Spiritual Well-Being and Psychological Well-Being in Mexican-American Catholics

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Spirituality is increasingly taking on greater importance within the field of counseling. This study attempts to promote greater understanding of the relationship between spirituality and health. Within the broad umbrella of spirituality as it relates to mental health, specific populations should be examined to honor the diversity of people. This study investigated the relationship between spiritual and psychological well-being in Mexican-Americans Catholics in South Texas using the Spiritual Well-Being Scale (Paloutzian & Ellison, 1982) and the Psychological Well-Being Scale (Ryff, 1989; Ryff & Keyes 1995). Results showed significant correlations between the scores on the measures as a whole and among the subscales. This indicates that there is a relationship between spiritual well-being and psychological well-being as related in this population.

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A number of practitioners and researchers have studied the role that religion and spirituality have in counseling (Burke, Hackney, Hudson, Mirianti, Watts, & Epp, 1999; Faiver, Ingersoll, O'Brien, & McNally, 2001). They believe spirituality is an important component of counseling and psychotherapy and renders the process more effective. Hall, Dixon, & Mauzey (2004) also concluded that religion and spirituality were important issues for the counseling profession. Miranti and Burke (1995) have contended that the challenge for counselors is not whether the issues should be addressed, but that they are addressed by well-prepared and sensitive professionals. Therefore, researchers have proposed that spirituality and religion should be included in the core curriculum of Counseling and Related Educational Programs (CACREP) (Young, Cashwell, Wiggins-Frame, & Belaire, 2002 & Young, Wiggins-Frame & Cashwell,

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2007) because counselors have an ethical imperative to fully appreciate and understand the world view and the life development of their clients (Burke et al., 1999). Subsequently, the American Counseling Association began a series of summits among professionals specializing in the topics of spirituality, religion, and counseling. From these, a list of competencies that all counselors should acquire as part of their training was generated (Association for Spiritual, Ethical, and Religious Values in Counseling, 2004; Burke, et al., 1999; Hinterkopf, 1998; Young et al., 2002).

In the relationship between spirituality or religion and mental health, Miller & Thoresen (2003) studied the relationship between religious involvement, spirituality and health. Results from the General Social Survey (GSS) and self reported participation in church attendance and activities indicated that of the 400 participants, those with strong religious faith reported higher levels of life satisfaction. The data also revealed greater personal happiness and fewer negative psychosocial consequences from experiencing traumatic events. Among older persons and persons with low levels of formal education, religious involvement was correlated positively with existential certainty or the sense of coherence and order in one's life. According to Ellison, religion seemed to improve well-being in at least four ways. The first way was through providing support and a form of social integration. The second was that religion was seen to provide systems of meaning and existential coherence. Third, the provision of religious organization was seen as giving order to one's personal lifestyle. Finally, religion appeared to enhance psychological well-being by establishing a personal relationship with a divine order. Such relationships may help in the formation of a coherent, meaningful universe, thus providing a high degree of existential certainty (Ellison, 1991).

In a meta-analysis of more than 20 empirical studies that measured religion and quality of mental health, Bergin (1983) summarized his findings by challenging the assumption that religion is associated with irrationality as mentioned by Ellis (1980). Bergin's findings indicated that there appears to be a positive relationship between religion and mental health. Other findings have also supported a positive correlation between religion and mental health constructs (Barcus, 1999; Ventis, 1995). A follow-up study by Bergin, Masters, & Richardson (1987) investigated the relationship between religiousness and mental health. The Religious Orientation Scale (ROS), developed by Allport (1967), was administered to 119 psychology students. Bergin et al. correlated the results from the ROS with various variables such as anxiety, personality traits, self-control, depression, and irrational beliefs, which were measured by the California Psychological Inventory (CPI) (Gough, 1996). Their findings showed that significant religious involvement may be a positive correlate of normal personal functioning (Bergin, et al.).

Similar results were found by Ventis (1995). In a study of the relationships between religion and mental health, Ventis examined the literature from 61 different studies following Batson's (1978) model of religious orientation. Batson's model of religious orientation used different names yet used similar meanings to those in the Allport (1967) model. Batson labeled religion as a means, equivalent to Allport's extrinsic orientation, and religion as an end as similar to Allport's intrinsic orientation. Batson's model added another dimension of religious orientation called quest. Quest is the search for meaning in life or answers to existential questions. Ventis' findings showed that the intrinsic orientation, or religion as an end, served as an integrative and organizing function in personality and morality. Religion as a means, or extrinsic orientation, showed no clear positive relationship with mental health. When evaluating religion as a quest, the results found were varied; however, there was a slight increase in anxiety when dealing with

existential questions. Finally, the results showed that the intrinsic orientation, or religion as an end, correlated positively with different measures of mental health, especially with variables related to existential well-being. The current study was based on Barcus' (1999) dissertation research. In her study, Barcus investigated the relationship between religious commitment, spiritual well-being, and psychological well-being in 425 college students from Indiana. Her findings revealed a positive relationship between spiritual well-being and psychological well-being. However, her sample was comprised of 92.8% Caucasian students, 6.7% were Asian, and only .5% Hispanic students.

Hispanics have traditionally been underrepresented in the research literature. There is little or no research found in the literature that investigates the relationship between spiritual well-being and psychological well-being in Mexican-Americans. Therefore, this research sought to investigate the relationship between spiritual well-being and psychological well-being in Mexican-American Catholics in South Texas as measured by the Spiritual Well-Being Scale (SWBS) (Paloutzian & Ellison, 1982) and the Psychological Well-Being Scale (PWBS) (Ryff & Keyes, 1995; Ryff, 1989). This research followed Barcus' design with two differences. One difference is that in this study only Hispanic participants were selected. Second, because participants were selected from individuals participating in weekly group meetings for ongoing catechetical (educational) formation, level of religious commitment was held constant and not included as a variable of interest.

This research was seen as important by the authors for several reasons. As Candelaria (1990) noted, in order to understand the Hispanic culture, one must recognize the importance that religion plays in this culture. He found that religion was intrinsically related to personal and cultural identity, motivation, purpose and meaning, and hope among the Hispanic population; however, he noted that much of the literature regarding the role of religion in developing the Hispanic identity was of a sociopolitical nature. Elizondo (1998) research also supports the importance of religion in personal and cultural identity. He reports that religion expresses the deepest identity of the people. He observed that the Mexican-American in the borderland has not only survived, but maintained good mental health despite economic hardships and discrimination. He believes that this is due to profound faith expressed though common religious practices. According to Gonzalez (1995), within the Mexican-American community, religion, particularly Catholicism, is often the center of most social activities and a major influence on personal and communal lifestyles.

In this study, the terms religion and spirituality were utilized interchangeably. Though they have different meaning, religion and spirituality have numerous overlaps. Kelly (1995) discussed the core shared meanings and the distinction between the terms in his book Spirituality and Religion in Counseling and Psychotherapy. He stated that beneath the common understandings of the term spirituality lies the affirmation of transcendence or otherness. Although this transcendence is reflected within the boundaries of everyday culture and manifested in identifiable religious forms, it points beyond the boundaries of the ordinary and tangible. More recently, Burke, et al., (1999) stated that "religion is for many people (including clients) the concrete culturally oriented expression of spirituality" (p. 252).

Methods

Spiritual Well-Being Scale

For the purpose of this study, the concept of spirituality was not measured, only the concept of spiritual well-being as operationalized by the Spiritual Well-Being Scale (SWBS) (Ellison, 1983). The SWBS has been noted to be the most extensively researched measure of subjective spiritual well-being (Bruce, 1996). The concept is different than the idea of spiritual health, spiritual maturity, or spirituality as such. The reported measures of spiritual well-being are general indicators and helpful approximations of the underlying spiritual state of individuals. The SWBS has been conceptualized as having two main components or subscales: religious (religious well-being or RWB Subscale) and social-psychological (existential well-being or EWB) (Moberg, 1971; 1978; 1984). The religious component is the vertical dimension, one in which the sense of well-being of individuals was measured in relation and in reference to God. The horizontal dimension points to well-being as a sense of life purpose and life satisfaction, with no reference to anything specifically religious. As Ellison (1983) states, "To have a sense of existential well-being is to know what to do and why, who we are, and where we belong in relation to ultimate concerns" (p. 331). Adding the scores of the two subscales results in the score for spiritual well being (SWB). Higher scores indicate greater well-being.

The SWBS consists of 20 items. Ten items are designed to measure Existential Well-Being (EWB) and the remaining 10 items measure the dimension of Religious Well-Being. Responses range from strongly agree to strongly disagree on a 6-point Likert scale. The instrument and the subscales have high reliability. Utilizing test-retest reliability coefficients in four studies, the statistical coefficients for the RWB were .96, .99, .96, and .88. For the EWB subscale, the coefficients were .86, .98, .98, and .73 (Bufford, Paloutzian, & Ellison, 1991). Because of the instruments extensive use in research it has been translated into Spanish and used among the Hispanic population. The correlation between the English and Spanish versions was .92 (Bruce, 1996).

Psychological Well-Being Scale

The second instrument used was the Psychological Well-Being Scale (PWBS) (Ryff, 1989, & Ryff & Keyes, 1995). The PWBS consists of 84 items with six major psychological constructs that form the six subscales. These six subscales and their internal consistency are Autonomy (.83), Environmental Mastery (.86), Personal Growth (.85), Positive Relations with Others (.88), Purpose in Life (.88), and Self-Acceptance (.91). Participants rated their level of psychological well-being on a 6-point Likert scale ranging from 1(strongly disagree) to 6 (strongly agree). The higher the score, the more evident is the psychological construct (Barcus, 1999). The subscales of the PWBS has been shown to have positive and significant correlations with other measures of positive functioning, such as life satisfaction, affect (emotional) balance, self-esteem, internal control, and positive morale, while having negative relationship with prior measures of negative functioning such as depression and control (Ryff, 1989).

Procedure

A convenience sample from five sites was recruited. These sites were Catholic Church parishes where the primary investigator had previously secured permission to solicit volunteers among members of the parish. The number of participants chosen (124) was based on the hypothesized power and effect of the study. The researcher attended group community meetings where the participants were recruited. The group community was a group of parishioners who had attended a faith renewal weekend and gathered on a weekly basis for ongoing faith formation and community building. During the meetings, the researcher explained the purpose of the study and distributed informed consent forms. In order to assure confidentiality and anonymity, consent forms were kept separately from the demographic questionnaire and assessments. Participants were also asked if they preferred the Spanish version of the SWBS. The principal researcher, whose native language is Spanish, was available for questions, clarification, and translation for participants whose language of preference was Spanish and who were answering the PWSB because no Spanish version of that instrument was available. Several participants asked what some of the questions meant. In order to minimize researcher influence, only a literal translation of the question was given. Once the translation was given, no other questions were asked by participants.

Participants

The sample of 124 participants was comprised of 94 females and 29 males. Ages ranged from 18 (2 participants) to 65 years and older (25 participants). Yearly household incomes ranged from less than $10,000 to $50,000 and over. The lowest frequency of participants, 8 or 6.5%, belonged to the $50,000 and above range, while the majority, 36 (29%), listed incomes below $10,000. Forty-nine identified their preferred language as English, while 75 preferred Spanish. Of the total number of participants, 61 were born in the United States, and 63 were born in Mexico. All were presently living in the U.S.; 72 had lived in the U.S. for 31 or more years. The lowest frequency was 7 participants who had lived in the U.S. for 5 or less years. The participants were meeting on a weekly basis for ongoing catechetical (educational) formation. They also were participants in some ministerial area of service in the church parish. The researcher was informed by the leader of these church communities that their members had attended a Christian Initiation Weekend Retreat (Evangelization Retreat) before joining the group. Therefore, it is safe to assume that the members of these church communities who participated in this study were highly active and aware Catholic believers.

Results

Demographic Data

The highest possible score for both the Religious Well-Being Scale (RWBS) and for the Existential Well-Being Scale (EWBS) is 60. Thus, the highest score possible for the SWBS is 120. Participants' scores on the RWBS ranged from 29 to 60 with a mean of 53.06 and a standard deviation of 7.35. For the EWBS, the range was also 29 to 60, with a mean of 49.83 and a

standard deviation of 7.80. For the full scale (SWBS), scores ranged from 64 to 120 with a mean of 102.81 and standard deviation of 13.92.

The PWBS has six subscales. Each subscale measures dimensions believed to be part of psychological well-being. The higher scores indicate better psychological well-being. The highest score for each is 84. Each of the subscales are listed followed by the score range, mean, and standard deviation: Autonomy (AU), 32 to 84, 62.53, 10.45; Environmental Mastery (EM), 34 to 83, 62.89, 9.98; Personal Growth (PG), 34 to 84, 67.67, 8.78; Positive Relations with Others (PRO), 41 to 84, 65.57, 9.81; Purpose in Life (PIL), 32 to 84, 66.01, 10.86; Self-Acceptance Scale (SA), 31-84, 63.94, 10.33.

In looking at the data in relation to the various demographic variables and both the SWBS and the PWBS, the following descriptive data was obtained. For the SWBS, the highest mean score by Age belonged to the 25 to 34 (n = 18) years old group, with a mean of 107.28 and a standard deviation of 9.60. The lowest mean score of 77 (SD = 5.66) was for the 18 to 24 age group. However, this age group had only 2 participants. For the PWBS, the highest mean scores on AU, PG, PRO, and SA were for the 35 to 44 age group. Over 65 scored highest on EM, while 25 to 34 scored highest on PIL.

The highest mean score on the SWBS by Place of Birth was for those born in the United States (X = 103.15; SD = 14.88). However, those born in Mexico had a mean score of 102.48 and standard deviation of 13.92. All the highest scores of all subscales fell in the group of born in the U.S. For the PWBS, all of the highest scores were for the group born in the U.S.

Mean scores by gender were 103.02 (SD = 13.88) for females and 102.10 (SD = 14.25) for males. The means scores for males on the PWBS were higher in the AU, PG, PIL, and SA subscales, while females were higher in EM and PRO.

Income levels of $40,000-49,000 had the highest mean score of 108.64 (SD =9.79) while the lowest mean score (100.56) was from the $10,000 to 19,000 income level. On the PWBS, the highest scores fell on the higher income levels of $40,000 to 49,000 and $50,000 and over. All the lowest mean scores fell on the less than $10,000 income level.

For Years Living in the United States, on the SWBS, participants in the 31 to 40 year level had the highest mean score (105.25; SD = .52). Participants in the 0 to 5 year level had the lowest mean score with a score of 96.86 and a standard deviation of 10.51. The subscales EM, PRO, PIL, and SA of the PWBS, the highest scores fell in the over 50 years group. The highest score on AU was for the 6 to 10 years and for PG the 21 to 30 years group. The lowest scores were distributed across different groups: 0 to 5 years for PG and PRO subscales; 6 to 10 years for EM and SA; and the 11 to 20 years for PIL.

In considering Language Preference, those participants who preferred English scored 103.73 (SD = 14.69) while those preferring Spanish scored 102.20 (SD = 13.46). Finally, when considering Years Living in the United States with Language Preference, those who preferred English and were in the 31 to 40 years level had the highest mean score of 105.25 (SD = 11.52) while those with the lowest mean score of 96.86 (10.51) reported living in the U.S. 0 to 5 years. The scores for all subscales of the PWBS were somewhat higher for those participants who indicated a preference for English. This may be due to the lack of a Spanish version of the PWBS.

Statistical Data

There were two sets of variables in this study. One set is the SWBS, with its two subscales or two independent variables (RWB and EWB). The other set is the PWBS, with six scales (AU, EM, PG, PRO, PIL, and SA). Thus, there are ten variables in two variate sets for the data. A correlational statistical analysis was performed in order to determine if the relationships between the variables of the SWBS and the PWBS were significant. All correlations were significant at the .01 level (two-tailed) except Autonomy (AU) and Religious Well-Being (RWB), which is significant at the .05 level (two-tailed) (Table 1).

The variables, in this case the scores on both measures as a whole and the subscales of each, are combined into variate sets. The variate sets in this study represent the constructs of spiritual well-being and psychological well-being. Then, using a statistical procedure similar to multiple regression, the variables within each set are combined to produce an ideal match between the two variate sets, or a canonical correlation. The shared variance is the amount of variance explained by each pair of canonical correlations, and a canonical correlation is the amount of relationship between two variate sets. Canonical correlations with a shared variance of more than .10 are considered significant or meaningful (Pedhazur, 1982; Stevens, 1986). In this study, the first canonical pair has a correlation of .54 and a shared variance of .29 or 29.4%. The second pair were correlated at .20 and a shared variance of .04. The third pair had a canonical correlation of .03 and a shared variance of .00. Furthermore, the Wilks' Lambda test of significance results indicate that the first pair of canonical variates had a Wilks' Lambda score of .68 and a Chi Square score of 44.70. The results are significant at a $p < .01$. The results are given in Table 2. The canonical variate pair coefficients indicate that all the variables of the first set and all the variables of the second set are statistically correlated in the first canonical pair. The results are shown in Table 3. However, with canonical correlations the variables most highly associated with one another are the variables of interest. For the purposes of this study, the researchers used a cutoff of .75 because few people would disagree that this is a strong correlation. The first variate in the pair is a combination of SWB and EWB, and the second is a combination of EM, PG, PIL, and SA. In the first set, the variable of Existential Well-Being (EWB) had the highest score (.99), and Religious Well-Being (RWB) had the lowest score (.70). In the second set of variables, the variable of Environmental Mastery (EM) had the highest score with a score of .88, followed by the variables Self-Acceptance (SA) with a score of .87. The two variables that did not make the cut point of .75 were Personal Relations with Others (PRO) with a score of .69 and Autonomy (AU) with the lowest score of .60.

The results presented in Table 3 also indicate that the highest association between sets of variables was between the combination of Spiritual Well-Being with an emphasis on its variable subscale of Existential Well-Being in one set, and the combination of four subscales of Psychological Well-Being variables in the other set. The four subscale variables of Psychological Well-Being in the set with the highest relationship with the first set were Environmental Mastery, Self-Acceptance, Personal Growth, and Purpose in Life.

The results of this study indicate that there is a significant statistical relationship between Spiritual Well-Being, and Psychological Well-Being Mexican American Catholics in South Texas. The results also indicate that some variables of the two sets (Spiritual Well-Being and Psychological Well-Being) are more highly associated than others.

Discussion

Limitations

While the results of this study were similar to the study done by Barcus (1999), it is important to review specific characteristics of the population utilized in this present study. The participants of this study were all self-identified Mexican-American Catholics from South Texas. Therefore, one limitation is in the potential generalizability to the larger population. Furthermore, the sample was a convenience sample. The participants were predominantly female (76.6%), mostly older than 45 years of age (67.9%), generally with low income (50.5% under $19,000 per year), and slightly over half had been living in the United States for more than 31 years (58.1%). One specific limitation is whether the results can be applied to a population of 25 and under because of the low number of participants (2) in this group. The fact that the participants of the study were deeply involved in their Catholic faith may have influenced overall results, explaining the very high correlations between the variables studied. Because there is no Spanish version of the PWSB, results may have been affected by the lack of English proficiency of some of the participants and by the translation of questions on the PWSB by the researcher. As mentioned previously in this article, the participants were given literal translations of the questions by the researcher when asked. Although this was the only information given other than purpose of the study, informed consent and instructions, translation of the questions may have influenced the results.

Conclusions

Keeping in mind the previous considerations of the particular characteristics of the population of this study and the instruments that were utilized, certain conclusions can be drawn. There is a positive correlation between spiritual well-being and psychological well-being. Age and income may influence spiritual and psychological well-being. Autonomy and religious well-being are positively associated, yet not as strongly as other variables of spiritual and psychological well-being. Active involvement in a faith community has a positive influence on spiritual and psychological well-being. Another interesting, yet understandable, result was found between Religious Well-Being and Autonomy. Although the scores revealed a positive correlation, such correlation was among the lowest of all. This could be explained by the general tendency of assuming external source of authority in religion over personal choices (Autonomy). Yet, it is important to notice that in this particular group, the correlation remained positive. Certain demographics appeared to have a significant influence on spiritual and psychological well-being among the participants in this study. Lower income participants of a younger age (18-24) scored lowest on three scales (SWBS, PWBS, and EWBS). They also scored lowest on all Psychological Well-Being Scales. However, again, no conclusions can be drawn because of the extremely small number (n = 2) in that age group.

Recommendations for Future Research

More extensive research on Mexican-Americans in the area of spirituality and psychological health is needed. Further research on the relationship between Spiritual Well-

Being and Psychological Well-Being among Mexican-American Catholics who may not be as active in their communities is suggested. Such research could focus on Catholics who may not be as active in their communities or who may be active only once a week to fulfill their Sunday obligation. Also, as Catholicism is a part of Mexican-American culture, it is possible that many consider themselves Catholic without participating in weekly services. Investigating a population outside of a church setting is recommended. Other areas of research might be the examination of Mexican-Americans of another denomination, or those without religious affiliation. The fact that someone can be spiritually aware and oriented and not necessarily religiously affiliated is well documented in the literature.

Research in the area of spiritual well-being and religious well-being utilizing other measuring instruments is also recommended. A Spanish translation of these instruments would encourage more research, offer greater validity, and enhance the research base on Hispanics. Of particular interest would be a study utilizing Allport's (1967) Religious Orientation Scale, which measures intrinsic versus extrinsic religious orientation. Measures of psychological well-being are many and have various orientations that may be explored. Utilizing different instruments among Mexican-Americans would help to validate the results of the present study. Studies may also want to further examine these trends in relation to variables such as level of acculturation, age, and physical health.

Finally, qualitative research on the variables studied in this investigation is recommended. The field may benefit from interviewing Mexican-Americans regarding their experience of the role of religion and spirituality on various aspects associated with their health or preventive coping. By allowing the voices of Mexican-Americans to be expressed directly and in unstructured formats would create greater depth in the professional understanding of this issue. Furthermore, qualitative research might highlight some previously unrecognized variables for exploration.

In closing, the authors suggest that counselors should be educated on religious and spiritual dimensions of individuals from different cultures in order to provide more meaningful and effective counseling approaches to enhance the individual's potential for growth and well-being. The healthy integration of the spiritual and psychological dimensions is a step toward assisting clients in making their lives more meaningful and whole. One of the functions of counselors is to assist individuals in the integration of all the dimensions of the self (body, mind, and spirit/soul) to live a fuller, more productive, and wholesome human existence.

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Table 1
Pearson Product Moment

	SWB	RWB	EWB	AU	EM	PG	PRO	PIL	SA
SWB	1.000	.919	.927	.295	.427	.424	.346	.375	.410
RWB		1.000	.712	.227*	.302	.360	.286	.279	.296
EWB			1.000	.319	.478	.437	.363	.417	.466
AU				1.000	.517	.596	.493	.599	.560
EM					1.000	.548	.578	.687	.759
PG						1.000	.469	.700	.570
PRO							1.000	.529	.577
PIL								1.000	.693
SA									1.000

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Note. All correlations are significant at $p < .01$, two-tailed except *Autonomy and *Religious Well-Being, which is significant at $p < .05$, two-tailed.

Table 2
Wilks' Lambda Scores

Canonical Variate Pairs	Wilks' Lambda	Chi Square	DF	Significance
1	.678	44.702	18	.000*
2	.960	4.683	10	.911
3	.999	0.104	4	.999

*p < .001

Table 3
Canonical Variate Pair Coefficients

Variables		First	Second	Third
Set 1	SWB	.906	.188	.380
	RWB	.704	.520	.483
	EWB	.987	-.090	.132
Set 2	AU	.596	.028	.111
	EM	.880	-.358	.211
	PG	.830	.400	.130
	PRO	.678	.232	.130
	PIL	.772	-.186	.260
	SA	.865	-.276	-.383