes analyzed, included the mode of religious and spiritual transmission, the cultural aspects of religiosity or spirituality, conflicts between religion and sexuality, and the respondents’ levels of participation and commitment to religion in childhood and adulthood. Of the 80 life history interviews, 66 (83%) participants indicated being Catholic during childhood. Then, in adolescence, over half of the participants (n = 37) experienced a conflict because of their religious values and their sexual orientation. The conflicts appeared to stem from the Catholic Church’s condemnation of homosexuality. This led some participants to abandon Catholicism or to stop attending church, either temporarily or permanently. Most of them eventually abandoned the Catholic Church and joined other religions or spiritual practices by the time they reached adulthood.

When further investigating Latino culture and spirituality within the culture, there is not much room to constructively navigate or find a balance between homosexuality and religion. Spirituality, on the other hand, is fortunately more subjective and open to much interpretation, depending upon one’s background and experiences. Latinos who identify as GLBTQ receive religious and spiritual education by mothers and grandmothers, other relatives, religious schools, and most importantly, culture and cultural influences, such as customs, traditions and practice. Over one third of the participants (n = 23) indicated that cultural practices shaped their religious values while growing up (p. 422). Those in the
highest level of participation and commitment expressed a desire to learn about their religion and enjoyed church-related activities, and 10 participants were classified in this category. Many participants (n = 45) experienced moderate levels of religious participation and commitment during childhood, and 10 participants experienced a low level of participation and commitment.

Overall, GBT Latinos recounted feeling depressed, ashamed, and guilty when they, as Catholics, began exploring their sexuality, and identified thoughts of “I am going to hell.” Results showed that only 26 out of 66 participants still identify as Catholic (two of them consider themselves Catholic, although they have also joined other religious groups or practices) as adults. Forty participants left the Catholic Church in adulthood, 8 converted to Protestantism, and 8 to other non-Christian religions or spiritual groups (e.g., Buddhism, meditation, Hinduism), while 27 indicated no affiliation or did not provide any information. The main reason individuals left Catholicism was because of what the church said, not because of what the individual felt himself or herself or because of what he or she believed. Furthermore, many converted to other non-Christian beliefs including Buddhism, Hinduism, yoga, meditation, rebirthing, Condomblé- Santeria, and Native American practices. Many who left Catholicism were still found to hold a belief in God, to pray, attend retreats, and read books for spiritual development, and these components can be used in psychotherapy, coupled with the continued use of meditation and self-talk. Still, therapeutic relationship and treatment issues are prevalent within the population.

Spirituality with Latinos is part of a cultural tradition. Notably, it is impossible to characterize Latino culture as a single culture because Latino culture is vastly
heterogeneous (Zea, Mason & Murguia, 2000). Integrating the subculture of the GLBTQ population and both these clients and psychologists face many challenges in the treatment process in a therapeutic context. Those who struggle with sexual orientation issues may also experience self-discovery within their faith. The most significant perspective the authors found from an individual interviewed was that one cannot hide anything from God, who respondents perceived as being omnipresent, and unconcerned with one’s sexual orientation. The authors also found that clients can hide aspects of the self from the church (e.g., priest, lay members), which is perceived as a human-made institution (as opposed to God-made); that is, human like the self (p. 425). Spirituality and faith as a believer, as well as having a strong faith in God or feeling closer to God may help Latinos struggling with sexual orientation issues in a therapeutic setting. In helping clients come to terms with experiencing nonacceptance and how it affects them psychologically, it is likely that they will better be able to cope and overcome any fears of the church and negative teachings about homosexuality. The goal is to promote individual comfort in his or her religious practices and spiritual beliefs, in turn accepting who they are and their sexual orientation. Optimally, the individual will no longer feel rejected, depressed, anxious, etc. Psychotherapy, in conjunction with continued spiritual practices and beliefs, will enable GLBTQ Latinos to no longer feel the need to hide or negotiate their sexuality.

Despite the fact that over two thirds of the sample abandoned the Catholic Church, religion and spirituality remain a significant force in the lives of Latino GBT individuals. Contrary to popular beliefs that GLBTQ individuals are not religious, that they are oppressed by institutionalized religions, and that they completely reject institutionalized
religions, the majority of the participants had a sound religious and spiritual life (p.433). By history, many GLBTQ Latinos rely on religion and spirituality for support and find it to be a source of values, morals, and strength. Still, this study was conducted in the San Francisco Bay area and Chicago, and further investigation into national experiences is needed. The spiritual values and attitudes homosexual Latinos develop are important within the psychotherapeutic setting and treatment planning. Not only is spirituality a part of family, social life, and cultural identity, but also may be a source of conflict, pain, and identity crisis (p. 432). The necessity of incorporating psychological interventions and techniques with religious and spiritual aspects remains important to the field of Latino GLBTQ mental health.

Halkitis, Mattis, Sahadath, Massie, Ladyzhenskaya, Pitrelli, Bonacci and Cowie (2009) examined the various meanings and manifestations of religion and spirituality among lesbian, gay, bisexual, and transgender adults. In this study, spirituality was defined largely in relational terms (e.g., in terms of one’s relationship with God and with self), whereas religion was defined largely in terms of communal worship or in terms of its negative influences in the lives of individuals and communities. The authors found that in this sample of GLBTQ individuals, spiritual identities were more pronounced than religious ones, and that this pattern may be explained by their understanding of the spiritual self in relation to pro-social engagement and interconnectedness with others, the world around them, and the universe (p. 251). Furthermore, religious affiliation and practices were explained, in part, by the religion in which the individual was raised. The findings indicated that a substantial number of GLBTQ individuals remain committed to a religious and/or spiritual life, which may relate to a motivation to make sense of one’s
place in the world especially in light of societal misunderstandings and intolerance of GLBTQ individuals (p. 250).

The importance of religion and spirituality in the lives of lesbian, gay, bisexual, transgender, and questioning individuals is evident as it provides support and enhances the psychological well-being of these individuals who may also be struggling with sexual orientation issues among other cultural factors. For them, engaging in these positive, pro-social behaviors helps them adapt to their sometimes harsh or invalidating environment. The authors noted that religion and religious doctrines often inform social norms regarding what constitutes acceptable patterns of sexual intimacy and these ideological systems also define who constitute an appropriate sexual partner and outline the consequences of violating religiously or socially sanctioned sexual customs (p. 251). For GLBTQ individuals, whose patterns of affection and intimacy, partner choices, and sexual identities challenge conventional norms, religion and religious communities often have been hostile spaces, and their efforts to integrate religion, spirituality, and sexuality often are fought with conflict (p. 251). This is an important topic to consider in treatment with individuals struggling balancing religious identities with sexual/gender identities.

The authors further indicated that religious institutions and individuals may take one of four approaches to homosexuality. Some may adopt a “rejecting punitive” stance, institutions may adopt a “rejecting non-punitive” stance, or institutions may take an approach that is described as “qualified acceptance,” or lastly, adopt the “full acceptance” approach (p. 251). Still the differences between accepting and tolerating sexual minorities, is something to take into account when working with the Latino population. An aspect not touched upon is that these individuals may experience little or no conflict
between their religious beliefs and their sexual identity. However, empirical research suggests that hostility, resentment, confusion, isolation, and hopelessness are components to treat in session with GLBTQ individuals, and should be assessed when working with Latinos.

Of the 498 participants who identified as lesbian, gay, or bisexual, 80.3% (n = 400), identified as gay or lesbian, while 19.7% (n = 98) identified as bisexual. In terms of gender, over 98% identified as either male or female with the remainder identifying as transgender, and approximately 24.3% identified as Latino. The majority of participants, 75.7% (n = 372) were raised as Christian (Catholic or other Christian), approximately 10% were raised as Jewish, and approximately 9% (n = 43) identified as Atheist/Agnostic. The remainder were raised in an Eastern religion (2.4%, n = 12) or failed to provide these data (4.4%, n = 22), (p. 254). With regard to race/ethnicity, the majority of Latinos (75.2%, n = 85) were raised as Catholic. Presently, the majority of respondents identified their current religion as Christian (52.6%, n = 262), 8% identified as Jewish (n = 4), approximately 4% (n = 19) as Eastern religion, and 26.9% (n = 134) as Atheist or Agnostic. Only 24.5% (n = 122) reported that they hold a membership in a religious institution such as a church, synagogue, mosque. The mean scores on the indexes [SIC] of subjective religiosity and subjective spirituality were 2.45 (SD = 1.21) and 3.41 (SD = 1.28), respectively, which indicate that participants considered themselves to be significantly more spiritual than religious (p. 252). Although the meanings of the terms spirituality and religiosity can be perceived in a variety of ways, research suggests that these terms name distinct, albeit overlapping
experiences, beliefs, and values (p. 252). The data contributes to a better understanding of GLBTQ spirituality, beliefs and values, yet little is known about the meanings that are construed by these ideals by LGBT clients. The authors further found that 428 participants provided responses to the question: “What does spirituality mean to you?” Ten thematic categories emerged from the content analyses of the written responses to this question:

Twenty eight percent of participants (n = 120) defined spirituality as a belief in the existence of a divine, sacred and/or powerful force that is external to the individual (e.g., God, Allah), and as one’s relationship with such forces. 19% (n = 81) reported that spirituality refers to individuals’ efforts to get in touch with their feelings and true beliefs, and the effort to be true to, and accepting of the self. 17% (n = 73) defined spirituality as one’s commitment to pro-social values, attitudes, and behaviors including respect for all life, compassion, kindness, forgiveness, and love. Approximately 16% (n = 69) indicated that spirituality refers to the interconnectedness and unity of all life and experience. Approximately 11% (n = 47) defined spirituality as a belief in the existence of transcendent forces or energies (e.g., soul, spirits), and in the notion of an afterlife. Furthermore, spirituality was sometimes defined as the existence of supernatural or unexplained phenomena. Six percent (n = 26) defined spirituality as a force that promotes understanding of one’s place in the world, the causes of events, and one’s purpose in life. Two percent (n = 9) equated spirituality with specific practices or contexts. Approximately 2% (n = 9) indicated that they were unable to define spirituality or that for them the word has no meaning. 1% (n = 5)
indicated that spirituality is distinct from organized religion or organized worship, and 1% \( (n = 5) \) defined spirituality as a force that aids in peoples’ efforts to manage, endure, or transcend adversity (pp. 256-257).

These findings indicate that a majority of LGBT individuals remain committed to religious and/or spiritual life even after experiencing life-changing events. For many of these individuals private, non-organizational devotional practices (e.g., prayer) were most influential in maintaining spiritual commitment. Overall, the clear presence and practices of faith among LGBT individuals serves as an important indication of the power of spiritual beliefs to help these individuals negotiate the mundane as well as extraordinary challenges of life (p. 261). While many believe spirituality or faith may limit the ability to help shape an individual’s life and choices, the need to create an open dialogue within a safe and comfortable environment is crucial in a therapeutic setting when integrating spiritual factors into treatment. Still there is a great need for future research and studies involving the spiritual and religious practices of the GLBTQ population, specifically Latinos. These individuals experience changing patterns and definitions of spirituality, and, by incorporating spirituality into psychotherapy with GLBTQ Latinos, it will help in creating a sense of community, a way of belonging, and a positive move towards psychological well-being. Furthermore, exploring these values and ideologies will allow researchers and clinicians to appropriately assess the various means by which the problems and psychological distress GLBTQ Latino individuals face over the course of their life development affects them daily.

SUMMARY
Various research studies have been conducted in the field of psychology on the importance of incorporating spiritual values, beliefs, and practices into psychotherapy. Latino culture values spirituality as a core foundation in their society and way of life. Furthermore, there has been much change and growth in regards to the recognition and acceptance of GLBTQ individuals within American society as evidenced in the literature. Hardship, discrimination, and psychological distress are current themes and concerns within Latinos who self-identify as a sexual minority or who are experiencing sexual identity development issues. In the United States, as the Latino population increases, much attention and many services are needed for these individuals. Many clients in psychotherapy bring with them spiritual and religious beliefs and practices into sessions. GLBTQ Latinos may experience or incorporate these values more so than other populations, and this relationship may be either problematic or potentially may be beneficial within the therapeutic setting and to overall psychological well-being. Much literature on GLBTQ Latinos considers cultural values and implications to being culturally sensitive to their needs and concerns. The literature has also shown that it may be beneficial to incorporate the examination of spiritual beliefs and practices into psychotherapy. Examining further into the cultural values of GLBTQ Latinos and their relationship with spiritual and religious concerns as related to psychological well-being, psychologists and practitioners might be able to provide better therapeutic interventions and treatment with this population. This study aims to examine the relationship of spiritual values with GLBTQ Latinos and psychological well-being.

METHOD
Participants

The participants in this study were adults age 18 and over and were recruited from various Internet sites, national institutes and organizations via email informing them of the study. Associations include United Latino Pride (ULP), which is a group of individual community members, organizations and businesses that identify as Latino GLBTQ and allies, Parents, Families and Friends of Lesbians and Gays (PFLAG), The Human Rights Campaign (HRC), The Gay and Lesbian Alliance Against Defamation (GLAAD), Gay, Lesbian and Straight Education Network (GLSEN), Immigration Equality, The Equity Foundation, and The National Gay and Lesbian Task Force. The participants identified as male, female, transgender or transitioning, and questioning who self-identify as Latino or of Hispanic background, and of various ages. The participants were asked to participate in the study voluntarily and were offered to participate in a drawing of one of eight $25 Amazon.com gift card as incentive for their participation at the completion of the study. Due to the subject matter of the study, and for the protection of the participants’ confidentiality, informed consent was required. The survey to answer the spiritual questionnaires was provided on http://www.surveymonkey.com/, a secure website. To encourage and acknowledge participation, and because participants’ contact information could be obtained in order to provide notice of study findings, the survey responses and the participant information list were separated to protect confidentiality. The survey completely avoided gathering any identifiable information and a separate account was developed that allowed participants to easily provide contact information. All information was kept password protected and secure, and was only be accessible to the examiner for data collection and analysis.
Measures

The participants were asked to complete the Spiritual Involvement and Beliefs Scale-Revised (SIBS-R) (Hatch, R. L., Burg, M. A., Naberhaus, D. S., & Hellmich, L. K. (2001). The measurement was designed to be widely applicable across religious traditions, to assess actions as well as beliefs, to address key components not assessed in other available measures, and to be easily administered and scored. The instrument is a questionnaire containing 22 items in a 7-point Likert scale format, and takes approximately 10 minutes to complete. Five items (3, 6, 7, 11, and 20) are reverse scored. Instrument reliability and validity were found to be very good, with high internal consistency (Cronbach's alpha = 0.92); strong test-retest reliability (r = 0.92); a clear four-factor structure; and a high correlation (r = 0.80) with another established measure of spirituality, such as the Spiritual Well-Being Scale. Evidence in previous research as shown that the Spiritual Involvement and Beliefs Scale appears to have good reliability and validity across constructs. Compared with other instruments that assess spirituality, the SIBS-R has several theoretical advantages, including broader scope, use of terms that avoid cultural-religious bias, and assessment of both beliefs and actions. Items clustering under Factor 1 (Spiritual Core) typically address spiritual activities/rituals or are consistent with belief in an external power. Factor 2 (Spiritual Perspective/Existential) includes both items that refer to evolving beliefs and many items that focus on internal beliefs and growth, as did many items addressing more existential issues. Factor 3 entails two items dealing with meditation (Spiritual Acceptance/Insight). Lastly, Factor 4 (Personal Application/Humility), are items dealing with humility and application of spiritual principles in daily activities. Correlation of the total score on the SIBS-R with
the Spiritual Well-Being Scale was .79 (a negligible drop from .80), the test-retest correlation remained .92, and the coefficient alpha reliability coefficient remained .92 (Hatch et al., 2001).

Next, participants completed The World Health Organization Quality of Life Scale – Abbreviated Version (WHOQOL-BREF). The instrument is a questionnaire containing 26 items in a 5-point Likert scale format, and is an abbreviated version of the WHOQOL-100 assessment. It is broken down into two single items and four domains. Item 1 refers to rating one’s quality of life satisfaction, and item 2 refers to one’s health satisfaction. Domain 1 refers to Physical Health, Domain 2 refers to Psychological Health, Domain 3 refers to Social Relationships, and Domain 4 refers to one’s Environment. Its psychometric properties were analyzed using cross-sectional data obtained from a survey of adults carried out in 23 countries (n = 11,830). Both sick and well respondents were sampled from the general population, as well as from hospital, rehabilitation and primary care settings, serving patients with physical and mental disorders and with respect to quotas of important socio-demographic variables. The WHOQOL-BREF self-assessment was completed, together with socio-demographic and health status questions. Analyses of internal consistency, item–total correlations, discriminant validity and construct validity through confirmatory factor analysis, indicate that the WHOQOL-BREF has good to excellent psychometric properties of reliability and performs well in preliminary tests of validity. These results indicate that overall, the WHOQOL-BREF is a sound, cross-culturally valid assessment of quality of life, as reflected by its four domains: physical, psychological, social and environment (Skevington, S. M.; Lotfy, M.; O’Connell, K. A., 2004).
Procedure

The participants were first asked to review and agree to the informed consent process, indicating on the survey that they have read and understand and agree to the purpose of the study, are 18 years of age or over, and were offered a copy of the form to keep for their personal records. Individuals then completed a demographic and background information section indicating their sexual orientation, or to specify if not indicated. Next, the participants were given the Spiritual Involvement and Beliefs Scale-Revised, followed by The WHOQOL-BREF. Lastly, participants were asked to complete personal demographic information including age, gender, ethnicity, what generation participants identify as, and religious identity. The data was then entered into the Statistical Package for the Social Sciences (SPSS) for statistical analysis to determine if there is a significant correlation between an individual’s spiritual identification and overall psychological well-being. The participants were asked to complete these surveys as truthfully as possible, knowing that their personal information would not be revealed and will remain confidential. Data was analyzed utilizing a simple linear correlation (Pearson r), as well as a series of hierarchical moderated regression analyses for the statistical analysis. These tests were conducted by the principal investigator under the supervision of the dissertation committee, using only unidentifiable data of the study.

Research Questions

Question 1: Do individuals who place a high importance on spiritual beliefs and practices portray a higher level of psychological well-being?

Question 2: Do individuals who place a high importance on spiritual beliefs and practices perceive a higher level of quality of life/satisfaction?

Question 3: How can the data collected be utilized in future treatment with this population?
Hypotheses

The following hypotheses will be tested using statistical analysis.

Hypothesis 1: Spiritual beliefs and practices will be positively correlated to psychological well-being within the Latino GLBTQ U.S. community.

Hypothesis 2: Individuals who placed a high importance on spiritual beliefs and practices will be positively correlated with a higher level of quality of life/satisfaction.

Hypothesis 3: The data collected can be used to inform future practices and treatment of Latino GLBTQ adults living in the United States.

RESULTS

There were a total of 211 participants in the current study, with only one participant unsuccessfully completing the survey. As indicated in Table 1., 111 respondents identified as male (52.9%), 88 identified as female (41.9%), and 11 as “other” (5.2%). Gender other responses included “femme.” In total, 42 (20%) identified as bisexual, 4 (1.9%) identified as FTM, 43 (20.5%) identified as gay, 31 (14.8%) identified as lesbian, 4 (1.9%) identified as MTF, 35 (16.7%) identified as questioning, 43 (20.5%) identified as transgender, and 4 (1.9%) identified as other. Other responses included: “all-loving”, “non-conformative”, “queer”, and “femme gay.” The mean age of participants was 34.65, with a standard deviation of 12.33. Nine participants identified as Chilean (4.3%), 12 identified as Columbian (5.7%), 17 identified as Cuban (8.1%), 14 identified as Dominican, (6.7%), 12 participants (5.7%) identified as Ecuadorian, 15 responded identifying as Guatemalan (7.1%), 66 identified as Mexican (31.4%), 29 identified as Puerto Rican (13.8%), 10 identified as Spanish (4.8%), 11 identified as Venezuelan (5.2%), 4 (1.9%) identified as other (e.g. Cuban/Lithuanian, Hispanic, two races, Xicana), and 11 participants did not indicate (5.2%). Generational data spread
across the board, with 52 participants (24.8%) identifying as first generation U.S., 113 (53.8%) identifying as second generation, 29 (13.8%) identifying as third generation, 2 identifying as fourth generation (1%), and 3 (1.4%) identifying as fifth generation. Other responses included: “African descent”, “family was in SW USA when it was part of Mexico”, and “my family has been here before it was the U.S., and before it was Mexico.” In total, 9 participants (4.3%) identified as Agnostic, 5 (2.4%) identified as Atheist, 3 (1.4%) identified as Buddhist, 12 (5.7%) identified as Christian – Baptist, 38 (18.1%) identified as Christian – Catholic, 11 (5.2%) identified as Christian – Church of Christ, 49 (23.3%) identified as Christian – Nondenominational, 28 (13.3) identified as Christian – Protestant, 2 (1%) identified as Jewish, 2 (1%) identified as Muslim, 35 (16.7%) identified as The Church of Jesus Christ of Latter-Day Saints, 11 (5.2%) did Not Specify, and 5 (2.4%) identified as Other. Other responses included: “Christian MCC”, “culturally Catholic”, “Metropolitan Community Church Los Angeles”, “New Age”, and “raised Jewish – unspecified now.”

A Pearson correlation analysis was performed to examine the zero-order relationship between all study variables for the entire sample. The subscales of each assessment separately were found to be more predictive than the total scale. Specifically, the subscales are significantly related to the overall scale, however, overall the SIBS-R was not correlated with the WHOQOL-BREF. The Cronbach’s alpha correlations are the average inter-correlated or approximated average of the correlation between items and are an overall measure of reliability. The data indicates that the items on the SIBS-R and WHOQOL-BREF have internal validity and are reliable measures of the overall constructs of spirituality and quality of life, respectively. However, the Acceptance scale
on the SIBS-R was not correlated with the rest of the three factors with this population, and does not measure appropriately to the entire population. Two items on the WHOQOL-BREF scale are two independent responses not categorized under a domain, and the Cronbach’s Alphas is not traditionally reported for two-item subscales (Application and Acceptance) or single item responses. Since the number of potential correlations of items was high, a p value of .01 was chosen to statistically analyze the data in a meaningful way. Findings that were not found to be statistically significant were not incorporated into the discussion. As seen in Table 2, there was no overall statistically significant association between the overall measure of spirituality, (the SIBS-R), and the overall measure of life quality, (the WHOQOL-BREF). There was a less than two percent positive association at the p < .01 level between the overall measure of spirituality (SIBS-R) and a subsection of the quality of life measure, specifically Psychological Health (r = .15). There was a less than two percent negative association at the p < .01 level between a subsection of the overall measure of spirituality, specifically Core Spirituality, and a subsection of the quality of life measure, specifically Physical Health (r = -.18).

As in all box plots, the top of the box represents the 75th percentile, the bottom of the box represents the 25th percentile, and the line in the middle represents the 50th percentile. Figures 1 and 2 indicate the interquartile range of participants between the SIBS-R and Psychological and Physical Health outcomes separately. The lines that extend out the top and bottom of the box represent the highest and lowest values that are not outliers or extreme values. Outliers (values that are between 1.5 and 3 times the interquartile range) and extreme values (values that are more than 3 times the
interquartile range) are represented by markers/points beyond these lines. As indicated in Figures 1 and 2, spirituality is related to one’s overall psychological health, and negatively related to one’s physical health (SIBS-R M = 5.79, SD = .82). A majority of participants who regarded spirituality as an important aspect to their life were also found to have more psychological health (M = 4.78, SD = .82). A majority of participants who regarded spirituality as an important aspect in their life were also found to have less physical health (M = 3.03, SD = .73).
Table 1.  
*Frequencies for Categorical Variables*

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<th>Variable</th>
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<th>%</th>
<th>Variable</th>
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<td>40–49</td>
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<td>50–59</td>
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<td>60–69</td>
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<td>4th Generation</td>
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<td>Other</td>
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<td>Missing</td>
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### Table 2.
**Zero-Order Correlations between All Study Variables for the Entire Sample (n = 210 before pair-wise deletion)**

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<th></th>
<th>M</th>
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<td>1. SIBSR</td>
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<td>2. WHOQOL-BREF</td>
<td>3.53</td>
<td>0.84</td>
<td>.03</td>
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<td>3. SIBSR Core</td>
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<td>.99**</td>
<td>.02</td>
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<td>4. SIBSR Perspective</td>
<td>4.77</td>
<td>0.79</td>
<td>.91**</td>
<td>.01</td>
<td>.88**</td>
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<td></td>
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<tr>
<td>5. SIBSR Application</td>
<td>5.41</td>
<td>1.44</td>
<td>.93**</td>
<td>.01</td>
<td>.94**</td>
<td>.91**</td>
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<td>6. SIBSR Acceptance</td>
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<td>.05</td>
<td>.99**</td>
<td>.32**</td>
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<td>7. Physical Health</td>
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<td>0.73</td>
<td>-.17*</td>
<td>.93**</td>
<td>-.18**</td>
<td>-.17*</td>
<td>.21*</td>
<td>.10</td>
<td></td>
<td></td>
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<tr>
<td>8. Psychological Health</td>
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<td>0.82</td>
<td>.15**</td>
<td>.96**</td>
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<td>.13</td>
<td>.02</td>
<td>.81**</td>
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<td>9. Social Relationships</td>
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<td>.06</td>
<td>.97**</td>
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<td>.02</td>
<td>.88**</td>
<td>.94**</td>
<td></td>
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<td>10. Environment</td>
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<td>.05</td>
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<td>.04</td>
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<td>.95**</td>
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<td>11. Life Satisfaction</td>
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<td>-.13</td>
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<td>.85**</td>
<td>.88**</td>
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<td>12. Health Satisfaction</td>
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<td>-.08</td>
<td>-.11</td>
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<td>.82**</td>
<td>.88</td>
<td>.86**</td>
<td>.87**</td>
<td>.91**</td>
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* *p < .05, **p < .01.

**Figure 1.** Interquartiles between SIBS-R and Psychological Health.
**DISCUSSION**

The present study sought to examine the relationship of spiritual and religious factors to psychological well-being within the Latino gay, lesbian, bisexual, transgender and questioning (GLBTQ) adult population. The aim was to establish a better understanding of how spiritual beliefs and practices might be used in the treatment of Latino individuals who may also identify as a sexual minority. Recent research of spirituality and health is an exciting opportunity for psychology and one with specific
interest in the U.S. Latino GLBTQ community. In this study, a total of 210 self-identifying GLBTQ Latino individuals living in the United States participated. The survey consisted of the informed consent, the Spiritual Involvement and Beliefs Scale-Revised (SIBS-R), followed by the World Health Organization Quality of Life-BREF scale (WHOQOL-BREF). Lastly, participants were asked to complete personal demographic information including age, gender, ethnicity, what generation participants identify as, and religious identity. These instruments were used to assess how participants do or do not integrate spirituality within their personal lives, and its relationship to overall psychological well-being and quality of life/satisfaction.

The results of this study support the hypothesis that Latino respondents living in the United States who identify as a sexual minority regard spiritual beliefs and practices as positively associated with their overall psychological well-being. However, more specifically, findings from the present study suggest that Core Spirituality is negatively related to Physical Health. The two scales utilized were not found to have a statistically significant relationship.

The literature review of the use of spirituality within psychotherapy described a consensus that many mental health practitioners supported spirituality as an important factor in the client’s life that should be acknowledged, but a majority of practitioners do not integrate this area of diversity or are educated in how to ethically. Previous literature further indicates that an individual’s psychological health could be related to, or predicts the use of, spirituality within treatment. However, research indicates that the majority of psychologists and clinicians have not received formalized training on the integration of spirituality and psychotherapy.
The current findings provide needed information regarding how psychologists can or may not utilize spirituality within psychotherapy with GLBTQ Latino clients. Given the limited research in the area of spirituality and psychotherapy in the Latino GLBTQ population, the current study and results provided much needed insight to further psychologists’ knowledge and understanding of how spirituality is used in the field of psychology today. This research found the majority of GLBTQ Latinos believe spirituality is important in their personal life and therefore this topic should be offered within psychotherapy for those who prefer; however, initiating the integration of spirituality within treatment should be further discussed.

The information provided by the current results is also important in enhancing psychologists’ working knowledge of the field and treatment of GLBTQ Latinos in therapy. This study goes beyond the literature to date. Hathaway (2004) was one of the first known to examine the specific population of clinical psychologists and whether these psychologists inquire of their clients’ spirituality. The researchers had a homogenous population of psychologists, a large sample, and generalizability to the United States. However, the current research went further asking the question of how GLBTQ Latino spirituality can be integrated and its relationship to psychological well-being. Hence, the current research supplies psychologists in the field and the reader with homogenous and generalizable results similar to that of previous literature because spirituality was related to psychological health within this population.

These results further lay a foundation for future research to examine the importance of integrating spirituality within psychotherapy with Latino clients, as well as to explore continuing education needs for clinicians and practitioners. Future research
can assist in a universal definition of spirituality as well as discover and empirically explore the interventions and methodologies that psychologists are using to integrate spirituality within psychotherapy. More objective instrumentation is needed to assess spirituality as an independent construct. Once more information and research is gathered, practitioners and the APA can work collaboratively to identify sound practices and determine if spirituality as a tool in treatment is efficacious and can be an evidence-based treatment option to assist in the best quality of care for the clients served.

CONCLUSION

The following hypotheses were formulated and tested in this study:

Hypothesis 1: Spiritual beliefs and practices will be positively correlated to psychological well-being within the Latino GLBTQ U.S. community.

This hypothesis was supported after an evaluation of the study’s results. An examination of the statistical analysis revealed that the zero-order relationship between facets of spiritual beliefs and practices and psychological well-being, and high scores on the SIBS-R was significantly related to more positive Psychological Health. Consistent with the current study, prior researchers have mostly found that the item-total correlations indicated a positive relationship between spirituality and psychological well-being, however, contrary to previous findings, this research found a negative correlation with Physical Health. Furthermore, with this population specifically, religious and spiritual beliefs and practices as measured by the SIBS-R had very little impact on overall measures of health, as measured by the WHOQOL-BREF, as indicated by a small positive correlation. Consequently, the results of this study do not support the findings of spirituality having a positive association to physical health and will be discussed further.
This premise was based on the idea that if various GLBTQ Latinos struggle with sexual identity, they will adopt the spiritual practices and values of the larger culture. Latino family life has traditionally occupied a central place in Hispanic culture, and this has influenced the lives of the family though generations. There are many realities in our ever-changing world that tend to guide GLBTQ individuals away from spirituality. In previous research authors have found that spirituality and spiritual themes are predictive factors that may contribute to the therapeutic outcomes and relationship.

Hypothesis 2: Individuals who placed a high importance on spiritual beliefs and practices will be positively correlated with a higher level of quality of life/satisfaction.

This hypothesis was not supported after an evaluation of the study’s results. An examination of the statistical analysis revealed that the zero-order relationship between facets of spiritual beliefs and practices and quality of life, spirituality was negatively related to Physical Health. In a 2011 study, McIntosh, Poulin, Silver and Holman found that religiosity (i.e., participation in religious social structures) predicted higher positive affect, fewer cognitive intrusions, and lower odds of new onset mental and physical ailments in participants. Spirituality (i.e., subjective commitment to spiritual or religious beliefs) predicted higher positive affect, lower odds of new onset infectious ailments, more intrusions and a more rapid decline in intrusions over time. The findings of this study do not correspond to previous findings regarding the positive relationship between spirituality and physical health. Richards and O’Grady (2003) found that more research about possible deleterious effects of religion on health is needed. The authors stated that such studies will provide needed insight into the influence specific aspects of religion and
spirituality may have on health. Further findings providing evidence of the negative effects of religion on health will also add to the balance and viability of the study of faith and health and may have important implications for prevention and treatment within psychotherapy. The findings of this current study provide much insight into both the positive and potentially negative ways that diverse aspects of faith and spirituality may be related to various indicators of physical and mental health. Spirituality, when important in a person’s life (either in a positive or negative way), can be either a resource for psychotherapeutic work or an issue to be explored. Several studies have found a negative correlation or lower rates of cervical cancer, heart disease, and mortality associated with higher levels of religiosity (Kessler, Kulcar, Zimolo, Gurgrevic, Goodwin, & Strnad, 1974; Oxman, Freeman, Manheimer, 1994). The above-mentioned research demonstrates that severe stressors in life can lead to a wide range of negative reactions and a toll on one’s health. However, researchers have also noted the beneficial effects of personal growth among individuals with decreased physical health.

Hypothesis 3: The data collected can be used to inform future practices and treatment of Latino GLBTQ adults.

This hypothesis was supported after an evaluation of the study’s results.

Psychologists have a responsibility to be aware of, and thoughtful of, how religion and spiritual matters impact clients. The 2002 APA Ethics Code states: “Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interest of those with whom they work” (p. 1062). Psychologists should be cautious monitoring professional and personal boundaries with Latino GLBTQ adults.
clients, which can be easily misunderstood when integrating aspects of psychology and spirituality. In regards to competency, while not all clinicians will be skilled and knowledgeable in the area of spirituality and religion, the APA Ethics Code suggests that professionals review research and publications now available on this topic, attend appropriate workshops and seminars, seek out supervision and consultation from appropriate colleagues, and learn more about the religious and spiritual traditions of the clients they typically encounter in their professional practices. Gonsiorek and colleagues (2009) addressed what constitutes minimal competence in this area: (1) effective and truly mutual collaboration with clergy; (2) the high level of ethical complexity and “inherent messiness” of this domain of psychological practice; and (3) the particular challenges of demarcating the boundaries of these domains for regulatory and billing purposes. At the heart of psychology is the concern for the well-being and health of clients, and there are aspects to religion and spirituality that can be helpful to clients. By carefully reflecting upon ethical principles that best guide professional behavior as clinicians and mental health providers, psychologists are better able to integrate psychology and religion in ways that can enhance both professional work and perhaps also personal lives (p. 896). McGee and colleagues (2003) found that individuals can take an active, primary role in personal healing by utilizing spirituality. The literature supports spirituality as an important element of Latinos’ everyday lives; therefore, future studies should examine the importance, methodological variables, client culture, and ethical concerns of the use of spirituality within treatment.

The findings of this study have several important implications. From a research perspective, certain methodological issues need to be considered to better understand the
underlying structure of GLBTQ Latino spirituality. With few exceptions, most research examining the factor structure of Latino spirituality focuses on only one aspect, resulting in less than satisfactory results as previous research has not thoroughly investigated the GLBTQ Latino population. Further studies can utilize data as such to determine treatment modalities for developing and incorporating spirituality and faith practices in psychotherapy. Researchers and clinicians need to use caution when interpreting scale results beyond the overall construct level.

A second goal of this study was to examine the relationship between spirituality and psychological well-being, and as a result the data to be utilized in therapy with GLBTQ Latinos. Prior research has demonstrated that having faith in God, belief in afterlife, praying, viewing God as trustworthy (Fallot, 1997), connecting with others on a spiritual level, or a deepening of spiritual beliefs were positively related to healthy, psychological well-being (Bade, 2000). The results of the present study add to this growing body of research demonstrating a connection between spirituality and psychological well-being.

**Limitations of Current Study**

There are several notable limitations to this study. First, this study depended upon responses from an online survey that was collected on a sample of convenience. The response rate in the original study was as satisfactory, yet not optimal, and all of the participants were from around the nation, including members of organizations which offer numerous outreach and GLBTQ or Latino services. It is possible that these individuals may differ from other adults who did not participate in the study, or from individuals who are not part of a similar organization. The homogenous nature of this
sample makes the generalizability of these findings valid but not reliable to all U.S. GLBTQ Latinos.

Second, psychological well-being was assessed at a single point in time, yet research has shown differences in overall outcomes throughout the course of one’s life (Sears, 2004; Evers et al., 2001; Bevvino, 2001; Cordova et al., 2001; Polatinsky & Esprey, 2000). Consequently, the current findings represent a temporal snapshot of participants’ self-reported quality of life, which may not accurately portray ones overall psychological well-being specifically. Furthermore, the self-report nature of this study, as well as the single point in time or responses, introduces the possibility of inaccurate recall of the participants’ experiences over time, which may have altered participants’ self-evaluation of their experiences over time. Third, due to the correlational nature of this study, a positive relationship between spirituality and physical health and quality of life satisfaction could not be clearly established. Fourth, due to the cross-sectional design of this study, longitudinal effects such as changes over time could not be considered. Fifth, as mentioned earlier, due to the dimensionality of spirituality/religion in this study; the question of whether spirituality represents a unitary or multidimensional construct, as measured by the SIBS-R, was not established in this research.

All designs examined and discussed in the literature, including this research, have been self-report surveys of GLBTQ Latinos living in the United States. This method introduces the subjective biases of the participants and does not objectify a specific treatment methodology of utilizing spirituality in psychotherapy. Future research could enhance this design by utilizing more objective measures and studying treatment outcomes in addition to the quantitative analyses that have been done \(i.e.,\) qualitative,
descriptive measures). There is a clear need for the development of instruments that measure spirituality as an independent construct without the self-report bias or with a limited self-report bias. Future research could enhance the study of spirituality and psychotherapy by a universal, operational definition of spirituality and defining the specific treatment of the integration of spirituality in treatment of GLBTQ Latinos. Although a definition of spirituality was operationalized for the current research, some participants commented on the definition used as being different from what he or she typically considers spirituality. Therefore, careful wording of items should be considered when developing these scales as to not create confusion, such as utilizing phrases or wording different than “spirituality” to encompass a broader construct.

With such a wide variety of definitions of spirituality, the psychologist also likely has a wide variety of ways she or he does utilize spirituality within treatment. The interventions that each psychologist utilizes to integrate spirituality within psychology has not been explored. Does one utilize prayer, meditation, discussion of a higher power, application of the client’s spiritual beliefs to the presenting problem, or an alternative method? More specificity and objectivity would enhance the research of spirituality and psychotherapy, as well as enhancing evidenced-based practices in the field. The abundance of evidence supporting the relationship between spirituality and psychological well-being has spurred a growing interest in how different forms of psychological well-being can impact one's physical health. In previous longitudinal research, individuals have displayed greater improvement in physical health over time, and as a result, the limited time of this study may not have touched upon these findings. Further examination of the role of physical health in psychological adjustment/well-being and
health maintenance, in reaction to major life challenges such as coming out, should be considered in future studies.

Another limitation of the current study was the limited time and availability of sample, as the design was a cluster and systematic random sampling of the entire United States utilizing Internet-based networking and online surveying. This, in turn, limits the sample to those with access to a computer or internet/email. Therefore, the results are limited in generalizability to the Latino GLBTQ population who comprehend English and have access to the survey/computer. Future research would be encouraged to attempt to gain a far number of participants from around the country for increased external validity.

Evidence fails to support a link between depth of religiousness and physical health, or any other nature of health. In previous research, there are consistent failures to support the hypotheses that religion or spirituality slows the progression of poor physical health or improves recovery from an acute illness. The authors conclude that church/service attendance protects healthy people against poor physical health, therefore, more methodologically sound studies are needed (Powell, Shahabi, & Thoresen, 2003). Through measures of religion and spirituality, more conceptually related to physical and mental health (e.g., closeness to God, religious orientation and motivation, religious support, religious struggle), psychologists are discovering more about the unique contributions of religion and spirituality to health and well-being. Still, advances in the conceptualization and measurement of religion and spirituality and its implications for physical and mental health should be further researched (Hill & Pargament, 2008).

Clinicians utilizing the SIBS-R or WHOQOL-BREF cannot simply assume that the factorial invariance of these scales will hold for their particular samples. Any
concerns are especially pertinent when an individual or sample differs significantly from Calhoun’s (1996) original validation study, particularly with regard to the age of participants, generation, and personal religious attributes. As previously noted, several authors have suggested that the SIBS-R might vary as the respondent population and the spirituality or practices differ from sample to sample.

The current quantitative findings that participants in this research provided are a stepping stone to begin to explore spirituality and psychotherapy more specifically and empirically to inform the practicing clinician. One would hope that any concerns are addressed or empirically researched and the concern alleviated. This project was developed because the literature review supported the trend that spirituality within psychology has become more prominent in the field of therapy with Latinos, and the application of spirituality has been stated to be beneficial to treatment outcomes. However, very little was known regarding the use of spirituality as a treatment tool by psychologists with GLBTQ Latinos. Without knowledge of how spirituality is used within psychotherapy, it is difficult for the profession to utilize this option as an evidence-based treatment tool, as APA and ethical guidelines encourage.

The overall goal of this study was to assess the relationship between spirituality and psychological well-being among Latino GLBTQ individuals with the aim of making the information and data more comprehensive and widely applicable treatment modalities in therapy for this diverse population than is currently available. Such practices can facilitate the integration of spirituality with psychotherapy in various ways. The data provided clinicians with a quantitative, credible method of spiritual inquiry with their clients, providing an avenue for integrating spiritual assessment with traditional theories.
and practices, much in the way that the mental status examination integrates mental assessment with ethical, comprehensive evaluations. Second, such research helps facilitate the scientific study of the role of client spirituality in mental health care.

While this study was unable to examine the interrelationships between spirituality and physical health and health satisfaction, an investigation of these interrelationships remains an area for future research. Further research delineating religiosity factors from spirituality factors is also warranted. This would allow for a better understanding of the relative contributions of various sets of factors to psychological well-being, and could serve to compare the benefits of religiosity to the benefits of spirituality, and the particular dimensions of spirituality with regard to Latino GLBTQ psychotherapy in this multicultural population.
References


García, Dalia I; Gray-Stanley, Jennifer; Ramirez-Valles, Jesus (2008). "The priest obviously doesn't know that I'm gay": The religious and spiritual journeys of Latino gay men. *Journal of Homosexuality, 55*(3), pp. 411-436. doi::10.1080/00918360802345149


doi::10.1016/0021-9681(87)90147-0


doi::10.1093/acprof:oso/9780195118667.001.0001


Lestina, Veronica Lee (2008). An examination of psychologists' personal and professional variables and how they relate to the use of spirituality as a treatment


Sherry, Alissa; Adelman, Andrew; Whilde, Margaret R; Quick, Daniel (2010). Competing selves: Negotiating the intersection of spiritual and sexual identities. *Professional Psychology: Research and Practice, 41*(2), pp. 112-119. doi::10.1037/a0017471


doi::10.1037//0033-3204.38.4.473


doi::10.1037/10347-000
Appendix I

1. Study Title
The Relationship Between Spiritual Beliefs and Practices to Psychological Well-Being Among Latino Gay, Lesbian, Bisexual, Transgender and Questioning Individuals

2. Study Personnel

<table>
<thead>
<tr>
<th>Name</th>
<th>Christopher Bauchman</th>
<th>Robin Shallcross, Ph.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role</td>
<td>Doctoral Student Investigator</td>
<td>Faculty Advisor</td>
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<tr>
<td>Institution</td>
<td>Pacific University</td>
<td>Pacific University</td>
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<tr>
<td>Program</td>
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<td>School of Professional Psychology</td>
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<tr>
<td>Email</td>
<td><a href="mailto:cjbauchman@pacificu.edu">cjbauchman@pacificu.edu</a></td>
<td><a href="mailto:shallcrr@pacificu.edu">shallcrr@pacificu.edu</a></td>
</tr>
<tr>
<td>Telephone</td>
<td>561-603-3413</td>
<td>503-352-2410</td>
</tr>
</tbody>
</table>

3. Study Invitation, Purpose, Location, and Dates
The study is expected to begin following IRB proposal approval. All study information will be collected via Survey Monkey (www.surveymonkey.com), a specialized tool for online surveys. The researchers of this study are associated with Pacific University School of Professional Psychology, in Hillsboro, Oregon. You are invited to participate in a study on Latino spiritual practices and beliefs in relation to psychological well-being. This study is being conducted by Christopher Bauchman (Principal Investigator, Student), and Robin Shallcross (Faculty Advisor, Faculty member.) This research seeks to explore the relationship of spiritual and religious factors to psychological well-being with the Latino gay, lesbian, bisexual, transgender and questioning (GLBTQ) adult population. The aim is to establish a better understanding of how spiritual beliefs and practices might be used in the treatment of Latino individuals who may also identify as a sexual minority. In this study, you will be asked to complete a brief demographic survey. Once this is complete, you will be asked to answer the Spiritual Involvement and Beliefs Scale-Revised (SIBS-R), followed by the World Health Organization Quality of Life (WHOQOL) -BREF. It should take less than 15 minutes to complete the study.

4. Participant Characteristics and Exclusionary Criteria
To participate, you must be at least 18 years of age and self identify as a Latino and as gay, lesbian, bisexual, transgender, or questioning. If you are below the age of 18, or if you are not a Latino gay, lesbian, bisexual, transgender, or questioning individual, please exit this survey immediately.

5. Study Materials and Procedures
Informed consent form.
Recruitment email to be sent to Latino and GLBTQ advocacy groups.
Survey: The relationship of spiritual and religious factors to psychological well-being among Latino gay, lesbian, bisexual, transgender and questioning (GLBTQ) adults.
The authors of the two questionnaires the Spiritual Involvement and Beliefs Scale-Revised (SIBS-R), (Hatch, R. L., Burg, M. A., Naberhaus, D. S., & Hellmich, L. K. (2001) and the World Health Organization Quality of Life (WHOQOL) -BREF, Skevington, S. M.; Lotfy, M.; O'Connell, K. A. (2004) have given their permission for the use of their surveys for this study.

Participants will be asked to fill in personal demographic information, such as age, sexual orientation, religion, and then presented with the Likert-style questions to be answered by clicking on the answer(s) of choice. Participants will be able to exit the survey at any point, following which their answers will be deleted. Participants who complete the survey will be given the option to enter their names into a drawing for one of eight amazon.com gift certificates worth $25 each. Participants who exit the survey prior to completion will end their participation at the point of exit.

Participants who exit the survey following completion and who do not want to have their names entered into a drawing for one of eight amazon.com gift certificates worth $25 each will end their participation at the point of exit. Participants who exit the survey following completion and who agreed to have their names entered into a drawing for one of eight amazon.com gift certificates worth $25 each, will exit the survey following the page where their contact information is requested.

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6. Risks, Risk Reduction Steps and Clinical Alternatives
   a. Unknown Risks:
   There are not any unknown risks to participants presented in this study.

   b. Anticipated Risks and Strategies to Minimize/Avoid:
   Your participation in this project involves no foreseeable risks. None of the measures should cause any discomfort. If discomfort occurs, you should stop the participation immediately and contact the researchers. You do not have to answer any question or engage in any task that you do not wish to perform. If you experience continued discomfort as a result of the study procedure you should stop your participation immediately and contact Robin Shallcross, Ph.D., at (503) 352-2410 and the Pacific University Institutional Review Board at (503) 352-1478.

   c. Advantageous Clinical Alternatives:
   There are no advantageous clinical alternatives for this study.

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7. Adverse Event Handling and Reporting Plan
   If you experience an adverse emotional effect due to participation in this survey, you may contact the Primary Investigator (indicated above on this form), who can refer you to an appropriate mental health agency for assistance. In the case of a minor adverse reaction reasonably attributable to participation in the study (e.g. minor emotional distress), the investigators will notify the IRB by the next normal working day. In the case of more serious adverse events that occur during or for a reasonable period following the study (e.g. more severe emotional distress), the investigators will notify the IRB within 24 hours.

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8. Direct Benefits and/or Payment to Participants
   a. Benefit(s):
   b. Payment(s) or Reward(s):
There are no direct benefits for your participation. Your participation, however, will allow researchers to gain a better understanding of Latino spirituality in relation to psychological well-being. You will not receive payment for your participation. However, if you complete the survey you will be given the choice to enter your name into a drawing for one of eight amazon.com gift certificates worth $25 each.

9. Promise of Privacy
The results of your participation will be kept in an anonymous manner. Your name will not be collected as part of the survey. Following completion of the survey you will be offered an opportunity to enter your name into a drawing for one of eight amazon.com gift certificates. If you choose to do so, you will be asked to enter your email address in a separate survey, which is not associated with data collected in the first survey. The records of your participation will be kept private and will be available only to the researchers. If the results are presented or published, information that could make it possible to identify you will not be included or will be modified to safeguard your anonymity. All research data and results will be stored securely.

10. Medical Care and Compensation In the Event of Accidental Injury
During your participation, it is important to understand that you are not a Pacific University clinic patient or client, nor will you be receiving medical care as a result of your participation in this study. If you are injured during your participation and it is not due to negligence by Pacific University, the researchers, or any organization associated with the research, you should not expect to receive compensation or medical care from Pacific University, the researchers, or any organization associated with the study.

11. Voluntary Nature of the Study
Your decision whether or not to participate will not affect your current or future relations with Pacific University. There are no costs to you for your participation other than the time involved in completing the survey. If you decide to participate, you are free to not answer any question or to withdraw at any time without prejudice or negative consequences. If you withdraw early, you will not be eligible to enter your name into the drawing for one of eight amazon.com gift certificates each with a value of $25.

12. Contacts and Questions
The researcher(s) will be happy to answer any questions you may have at any time during the course of the study. Complete contact information for the researchers is noted on the first page of this form. Please contact the faculty advisor if you have questions. If you are not satisfied with the answers you receive, please call Pacific University’s Institutional Review Board, at (503) 352-1478 to discuss your questions or concerns further. All concerns and questions will be kept in confidence.

13. Statement of Consent
I have read and understand the above. All my questions have been answered. I am 18 years of age or over and agree to participate in the study. I have been offered a copy of this form to keep for my records. Since this is an on-line survey, signatures cannot be obtained. By clicking “NEXT” I understand I will be taken to the study and that my continued participation in the survey denotes my consent. If I choose not to participate or to withdraw
from participation, I can close the web page at anytime.

Participant’s Signature

Investigator’s Signature

14. Participant Contact Information
This contact information is required in case any issues arise with the study and participants need to be notified and/or to provide participants with the results of the study if they wish.

Would you like to have a summary of the results after the study is completed?  ____Yes  ____No

Participant’s Name (Please Print) ________________________________

Street Address ________________________________

Telephone ________________________________

Email ________________________________
Appendix II

1. Study Title:
The Relationship Between Spiritual Beliefs and Practices to Psychological Well-Being Among Latino Gay, Lesbian, Bisexual, Transgender and Questioning Individuals

2. Study Personnel:

Faculty Advisor
Dr. Robin Shallcross
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503-352-2410

Faculty Reader
Dr. Harold Robb

Principal Investigator:
Christopher J.B.H. Bauchman
Pacific University
School of Professional Psychology
cjbauchman@pacificu.edu
561-603-3413

3. Study Location and Dates:
Study Location: www.surveymonkey.com
Study Dates: February through May of 2011

4. Study Invitation and Purpose:

You are invited to participate in a study that examines the relationship between spiritual beliefs and practices to psychological well-being. The aim is to establish a better understanding of how spiritual beliefs and practices might be used in the treatment of Latino individuals who may also identify as a sexual minority. Individuals, specifically GLBTQ Latinos, may struggle with acceptance of sexual self-identity development. The extent to which the spiritual values of self-identified GLBTQ Latino/a individuals affect and influence their daily lives in relation to psychological well-being will be examined. This study will provide information about how important culturally sensitive spiritual and religious beliefs and practices are for Latino GLTBQ individuals living in the United States.

5. Study Materials and Procedures:
As a participant of this study, you will be asked to complete two surveys. In total, participating in this survey should take less than 15 minutes. Please answer all questions. While you are participating in this study, you may navigate back to previous sections and change your answers. However, the questions must all be answered in one session. Once you exit this study, you will not be able to re-enter the study and change your answers.

6. Participant Characteristics and Exclusionary Criteria:

In order to participate, you must be 18 years old or older, identify as Latino and as a gay, lesbian, bisexual, transgender or questioning individual living in the United States.

7. Anticipated Risks and Steps Taken to Avoid Them:

This study poses minimal risks to participants. There will be no physical, economic, or social risks associated with this study. There may, however, be minor emotional risks involved with the study. Reflecting on issues regarding spirituality, sexual orientation, sexual identity development, and psychological well-being may be difficult for some people. If you begin to experience emotional discomfort while participating in this survey, you may take a break or terminate your participation at any time.

8. Anticipated Direct Benefits to Participants:

There are no direct benefits to the participants of this study.

9. Participant Payment:

As a token of appreciation for participating in my study, at the end of the survey you will be directed to send your name and contact information to an email address for entry into a drawing for one of eight $25 Amazon.com gift cards. Participation in the drawing is optional.

10. Medical Care and Compensation in the Event of Accidental Injury:

During your participation in this project it is important to understand that you are not a Pacific University clinic patient or client, nor will you be receiving complete mental health care as a result of your participation in this study. If you are injured during your participation in this study and it is not due to negligence by Pacific University, the researchers, or any organization associated with the research, you should not expect to
receive compensation or medical care from Pacific University, the researchers, or any organization associated with the study.

11. Adverse Event Reporting Plan:

If you experience an adverse emotional effect due to participation in this survey, you may contact the Primary Investigator (indicated above on this form), who can refer you to an appropriate mental health agency for assistance. In the case of a minor adverse reaction reasonably attributable to participation in the study (e.g. minor emotional distress), the investigators will notify the IRB by the next normal working day. In the case of more serious adverse events that occur during or for a reasonable period following the study (e.g. more severe emotional distress), the investigators will notify the IRB within 24 hours.

12. Promise of Privacy:

Participation will be anonymous. No personal information (name, contact information) will be collected. No information other than your responses will be collected. For example, information such as IP addresses and time stamps will not be collected. The website www.surveymonkey.com will be used to house the study data. Surveymonkey uses multiple levels of security, and employs a third party to conduct daily audits of their security. Once all of the data is collected, the primary investigator will download the data, and keep it in a password-protected file on a password-protected hard drive. No one except for the primary investigator and faculty advisor will have access to the data. Despite these safeguards, it must be noted that there are inherent risks involved with transmitting data over the Internet, and your privacy cannot be guaranteed.

13. Voluntary Nature of the Study:

Your decision whether or not to participate will not affect your current or future relations with Pacific University. If you decide to participate, you are free to not answer any question or withdraw at any time without prejudice or negative consequences. If you withdraw early, you will not be eligible for the gift card raffle.

14. Contacts and Questions:

The researchers will be happy to answer any questions you may have at any time during the course of the study. Complete contact information for the researchers is noted on this form. If the study in question is a student project, please contact the faculty advisor. If you are not satisfied with the answers you receive, please call Pacific University’s Institutional Review Board, at (503) 352–1478 to discuss your questions or
concerns further. All concerns and questions will be kept in confidence. You may print out a copy of this form for your records.

*I have read and understand the above. All my questions have been answered. I am 18 years of age or over. By clicking this box, I agree to participate in the study. I have been offered a copy of this form to keep for my records.

Yes   No

Demographics:

Age: (please enter a number)
Gender:
   Male
   Female
   Other (please specify)
Sexual Orientation:
   Bisexual
   Gay
   Lesbian
   Questioning
   Transgender
      MTF
      FTM
   Other (please specify)
Ethnicity:
   Chilean
   Columbian
   Cuban
   Dominican
   Ecuadorian
   Guatemalan
   Mexican
   Puerto Rican
   Spanish
   Venezuelan
   Other (please specify)
Generation:
   1\textsuperscript{st} Generation Latino/a
   2\textsuperscript{nd} Generation Latino/a
   3\textsuperscript{rd} Generation Latino/a
   4\textsuperscript{th} Generation Latino/a
   Other (please specify)

Religious Identity:
Agnostic
Atheist
Buddhist
Christian-Baptist
Christian-Catholic
Christian-Church of Christ
Christian-Non-denominational
Christian-Protestant
Jewish
Muslim
The Church of Jesus Christ of Latter-Day Saints
Muslim
Not Specified
Other (please specify)

SIBS-R

How strongly do you agree with the following statements? Please choose one: Strongly Agree, Agree, Mildly Agree, Neutral, Mildly Disagree, Disagree, Strongly Disagree

1. I set aside time for meditation and/or self-reflection.
2. I can find meaning in times of hardship.
3. A person can be fulfilled without pursuing an active spiritual life.
4. I find serenity by accepting things as they are.
5. I have a relationship with someone I can turn to for spiritual guidance.
6. Prayers do not really change what happens.
7. In times of despair, I can find little reason to hope.
8. I have a personal relationship with a power greater than myself.
9. I have had a spiritual experience that greatly changed my life.
10. When I help others I expect nothing in return.
11. I don’t take time to appreciate nature.
12. I have joy in my life because of my spirituality.
13. My relationship with a higher power helps me love others more completely.
14. Spiritual writings enrich my life.
15. I have experienced healing after prayer.
16. My spiritual understanding continues to grow.
17. I focus on what needs to be changed in me, not on what needs to be changed in others.
18. In difficult times, I am still grateful.
19. I have been through a time of suffering that led to spiritual growth.
20. I solve my problems without using spiritual resources.
21. I examine my actions to see if they reflect my values.
22. How spiritual a person do you consider yourself? (with "7" being the most spiritual).
Core Spirituality: Items 16, 13, 12, 14, 15, 21, 20, 19, 8, 3, 9, 6, 5  
Spiritual Perspective/Existential: Items 4, 2, 18, 7  
Personal Application/Humility: Items 10, 17  
Acceptance/Insight: Items 11, 1  
Overall Spirituality: Item 22  

* Five items (3, 6, 7, 11, and 20) are reverse scored.

**WHO-QOL BREF**

The following questions ask how you feel about your quality of life, health, or other areas of your life. PLEASE CHOOSE THE ANSWER THAT APPEARS MOST APPROPRIATE. If you are unsure about which response to five to a question, the first response you think of is often the best one.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life IN THE LAST FOUR WEEKS.

1. How would you rate your quality of life?  
Very poor, Poor, Neither poor nor good, Good, Very good

2. How satisfied are you with your health?  
Very dissatisfied, Dissatisfied, Neither satisfied nor dissatisfied, Satisfied, Very satisfied

The following questions ask about HOW MUCH you have experienced certain things in the last four weeks.

Please mark one: Not at all, A little, A moderate amount, Very much, An extreme amount

3. To what extent do you feel that physical pain prevents you from doing what you need to do?  
4. How much do you need any medical treatment to function in your daily life?  
5. How much do you enjoy life?  
6. To what extent do you feel your life to be meaningful?

Please mark one: Not at all, A little, A moderate amount, Very much, Extremely

7. How well are you able to concentrate?  
8. How safe do you feel in your daily life?  
9. How healthy is your physical environment?

The following questions ask about how completely you experience or were able to do certain things in the last four weeks.
Please mark one: Not at all, A little, Moderately, Mostly, Completely

10. Do you have enough energy for everyday life?
11. Are you able to accept your bodily appearance?
12. Have you enough money to meet your needs?
13. How available to you is the information that you need in your day-to-day life?
14. To what extent do you have the opportunity for leisure activities?

Please mark one: Very poor, Poor, Neither poor nor good, Good, Very good
15. How well are you able to get around?

Please mark one: Very dissatisfied, Dissatisfied, Neither satisfied nor dissatisfied, Satisfied, Very satisfied

16. How satisfied are you with your sleep?
17. How satisfied are you with your ability to perform your daily living activities?
18. How satisfied are you with your capacity for work?
19. How satisfied are you with yourself?
20. How satisfied are you with your personal relationship?
21. How satisfied are you with your sex life?
22. How satisfied are you with the support you get from your friends?
23. How satisfied are you with the conditions of your living place?
24. How satisfied are you with your access to health services?
25. How satisfied are you with your transport?

The following question refers to how often you have felt or experienced certain things in the last four weeks.

26. How often do you have negative feelings such as blue mood, despair, anxiety, depression?
Never, Seldom, Quite often, Very often, Always

27. Do you have any comments about the assessment?

Physical Health: Items 3, 4, 10, 15, 16, 17, 18
Psychological Health: Items 5, 6, 7, 11, 19, 26
Social Relationships: Items 20, 21, 22
Environment: Items 8, 9, 12, 13, 14, 23, 24, 25
Quality of Life Satisfaction: Item 1
Health Satisfaction: Item 2