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Help-Seeking Attitudes in Latino Pentecostals

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HELP-SEEKING ATTITUDES IN LATINO PENTECOSTALS

BY

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requirements of the Degree of Doctor Philosophy
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Abstract

The primary interest of this study was to examine the help-seeking attitudes of Hispanic Pentecostals varying in degree of religiosity, acculturation, locus of control and socioeconomic status. The data of 101 adult participants were analyzed as to their attitudes toward seeking professional help. The Attitudes Toward Seeking Professional Psychological Help (Fischer & Turner, 1970), Rotter's Internal-External Locus of Control Scale (Rotter, 1966), The Bidimensional Acculturation Scale for Hispanics (Marin & Gamba, 1996), and the Religiosity Scale (Rohrbaugh & Jessor, 1975) were utilized. Each instrument was translated into Spanish using the cross translation method. The top two nationalities represented in the study were Puerto Rican (26.7%, $n = 36$) and Dominican (17.8%, $n = 20$). Help-seeking behavior was positively correlated with age and the age the participants came to the United States and negatively correlated with having received previous counseling. Religiosity was not correlated to any of the primary variables and demographic factors. A multiple regression model created to test the hypothesis failed to reach significance. A second multiple regression model was built using variables that were found to have significant bivariate correlations and was found to have reached statistical significance. It is suggested that future research focus on a more diverse religious population and include different ethnicities.

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CHAPTER I

Introduction

Help-seeking behavior is the process or steps people take to obtain help. Generally, the process of help-seeking encompasses different disciplines such as psychology and sociology, and many factors have been investigated in order to understand this course of action. Personality, demographic, network, and cultural factors have been the focus of study in an attempt to understand how people come to use professional services for emotional difficulties (Briones, Heller, Chalfant, Roberts, Aguirre-Hauchbaum, & Farr 1990; Fischer, Winer, & Abramowitz, 1983, Gottsfeld, 1995; Rickwood & Braithwaite, 1994; Rogler & Cortes, 1993). Fischer and colleagues (1983) examined different models of help-seeking behavior and summarized the cognitive and behavioral process into five stages entailing: (a) perception and identification of a problem, (b) contemplating ways of helping oneself, (c) decision to seek or accept help, (d) precipitating event, and (e) overt help-seeking behavior. Due to the multifaceted process that composes help-seeking behavior, and the many different factors that influence it, individuals in need of psychological help may struggle to understand the source of the distress and to search for a competent health care provider.

Background of the Problem

In organized societies, help-seeking patterns have been difficult to understand due to the different systems and variables that affect the process of seeking help for emotional

problems (Elpers & Levin, 1996). For many years, the systems responsible for providing services have been religious organizations, civil agencies, and health care authorities. These systems have been further described as the formal system, the lay system, the folk system and the human-social service system (Pescosolido & Boyer, 1999). While contact with a formal system consists of “specialty mental health care” such as psychiatry, psychology, social work, and the general medical system, contact with the lay system is composed of friends, family, and self-help groups. On the other hand, the folk system includes religious advisors and alternative healers, while the human-social service system is made up of clergy, police, and teachers. The system that people decide to use for help for emotional distress very much depends on the nature of the problem and on psychological and sociological factors.

The formal help provider system and more specifically psychological services have become very influential in the lives of American people during the last century. There has been a remarkable increase in the number of social service professionals and availability of psychological resources, particularly in the last half of the century (Taetzch, 1986). The end of War World II represents an important change that took place in the American culture. The end of the war led people to focus on psychological adjustment; it was important that soldiers, who participated in the war, as well as civilians, be treated for the neurosis caused as the result of the war. When the war was over, people could focus on goal fulfillment, in addition to treating the scars left by the war. Science and in particular psychology, with its logical cause and effect model, became the norm in the search for meaning, for treating and preventing mental illness, and for the

most part replaced the traditional religious framework that governed previous centuries (Veroff, Kulka, & Douvan, 1981).

As people moved away from the religious model framework, the public and private sectors, which were composed of psychologists and psychiatrists with private practices and hospitals and community mental health centers respectively, became the primary help system. The private sector helped to somewhat reduce the stigma that was attached to seeking professional mental health and mental illness as a result of the increased availability of these services (Elpers & Levin, 1996). There seemed to be a more favorable attitude toward what psychology had to offer.

In the two decades following War World II, the need for both treatment and prevention led to the creation of agencies to oversee national research projects, staffing grant programs, and the development of community mental health centers (Elpers & Levin, 1996). In 1963, the Community Mental Health Center Act was introduced as a way to provide professional mental health services to the culturally different and economically disadvantaged (Cheung & Snowden, 1990). Despite this enormous effort, the stigma associated with mental illness continues to be great and affects the help-seeking behaviors of individuals with emotional problems.

Research indicates that only a small number of people suffering from mental illness or emotional distress receive help from the formal health system (Mechanic & Schlesinger, 1996). In the United States, it is estimated that only one out of five individuals suffering from emotional distress receives treatment (Pescosolido & Boyer, 1999). Kessler, Brown, and Broman (1994) found that the need for treatment is greater than the treatment received, leading to a conclusion either that there is a gap in the formal

help-seeking process or that people are turning to other help-seeking systems for their emotional problems. Taetzch (1986) suggested that many are not willing to use or are suspicious of using professional psychological services. This unwillingness or suspiciousness may have to do with a number of factors that influence a person's attitude toward the formal health system; these factors include socio-demographic, gender, network, cultural, and personality variables.

Socio-Demographic Factors

Among the demographic variables that have been researched, age, social class, and gender have been shown to affect help-seeking behavior for psychological problems (Tijhuis, Peters, & Foets, 1990). Pescosolido and Boyer (1999) reported that age has a curvilinear relationship with utilization of mental health treatment. These authors reported that middle-aged (25-64) individuals have the highest rate of mental health services use and that younger (below 25) and older (65 and above) individuals have the lowest rate of mental health utilization. Tijhuis, Peters, and Foets found that younger (18-24) people are less willing to seek help than older people.

Socioeconomic groups also vary in their attitudes and use of mental health services (Briones et al., 1990). Within social class, income and education affect help-seeking attitudes; individuals with higher incomes and higher educational level have been shown to have a more positive attitude toward mental health services (Briones et al., 1990; Pescosolido & Boyer, 1999; Tijhuis, Peters, & Foets, 1990).

Gender Factors

Gender has been the most consistent demographic variable in predicting help-seeking behavior. Most studies have concluded that women are more open than men to receiving mental health treatment (Pescosolido & Boyer, 1999; Rickwood & Braithwaite 1994). Several reasons are noted for the greater frequency of mental health use including greater rate of psychiatric disorder (Kessler, McGonagle, Zhao, Nelson, Hughes, Eshleman, Wittchen, & Kendler, 1994), women's openness to recognize psychiatric symptoms, and bias in the use of various instruments and clinical judgment (Kessler et al., 1981).

Network Factors

Pescosolido and Boyer (1999) stated that social influence is very important in determining how people respond to emotional distress. Social support has been found to be influential in the formal help-seeking process. Sherbourne (1988) found that individuals tend to seek help if their social network is impaired or ineffective. In addition, Sherbourne showed that there is a negative correlation between social resources and use of mental health services. Therefore, the more effective social resources a person has, the less likely a person will seek help from a formal system. Despite these significant findings, other researchers have found no support for the social support hypothesis in its relation to help-seeking behavior (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995; Rickwood & Braithwaite, 1994). The unclear results may be due to methodological differences (Cramer, 1999). In studies by Cepeda-Benito and Short and Kelly and Achter, zero order correlations were used, which Cramer noted did not take into consideration the

redundancy between the predictors. Cramer suggested that a more advanced method, such as path configuration model, could account for the multivariate nature of the data found in the two other studies.

Cultural Factors

Research on ethnicity and help-seeking behavior suggests that ethnic groups may have different attitudes toward help-seeking and different patterns of mental health use (Leaf, Bruce, Tischler, & Holzer, 1987). Whereas the studies described above focus on the how each factor affects the help-seeking process, research on minority groups has focused not only on the underutilization of mental health services, but also on the delivery of health services to minority populations (Cheung & Snowden, 1990). This suggests that help-seeking attitudes depend not only on the individual, but also on environmental and sociological factors that could act as barriers to the process. Several factors have been noted to contribute to the underutilization of mental health services by minorities. Cheung and Snowden (1990) noted that financial status, cultural incongruity, and organizational barriers hinder the help-seeking behavior of minority groups.

One of the reasons minority groups underutilize psychological services is the scarcity of financial resources. Income for members of minority groups is below the national average (Williams, 1996). Low acculturated individuals and those who lack insurance may not have the financial resources to pay for the high cost of therapy. Even when the state and local government allocates funds for mental health use, minority members may not be aware of the benefits to which they are entitled.

Another issue connected to the underutilization of mental health services is the organizational barriers. The manner in which mental health centers operate and are structured may isolate members of minority groups. Mental health centers may not have bilingual or culturally competent staff to provide effective treatment. Some centers are not linked to grassroots community agencies that could act as bridges to receiving professional help. In addition, effective mental health centers must consider the input of the patients in order to meet their needs; needs assessments should be conducted regularly to address changes in the population and their needs. This may be particularly difficult if there is a language barrier between the staff and potential clients. Furthermore, centers may not have the necessary outreach programs to reach isolated potential clients.

Cultural incongruity is another cause of the underutilization of mental health services, as psychological disorders may be perceived differently according to the norms of particular cultural and ethnic groups. Hispanics may have difficulty following the European-American culture's time orientation. Specifically, Latinos tend to have present time orientation, while the mainstream culture has a future time orientation. Other issues are more related to cultural values such as *confianza* (trust), *respeto* (respect), *vergüenza* (sense of shame), *orgullo* (pride) and *fatalismo* (fatalism), all may play a role in the underutilization of mental health services (Leong, Wagner, & Perishaw Tata, 1995). *Fatalismo* for instance, informs a mental health worker about an individual's motivation for treatment. If a person believes that it is his or her destiny to experience emotional problems, then he or she is less likely to seek help. Although these factors hinder rather than predict help-seeking behavior, they are important because they provide insight into the complex process of help-seeking attitudes.

Research has also found supportive evidence for variability in help-seeking behavior across different ethnic and cultural groups (Kaniasty & Norris, 2000; Mechanic, 1982; Pescosolido & Boyer 1999). In the Latino culture, for example, it is more acceptable for an individual to seek mental health services from a help system other than the formal mental health systems. For example, they may prefer to consult clergy, family members, or friends rather than mental health workers (Rogler & Cortes, 1996).

Although Latinos use priests or pastors as a resource to help them solve with their spiritual, practical, and familial problems (Martinez, 1993), they may also turn to their children or godparents (*compadres* or *comadres*) for help, or to other informal sources of services that are viewed as more acceptable and more trustworthy in the Latino community, while at the same time avoiding financial restraints. It seems that for many Latinos, professional help for mental health services is used as a last resort (Knipscheer & Kleber, 2001), and many who seek professional psychological help may do so as the result of a referral from their general practitioner as many manifest emotional distress somatically (Akutsu, Snowden & Organista, 1996).

Escobar (1987) noted that the presence of somatic complaints is linked to depressive symptoms, regardless of ethnicity. In addition, Escobar stated approximately one third of patients who have visited their general practitioner experience primarily physical symptoms, but were not diagnosed with a physical illness. Angel and Guarnaccia (1989) found that among Puerto Ricans, depression might manifest as a medical condition. Escobar reported that a number of studies have shown that more Latinos being treated for mental illness have presented with physical complaints than have non-Latino patients. Escobar also noted the results of several other comparative

studies between Latinos and non-Latinos; it was reported that Peruvians attending outpatient services presented with higher levels of somatic symptoms than North American outpatients. Moreover, several depressed Colombian samples have been found to exhibit more somatic symptoms than depressed Americans.

A variable that has been extensively investigated in the Latino population due to its effect on the individual is acculturation. Acculturation is a fluid process in which the attitudes and behaviors of individuals are modified as the result of exposure to the host culture (Marin & Gamba, 1996). Although several dissertations (Bhatt, 2002; Ramos-Sanchez, 2001; Rivas, 1997) have examined the relationship between acculturation and help-seeking attitudes, none has taken into account the predictive value of ethnicity when paired with other predictors, such as religiosity locus of control, gender and socioeconomic status. Because immigrants are more susceptible to psychosocial stressors due to the migration experience (Berry, 1994; Hertz, 1993), acculturation may particularly affect the help-seeking attitudes of immigrants (Nevid, Rathus, & Greene 1997).

Research on acculturation has divided Latinos into low acculturation, high acculturation, and biculturalism. Rogler and Cortes (1993) mentioned that low acculturation has been associated with reduced social support, isolation, and unfamiliarity with the new socio-cultural environment. For this reason, low acculturated individuals are marginalized because they function within their native cultural practices. Individuals with high acculturation on the other hand are assimilated because they exchange their native cultural practices for those of the host culture (Miranda & Umhoefer, 1998). High acculturation or assimilation has been associated with high level of psychiatric symptoms

(Miranda & White, 1993). Williams and Harris-Reid (1999) suggested that this negative relationship between mental health and acculturation results from the self-devaluing and isolation that comes from leaving the traditional support system.

Biculturalism suggests that individuals maintain their customs and values and integrate them with the cultural practice of the host culture. Given the findings that high and low acculturation is negatively correlated with mental health, it would seem likely that these individuals in both of these groups would seek formal professional help. However, because of the higher level of acceptance of mental health services in the host culture, highly acculturated individuals would be expected to have a more positive attitude towards professional mental health than low acculturated individuals. However, research on the relationship between acculturation and mental health has not yielded consistent results (Williams & Harris-Reid, 1999). The inconclusive findings suggest that help seeking for emotional problems may also be inconsistent across all levels of an individual's acculturation process. While some researchers have focused on socio-cultural and external predictors of help-seeking behavior, others have taken a more specific and internal approach to studying the help-seeking attitudes of individuals.

Psychological Factors

The most common internal or personality factor that is studied is orientation toward help seeking, locus of control, self-disclosure, self-concealment, authoritarianism, locus of control, and religiosity. Personality is a psychological variable that has emerged as an important factor that influences help-seeking behavior. Several personality traits have been identified as affecting the help-seeking process. The orientation toward help

seeking has been identified as one of those variables (Rickwood & Braithwaite, 1994). A positive orientation suggests a favorable view toward therapy.

Fischer and Turner (1970) suggested that an individual's ability to self-disclose might predict whether help is sought. A similar factor that has been more recently investigated is that of self-concealment (Cepeda-Benito & Short, 1998; Cramer, 1999; Kelly & Achter, 1995). There is a consensus that self-concealment, or keeping secrets, negatively affects an individual's attitude towards therapy. Kelly and Achter found that high concealers were less favorable to therapy when told that therapy required revealing very personal information. They also found that high concealers sought therapy at a higher rate than low concealers.

Authoritarianism is another personality characteristic that affects help-seeking behavior (Tijhuis, Peters, & Foets, 1990). Fischer and Turner (1970) reported that highly authoritarian students held more negative attitudes toward seeking help. Rickwood and Braithwaite (1994) suggested that introspection, or private self-consciousness, is a better predictor of help seeking because it allows individuals to monitor their thoughts and feelings, and modify their behavior.

A more widely studied characteristic is locus of control. Knipscheer and Kleber (2001) suggested that the explanation for personal problems, internal vs. external attribution, or locus of control might play a role in help-seeking behavior. Studies on locus of control have been inconsistent in terms of their predictive value of help-seeking process. Several researchers have found that individuals with external locus of control, individuals who believe that outside forces decide their destiny, show a negative attitude toward help seeking (Fischer & Turner, 1970; Tijhuis, Peters, & Foets, 1990). Other

studies have found that internals, individuals who believe that internal forces within the individual cause changes in their lives, show better coping skills than externals. Yet others have found no difference between internals and externals in their attitudes toward help-seeking professional help (Amato & Bradshaw, 1985).

A factor that has been known to affect an individual's help-seeking attitudes is religiosity (Rickwood & Braithwaite, 1994). Pargament (1997) stated, "Religion remains a potent force in the lives of many, if not most people" (p. 2). In a report published in the New York Times, Gallup and Castelli, (1989) reported that 9 out of 10 Americans believe in the existence of God, and 79% admitted to being very aware of the presence of God in their lives. Religion, Christianity in particular, has been very influential in the lives of people in the United States. Melton (1996) identified 1,299 Christian groups in the United States. Wright (1997) reported that 94% of people having religious membership in the United States are Christians.

Although there is large Christian community, little attention has been paid in the psychological literature to the religious beliefs of clients (Saucer, 1991). More recently, however, there has been a growing awareness of the need to consider the religious values of potential clients. For example, the American Psychological Association has published a number of books educating people in the field of psychology about the different religious beliefs people hold (Koenig, 1998; Richards & Bergin, 2000; Shafranske, 1996; Worthington, 1993). Vande Kemp (1996) noted that in 1993 Division 36 changed its name from *Psychologists Interested in Religious Issues (PIRI)* to *The Psychology of Religion* to emphasize the scientific study of religion.

Religiosity and values have been identified as one of the factors that predict help seeking behavior. Veroff and colleagues (1981) found that when people identified themselves with a particular religion it had a significant effect on whether or not they sought professional help for distress. Many religious clients frequently fear that psychotherapists may influence or undermine their religious beliefs (Genia, 2000; Worthington, 1986). Although many have investigated the relationship between Christian beliefs and help seeking (Bergin, 1980; Dougherty & Worthington, 1982), none have taken into account the influence of ethnicity and Christian beliefs into the help-seeking process. An example of a group in which ethnicity and religious beliefs may interact is Latinos from the Pentecostal tradition. Wright (1997) noted that there are ten million Pentecostals in the United States.

Pentecostals are typified by their emphasis on the power of the Holy Spirit manifested in the gift of glossolalia or speaking in tongues, an unintelligible form of prayer (Keller, 2000). Pentecostals are classified into three distinct denominational groups: Classical Pentecostals, Charismatic, and Independent Charismatic. Classical Pentecostalism was formed in the first two decades of the twentieth century, and it specifically began in 1901 in Topeka, Kansas. Charismatic Pentecostals are Protestants from Mainline denominations and Catholics who in addition to following the beliefs of their denominations also believe in the Pentecostal experience as narrated in the Book of Acts of the Apostles. Independent Charismatic is represented by independent churches, and is not tied to specific denominations (Burgess, McGee, & Alexander, 1988). Within the independent Pentecostal churches there are variations in the belief system that creates a great diversity in this nondenominational Charismatic movement, thus making it

virtually impossible to be classified as Pentecostal by virtue of having no denominational ties (Dobbins, 2000). This lack of central organization suggests that while these churches usually follow biblical doctrines, individual pastors may interpret these doctrines differently, leading to some diversity in their beliefs.

Pentecostals, in general, hold similar theological views as conservative Evangelical Christians and their beliefs may range from that of Evangelicals to those of Fundamentalists (Keller, 2000). Their beliefs are based on the theological doctrines that the Bible is the inspired Word of God and that personal salvation comes through the death and resurrection of Jesus Christ (Dobbins, 2000). Due to the similarity of Evangelicals in their theology, Pentecostals may also have similar patterns in their help-seeking behavior, and are likely to make low use of psychological services compared to other religious denominations and other religious orientations (Veroff, Kulka, & Douvan, 1981). Worthington (1986) pointed out that Evangelical Christians fear attending a secular therapist for the following reasons: (a) neglect of religious concern, (b) dealing with religious beliefs and events as pathological or merely psychological, (c) failure to discern religious language and ideas, (d) presuming that religious clients share non-religious cultural norms (e.g., cohabitation, premarital sex, divorce), (e) promoting therapeutic conduct that clients regard as immoral, and (f) making presumptions, explanations, and suggestions that discount revelation as a valid epistemology.

In some instances, these fears are not totally unfounded. Gartner (1985) and Gallop (1994) found that psychologists were the least religious of all social scientists and less religious than the general population. Although it does not necessarily follow that

psychologists would not consider the religious beliefs of their clients, this finding might indicate that some therapists are not likely to focus on religious issues. Young (2000) reported that psychologists seldom pay attention to spiritual issues because they are not emphasized in graduate programs and internship; they may feel incompetent to deal with spiritual issues since religion and spirituality are not given priority in their training. Christians in general have been found to prefer to see counselors “who are perceived as having similar religious beliefs” (Worthington & Gascoyne, 1985). This is evident by the lower usage of psychological services of conservative religious groups (Kushner & Sher 1991; Richwood & Braithwaite 1994; Taetzch 1986) than in the general population.

Religion and Locus of Control

Studies in religiosity and locus of control have been scarce in the psychological literature. In studies focusing on both locus of control and religion, Fischer and Turner (1970), reported that Evangelical Christians have low usage of professional mental health services. As discussed above, findings on the relationship between locus of control and usage of mental health services have been mixed. However, it is possible that individuals from conservative Christian groups including Pentecostals, who seek direction from a strong spiritual leader, would therefore hold negative attitudes toward seeking formal help outside the church. Another possible explanation for the low usage of formal mental health services by individuals leading a religious lifestyle is that they believe that their troubles and tribulations are the will of God, and therefore, God will provide with the solutions to their problems (Furham, 1982).

In order to understand the inconsistency in a number of studies, Furham (1982) administered the Rotter's Locus of Control Scale to a number of male clergy who were described as either fundamentalist or liberal. The results of his study showed that fundamentalists were more internal than liberals, thus providing more evidence of the mixed literature on the correlation between these two variables. Furham explained that whether a person is rewarded or punished by God depends to some extent on one's actions, leading to the belief that one has some control over one's life. Christians believe that the God of the Bible is a personal God and is omnipresent, omnipotent, and omniscient. On the other hand, people who believe in an uninvolved God are more likely to attribute blame to external forces. From these findings, it would seem likely that Pentecostals who hold beliefs similar to Fundamentalist Christians would hold a negative attitude towards seeking formal help, and would have an internal locus of control.

In sum, the help-seeking process is very complex and requires the study of different variables in order to have a better understanding of the attitudes that hold towards seeking help. While much effort has been put forth in examining the different factors that affect the help-seeking process, further research needs to be conducted examining a combination of variables. It is clear there has been a re-emergence in the interest of religion and psychotherapy in the last decade (Richards & Bergin, 2000), but it is still unclear how help-seeking attitudes is affected by variables such as religiosity and acculturation level.

Statement of the Problem

Little has been written in the psychological literature about the help seeking attitudes of religious clients. Much less has been written about the predictive value of

acculturation and religiosity on help-seeking behavior, and most of what has been written is outdated. This investigation attempted to explore the relationship between psychological (locus of control) and sociological (ethnicity, acculturation) correlates to help-seeking attitudes. Specifically, this study investigated the help-seeking attitudes of Latinos with Pentecostal beliefs. Similar to Evangelical and secular Latinos, Pentecostals also tend to underutilize mental health services by virtue of their cultural norms and religious beliefs. However, religion is practiced within a cultural context and cultural norms are sometimes modified when one culture intermingles with another. Therefore, it is possible that highly acculturated Pentecostals would hold more positive attitude towards seeking professional psychological help than low acculturated Pentecostals.

The problem investigated in this study examined the predictive value of locus of control, religiosity, and acculturation on the help-seeking attitudes of Latino Pentecostals. The criterion variable will be help-seeking attitudes toward professional mental health as measured by The Attitude Toward Seeking Psychological Help Scale (ATSPH; Fisher & Turner, 1970). The predictor variables will be locus of control as measured by Rotter's General Internal/External Locus of Scale (I-E; Rotter, 1966), acculturation as measure by the Bidimensional Acculturation Scale for Hispanic (BAS; Marin & Gamba, 1996) and religiosity as measured by the Religiosity Measure (Rohrbaugh & Jessor, 1975).

Rationale for the Study

The aim of the study was to provide a foundation for future studies using the help-seeking attitudes of Latinos with religious values. Although the variables studied in this investigation, locus of control and religiosity, have shown to affect the help-seeking behavior with the general population, it has not been previously assessed how these same

variables interact with ethnicity and acculturation to predict help-seeking attitudes. This study will add to the literature of help-seeking behavior of Latinos. It provides a better understanding of the complexity of help-seeking behaviors of individuals who hold a particular religious belief.

The primary research question addressed in this study is: What is the relationship between religiosity, acculturation, and locus of control in predicting help-seeking behavior?

Hypotheses

1. Based on the assumption that high acculturation would lead to attitudes toward counseling more consistent with those of the dominant culture, the first hypothesis predicted that individuals reporting high level of functioning in the Non-Hispanic domain would report more positive attitudes toward seeking help than individuals that function more in the Hispanic domain.
2. Based on previous studies indicating that highly religious people tend to seek help from support systems other than the mental health system, the second hypothesis predicted that individuals reporting high level of religiosity would have less positive attitudes toward seeking help than individuals with a low level of religiosity.
3. Based on previous findings related to locus of control and attitudes toward seeking help, the third hypothesis predicted that individuals with external locus of control would have less positive attitudes toward seeking help than individuals with internal locus of control.
4. Based on previous findings related to gender and attitudes toward help-seeking,

the fourth hypothesis predicted that females would have a more positive attitude toward seeking help than males.

5. Based on the assumption that socio-economic status affects help-seeking attitudes, the fifth hypothesis predicted that individuals who are considered economically disadvantaged would have a less positive attitude toward seeking help than individuals who were not economically distressed.

Definition of Terms

The following are definitions of the terms predictor variables used in this study.

Operational definitions of these variables are provided in Chapter III.

Acculturation: Acculturation is the process by which an individual changes his or her behavior and attitude as a result of the exposure to a host culture (Miranda & Umhoefer, 1998). For the purpose of this study, acculturation is defined as a particular score on the Bidimensional Acculturation Scale for Hispanics (Marin & Gamba, 1996).

Religiosity: Religiosity can be defined, as the extent to which a person adheres to religious beliefs, is influenced by a social structure, and the frequency to which an individual engages in religious rituals or attends religious services (Pargament, 1997). For the purpose of this study, religion is defined as a particular score on the Religiosity Scale (Rohrbaugh & Jessor, 1975).

Locus of Control: Locus of control is defined as the extent to which people attribute causality to events in their lives. That is, people either see themselves as responsible for the events in their lives or perceive external agents as being responsible for the events that occur in their lives (Escovar, 1981). For the purpose of this study,

locus of control is defined as a particular score on the Rotter's (1966) Locus of Control Scale.

Gender: Gender is defined as the individual's self-identification as male or female. For the purpose of this study, acculturation is defined as a dummy coded score of zero or one as identify by the participant.

Socioeconomic Status: In this study socio-economic status is defined by the individual's annual family income and education. For the purpose of this study, socioeconomic status is defined as a particular score on the on a self-report measure.

Significance of Study

Historically, psychology and theology have not been able to reconcile their differences (Duckro & Busch, 1992). More recently, psychology has made an attempt to consider the values of religious clients in therapy (Richards & Bergin, 2000). In a review of the literature over a ten-year span, Worthington, Kurusu, McCullough, and Sanders (1996) found that only devout Christians, who read the Bible, attempt to apply its teachings to their lives, and participate in religious activities, prefer to work with therapists of their own faith. However, when potential patients are unaware of resources, many Christians with emotional distress have turned to untrained church staff for counseling. If the church staff does not recognize the needs of their members and their limitations, significant harm may be caused (Richards & Bergin, 2000). The studying help-seeking behavior among Pentecostal individuals is significant for several reasons.

This study is important because it will provide valuable information and recommendations for greater competency in religious diversity among mental health

professionals (Richards & Bergin, 2000). Hoge (1996) suggested, "Immigration brings unprecedented pluralism and globalization in our religious life" (p. 38). This is relevant for Latinos since they immigrated with their own religious beliefs. Since people practice religion within a cultural framework, psychotherapists who work with the Latino population are likely to encounter religious clients. Because Latinos are assumed to be Catholic, Latino Pentecostals are not well studied. By understanding the help-seeking patterns and learning about a community's religious beliefs, secular therapists can build credibility and trust with Latino Pentecostals. From Freud (1927) to Ellis (1980), psychology has been openly critical about religion. Freud concluded that religion is an illusion since it only serves to fulfill the wish to restore through God the lost relationship with one's father. According to Freud, relying on religion is being stuck in an infantile stage and is therefore harmful to mental health. Ellis proposed that religiosity does more harm than good and that religion "supports virtually every major form of irrationality" (p. 12). Therapists trained in these models may approach their work with clients from a similar frame of reference.

There is an ethical obligation for psychologists to obtain competency in cultural, religious and spiritual diversity (APA Ethical Standard 1.08; (American Psychological Association, 1992). A review of recent literature indicated that there is very little published research conducted with Latino Christians. Investigating Latino Pentecostals' attitudes will help researchers make the appropriate steps to access religious community and to develop programs that would help address the distrust and concerns of secular psychology and psychotherapy.

CHAPTER II

Review of the Literature

The literature on help-seeking falls into two categories: studies that correlate help-seeking attitudes toward psychological help with a set of demographic characteristics, and the studies that focus on the structural dynamics properties of attitudes. The focus of this literature review will be on the first of the two categories and will include the variables mentioned in Chapter I: locus of control, religiosity, acculturation, education, gender, and socioeconomic status. A review of a cognitive help-seeking model will first be presented followed by a review of attribution theory as it relates to help-seeking. What follows is a historical overview of the relationship between psychology and theology with emphasis on how the major theorists' perception of religion has affected the attitudes of religious individuals toward seeking professional psychological assistance. In addition, an account on the history of Pentecostalism in the United States and in the Latino Community are provided.

Model of the Help-Seeking Process

Ames (1983) described help-seeking as “an achievement behavior involving the search for and employment of a strategy to obtain success” (p. 156). DePaulo, Nadler, and Fisher (1983) viewed help-seeking behavior as an “instrumental and adaptive response to a difficult situation” (p. 7). Although the current study focuses on the

attitudes of particular individuals, it is important to understand the process that may lead to the behavior. An individual's attitude toward professional help may determine the decision to act to resolve the problem. Fischer, Winer, and Abramowitz (1983) suggested that it is more difficult for people in need of psychiatric help to be cognizant of the nature of the problem and they may have difficulty in processing how to best approach the problem. They combined several other help-seeking models into a general model that applies specifically to help-seeking behavior. The model created is a non-linear model that consists of five different stages that propose steps that individuals take to seek professional help. Fischer and colleagues identified the following five stages of help-seeking: (a) perception and identification of the problem, (b) contemplating ways of helping oneself, (c) decision to seek help, (d) precipitating event, and (e) and overt help-seeking.

Stage 1: Perception and Identification of a Problem – During this stage the individual first needs to become aware of some symptoms that to he or she does not consider normal. Usually the seriousness of the symptoms is determined by experience, acquired knowledge, or societal norms. Once the symptoms are judged as problematic, potentially harmful or psychological, the individual also needs to consider whether the distress is amenable to aid.

Stage 2: Contemplating Ways of Helping Oneself – At this stage, the individual reflects on the many ways to reduce or resolve the problem. Upon contemplating the ways to help oneself, the individual can decide on several options. The individual may not seek professional help; may seek help from family, friends, or other help system; wait for the problem to solve itself; or decide to solve the problem without anyone's help.

Stage 3: Decision to Seek Help – An individual has aimed to seek professional help. The intention could have been incited by different means such as the individual's own recognition of the need for help, encouragement from a support system, or a mandate by the legal system to seek professional help. At this stage, the individual considers the benefits and perceived costs of seeking professional help against social, personal, and agency factors. The individual may weigh the cost and quality of the service sought, the embarrassment, stigma or fear of seeking professional help, and the intensity and duration of the problem or symptoms against the gains that would be obtained from seeking professional help.

Stage 4: Precipitating Event – During this stage something needs to occur for the individual to consider seeking professional help. There may be an increase in the intensity of the symptoms or a worsening of the problem. In addition, at this stage the individual may have exhausted all other resources without any symptom relief.

Stage 5: Overt Help-seeking Behavior – In the final stage the individual is convinced of the need for professional help or is ready to get help. In this stage the individual may take a proactive step in searching for a therapist and setting up appointments.

It can be deduced that the individual who reaches the final stage has a positive attitude toward seeking help. An individual can reach the final stage at any time in the process. However, the model is influenced by several factors. Fischer, Winer, and Abramowitz (1983) suggested that an individual's preconceived beliefs and attitudes will undoubtedly influence the thought process of the individual trying to reach the goal of

finding psychological help. The decision making process can also be affected by the attributional style of the individual.

Research on Help-Seeking

In 1987, Leaf, Bruce, Tischler, and Holzer examined the relationship between demographic factors and attitudes toward mental health services using an adult stratified sample from data collected by the Yale Epidemiologic Catchment Area Project. The final sample consisted of 4,184 participants who were eligible for the study. The variables correlated in the study were gender, age, race, income, and education. Leaf and colleagues utilized the SURREGR program to analyze the data. This analysis was chosen because the data had been weighed so that it reproduced similarities with the population from which the sample was selected. The strengths of the study were due to the use of a large sample and the use of statistical procedure that took into account the complexity of the data. Another strong point of the study was the presence of exclusionary criteria for the study.

The reliability of the study was compromised by the use of supplementary questions to assess the attitudes toward mental health. Only six questions were used to assess participants' attitudes toward mental health receptivity. Although a large number of participants reported having a high receptivity to mental health services, they did not report the reliability of the instrument utilized; short instruments are not often reliable because they omit valuable information that could affect the outcome of the study.

Based on the assessment instruments used, it seems that only those with some emotional distress were used in the study. The participants completed the Diagnostic Interview Schedule, but Leaf and colleagues (1987) did not mention if emotional distress

was a criterion for inclusion in the study. Moreover, previous contact with mental health professionals was not taken into account. It could have been that the high rate of receptivity was due to previous engagement in therapy.

In considering the external validity of the study, it seems that the study could only be generalized to the community from which the sample was taken. There was too little variability in race. Most of the participants were of European descent (87%). It would have been very useful to categorize participants by ethnicity as opposed to non-White. The results indicated that most of the sample was receptive to using mental health services (81%). However, 83% reported perceived barriers to accessing mental health services. Moreover, it was found that non-White respondents were more receptive to using their general practitioner and the clergy for mental health problems. Future studies would benefit from using reliable instruments, a broader category for race, and a larger geographic location.

In a similar study, Rickwood and Braithwaite (1994) studied the social-psychological factors affecting help-seeking for emotional problems. In this study help-seeking was described as behavioral outcome. The variables consisted of symptoms, personality characteristics, network characteristics, and demographic characteristics. The sample consisted of 715 Australian high school seniors. The purpose of the study was to identify help-seekers from non-help-seekers and correlate them with the social-demographic variables. A logistic regression was used in order to determine which variables had the highest loadings on those who sought help. A multiple regression analysis was used to determine which factors differentiated those participants who sought

help from those who did not as well as those who sought help from professional sources and those who used an informal support system.

The results showed that for those who sought help, the number of symptoms is a significant predictor of help-seeking. This finding is debatable as previously mentioned symptoms alone do not predict help-seeking, but the severity of the symptom or symptoms predicts help-seeking. The single best predictor of help-seeking in the study was gender, as females were more receptive to the idea of seeking help than males. In addition, it was found that knowing someone who has sought help positively predicts help-seeking behavior. In predicting professional help-seeking all previously mentioned variables were significant, however, having an impaired support network loss significant.

In terms of examining the variables regarding adolescents and symptoms to help-seeking, there was a small number who did not seek help even though their symptoms were moderate to severe, and approximately the same number (22%) sought help from a professional source. The study made significant contributions by combining different individuals and environmental characteristics to predict help-seeking. At the same time, it shows how complex the help-seeking process can be even when different factors are taken into account. In addition, the study sought to predict which variables affect the behavioral outcome of help-seeking.

Tijhuis, Peters, and Foets (1990) conducted a study in the Netherlands with the purpose of examining people's orientation toward help-seeking for emotional problems. They presented a brief introduction concerning some of the barriers to mental health in the Netherlands as well as some of the possible explanations for the differences in help-seeking behavior. The variables that affect the help-seeking process appear to be

universal, mainly personality factors, demographic characteristics, and network factors. Personality factors mentioned in this study that correlate with help-seeking include locus of control, authoritarianism, and interpersonal openness. Among the demographic variables described were gender, socio-professional level, age, education and income, and the network variables associated with help seeking (i.e., number of friends, prior contact). The variables chosen for the study were as follows: locus of control, interpersonal openness, gender, age, education, income, marital status, number of close friends, prior contact with mental health, and acquaintances working in the field of mental health.

The sample was composed of 10,171 randomly selected adults from individuals participating in a general practitioner's interview regarding individuals' health, attitudes, social support, life events, and habits. Researchers wanted to know if individuals who would seek help could be distinguished from those who would not. The instruments were described in detail and reliability coefficients for all instruments were considered appropriate for measuring the variables. However, several noticeable drawbacks can be deduced from the orientation toward help-seeking. First, the five items were not personalized. Second, the situations presented were not necessarily situations encountered by the participants in the study. Third, it is easier to judge what someone else should do in contrast to what one should do in specific situations such as seeking help from a professional.

T- test statistics were calculated confirming the hypothesis that those who tended not to seek help were widowed, older, had fewer acquaintances, and had lower education and income. Locus of control was not significant, which is also congruent with other previous findings. According to the results, a slight larger percentage of individuals were

more prone to seek help from a mental health professional than from a general practitioner. This study was able to replicate some of the previous findings with a specific European ethnic group. Nonetheless, there are many other variables that could have been included in the study. Perhaps conducting a meta-analysis on help-seeking and conducting a study with all the significant variables using a discriminant or a higher order regression analysis would help determine the direction and causality of the variables that affect the help seeking process.

Using a more sophisticated analysis, Cramer (1999) created a model to study the psychological antecedents to help-seeking behavior on college students by using data from two previous studies ($n = 732$). In his study, Cramer added the variables of self-concealment and distress to social support and attitudes toward counseling and created a hypothesized model. Using the data from two previous studies, (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995), Cramer developed six hypothesized models and reanalyzed the data using the variables of social support, self-concealment, distress attitudes toward counseling as predictor variables, and utilized seeking counseling as the criterion variable. The hypothesized models were evaluated based on the goodness of fit. The main hypothesized model, which yielded significant results, supported the hypothesis that individuals with positive attitudes toward counseling and report a high level of distress are more likely to seek professional help; people experience high levels of stress when they are secretive about personal information and lack a supportive social network; and individuals who hold negative attitudes toward counseling also tend to withhold personal information and have an impaired social network.

Cramer (1999) provided valuable information that helped bridge the service gap; however, it seems to be geared toward primarily analyzing the direct or indirect effect of self-concealment to help-seeking. It appears that self-concealment is closely related to not just a different term for a lack of interpersonal openness; it is the extent to which a person is open with another person and has already been defined as a personality variable that affects help-seeking attitude. If the terms are different, they should be defined for clarification and research purposes, and if self-concealment and interpersonal openness are the same, it should be noted as a confirmation of previous research. Another limitation of the study is that the sample was composed of undergraduate students, a relatively homogenous population. It would be interesting to see if the results could be replicated using a more heterogeneous population. In addition, demographic variables, which were not included in the hypothesized path model, could have affected the results. Cramer explained that gender was dropped from the analysis because comparison would have been impossible since it was only used in one of the studies. Demographic variables, however, should be considered in future hypothesized models.

One study that took into consideration the effects of culture on help-seeking was that of Briones, Heller, Chalfant, Roberts, Aguirre-Hauchbaum, and Farr (1990). Specifically, these authors used socioeconomic status, ethnicity, and psychological distress in examining Mexican-Americans' readiness to use a mental health facility. These authors suggested that in studying help-seeking behavior, both structural and cultural perspectives must be considered. Both of these variables were previously discussed in Chapter I. In order to test the hypothesis that the help-seeking process is affected by different factors including socioeconomic and ethnicity, a theoretical model

was developed. Briones and colleagues postulated that certain variables affect help-seeking directly while other variables affect it indirectly.

The data was collected from a stratified random sample composed of 783 Mexicans, Mexican-Americans, and Anglo-Americans. The scales and questionnaire were explained in detail with appropriate reliability and validity. Questionnaires were translated and provided as a packet for participants to complete in either Spanish or English; however, there was no description of how the questionnaires were translated.

Another issue with this investigation was that the authors did not make a distinction between Mexican and Mexican-American. Instead, they referred to Mexican acculturation. The authors reported that ethnicity acts indirectly through socioeconomic status on readiness to seek help and they defined ethnicity as the level of acculturation. According to this definition, Mexicans should have been categorized as having low acculturation. Low acculturation might be related to low socioeconomic status and thus affect help-seeking attitudes and behavior. Despite some problems with this study, Briones and colleagues took a giant step in examining the factors that affect Mexican-American help-seeking. As they suggested, micro- and macro- systems should be included in the investigation of help seeking.

Hu, Snowden, Jerrell, and Nguyen (1991) conducted a study in order to have a better understanding of the level of use and service choices by ethnic populations. The sample in this study already had already made a decision to seek and receive help from public mental health system. The public mental health system as defined by the authors included emergency, inpatient, skilled nursing, residential, case management, individual outpatient, medication, and group outpatient services. Hu and colleagues used data from

two cities in California using Health Billing Information System. The sample consisted of 26,708 individuals, of whom 15% were Latinos, 14% Asians, 14% African American, and 57% European American. The data was analyzed in terms of ethnic differences and service use. A logistic regression was used to analyze the data. The authors also took into account other variables such as education socioeconomic status, marital status, age, and diagnosis.

Hu and colleagues (1991) found that Latinos were less likely to use emergency services than European Americans. Latinos used initial inpatient services at the same rate as European Americans and African Americans. Latinos were more likely than European Americans to have initially used outpatient services, but the level of service used was 11% lower than for European Americans. Although Latino use of mental health within this sample was encouraging, Latinos still attended fewer sessions than European Americans. This research provided statistical analysis, which shows utilization patterns of Latinos ten years ago. It is likely that utilization patterns have changed, but there are few studies that demonstrate the current pattern.

Despite the positive findings in the study, caution should be used when interpreting the results. The sample was from an area that is highly representative of one ethnic group and the results are not necessarily generalizable to other Latino ethnic groups. Because billing records were used to indicate the service used, no data is available as to who made the diagnosis and the credentials of the professionals. There was no data distinguishing individual characteristics. Were the Latinos foreign born or born in the United States? Did multiculturally competent clinicians provide the services?

Because the study was geared towards providing statistics, the authors could not provide suggestions for how the barriers to mental health use can be improved.

While the previously reviewed study focused on a sample that used public funds to obtain mental health services, Padgett, Patrick, Burns, and Schlesinger (1994) examined the utilization of mental health by an insured population from different ethnic backgrounds. Their goal was to assess level of use by a non-poor population and to provide guidelines for financing and delivering mental health services to the culturally different. The sample consisted of African Americans, Latinos, and European Americans.

The sample consisted of individuals who had at least one outpatient visit and were insured under the Blue Cross and Blue Shield insurance plan. In addition, only families that were enrolled for more than five years in the plan were used in the analysis. The sample was from a nationally selected population; the overall sample comprised of approximately 5,000 subjects in each ethnic group. The database reported the type of visit and the credentials of the provider. The data was analyzed by creating logistic regression for each ethnic group.

The authors found similar results as that of Hu and colleagues (1991). Latinos have a lower usage of outpatient mental health services. There was also a negative association between Latinos and mental health visits to outpatient services and any other agency or general practitioner. However, they found a positive correlation between inpatient mental health use and Latinos. The findings are congruent with studies examining Latino samples without insurance.

The help-seeking process is composed of four stages, but the individual can choose to seek help at any stage. First, the individual needs to be aware of the problem. Second, he or she will contemplate possible methods to get help. Third, once the individual decides on whether to obtain help and the type of help needed the problem has worsened or fourth, their coping resources are exhausted. Fifth, the individual actively participates in help. There are many factors influencing the help-seeking process. Studies have focused on examining symptoms, personality characteristics, social supports, and demographic characteristics. Only a few studies have considered the influence of ethnicity on help-seeking. It has been found that Latinos, in general, have lower usage of mental health services as compared to European Americans. The literature, however, has not explored the help-seeking patterns of religious Latino individuals. This may be due to the estranged relationship that has developed between psychology and theology within the last century.

Religion and Psychology

At times, people become overburdened by personal and environmental factors and their emotional resources get exhausted. In times of distress, people usually rely on their coping mechanisms to deal with the situation. However, when people's internal resources are no longer effective, other support systems are used to cope with their distress. Since the earliest written recording of history, religion has been a primary coping mechanism (Pargament, 1997).

Religion as defined by Neufeldt and Sparks (1990) is "a belief and worship of God or gods" (p. 497). The system through which we attempt to understand God is

called theology. For centuries, the belief in God and the application of His word has been used as source of healing. Some even argue that Christian theology was very influential in the early growth of American science and psychology, in particular (Spilka, 1987).

Both theology and psychology are concerned with the process of change in human beings and are interested in awakening humans' potential for growth and actualization (Johnson, 1977). Although in Greek, psychology literally means "study of the soul," that is where most of the similarities between theology and psychology end.

Progoff (1956) suggested that psychology was created as a protest to religion. Theology was viewed as a philosophical science and modern psychology wanted to join the ranks as one of the hard sciences. Psychology moved away from the soul, an unobservable concept, to focus on measurable, observable behavior. Moreover, both theology and psychology differed on fundamental principles. Carter and Narramore (1979) provided some of the key differences between theology and psychology. These differences have also led to the rejection of psychological theories by some religious groups, conservative Christians in particular, which, in turn, complicated the integration of psychology and theology. These differences are as noted below:

1. The Christian's rejection of the naturalistic explanations of psychology;
 - a. Christian's difference with secular psychology's view of human being;
3. Christian's rejection of deterministic emphasis of psychology;
4. Christian's concern with personal responsibility;
5. Christian's differences with secular view on sex; and
6. Theology's heavy emphasis on cognition and the Christian's tendency to remain aloof from strong emotions, especially intimacy and aggression (p. 32).

The differences between the two sciences do not come from the data collected, but from its interpretation. Psychology sets itself as a hard science with a set of laws and the ability to predict behavior (Jones, 1996). Conservative Christian theology, on the other hand, perceives the Bible as the inspired Word of God with its primary source as truth. Another difference between the two is the view of mankind and the world, as we know it. Christian theologians believe in Creationism, the belief that the world was created by a higher being, namely God. On the contrary, psychology as a science has placed much more importance to the Evolutionary theory, which is endorsed by science in general (Carter & Narramore, 1979).

Moreover, theology places emphasis on individuals as responsible for their behavior while, in some instances, psychology follows the medical model that at times diffuses responsibility from the individual. Furthermore, Christian theology affirms the goal of controlling one's desires, and follows that strong emotions should be controlled and that certain feelings should be subdued because they may lead to sin. Psychology, on the other hand, suggests that inhibiting such desires and emotions could lead to neurosis. Despite these differences and the ongoing struggle between religion and psychology, religion continues to be very influential in the lives of many people. For instance, Evangelical Christians (a denomination that bases its beliefs in the theological doctrines that the Bible is the inspired Word of God and that personal salvation comes through the death and resurrection of Jesus Christ), have reservations toward psychology in general and have made low usage of psychological services (Veroff, Kulka, & Douvan, 1981). Some of the rejection of psychology by western religious followers has been attributed to the ideas and theories of Sigmund Freud.

Freud's Scrutiny of Religion

One of the primary scientific critics of religions, including Christianity, has been Sigmund Freud and his theory of psychoanalysis. Freud is known as the founder of psychotherapy. His lack of belief in religion and his negative view of how religion affects people created a "... prejudice against psychoanalysis on the part of religion, particularly Christian religion..." (Zilboorg, 1962, p. 94).

Freud believed that religious rituals are a neurotic obsession. He talked about religion as a neurosis of humanity, and religious dogma as delusional ideals (Freud, 1939/1964). In his early work, *Obsessive Actions and Religious Practices* (Freud, 1907/1953), Freud pointed out that people performed religious rituals obsessively. He stated that while these religious rituals may have once been rooted on historical significance, it has become senseless through the years as people no longer become aware of its original significance. Freud reported that people continued to perform religious rituals out of guilt and that these over repressed antisocial impulses served to suppress though not adequately prevent them. Therefore, the religious person believed that religious rituals, an obsessive action in Freud's view, became a shield against committing instinctual acts. However, displacement occurs and the ritual becomes senseless without meaning and original purpose.

Freud believed that these ritual acts were similar to the neurotic process because what once was significant and was viewed as a safeguard has become meaningless. He concluded that "In view of these similarities and analogies one might venture to regard obsessional neurosis as a pathological counterpart of the formation of a religion, and to

describe that neurosis as an individual religiosity and religion as a universal obsessional neurosis (1907/1953, p. 126).”

In his book *The Future of an Illusion* (1927/1961), Freud stated that a religious belief is referred to as an illusion when wish fulfillment is the major reason behind such a belief. He believed that religious teachings are illusions that are strengthened “in the strength of those wishes” (p. 30).

Freud believed that religious beliefs are not genuine by reason but by the influence of a humanity needing to relieve their anxieties and feelings of helplessness. Along with these feelings of anxiety and helplessness, religion served to humanize the forces of nature by idealizing the father-figure image. Freud stated that there was an “intimate connection between the father complex and the beliefs in God” (Zilboorg, 1958, p. 17) because religious beliefs magnified a protective father rooted on the need of a parental complex.

Freud’s only positive view of religion was its contribution to the establishment of civilization. He felt that religion was a tool used to shape people and control antisocial instincts to form a more cultivated society. The chief purpose of civilization is to protect and, according to Freud (1927/1961), religion established a system of “... teachings and assertions about facts and conditions of the external reality which tell one something one has not discovered for oneself and which lay claim to one’s beliefs” (p. 25). Religion was merely the vehicle used to get humans to a civilized destination. However, this was as far as Freud viewed religion in a positive light. He felt that civilization was in greater danger by holding onto religious beliefs because the sole purpose of religion was as an initiator of civilization, not a sustainer.

Nonetheless, it is significant to note that while Freud saw religious beliefs as a threat to science, his attack on religion was not based on scientific evidence. Firstly, Freud was not well acquainted with religion, except for a Catholic nanny. Because his only exposure to religion was through this Catholic nanny, he had a narrow view of religion and most of his assertions about religion could seem to be restrictively related to how he viewed the Catholic Church, and not religions as a whole (Zilboorg, 1962). His scarce knowledge of religion seemed more based on the study of people with religious beliefs rather than religion itself.

Freud (1927/1961) was aware that his atheistic viewpoint would inevitably be harmful to his theory of psychoanalysis, especially among religious critics. He stated that because he had “come forward with such displeasing pronouncements, people will be only too ready to make a displacement from my person to psycho-analysis” (p. 36). Indeed, his denial of religion and moral ideals has led to skepticism of his psychoanalytic theory among religious and non-religious communities because atheism has been linked with psychoanalysis by many of his followers and most of his critics (Zilboorg, 1962, pp. 19-20).

In defense of the theory of psychoanalysis, Zilboorg (1962) argues that:

While it is true that a great number, if not the majority, of Freudian psychoanalysts look upon atheism as an earmark of scientific superiority, and upon religious worship as an atavism left over from primitive magic and animism, many of them recognize, even though not too pronouncedly, that being religious and practicing a religion does not exclude one from also practicing well the psychoanalytic profession. (1958, p. 39)

In summation, while Freud emphatically attempted to sever the connection between his personal atheistic belief and his psychoanalytical theory, the majority of his critics and followers continue to make the correlation. He viewed religion and religious beliefs as neurotic, obsessive, repressive, insufficient, a parody, the motivator of civilization, and its greatest threat. Religious beliefs were an illusion based on wish fulfillment and those needy of a father figure. While Freud did not actually counter the existence of God, he did not view God as the idealized father image invented by mankind. Ironically, while his view on religion and religious beliefs are admired and abhorred by many alike, his knowledge of religion was minimal and biased by his Catholic nanny.

Carl Jung and Religion

Carl Jung's point of view about religion is a sharp contrast to that of his once teacher, Sigmund Freud. Even though he had initially been a disciple of Freud and his views had stemmed from the Freudian tree, Jung's definitive break was evident in his view on religion. Solely devoting himself exclusively to psychotherapy, he had taken a psychotherapeutic approach to religion that would affect his career astoundingly.

By birth and education, Jung had been a Protestant. Throughout his life and for many years, however, he had no contact whatsoever with any religious affiliations. He taught himself about faith and dogma. The practice of religion, its psychological effects and detriments had only been viewed through his patients. He had chosen to become a scientist rather than a philosopher and "seek through knowledge than to find through faith" (Jung, 1944, p. 35).

When he began his career as a psychotherapist, Jung's view on religion coincided with Freud's belief that religion was a *sublimation* of infantile sexuality centered upon the parents, particularly the father, hence Father God. He believed that religion was a form of repression that censored the super-ego, preventing its appearance. In turn, the neurosis of religion hid the original disturbance of sexual trauma and all its subsequent activity that was buried in the unconscious.

His theories on religion, however, slowly but steadily evolved. In his writings he used the word *Konfession*, to redefine religion as synonymous with "religious attitude" or "subordination to some higher (psychic) power." He had stated that,

The concept of god is simply a necessary psychological function of an irrational character, which has nothing to do with the question of the existence of god. The human intellect can never answer this question, and still less can it give any proof of god. Furthermore, such proof is altogether superfluous, for the idea of an all-powerful divine being is present everywhere, if not consciously recognized, then unconsciously accepted, because it is an archetype. Something or other in our souls is of superior, and if it is not consciously god, it is at the least the *belly*, as St. Paul says. Therefore I consider it wiser to recognize the idea of god consciously; otherwise, something else becomes god, as a rule something quite inappropriate and stupid, such as only an *enlightened* consciousness can devise. Our intellect has long known that one cannot think god, much less conceive in what fashion he really exists, if indeed at all. (Jung, 1926, p. 73)

This view of religion refers to either Christianity as a whole or Catholicism, in particular. Jung realized that associating religion to sexual inhibitions was "going against

the whole principle of scientific method” (Jung, 1911, p. 69). His views were evolving around psychotherapy.

Though Jung agreed with Freud that religion was a wonderful tool for taming human instincts and for the development of culture and civilization, his point of view on religion went beyond. He believed that religion was of psychological value and this clearly distinguished from Freud’s sublimation since “the unconscious recasting of the erotic into something religious lays itself open to the reproach of a sentimental and ethically worthless pace” (Jung, 1911, p. 42). Jung no longer condemned religion as a neurosis, but viewed it as a psychological truth “inasmuch as it expresses man’s most fundamental dispositions” (Hostie, 1957, p. 124).

This change of view for Jung caused great havoc among the religious and scientific communities. Jung’s analytical psychology moved away from classic psychiatry and experimental psychology because he concentrated on the soul (the psyche), not on religion. By doing this, he believed he was objectively practicing psychology even though a major factor of the soul derives from religion. He was adamant that philosophy and theology not interfere in any way with psychology. Jung felt that “science must, I think, confine itself to the limits of cognition, for science is essentially intellect” (Jung, 1919, pp. 268-269). Nonetheless, Jung stated that religion was psychologically true because it is a “vital link with psychic processes independent of and beyond consciousness” (Jung, 1981, p. 262).

While once Jung believed religion to be sublimation, his belief shifted to respect religion as a genuine experience that “was not only a necessary stage in human development but indeed the culmination of this perfect unfolding” (Hostie, 1957 p.148).

Jung thought that psychology was not capable of coming to any conclusions on religion but that to view it as a metaphysical experience, or as something that one accepts as true as the result of a subjective certainty, holds a numinous faith. He stated that,

No matter what the world thinks about religious experience, the one who has it possesses the great treasure of a thing that has provided him with a source of life, meaning and beauty and that has given a new splendor to the world and mankind... and if such experience helps to make your life healthier, more beautiful, more complete and more satisfactory to yourself and to those who love you, you may safely say: 'This was the grace of God.' (Jung, 1938, p. 113)

While he never failed to realize the importance of the religious believer's point of view, Jung nonetheless chose to combine metaphysics, theology, and faith into one heading, the religious point of view, which caused many to make certain reservations about his theories. Many psychologists thought Jung had attempted to create a distinct objective line between religious belief and psychology that was impossible since both fields could be viewed subjectively. Jung, on the other hand, continued to argue until his death that his views on religion were strictly empirical. In 1938 he said, "Notwithstanding the fact that I have often been called a philosopher, I am an empiricist and adhere to the phenomenological standpoint" (p. 1).

Jung continued to defend himself from both attacking and opposing groups. He stated time and time again that he in no way implemented philosophy or theology into his theories. He argued that he was neither an agnostic nor an atheist, but "an empirical investigator who remained scrupulously faithful to his subject" of religion (Hostie, 1957, p.164). His incompetence of metaphysics and his ignorance in the religious field have

often eclipsed his good intentions and the development of his profound respect for religion. Jung concluded that it was a tragedy to:

Fail to see that is not a matter of proving the existence of light, but of blind people who do not know that their eyes could see. It is high time we realized that it is pointless to praise light and preach it if nobody can see. It is much more needful to teach people the art of seeing... How this is to be done without psychology, that is, without making contact with the psyche, is frankly beyond me. Psychology itself, therefore, is in no sense a religion, but it does enable unbelievers to become aware of fundamental religious values and to go on to build them up in themselves. (Jung, 1944, p. 13)

Pentecostal Beginnings

In his book *The Century of the Holy Spirit: A Hundred Years of Pentecostal and Charismatic Renewal*, Synan (2001) recorded that the Pentecostal movement had its beginnings in the United States, but its roots are in the British perfectionist and charismatic movement. The foundation of the movement goes back to the event that occurred in the Biblical book of Acts, chapter II of the New Testament. In his description, Luke who has been credited with authorship of this book wrote,

When the Day of Pentecost came, they were all together in one place. Suddenly a sound like the blowing of a violent wind came from heaven, and filled the whole house where they were sitting. They saw what seemed to be tongues of fire that separated and came to rest on each of them. All of them were filled with the Holy

Spirit and began to speak in other tongues as the Spirit enabled them. (New International Version, 1995, pp. 847)

There have been other movements in the history of the church that emphasize speaking in tongues. However, speaking in tongues has occurred in different groups throughout centuries, but without any success at restoring the gift of the Holy Spirit. Glossalalia, or speaking in tongues, is a gift of the Holy Spirit and an indication that a person has been baptized in the Holy Spirit. In the second century, a group called the Montanist brought a new revival to the church by way of an apocalyptic prophecy. In the seventeenth century a group of Catholic reformers spoke in tongues. In the eighteenth century John Wesley, an Anglican priest, introduced to his Methodist followers the experience of the Holy Spirit, which he called a second blessing or entire sanctification. These events and others in nineteenth century England paved the way for the revival and renewal gifts of the Holy Spirit in the United States.

At the beginning of the nineteenth century the first camp meeting took place in Kentucky where Presbyterians and Methodists came together to hold a communion service. The people at the service then began to manifest what could today be labeled as “Pentecostal manifestations” such as falling, jerking, dancing, laughing, and singing. The movement became more popular in the 1860s when a holiness camp was held in Vineland, New Jersey. Although the meetings in the services of the previous century helped paved the way for twentieth century Pentecostalism, most church historians agree that the Pentecostal movement had its beginnings in December 1900 in Topeka, Kansas as a woman by the name Agnes Ozman was baptized in the Holy Spirit as manifested on her speaking Chinese when hands were laid on her and prayed that she receive the Holy

Spirit by the sign of speaking in tongues. Charles Fox Parham, the preacher who prayed for Agnes Ozman later wrote,

I laid my hands upon her and prayed. I had scarcely repeated three-dozen sentences when a glory fell upon her, a halo seemed to surround her head and face, and she began speaking the Chinese language and was unable to speak for English for three days. When she tried to write in English to tell us of her experience she wrote in Chinese, copies of which we still have in newspapers printed at that time (Owens, 2001, p. 44).

Ozman was the first Pentecostal of the twentieth century.

The Azuna Street revival in Los Angeles in 1906 was a climatic event composed of a series of religious meetings, religious protests, and secular criticism, brought the Pentecostal movement recognition. Although the first signs of the Holy Spirit took place on Bonnie Brea Street, Synan (2001) reported that the Azuna Street meetings brought Pentecostalism into world-view. These meetings held under the auspices of William Seymour, an African American pastor, helped spread the movement to their own people. Charles Fox Parham, William Seymour's mentor is recognized as the originator of the Pentecostal doctrine and theology. Together, Parham and Seymour are distinguished as the founders of the Pentecostal movement in America (Owens, 2001).

The Azuna Street meetings attracted African Americans, Caucasians, and Latinos (Deiros & Wilson, 2001). The mixture of culture created a new form of worship that was expressive and included shouting and dancing, supernatural healing, and speaking in tongues. Many people journeyed throughout the United States evangelizing and spreading the baptism-by-fire experience. This evangelism led to the inclusion of the

doctrine of the Holy Spirit into many other churches as visiting pastors went back to their own churches. Some time later the Pentecostal movement spread throughout the world, into the Protestant Mainline denominations, and in the Catholic Church. By the end of the twentieth century, there were 530 million Pentecostals in the world (Synan, 2001).

The number of Pentecostal denominations in the United States is over one hundred, and for each congregation that is part of a denomination there exists an independent congregation (Synan, 2001). In essence, the number of unaffiliated Pentecostal churches in the United States matches the number of churches in the major denominations. Synan reported that the Church of God in Christ, a church that is primarily an African American church, claims to have more than five million members. The Assemblies of God hold approximately two and a half million members in the United States and thirty-five million people worldwide. The Church of Christ (Holiness) U.S.A. holds twenty-five thousand members, and the Church of God of Prophecy has more than seventy-six thousand members.

Additionally, Synan (2001) noted that the United Holy Church asserts that it has approximately seven hundred thousand members, and the United Pentecostal Church maintains that their membership has reached seven hundred thousand members. According to these figures there is approximately fifty-eight million Pentecostals in the United States from the major denominations, and it does not include the Pentecostals from mainline Protestant denominations, the Catholic Church or the independent Pentecostal churches. In more recent years, many of these members have been Latino converts who immigrated to the United States or Latinos who converted once they arrived in the United States.

Synan (2001) noted that one of the most intense and times of rapid growth to the movement occurred in the Latino community in the United States and in Latin America. A review of the Pentecostal movement in Latin America is beyond the scope of this study, therefore, the focus of this section will be on the Latino population and more specifically on Latino Pentecostals in the United States. According to the census recorded in the year 2000, Latinos compromised 12.5% of the total population. That is, 32.8 million Latinos live in the United States. The 2000 census report shows that 66.1% are of Mexican origin, 14.5% were from Central and South America, 9% were Puerto Rican, 4% Cuban, and 6.4% from other Latino origin. The report also noted that 35.7% of Latinos were 18 years of age or younger. This becomes important for the growth of the Latino church since the majority of people have a religious experience in their adolescent years and 59% of Latinos are between the age of 18 and 64, and 30.6% of them are married.

The 2000 census report indicated that 66.8% of Latinos were reported married and 33.6% of Latinos live in a household of five or more individuals. The survey also provided data concerning the educational attainment of Latinos. Less than half of the Latino population older than 25 years of age has graduated from high school. Even more stunning is the statistic that more than 25% of Latinos have less than a ninth grade education (US Census, 2000). This statistic is congruent with the information provided in Chapter I, where it is noted that the more religious a person the less likely that they are highly educated. As previously stated Pentecostals are conservative in their beliefs and values; Latinos who described themselves as Pentecostal are likely to fall within the umbrella.

Deiros and Wilson (2000) contributed a chapter in Synan's book on Latino Pentecostalism in the United States and Latin America. For the purpose of this investigation, Latino Pentecostalism in the United States will be emphasized. By 1912, churches had been founded in different states. Latinos were among the African Americans and Caucasians who worshiped in downtown Los Angeles. Starting churches at times were difficult because congregations were composed of laborers and migrant workers. However, the evangelization of migrant workers helped spread the movement among Latinos. At times, worship services were held in people's homes. Immediate families, extended families, or two to three families sometimes formed churches. Individuals did not need any qualification to become pastors, only a zest to teach the Word of God. In addition, immigrants who came to the United States usually settled into areas populated by the same ethnic group. This aided the growth of the Pentecostal movement among Latinos (Synan, 2001). Latino Pentecostal churches formed a social network with the purpose of not only sharing the same beliefs and values, but also worked in helping each other to become part of the North American mainstream.

Historically, the Pentecostal movement has grown at the same rate the population grows (Deiros & Wilson, 2001). By the beginning of the current century, it is estimated that one million Latinos subscribed to Pentecostalism with more than one hundred thousand congregations. This does not include the number of undocumented immigrants who congregate. Although a great percentage of Latinos concentrate primarily in three states (California, Florida, and New York), there are Pentecostal/Charismatic churches in many areas across the United States. One can no longer associate Latinos with Roman

Catholicism as many Latinos have left the Catholic Church and have congregated in Pentecostal and Charismatic churches.

Latino Pentecostals have adjusted to some aspects of the American culture. For instance, services may be held in Spanish with instant translation. Other times, congregations may be a subdivision of an English-speaking church with a Spanish service or an independent Spanish speaking church. There may be an English service for English speaking members and for youth who feel more comfortable with the English language. Should the Latino Pentecostal movement continue to grow at the same rate as the Latino population at large, there will be one in four Pentecostal Latinos in the United States by the year 2050 (Deiros & Wilson, 2001).

Summary

The last century gave birth to two major forces that would influence the way people live: psychology and a different type of Christianity. The last century also witnessed a great migration of people from Central, South America, and the Caribbean whose cultural values and beliefs were similar by heritage. Although not frequently in agreement, both psychology and religion and, in this case, Pentecostal Christianity attempt to help people lead a better and healthier life. As a new science, psychology began to investigate who would seek professional help and what variables affected peoples' choice in seeking help. Just as psychology has shifted its theoretical explanations and created several branches that would explain God, psychopathology, and mental health, so has Pentecostal Christianity attempted and explain these things in their focus on doctrinal beliefs. Pentecostal doctrine has served as a coping mechanism for its

believers including Latinos. Latino Pentecostals' doctrinal beliefs have been a barrier to the utilization of mental health agencies for their emotional problems. This investigation will then attempt to examine the relationship of those psychological variables and people from Spanish-speaking descent who hold a Pentecostal religious orientation.

CHAPTER III

Methodology

Participants were Latino individuals who have membership with Independent and Congregational Pentecostal churches. Individuals who were visiting the participating churches, and did not consider themselves to be Pentecostal were excluded from the study in order to avoid doctrinal differences and to reduce the number of non-respondents. A total of 101 participants volunteer to complete the questionnaires.

The recruited churches are located in northern New Jersey and Connecticut. Although all participants chosen for the study were from a Latino background, they are represented several countries of origin. The top two nationalities represented in the study were Puerto Rican (26.7%, $n = 36$) and Dominican (17.8%, $n = 20$). The mean age of the years living in the United States was 18.17 years ($SD = 16$). Participants included in the investigation were of college age and older. The mean age of the respondents was 38.66 years ($SD = 13.57$), and 56.4% ($n = 57$) of the participants were females and 43.6% ($n = 44$) were males. More than half of the participants reported having a mean annual family income of \$46,102 and being married (67.3%, $n = 68$). Approximately half of the participants (49.5%, $n = 101$) earned only a high school education, which is in accordance with Hoge's (1996) report that most fundamentalist and conservative Christians have a low education level. Strict ethical guidelines were followed during the recruitment procedure to protect the participants from coercion.

Procedure

The first step in recruiting participants was identifying the different churches. The churches were identified through people in the community and by acquaintances of the researcher. Once the churches were identified, the pastors were contacted via letter (Appendix A) and telephone to arrange an interview. The purpose of the interview was to present the packet to the pastors and obtain permission to use the church to recruit participants for a study on religion and psychology. Once permission was obtained, the pastors made an announcement to potential participants in the study. Nine churches were contacted in the New Jersey and Connecticut area and a number of packages were distributed at each church to those who are willing to participate.

Once permission was obtained, a research assistant who is unaware of the hypotheses of the study distributed the packets. The research assistant was trained as to how to present the study to participants. This was done in order to avoid coercion, social desirability to participate, and to avoid confounding the study. The research assistant presented the study to each congregation in two ways. For participants who could read either English or Spanish, a research assistant distributed questionnaires before the beginning of a Bible class and asked those who were willing to participate to complete them at home and bring them to the next service. A labeled box was placed at the church entrance in a visible space for members to place their completed questionnaires. The research assistant read the consent to participate in the study before distributing the packet. The informed consent form (Appendix B) included a statement that participation was voluntary, that participants may withdraw at any time, and that their participation was confidential. Participants were asked not to place any identifying information on the

study instruments, and that each participant would be identified only with a code number. Participants were informed that the instruments were both in English and Spanish and they could complete the instruments in whichever language they felt more comfortable. The research assistant met individually with participants who could not read English or Spanish and questionnaire packets were read to those who still wished to participate. However, the research assistant instructed the participants to mark their own answers, after each question has been read. This required that the participants could read numbers and identify the letters of the alphabet.

Each participant was given a pre-sorted, numbered, and counterbalanced package between forms # 2, #3, #4, and #5, which included, The Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH; Fischer & Turner, 1970) (Appendix C), The Rotter Internal–External General Locus of Control Scale (LCS; Rotter, 1966) (Appendix D), The Bidimensional Acculturation Scale for Hispanic (BAS; Marin & Gamba, 1996) (Appendix E) and The Religiosity Scale (RS; Rohrbaugh & Jessor, 1975) (Appendix F). That is, counterbalancing was done to eliminate the possibility of order effects on the criterion. The questionnaires were designed to be self-administered. The front page of the questionnaire contained the informed consent and request for participation in both English and Spanish. The second page contained a demographic form followed by the other measures. Attached to the instruments was an envelope for participants to place the completed questionnaires and consent forms.

Research Design

The data collected in this investigation was analyzed using correlational methods. Correlational methods implies that a relationship exists between different variables, and can be used to predict a future outcome. Although causality cannot be implied from this type of research, it does allow for a better understanding of the possible cause-and-effect patterns among variables (Gall, Borg, & Gall, 1996). Correlational design is appropriate for this investigation because as previously stated (see Chapter I) different variables affect the help-seeking attitudes of individuals.

Instruments

The completion of the entire package took approximately 30 minutes. Five questionnaires were utilized in order to measure the significant variables for the study. Three of the instruments used in this investigation were originally designed to be used with an English speaking population. Two of the instruments, the BAS Acculturation Scale and Rotter Locus of Control Scale ,Spanish versions, have been used in previous research, and there is psychometric data supporting their validity, which is summarized below. However, the Religiosity and the Attitudes Toward Seeking Professional Psychological Help Scales had not been previously translated, therefore, psychometric properties were not available for use with the Spanish speaking population. The translation of these two scales followed the method of back translation as suggested by Brislin (1970). (Psychometric data is provided below for the English version of these two scales).

Due to the complexity of cross-cultural research, it is important to provide a brief summary of the considerations noted by cross-cultural researchers in regards to the translation of instruments to another language. Cross-cultural research follows the distinction between the constructs that are applicable all cultures or etic category or constructs that are specific to a particular culture or emic (Tyler, Labarta, & Otero, 1986).

According to Tyler and colleagues (1986), translation equivalence and cultural fit of the items and the overall measure need to be established when using instruments that were originally constructed for use with a different culture. Brislin (1970) suggested back-translation is a way of obtaining translation equivalence. The Religiosity and the Attitudes Toward Seeking Professional Psychological Help Scales were translated from English to Spanish by the researcher. The translated versions were then revised by a colleague who obtained a master's degree in Business and Divinity from a University in the Dominican Republic, and a college in the United States, respectively. The Spanish versions were then given to a Spanish and English Literature teacher who translated the versions back to English.

Demographic Questionnaire

The researcher collected demographic information to include other important variables that might account for some of the variance in determining the help-seeking attitude. The form contained questions regarding age, national origin, annual salary, occupation, gender, education, years of being "born-again," place of birth, and years in the United States. The demographic form also contained questions in reference to their involvement in current and past professional psychological services.

The Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH)

Fischer and Turner (1970) developed this scale to measure help-seeking attitudes. The scale contains 29 items that yield a total score of ranging from zero to eighty-seven. Although there is not a cut-off score, higher scores indicate a more positive attitude towards professional psychological services; that is, scores above 43.5 are suggestive of more positive attitudes toward seeking professional help. Participants indicate the degree to which they agree or disagree with each item on a four-point scale where zero signifies having the least positive attitude (disagreeing) and three meaning having the most positive attitude (agreeing). Items that were negatively phrased were reversed scored. The Scale has four subscale scores that are based on four factors, recognition for personal need for professional psychological services (eight items), tolerance of the stigma associated with psychiatric help (five items), interpersonal openness regarding one's problems (seven items) and confidence in the mental health professional for which help was sought (nine items). However, the authors suggested that the whole scale attitude score be used since it is more reliable than scoring each factor individually. All these factors yielded moderate response consistency. Factor I (need) showed an internal consistency reliability of .67; factor II (stigma) .70; factor III (openness) .62, and factor IV (confidence) .74 reliability estimates. The ATSPPH has a total reliability estimate in terms of internal consistency with a sample of 212 in the original study (1970) yield a reliability estimate of .86. A later study using a sample of 406 reported a reliability estimate of .83 (Fischer, & Cohen, 1972). Both of these reliability coefficients suggest moderate internal consistency. The test-retest reliability was determined by administering the scale to five groups of students at different time intervals. The results

of the test-retest reliability yielded coefficients of $r = .86$ at five days; $r = .89$ at two weeks; $r = .82$ at four weeks; $r = .73$ at six weeks, and $r = .84$ at two months. The predictive validity has not yet been demonstrated; however, Fischer, Winer, & Abramowitz (1983) cited others studies that have shown similar results to that of the ATSPPH. The Spanish version of the ATSPPH yielded a Cronbach's alpha coefficient of $r = .85$.

The validity of the English version of this scale has been demonstrated several times. Fischer and Turner (1970) gave the scale to 531 nursing and college students. There was a distinctly higher positive attitude for those who had sought professional help than those who had not sought professional help.

Rotter Internal-External General Locus of Control Scale (I-E)

In this investigation locus of control (dummy coded to represent internal vs. external), was defined as an individual's score indicating internality or externality on the Rotter's General Locus of Control Scale. Internal locus of control was dummy coded as a score of zero, and external locus of control was dummy coded as a score of one. Each statement was designated as "a" and "b." The letter designated a response to an external locus of control statement which was italicized. A score was designated as internal if it is at or below half the total possible score, and externality was designated if a score is more than half the total possible score. There were six filler items that were not part of the scoring.

The Rotter Internal-External Locus of Control Scale was developed by Rotter (1966) to measure the extent to which people believe they control their own destiny and

the extent to which people in general or external events control their lives. The scale consists of 23 force-choice format questions, and six filler items. Respondents are forced to choose between part A or B of each statement. The scale yields scores ranging from 0 to 23, where lower scores reflect internality and higher scores reflect externality. The I-E scale yields scores on two factors, General Control and Political Control. The General Control scale is reflective of people's attributions to life events to either hard work or luck. Political Control is associated with how people view their ability to influence political institutions. Lange and Tiggemann (1981) administered the I-E scale to a student sample and found an alpha for internal consistency of .69 for General Control Factor and an alpha of .70 for the Political Control Factor. The scale has a reliability coefficient of .72 and Kuder-Richardson internal consistency of .70.

The Rotter I-E scale has been utilized with culturally different populations. Escovar (1981) conducted a cross-cultural study measuring the dimensionality of the scale by using 402 college students from different ethnic background including students from universities in Columbia, Venezuela and the United States. In Escovar's study, Romero's (1977) Spanish translation I-E scale was used with the Latin American sample and the Rotter's original scale was used with Latino sample. The result indicated that the Latin American sample tended to score on the external direction while the Latino sample tended score more on the internal direction.

Tyler, Labarta, and Otero (1986) created a Spanish version of the Rotter I-E scale and used in a study with a sample ($N = 246$) from the University of Puerto Rico. The scale was translated by a professional translator and then translated back to English by a researcher who was blind to the English version. The psychometric properties of the

Spanish I-E scale yielded item analysis correlations ranging from .17 to .51. Kuder-Richardson reliability was .65; the mean score for the students was 10.25, which is comparable to that of students mean scores in the United States. The Spanish version of the I-E scale has moderate internal consistency. Tyler's translated version of the I-E scale was used in the present study along with the original, to give a choice.

The Bidimensional Acculturation Scale for Hispanics (BAS)

Acculturation (both the Hispanic and non-Hispanic domain), has been defined as an individual's score on the BAS, which indicates the extent to which an individual functions in the Hispanic and English domains. Each domain will be scored separately by averaging the scores across items for each individual. Individuals who report frequent functioning on both domains are considered bicultural. A cut-off score 2.5 will be used to assign acculturational category to each participant. For the purpose of the multiple regression, the individuals functioning in the Hispanic domain will be dummy coded as one and participants functioning in the non-Hispanic domain will be dummy coded as two.

The BAS was developed by Marin and Gamba (1996) in order to correct some of the limitations existing in other acculturation scales. They indicated that most of the published acculturation scales for Latinos are unidimensional and have been use with specific Latino ethnic groups. The BAS scale measures cultural changes that are bi-directional in nature. The scale was designed to measure three factors, language use, linguistic proficiency, electronic media with Hispanic and non-Hispanic cultural domains. The scores on the BAS showed its usefulness with different Latino subgroups. The alpha

coefficient showed an overall high internal consistency ranging from .97 for the Linguistic Proficiency for Non-Hispanic domain to .81 for the Electronic Media Hispanic domain. The internal consistency for the Electronic Media subscale for the Non-Hispanic domain was .83. The combine scores for the subscales yield alpha coefficients of .87 for the Hispanic domain and .94 for the non-Hispanic domain.

The BAS scale consists of 24 Likert-scale questions. The responses for questions 1 through 6 and 19 through 24 ranges from *Almost Always* (4) to *Almost Never* (1). Responses for items 7 through 18 range from *Very Well* (4) to *Very Poorly* (1). The three subscales contain different number of items. The Language subscale consist of 6 items, the Linguistic proficiency of items 7 through 18, and items 19 through 24 are on the Electronic Media subscale.

The Scale also yielded high convergent validity between the respondents' scores and generation status, length of residence in the United States, amount of formal education, age at arrival in the United States, proportion of respondents' life lived in the United States, ethnic self-identification, and correlation with the acculturation score obtained through the Short Acculturation Scale (Marin G., Sandoval, Marin B. V., Otero-Sabogal, & Perez-Stable 1987).

The BAS yields two different scores, one for the cultural domains (Hispanic and Non-Hispanic), each consisting of 12 items. The items for the Hispanic cultural domain are items 4 through 6, 13 through 18, and 22 through 24. The scores for the non-Hispanic domain are 1 through 3, 7 through 12, and 19 through 21. The score for the cultural domain is obtained by averaging each domain separately. The authors of the scale

suggested a cut off point of 2.5 to assign acculturational category to each respondent. A score of 2.5 and above in both domains indicate biculturalism.

Religiosity Measure

The Religiosity Measure is on a continuous scale of religiosity, where a score with a range of 15-28 is considered high religiosity and a range of 0-14 is considered low religiosity. The Religiosity Measure was designed by Rohrbaugh and Jessor (1975) to evaluate the influence of religion on the participant's daily, secular life, and to assess the frequency on which individuals are involved in ritual practices. The scale is intended to measure religiosity in general by utilizing Glock's (1959) dimensions of religiosity, ritual, consequential, ideological, and experiential.

Rohrbaugh and Jessor (1975) used these dimensions to create an eight-item, four subscale multiple-choice instrument to measure religiosity as a unidimensional variable. Each item is score from zero to four, where zero indicates least religiosity and four indicates greatest religiosity. The one item that does not follow the same scoring criteria is the attendance at religious services item, which was included because of four meaningful breaks in the response distribution. The scale yields a combined score of 32, with each subscale yielding a score of eight as the highest number.

The English version of the Religiosity Measure scale has yielded an alpha over .90, which demonstrates high internal consistency. The construct validity of the scale yielded higher religiosity scores for females than males and for high school students than college students. The scale also correlated well with a self-rating instrument given to both high school and college students; high school males $r = .83$, high school females $r = .84$, college males $r = .78$, and college females $r = .81$. In addition, the Religiosity

Measure has an internal validity of .69 and a discriminant analysis suggested that the scale assessed the personal religious orientation and that the score obtained is not influenced by the participants' association with an external religious network or social structure. The Spanish version of the Religiosity Measure yielded a Cronbach's alpha coefficient of $r = .51$.

Data Analysis

The study included five predictor variables and one criterion variable.

Acculturation was measured by using Marin's and Gamba (1996) Bidimensional Acculturation Scale for Hispanics. Religiosity was measured using Rohrbaugh and Jessor's (1975) Religiosity Scale. The variable locus of control was measured by using Rotter's (1966) Locus of Control Scale. Gender was measured by asking participants to identify themselves as male or female in the demographic form. Socio-economic status was measured by using the participants' annual family income. The criterion variable, help-seeking was measured using Fisher and Tuner's (1970) *The Attitudes Toward Seeking Professional Psychological Help Scale*.

The analysis was completed by entering all the predictors simultaneously into the regression equation using an SPSS package to examine the influence of all predictor variables on the criterion variable. That is, the analysis entails entering each predictor (acculturation, religiosity, locus of control, gender, and socio-economic status) and evaluating the unique contribution of each to the prediction of the criterion (help-seeking attitudes). In order to predict help seeking, it was hypothesized that individuals reporting a high level of functioning in the Non-Hispanic domain would report more positive

attitudes toward seeking help than individuals that functioned more in the Hispanic Domain. Second, it was hypothesized that individuals reporting a high level of religiosity would have less positive attitudes toward seeking help than individuals with a low level of religiosity. Third, it was hypothesized that individuals with an external locus of control would have less positive attitudes toward help seeking than individuals with an internal locus of control. The analysis also evaluated the fourth hypothesis that females would have a more positive attitude toward help seeking and the fifth predicted hypothesis that economically disadvantaged individuals would have a less positive attitude toward help seeking than individuals who are not economically distressed. Social support was not included because the church should serve as a support system.

Power Analysis

Following the recommendation of Tabachnick and Fidell (1996), the number of participants was determined according to the research design and statistical analysis chosen for the study. The simplest method of determining the approximate number of participants needed for the study was using the formula $N \geq 50 + 8m$ to test the multiple correlations, where m is the number of predictors and to test for individual predictors the formula $N \geq 104 + m$ is suggested. Participants were chosen according to the formula that yielded the larger number. This formula is based on a moderate relationship between predictors and criterion using an alpha level of .05 and a beta of .20. This formula applies specifically for this study because there are five predictors (m) and one criterion. Therefore, following Tabachnick and Fidell's recommendation, $N \geq 104 + 5 = 109$ was used to determine the approximate number of participants needed to conduct the study.

CHAPTER IV

Results

The purpose of this study was to examine the attitudes toward help-seeking among Latino Pentecostal's varying in degrees of acculturation, locus of control, religiosity, gender, and socio-economic status. The data was analyzed using SPSS Graduate Pack for Windows 10.0 (SPSS, 2001). This chapter reports the results of the analyses utilized to address the study hypotheses: the description of the sample by demographic variables and the relationship and tests of the hypotheses and the relationship regarding the variables.

This investigation attempted to explore the relationship between psychological (locus of control) and sociological (ethnicity and acculturation) correlates to help-seeking attitudes. Specifically, this study investigated the help-seeking attitudes of Latinos with Pentecostal beliefs. A total of 101 people participated in the study.

Descriptive Statistics

Table 1 displays the frequency counts for the categorical the demographic and continuous variables. Table 2 displays the means and standard deviations for the continuous variables. Respondents ranged in age between 18 and 92 years. There were a relatively even number of males and female participants. The majority of the participants reported being married. The most common nationalities reported were Puerto Ricans,

Dominicans, and Colombians. Approximately one fourth of the participants reported they had received previous professional counseling. Respondents reported living in the United States between 1 and 46 years, with a mean of 18.17 years. The family incomes ranged between \$6,000 and \$110,000 annually, with a median of \$42,102. Almost half of the respondents reported they had attended church three or more times each week.

Table 3 displays the intercorrelations for the variables of religiosity, Hispanic acculturation, non-Hispanic acculturation, locus of control, and help-seeking behavior. Non-Hispanic acculturation was positively correlated with religiosity ($r = .21$, $p < .05$), but negatively correlated with Hispanic acculturation ($r = -.62$, $p < .001$). No other correlations in Table 3 were significant at the $p = .05$ level.

Table 4 displays the Pearson product-moment correlations between the five primary scales and the demographic variables of age, years in the United States, the age they came to the United States, gender, family income, level of education, previous professional counseling, and church attendance. Additional significant Pearson product-moment correlations are found in Table 4, including that help-seeking behavior was positively correlated with age ($r = .24$) and the age the respondent came to the United States ($r = .23$). Help-seeking behavior was negatively correlated with and having previously received professional counseling ($r = -.20$). Religiosity was not correlated with any of the eight demographic variables. The respondent's level of Hispanic acculturation was positively correlated with age ($r = .39$) and the age the respondent came to the United States ($r = .56$). The Hispanic acculturation score was negatively correlated with the number of years the participant had been in the United States ($r = -.26$), family income ($r = -.36$), and church attendance ($r = -.25$). The respondent's non-

Table 1

Frequency Counts for Categorical Demographic Variables

	<i>n</i>	%
Gender		
Male	44	43.6
Female	57	56.4
Marital Status		
Married	68	67.3
Single	23	22.8
Other	9	9.9
National Origin		
Puerto Rican	36	35.6
Dominican	20	19.8
Other Latino	45	44.6
Place of Birth		
Puerto Rico	27	26.7
Dominican Republic	18	17.8
United States	16	15.8
Other	39	38.6
Previous Counseling		
Yes	27	26.7
No	74	73.3

Table 2

Mean and Standard Deviation for Continuous Demographic Variables

	<i>M</i>	<i>SD</i>
Age	38.66	13.57
Church Attendance	2.44	1.19
Level of Education	13.19	2.11
Family Income	46,102	23,088
Years in the US	18.17	10.80
Years Since Conversion	12.04	10.53

Table 3

Intercorrelations Between Primary Scales

	1	2	3	4	5
1. Religiosity	1.00				
2. Hispanic acculturation	-.09	1.00			
3. Non-Hispanic acculturation	.21*	-.62**	1.00		
4. Locus of control ^a	-.06	-.06	-.05	1.00	
5. Help-seeking behavior	.01	.15	-.07	-.20*	1.00

* $p < .05$. ** $p < .01$.

^a High score reflects external locus of control

Hispanic acculturation score was positively correlated with the number of years they had been in the United States ($r = .33$), family income ($r = .36$), and level of education

($r = .37$). In addition, the respondent's non-Hispanic acculturation score was negatively correlated with age ($r = -.43$), their age when they came to the United States ($r = -.64$), and having previously received professional counseling ($r = -.30$). Respondents with an external locus of control had lower levels of education ($r = -.35$). No other correlations in Table 4 was statistically significant at the $p = .05$ level.

Table 4

Correlations of Primary Scales with Demographic Factors

	Help- Seeking Behavior	Religiosity	Hispanic Accul- turation	Non-Hispanic Accul- turation	Locus of Control ^c
Age	.24*	-.12	.39**	-.43**	.04
Years in United States	-.01	.07	-.26**	.33**	.13
Age Came to United States	.23*	-.16	.56**	-.64**	-.06
Gender ^a	.05	.18	.09	-.16	-.01
Family Income	.02	.02	-.36**	.36**	-.12
Level of Education	.09	.14	-.19	.37**	-.35**
Previous Counseling ^b	-.20*	.01	.14	.30**	.01
Church Attendance	-.17	.12	-.25*	.07	.07

^a Gender: 0 = *Male* 1 = *Female* * $p < .05$. ** $p < .01$.

^b Previous counseling: 0 = *No* 1 = *Yes*

^c Higher score reflects more external locus of control

Test of Hypotheses

To examine the factors associated with help-seeking behavior, a multiple regression model was built, by entering the predictors from the five hypotheses (see Table 5). Inspection of Table 5 found that the multiple regression model failed to reach statistical significance, $F(6, 94) = 1.17, p = .32$. This model accounted for .07% of the variance in help-seeking behavior.

To further explore the predictors of help-seeking behavior, a second multiple regression model was created using the variables that were found to have significant bivariate correlations with help-seeking behavior (see Tables 3 and 4). As shown in Table 3, locus of control was negatively correlated with help-seeking ($p = -.20$). Inspection of Table 4 revealed that help-seeking was positively correlated with age ($p = .24$) and negatively correlated with having had professional counseling ($p = -.20$). Although years in the United States had a significant bivariate correlation, it was not included in the model because of its strong relationship with age and because it is a function of age minus the age the respondent came to the United States. As shown in Table 6, this model was statistically significant ($p = .002$), and accounted for 14.6% of the variance in help-seeking behavior. Inspection of Table 6 revealed that help-seeking behavior was negatively correlated with external locus of control ($p = .028$), positively correlated with the respondent's age ($p = .008$), and negatively correlated with having received professional counseling ($p = .028$).

Hypothesis 1 stated that based on the assumption that high acculturation would lead to attitudes toward counseling more consistent with those of the dominant culture, the first hypothesis predicted that individuals reporting high levels of functioning in the

non-Hispanic domain would report more positive attitudes toward seeking help than individuals who function more in the Hispanic domain. As shown in Table 3, help-seeking behavior was not significantly correlated with either the Hispanic acculturation score or the non-Hispanic acculturation score. Further, as shown in Table 5, this variable did not contribute significantly to the initial regression model. Given these findings, no support was found for hypothesis one.

Table 5

Simultaneous Multiple Regression Model Predicting Help-Seeking Behavior

	<i>B</i>	<i>SE</i>	β	<i>p</i>	<i>sr</i>
Religiosity	0.034	0.527	.007	.950	.006
Hispanic Acculturation	0.367	0.289	.165	.206	.127
Non-Hispanic Acculturation	0.018	0.188	.008	.954	.006
Locus of Control ^a	-0.896	0.500	-.182	.076	-.179
Gender ^b	1.149	2.824	.042	.685	.041
Family Income	0.000	0.000	.059	.591	.054

Note. $F(6, 94) = 1.08, p = .379 R^2 = .065$.

^a High score reflects external locus of control

^b Gender: 0 = Male 1 = Female

^c Previous counseling: 0 = No 1 = Yes

sr = Part correlation

Table 6

Simultaneous Multiple Regression Model Predicting Help-Seeking Behavior Using Selected Variables

	<i>B</i>	<i>SE</i>	β	<i>p</i>	<i>sr</i>
Locus of Control ^a	-1.031	0.463	-.209	.028	-.209
Age	0.257	0.094	.256	.008	.256
Previous Counseling ^b	-6.388	2.870	-.209	.028	-.209

Note. $F(3, 97) = 5.52, p = .002. R^2 = .146.$

^a High score reflects external locus of control

^b Previous counseling: 0 = No 1 = Yes

sr = Part correlation

Hypothesis 2 stated that based on previous studies, indicating that highly religious people tend to seek help from support systems other than the mental health system, the second hypothesis predicted that individuals reporting high levels of religiosity would have less-positive attitudes toward seeking help than individuals who had low levels of religiosity. In Table 3, a nonsignificant correlation was found between religiosity and help-seeking behavior, and this variable did not contribute significantly to the initial regression model (see Table 5). Therefore, no support was found for hypothesis two.

Hypothesis 3 stated that based on previous findings related to locus of control and attitudes toward help-seeking behavior, it was predicted that individuals with external locus of control would have less positive attitudes toward seeking help than individuals with internal locus of control. Based on the scores from the locus of control scale (Rotter,

1966), in which a high score represents an external locus of control, a significant negative correlation was found between the extent of external locus of control and help-seeking behavior ($r = -.20, p < .05$; see Table 3). This provided support for hypothesis three.

Hypothesis 4 stated that based on previous findings related to gender and attitudes toward seeking help, the fourth hypothesis predicted that females would have a more positive attitude toward help-seeking than males. Inspection of the correlations in Table 4 found no significant relationship between gender and help-seeking behavior, nor did gender significantly contribute to the initial regression model. This provided no support for hypothesis four.

Hypothesis Five stated that based on the assumption that socioeconomic status would affect help-seeking attitudes, the fifth hypothesis predicted that individuals who were considered economically disadvantaged would have a less-positive attitude toward seeking help than individuals who were not economically distressed. To test this hypothesis, two measures of socioeconomic status were used: family income and level of education. Help-seeking behavior was not correlated with either family income or level of education (see Table 4); these variables did not contribute significantly to the initial regression model (see Table 5). Therefore, there is no support for hypothesis five.

In summary, this study explored the relationship between help-seeking behavior examining both psychological and sociological correlates. Inspection of Tables 3-6 revealed that only one of the five hypotheses (external locus of control was related to help-seeking behavior) was supported. However, the demographic variable age, positively predicted help-seeking behavior, and having received previous counseling negatively predicted help-seeking behavior.

CHAPTER V

Discussion

This research was an effort to explore some of the variables that contribute to attitudes toward seeking professional help. More specifically, this study investigated the relationship of religiosity, locus of control, acculturation, gender, and socio-economic status to the help-seeking attitudes of Latino Pentecostals. While people may use different resources available to them for help, the term “help-seeking” in this study refers specifically to seeking of professional psychological help.

Following a discussion of the specific findings, the implications for the use for the ATSPPH Scale, therapeutic considerations with Latino Pentecostals, limitations of the present study, and suggestions for future research will be discussed.

One of the main goals of this investigation was to examine the relationship of religiosity, acculturation, locus of control, gender and socioeconomic status, and the ways in which together they affect the help-seeking attitudes of Latino Pentecostals as had been predicted, and that each variable alone also contributes to the help-seeking attitudes of the target population. The results of the study do not support the finding that religiosity, acculturation, locus of control, gender, and socioeconomic status together significantly contribute to the help-seeking attitudes of Latino Pentecostals as had been predicted. However, locus of control, age, and having received previous counseling were found to significantly predict help-seeking attitudes.

Acculturation and Help-Seeking

The hypothesis that individuals functioning in the non-Hispanic domain would have a more positive attitude towards seeking professional help than individuals functioning in the Hispanic domain was not supported. According to the findings, there is no significant correlation between acculturation and help-seeking. There are several possible reasons for this finding. First, the sample consisted of mostly immigrants who tend to uphold their Latino values and who attend churches with Spanish speaking services. The high homogeneity, and thus the restriction of range of the group could have affected the results. Second, while a number of the sample considered themselves to be bicultural, it is unclear how biculturality contributes to help-seeking attitudes.

The psychological literature does not give evidence as to how biculturality affects help-seeking. Biculturality could exist on a continuum, whereby individuals with low biculturality could lead to less positive attitudes than individuals with high biculturality. On the other hand, if biculturality is measured as linear construct, then it would seem logical that an individual may have both positive and negative attitudes depending on other psychological and sociological factors affecting the individual.

Religiosity and Help-Seeking

It was hypothesized that individuals reporting a high level of religiosity would have a less positive attitude toward seeking help than individuals reporting a low level of religiosity. However, this hypothesis was not supported. Pentecostal churches can be considered either liberal or conservative within their own religious circle. For example, in some churches participating in this study, it was observed that the women wore long

skirts and the men wore ties, and in other Pentecostal churches men and women sat separately. These churches could be considered conservative. It appears that the level of religiosity is connected to the doctrinal beliefs of the pastor and/or council and the majority of the churches in the study appeared to be conservative. The results of this study suggest that religiosity was not related to a person's attitude toward help-seeking or whether or not an individual sought professional help.

This result is contrary to Fischer and Turner's (1970), King (1978), and Veroff, Kulka, and Douvan's, (1981) findings that evangelical Christians who agreed strongly with their church doctrinal beliefs were less likely to seek professional help than other evangelical groups. This group is likely to use the Bible and/or church minister to help find solutions to their difficulties. Moreover, being open minded to the idea of seeking professional help may be in conflict with their religious beliefs and their faith. This result is likely to be explained by the highly homogeneous, very religious sample in the present study.

Another possibility for the non-significant results may have to do with the Religiosity scale used. There is no data indicating that good norms exist in measuring religiosity with Latinos. The coefficient alpha for this sample was .51, a coefficient distinctly different from the English sample (.90). Furthermore, religiosity has been measured in different ways, both as a single factor or more than one factor, unidimensional and multidimensional. Perhaps a scale that considers different factors would yield different results. The religiosity scale measures several dimensions of religiosity; however, each dimension is measured by only one or two questions, which could affect the reliability of the scale.

Locus of Control and Help-Seeking

The literature suggests that Latinos tend to show more external locus of control than the general population. The hypothesis that individuals with external locus of control will have a less positive attitude toward help-seeking than individuals with internal locus of control was supported. There was a significant negative correlation between external locus of control and help-seeking. This is similar to previous findings in that Hispanics tend to report more external locus of control, seek help less often, and thus have a more negative attitude toward professional help; also religious conservatives are less likely to seek help than more liberal religious people. People with an external orientation may think that their problems are beyond their control and that it is their destiny to go through it or that the problem will go away by itself. Another perspective is that if God (an external agent) is in control and that there is nothing they can do to mediate the situation except to wait on Him. In addition, people who attribute events to external agents may not have the intrinsic motivation or feel the responsibility to resolve the problem since they are attributing it to external sources.

The findings of this study, however, suggest that religiosity plays a role in their worldview in regards to their locus of control. According to this sample, individuals tended to be more internal, which is consistent with Furham's (1982) findings. Therefore, believing in an external agent that is omniscient, omnipresent, and almighty God, but at the same time allows for freedom and freewill, gives individuals an opportunity to make choices and be in control of certain events.

Gender and Help-Seeking

The hypothesis that females have a more positive relationship toward seeking professional help was not supported. This finding is inconsistent with the literature on help-seeking behavior (Pescosolido & Boyer, 1999; Rickwood & Braithwaite, 1994). Again, Latinos prefer to maintain and solve family problems within the family and social network. In Pentecostal families, the men are considered to be the “priests” of the household, thus all decisions must be made through them, and if men in general are less likely to seek help, then there is the likelihood that Pentecostal families would not seek treatment for emotional problems.

Socioeconomic Status and Help-Seeking

Socioeconomic status was measured by reviewing the annual family income and education. While the mean annual income for this was above the national average, it also yielded a non-significant correlation. Annual family income alone is probably not a satisfactory measure of socio-economic status. Although the annual family income was above the national average, it does not match to the years of education. Most of the occupations were blue collar jobs, suggesting that overtime was available. Further, it does not mean that they were able to afford insurance or to have enough financial resources to pay for the high cost of therapy. The mean level of education was twelve years. The non-significant finding for this hypothesis may be related to the fact that help-seeking among Hispanics is affected by different variables (Cheung & Snowden, 1990). Hispanics tend to depend on family support and Hispanic Pentecostals tend to depend

more on their social support network within the church regardless of educational and income level.

Additional Findings

Further statistical analysis yielded significant findings of several variables that were correlated with help-seeking. A significant positive correlation was found between non-Hispanic acculturation and religiosity. This finding may be related to another construct of religiosity. Another explanation for this finding may be related to the values associated with Protestant Christianity. As individuals become more acculturated, they begin to embrace the “Middle Class, White-American” social and political values. Religious Hispanics who have higher functioning in the “non-Hispanic” domain would begin to internalize values such as individualism, a future time orientation, mastery over nature and the environment, and focus on doing as a mode of activity, which are values associated with Protestant Christianity.

Age was found to be significant and negatively correlated with help-seeking attitude. The mean age of the sample fell within the age range of the people in the general population that tend to have more positive attitude toward seeking help. Also, people who had attended previous treatment had a negative attitude towards seeking help. It can be deduced from this finding that individuals in the sample who have previously sought professional help tended to have a negative experience or they did not find it helpful. In addition, the age an individual immigrated to the United States was also positively correlated with help-seeking. Therefore, the older a respondent was who immigrated to the United States, the more positive the attitude toward seeking

professional help. Research indicates that there is curvilinear relationship between age and help-seeking with younger (<25) and older (>64) tend to seek less help. These findings are congruent with previous research (Pescosolido and Boyer, 1999). The mean age of the sample was under middle age, the population that tends to seek professional psychological help.

Integration of Psychology and Theology

Nowadays people are more vocal about their religious beliefs and issues pertaining to religion and spirituality, and are more likely to be present in psychotherapy than they were a few decades ago (Jones, 1996). There has been a re-awakening in the study of religion and its interchange with science. Even psychological theories that once were found to be at odds with religion are now being modified to fit the worldview of the religious client. Research articles have been published on doing psychotherapy with religious clients using a psychoanalytic (Rizzuto, 1996), existential-humanistic (Mahrer, 1996), transpersonal (Vaughan, Wittine, & Walsh, 1996), marriage and family therapy (Sperry & Giblin, 1996), and cognitive behavioral therapy (Propst, 1996). Therefore, it seems that the gap between psychology and religion is narrowing.

Although Latino Pentecostals are less likely than the general population to seek professional help, they would use therapy as a last resort. In order to better serve Latino Pentecostals' needs, therapists should be well informed about their beliefs, customs, and values. The importance of recording a good history and making a good assessment is just as significant as recording the socio-emotional history. Therefore, if a therapist encounters a Latino Pentecostal client, the therapist should increase his/her knowledge

about Pentecostalism, its traditions, and denominations. It is important that for the first session the client should be informed that the therapist will not attempt to change his/her beliefs, but will integrate the faith into the therapy. It is equally important that the therapist be aware of his/her own religious beliefs and biases that may hinder the therapeutic process.

Some of the most common problems presented by Pentecostals as described by Dobbins (2000) are those of self-image as well as the punitive image of God, guilt, self-condemnation, depression, anxiety, difficulty forgiving themselves, and anger. Dobbins recommends several interventions that may be helpful in treating Pentecostal clients. One of the interventions recommended is to help clients use the rational side of their faith, thus helping to clarify misinterpretation of the Bible. For instance, some Pentecostals' image of God may be distorted not realizing that this image may stem from the image that they have from their parents. The Bible can be used as a tool to correct the client's distortions and as a way of healing.

Another intervention that Dobbins recommends that can be used in therapy is praying. The client can be asked to pray out loud thus informing the therapist of his/her pain, thoughts, and feelings that can be afflicting the client. If the therapist is not comfortable with this intervention, the client can write a letter expressing that which he/she would express in his/her prayers. Working closely with the client's pastor or minister is another suggested intervention in working with Latino Pentecostal clients.

Limitations and Recommendation for Future Research

The present study sought to investigate the help-seeking attitudes of Latino Pentecostals. The major limitations of this investigation center on sampling difficulties. The sample was composed of a highly religious group of people. The sample was also mostly immigrants that tended to either uphold their Latino culture or were bicultural. The homogeneity of the sample may have limited the findings.

While recruiting participants from a church was the least expensive, it was difficult to convince pastors to allow for group administration. At times, pastors were reluctant to allow their church members to participate. Oftentimes church members followed their pastor's lead. While group administration was proposed, most churches only agreed to the presentation of the study, obtaining consent, and distribution of questionnaires for take-home completion. The church that allowed for group administration, many completed the questionnaires in less than thirty minutes while others needed extra time to complete.

Another limitation of this research has to do with use of the scales and translation. With the exception of the Locus of Control and Bi-Dimensional Acculturation scales, all other scales were translated and back translated. While this is the best available method, it suggests that the scales were not originally designed to be used with the Latino population. In addition, specific details may be lost in the translation. While an attempt was made to modify the items to fit the common Spanish language, it is possible that certain idioms were not understood given that there were a range of nationalities.

Yet another limitation to the study regarded the administration of the questionnaires. The self-administered questionnaires involved some loss of control over

the individual's participation. Participants did not have the opportunity for question clarification, or explanations in terms of directions. Although self-administered questionnaires provide greater anonymity than group-administration, it is not known if family members consulted on questions or if they were completed independently.

Future research should perhaps include a more diverse sample including a variety of Pentecostal denominations and/or including different religious groups in order to assess the level of religiosity. It would also be interesting to include pastors in the study and assess any differences between pastors and church members. In terms of acculturation, it would be important to use Latino immigrants as well as Latino Americans. It would also be important to find an acculturation model that has norms inclusive of Latinos in general. Researchers should also considered developing assessment tools that measure specifically constructs from the perspective of the Latino client.

Conclusion

The present study is of value to the new body of knowledge that has surfaced in the field of religion and psychology by providing some data of the specific variables that are related to help-seeking attitudes and the specific variables that are not related. The findings suggest that the process of seeking help and the attitude that accompanies this process is intricate and complex. There are many variables that affect the attitudes toward help seeking, some of which were not measured in this study. It is hoped that future research will continue to focus on identifying variables that affect Latino and

Pentecostal help-seeking attitudes, and find ways to reduce the Latino and religious people's stigmatization of psychological services.

As the Latino population continues to grow, it is essential that researchers and practitioners continue to expand the understanding of the Latino's worldview. New challenges will arise and just as we are moving to the age of interconnectedness to explain the known and the unknown, science and religion should come to a crossroads in order to recognize their differences and understand the common ground they share. The interconnectedness between the two can serve as a meeting point to inform each other of the complexity of the human mind and the search for meaning in an ever changing world.

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Appendix A

Letter to Pastors

(English and Spanish version)

Dear Pastor,

We are inviting members of your congregation to participate in a study of help-seeking attitudes of Latino Christians in the tri-state area of the United States, which is being conducted by a graduate student at Seton Hall University.

The purpose of this study is to examine the help-seeking attitudes of Latino Pentecostals. So far, little information is available in the psychological literature regarding the help-seeking process of Latino Christians. This information is important because religion and psychology have not always agreed on how to best help a person in distress, and perhaps more importantly, this research will help psychologists learn about the attitude of Christians toward seeking professional help, and look for better way to serve this population.

Participants will complete five questionnaires. The first asks for information such as age, gender, place of birth of the participant, ethnic identification, marital status, familial annual income, and history of treatment for psychological distress. The second questionnaire asks about the participant's help-seeking attitude; the third questionnaire asks about the participant's acculturation level; the fourth asks about the participant's religiosity and the fifth asks about the participant's locus of control. This will take about 20-30 minutes.

Participation in the study is completely voluntary. If at any time you wish to stop taking the survey and participating in the study, please do so and accept my thanks for your time.

Please be assured that your confidentiality and anonymity will be protected in several ways. First, we ask that participants do not put their names on the questionnaires. Results of the study will be reported based on group data only.

All data will be stored in a locked cabinet maintained at the researcher's residence. No one outside the research team will have access to this data.

If you have any questions regarding the research process or would like to have a copy of the results, please contact Genaro J. Adrian at (908) 862-0850 or at adriange@shu.edu.

This project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human Subjects Research. The IRB believes that the research procedures adequately safeguard the subject's privacy, welfare, civil liberties, and rights. The Chairperson of the IRB may be reached at (973) 275-2974.

Thank you very much for your time and participation in this project.

Sincerely,

Genaro J. Adrian, MA
Doctorate Student
Department of Professional Psychology and Family Therapy
Seton Hall University

Estimado Pastor(a),

Nosotros estamos invitando a los miembros de su congregación en la ciudad de _____ a participar en una investigación sobre la actitud de los cristianos acerca de la psicología, que será llevada a cabo con su permiso en su congregación por un estudiante de psicología de la universidad de Seton Hall.

El propósito de este estudio es examinar la relación entre la actitud de latinos cristianos sobre la búsqueda de ayuda profesional de psicología. Hasta ahora, hay poca información en la literatura acerca de la actitud de cristianos sobre la búsqueda de ayuda para problemas psicológico. Esta información es importante ya que la psicología y el Cristianismo muchas veces no están de acuerdo en como mejor tratar a personas con problemas emocionales. Además los psicólogos pueden aprender como mejor servir a la población cristiana.

Personas que decidan participar completarán cinco cuestionarios. El primer cuestionario pide información sobre la edad, género, lugar de nacimiento nacionalidad, estado civil, ingreso familiar anual y tratamiento de problemas psicológicos. El segundo cuestionario pregunta acerca de la actitud del participante sobre ayuda psicológica profesional, el tercer cuestionario pregunta sobre la religiosidad del participante, el cuarto cuestionario pregunta sobre el nivel de acostumbramiento con la cultura americana, y el quinto cuestionario pregunta sobre el "locus de control". Los cuestionarios se tomarán aproximadamente 20-30 minutos para ser completado.

La participación en este estudio es completamente voluntaria. Si en cualquier momento usted desea discontinuar su participación en el estudio, por favor hágalo y acepte mi gratitud por su tiempo.

Pueden estar seguro que su confidencialidad é identidad será protegida de varias manera. Primero, le pedimos que los participantes no escriban sus nombres en los cuestionarios. Los resultados de este estudio solo serán reportados en base de grupo.

Todos los datos serán guardados con llave en un gabinete en la residencia del investigador, Genaro J. Adrián. Nadie fuera del equipo de investigación tendrá acceso a estos datos, y alguna información identificando los participantes por nombre serán destruidos al final del estudio.

Si usted tiene alguna pregunta acerca del proceso de la investigación ó si le gustaría obtener una copia de los resultados, por favor comuníquese con Genaro J. Adrián (908) 862-0850 o por correspondencia electrónica a adriange@shu.edu .

Este proyecto ha sido reseñado y aprobado por la junta de revisión institucional de los derechos humanos de la universidad de Seton Hall. Esta junta cree que los procedimientos de esta

investigación adecuadamente protegen la privacidad, el bienestar, libertades civiles, y derechos de los participantes. El presidente de la junta puede ser alcanzado al (973) 275-2974.

Muchas gracias por su tiempo y participación en este estudio.

Sinceramente,

Genaro J. Adrián, MA
Estudiante de psicología
Departamento de psicología profesional y de terapia familiar
Universidad de Seton Hall

Appendix B

Informed Consent to Participate in Research

(English and Spanish Version)

Researchers' Affiliation

We are inviting members of your congregation to participate in a study of help-seeking attitudes, which is being conducted by a doctorate student at Seton Hall University.

Purpose and Duration of Study

The purpose of this study is to examine the help-seeking attitudes of Latino Pentecostals. So far, little information is available regarding how Latinos with a religious lifestyle perceive psychology and psychological treatment. This information is important. In the past psychology and Christianity has not been able to reconcile their differences. Additionally, practicing psychologist would have a better understanding of how bridge the gap between these two modes of thinking and how to best serve this population.

Procedures

Two sets of informed consent forms are included in this packet; one in English and one in Spanish. Participants will complete five questionnaires. The first asks for information such as age, gender, place of birth of the participant, ethnic identification, marital status, familial annual income, and history of treatment for psychological distress. The second questionnaire asks about the participant's help-seeking attitude. The third, questionnaire asks about the participant's acculturation level. The fourth asks about the participant's religiosity, and the fifth asks about the participant's locus of control. This will take about 20-30 minutes.

Voluntary Nature of Participation

Participation in the study is completely voluntary. If you decide not to participate after reviewing the study materials, you are under no obligation to continue.

Anonymity

Please be assured that your confidentiality and anonymity will be protected in various ways. First, we ask that participants not put their names on the questionnaires. Results of the study will be reported based on group data only.

Confidentiality of Data

All data will be stored in a locked cabinet maintained at the residence of the researcher. Computer files for data analysis will not include any information regarding the identity of any study participant.

Access to Research Records

No one outside the research team will have access to this data, and all records identifying participants by name will be destroyed at the completion of the study.

Anticipated Risks

It is not expected that participation in this study will involve significant risk or discomfort.

Anticipated Benefits

It is not expected that this study will benefit participants directly. However, through increasing the knowledge of the attitudes that Pentecostal Christians hold towards psychology, psychologist will have a better understanding of how to work with this population and how to better serve them.

Who to Contact for Additional Information

If you have any questions regarding the research process or would like to have a copy of the results, please contact Genaro J. Adrian, MA at (908) 862-0850 or at adriange@shu.edu.

Video or Audio Taping

This study does not involve video or audio taping.

Your Right to a Copy of This Form

You are entitled to a copy of this Informed Consent Form. If you choose to sign it, please sign both copies, and keep one for your records.

This project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human Subjects Research. The IRB believes that the research procedures adequately safeguard the subject's privacy, welfare, civil liberties, and rights. The Chairperson of the IRB may be reached at (973) 275-2974.

Thank you very much for your time and participation in this project.

I have read the material above and have had all questions answered to my satisfaction. I agree to participate in this exercise and realize that I may withdraw at any time, without prejudice or penalty.

Signature

Date

Please return one signed copy of this form (either the English or Spanish version) and keep the other for your records.

Consentimiento informado para participar en esta investigación

Afiliación de los investigadores

Estamos invitando a los miembros de su congregación a participar en una investigación acerca de la actitud sobre la búsqueda ayuda psicológica que se esta llevando acabo por un estudiante en el programa de psicología Universidad de Seton Hall.

Propósito y duración del estudio

El propósito de este estudio es examinar la relación entre la actitud de latinos cristianos sobre la búsqueda de ayuda profesional de psicología. Hasta ahora, hay poca información en la literatura acerca de la actitud de cristianos sobre la búsqueda de ayuda para problemas psicológico. Esta información es importante ya que la psicología y el Cristianismo muchas veces no están de acuerdo en como mejor tratar a personas con problemas emocionales. Además los psicólogos pueden aprender como mejor servir a la población cristiana.

Procedimientos

Dos conjuntos de formularios de consentimiento informado están incluidos en este paquete; uno en inglés y uno en español. Si usted acuerda de ser voluntario en este estudio, por favor firme dos copias de estos formularios y retenga una en su archivo. Retorne la otra copia al investigador cuando le den los cinco cuestionarios para completarlos. El primero pide información como la edad, género, lugar de nacimiento, estado civil, ingreso familiar anual y previa terapia psicológica. El segundo cuestionario pregunta sobre la actitud sobre la búsqueda de ayuda psicológica, el tercero sobre su religión y creencia, el cuarto pregunta sobre el nivel de acostumbramiento a la cultura americana, y el quinto pregunta sobre el "locus de control". A los participantes se les dará tiempo durante el estudio bíblico para completar estos cuestionarios. Esperamos que el tiempo total para completar los cuestionarios sea aproximadamente 20-30 minutos.

Naturaleza sobre la participación voluntaria

Participación en esta investigación es completamente voluntaria. Si usted decide no participar en esta investigación después de revisar los materiales, usted no esta obligado a continuar.

Anonimidad

Pueden estar seguro que su confidencialidad é identidad serán protegida de varias manera. Primero, le pedimos que los participantes no escriban sus nombres en los cuestionarios. Los resultados de este estudio solo serán reportados en base de grupo.

Confidencialidad de datos

Todos los datos serán guardados con llave en un gabinete en la residencia del investigador. Archivos de computadora usada para el análisis de los datos no incluirán alguna información en cuanto a la identidad de cualquier participante.

Acceso a los registros de la investigación

Nadie fuera del equipo de investigación tendrá acceso a estos datos, y alguna información identificando los participantes por nombre serán destruidos al final del estudio.

Riesgos anticipados

No se espera que la participación en esta investigación envuelva algún riesgo o molestia.

Beneficios anticipados

No se espera que esta investigación beneficie a los participantes directamente. Sin embargo, por medio del aumento de conocimiento de la actitud de estos cristianos en particular ayude a psicólogos a mejor entender esta subcultura latina y religiosa, y la investigación puede contribuir al mejoramiento eventual de cómo servir a la comunidad cristiana.

Con quien comunicarse para información adicional

Si usted tiene alguna pregunta acerca del proceso de la investigación ó si le gustaría obtener una copia de los resultados, por favor comuníquese con Genaro J. Adrián, MA al (908) 862-0850 o por correspondencia electrónica a adriange@shu.edu

Video o grabación

Este estudio no incluye video o grabación

Su derecho de obtener una copia de este formulario

Usted tiene el derecho de recibir una copia del formulario consentimiento informado. Si usted escoge firmarlo, por favor firme las dos copias y mantenga en su archivo.

Este proyecto ha sido reseñado y aprobado por la junta de revisión institucional de los derechos humanos de la universidad de Seton Hall. Esta junta cree que los procedimientos de esta investigación adecuadamente protegen la privacidad, el bienestar, libertades civiles, y derechos de los participantes. El presidente de la junta puede ser alcanzado al (973) 275-2974.

Muchas gracias por su tiempo y participación en este estudio.

He leído toda la información arriba y me ha contestado todas mis preguntas a mi satisfacción. Estoy de acuerdo en participar en este ejercicio y me doy cuenta que puedo parar mi participación en cualquier momento y sin ningún prejuicio o penalidad.

Firma

Fecha

Por favor regrese un formulario firmado (en inglés o español) y mantenga uno para su archivo.

Appendix C
ATSPPH Scale
(English and Spanish Versions)
Fischer & Turner (1970)

Below are a number of statements pertaining to psychology and mental health. Read each statement carefully and circle one of the answers.

	Agreement	probable agreement	probable disagreement	disagreement
	4	3	2	1
1.	Although there are clinics for people with mental troubles, I would not have much faith in them.			
	4	3	2	1
2.	If a good friend asked my advice about a mental problem, I would recommend that he see a psychiatrist.			
	4	3	2	1
3.	I would feel uneasy going to a psychiatrist because of what some people would think.			
	4	3	2	1
4.	A person with strong character can get over mental conflicts by himself, and would have little need of a psychiatrist.			
	4	3	2	1
5.	There are times when I have felt completely lost and would have welcome professional advice for a personal or emotional problem.			
	4	3	2	1
6.	Considering the time and expense involved in psychotherapy it would have doubtful value for a person like me.			
	4	3	2	1
7.	I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.			
	4	3	2	1
8.	I would rather live with certain mental conflicts than go through the ordeal of getting psychiatric treatment.			
	4	3	2	1
9.	Emotional difficulties, like many things, tend to work out by themselves.			
	4	3	2	1

Agreement	probable agreement	probable disagreement	disagreement	
4	3	2	1	
10. There are certain problems which should not be discussed outside of one's family.	4	3	2	1
11. A person with a serious emotional disturbance would probably feel most secure in a good mental hospital.	4	3	2	1
12. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.	4	3	2	1
13. Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.	4	3	2	1
14. Having been a psychiatric patient is a blot on a person's life.	4	3	2	1
15. I would rather be advised by a close friend than by a psychologist, even for an emotional problem.	4	3	2	1
16. A person with an emotional problem is not likely to solve it alone; he is likely to solve it with professional help.	4	3	2	1
17. I resent a person-professionally trained or not-who wants to know about my personal difficulties.	4	3	2	1
18. I would want to get psychiatric attention if I was worried or upset for a long period of time.	4	3	2	1
19. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.	4	3	2	1
20. Having been mentally ill carries with it a burden of shame.	4	3	2	1
21. There are experiences in my life I would not discuss with anyone.	4	3	2	1

Agreement	probable agreement	probable disagreement	disagreement
4	3	2	1
22.	It is probably best not to know <i>everything</i> about oneself.		
4	3	2	1
23.	If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.		
4	3	2	1
24.	There is something admirable in the attitude of a person who is willing to cope with his conflicts and fears <i>without</i> resorting to professional help.		
4	3	2	1
25.	At some future time I might want to have psychological counseling.		
4	3	2	1
26.	A person should work out his own problems; getting psychological counseling would be a last resort.		
4	3	2	1
27.	Had I receive treatment in a mental hospital, I would not feel that it ought to be "covered up".		
4	3	2	1
28.	If I thought I needed psychiatric help, I would get it no matter who knew about it.		
4	3	2	1
29.	It is difficult to talk about personal affairs with highly educated people such as doctors, teachers, and clergymen.		
4	3	2	1

Escala ATSPPH
Fischer & Turner (1970)

Debajo hay varias declaraciones en referencia a la psicología y la salud mental. Por favor lea cada declaración cuidadosamente y circule una de las respuestas.

De acuerdo	Probablemente De acuerdo	Probablemente Desacuerdo	Desacuerdo
4	3	2	1
<hr/>			
4	3	2	1
1. Aunque hay clínicas para personas con problemas mentales, no confiaría en ellas.			
4	3	2	1
2. Si un buen amigo me pidiera conserjería de un problema mental, recomendaría un psiquiatra.			
4	3	2	1
3. Me sentiría intranquilo yendo a un psiquiatra o por lo que otros pensarían.			
4	3	2	1
4. Una persona con carácter fuerte pueden sobrepasar sus conflictos mentales y necesitarían poca ayuda psiquiátrica.			
4	3	2	1
5. Han habido momentos en que me siento completamente perdido y estuviera dispuesto a recibir consejería profesional para un problema personal o emocional.			
4	3	2	1
6. Dudo del valor de la psicoterapia considerando el tiempo y gasto envuelto en ella.			
4	3	2	1
7. De buena gana confiara cosas íntima a una persona apropiada si pienso que me ayudaría o ayudaría a algún miembro de mi familia.			
4	3	2	1
8. Yo prefiero vivir con ciertos conflictos mentales que tener que pasar la ordalía de conseguir tratamiento psiquiátrico.			
4	3	2	1
9. Dificultades emocionales, como muchas cosas, tienden a arreglarse por si mismas.			
4	3	2	1

De acuerdo	Probablemente De acuerdo	Probablemente Desacuerdo	Desacuerdo	
4	3	2	1	
10. Hay ciertos problemas que no deberían ser discutidos fuera de la familia.	4	3	2	1
11. Una persona con perturbaciones emocionales serias probablemente se sentiría mas seguro en un hospital mental.	4	3	2	1
12. Si yo creo que estoy teniendo una avería mental, mi primera inclinación fuera conseguir atención profesional.	4	3	2	1
13. Manteniendo la mente en el trabajo es una buena solución para evitar preocupaciones personales.	4	3	2	1
14. Haber sido un paciente psiquiátrico es una mancha en la vida de una persona.	4	3	2	1
15. Yo prefiero ser aconsejado por un amigo cercano que por un psicólogo, aún para un problema emocional.	4	3	2	1
16. Una persona con problemas emocionales probablemente no se curaría sola; posiblemente necesitaría ayuda profesional para sanarse.	4	3	2	1
17. Resiento una persona – entrenada profesionalmente o no – que quiera saber de mis dificultades personales.	4	3	2	1
18. Quisiera recibir atención psiquiátrico si estuviera preocupado o disgustado por largo tiempo.	4	3	2	1
19. La idea de hablar de problemas con un psicólogo me parece una forma pobre de deshacerse de conflictos emocionales.	4	3	2	1

De acuerdo	Probablemente De acuerdo	Probablemente Desacuerdo	Desacuerdo	
4	3	2	1	
20. Estar enfermo mentalmente conlleva una carga de vergüenza.	4	3	2	1
21. Hay experiencias en mi vida que no compartiría con nadie.	4	3	2	1
22. Quizás es mejor no saber <i>todo</i> de uno mismo.	4	3	2	1
23. Si yo estuviera experimentando una crisis emocional seria en esta etapa de mi vida me sentiría confiado de encontrar alivio en la psicoterapia.	4	3	2	1
24. Hay algo admirable en la actitud de una personal que esta dispuesto a bregar con sus conflictos y temores <i>sin</i> recursos profesionales.	4	3	2	1
25. En algún tiempo futuro yo quiero consejería psicológico.	4	3	2	1
26. Una personal debería bregar con sus propios problemas; recibir consejería psicológica debería ser el último recurso.	4	3	2	1
27. Si yo recibiera tratamiento en un hospital mental no trataría de ocultarlo.	4	3	2	1
28. Si yo pienso que necesito ayuda psiquiátrico lo conseguiría sin importar quien lo sabe.	4	3	2	1
29. Es difícil hablar acerca de asuntos personales con personas sumamente educadas como doctores, maestros y clérigos.	4	3	2	1

APPENDIX D

SI-SE
(English and Spanish Versions)

This is a questionnaire to determine how certain events in our society affect different people. Each item consists of two sentences categorized as *a* and *b*. Choose between the two alternatives, the one that you feel the strongest (in your opinion) describe the situation. Circle the alternative (a or b) that is besides each article. Make sure that you choose the alternative that you truly believe instead of choosing the one you should choose. Please answer carefully, but without stopping at any particular item. Perhaps you discover that in some cases you believe that both items are true or that you don't believe in any of the two. In those cases choose the alternative that best resembles what you believe or that you respect. Try to answer each article independently in making your choice and don't allow prior selections to affect your decision.

1. a) Children get into trouble because their parents punish them too much.

b) The trouble with most children nowadays is that their parents are too easy on them.
2. a) Many of the unhappy things in people's lives are partly due to bad luck.

b) People's misfortunes result from mistakes they make.
3. a) One of the major reasons why we have war is because people don't take enough interest in politics.

b) There will always be wars, no matter how hard people try to prevent them.
4. a) In the long run people get the respect they deserve in this world.

b) Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.

Choose the alternative that you personally believe to be most true.

5. a) The idea that teachers are unfair to students is nonsense.
- b) Most students don't realize the extent to which their grades are influence by accidental happenings.
6. a) Without the right breaks one cannot be an effective leader.
- b) Capable people who fail to become leaders have not taken advantage of their opportunities.
7. a) No matter how hard you try some people just don't like you.
- b) People who can't get others to like them don't understand how to get along with others
8. a) Heredity plays a major role in determining one's personality.
- b) It is one's experiences in life which determine what they're like.
9. a) I have often found that what is going to happen will happen.
- b) Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.

Choose the alternative that you personally believe to be most true.

10. a) In the case of the well prepared student there is rarely if ever such a thing as an unfair test.
- b) Many times exam questions tend to be so unrelated to course work that studying is really useless.
11. a) Becoming a success is a matter of hard work, luck has nothing or little to do with it.
- b) Getting a good job depends mainly on being in the right place at the right time.
12. a) The average citizen can have an influence in government decisions.
- b) This world is run by the few people in power, and there is not much the little guy can do about it.
13. a) When I make plans, I am almost certain that I can make them work.
- b) It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.
14. a) There are certain people who are just no good.
- b) There is some good in everybody.
15. a) In my case getting what I want has little or nothing to do with luck
- b) Many times we might just as well decide what to do by flipping a coin.

Choose the alternative that you personally believe to be most true.

16. a) Who gets to be the boss often depends on who was lucky enough to be in the right place first.
- b) Getting people to do the right depends upon ability, luck has little or nothing to do with it.
17. a) As far as the world affairs are concern, most of us are the victims of forces we can neither understand, nor control.
- b) By taking an active part in political and social affairs the people can control world events.
18. a) Most people don't realize the extend to which their lives are controlled by accidental happenings.
- b) There really is no such thing as "luck."
19. a) One should always be willing to admit mistakes.
- b) It is usually best to cover up one's mistakes.
20. a) It is hard to know whether or not a person really likes you.
- b) How many friends you have depends upon how nice a person you are.
21. a) In the long run the bad things that happen to us are balance by the good ones.
- b) Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.

Choose the alternative that you personally believe to be most true.

22. a) With enough effort we can wipe out our political corruption.

b) It is difficult for people to have much control over the things politicians do in office.

23. a) Sometimes I can't understand how teachers arrive at the grades they give.

b) There is a direct connection between how hard I study and the grades I get.

24. a) A good leader expects people to decide for themselves what they should do.

b) A good leader makes it clear to everybody what their jobs are.

25. a) Many times I feel that I have little influence over the things that happen to me.

b) It is impossible for me to believe that chance or luck plays an important role in my life.

26. a) People are lonely because they don't try to be friendly.

b) There is not much use in trying too hard to please, if they like you, they like you.

27. a) There is too much emphasis on athletics in high school.

b) Team sports are an excellent way to build character.

Choose the alternative that you personally believe to be most true.

28. a) What happens to me is my own doing.

b) Sometimes I feel that I don't have enough control over the direction my life is taking.

29. a) Most of the time I can't understand why politicians behave the way they do.

b) In the long run the people are responsible for bad government on a national as well as on a local level.

SI-ES

Este es un cuestionario para determinar cómo ciertos acontecimientos en nuestra sociedad afectan distintas personas. Cada artículo consiste de dos oraciones denominadas *a* y *b*. escoja entre estas alternativas, la que más fuertemente usted crea (en su opinión) describa la situación expuesta. Marque la alternativa (*a* o *b*) que esta al lado de cada artículo. Cerciorase de escoger la alternativa de la que verdaderamente crea, en vez de la que piensa que debe de escoger la que quisiera que fuese verdad. El presente cuestionario es una medida de creencias personales y por lo tanto no hay respuestas correctas o incorrectas. Por favor conteste con cuidado, pero sin detenerse particularmente en ningún artículo. Tal vez descubra que en algunos casos usted crea en ambas alternativas o que no crea en ninguna de las dos. En esos casos escoja la alternativa que más se acerque a lo que usted cree y en lo que usted respecta. Trate de contestar cada artículo independientemente al hacer su selección, no se deje afectar por sus selecciones anteriores.

Escoja la alternativa que usted personalmente crea ser la más verdadera.

1. a) Los niños se portan mal porque sus padres los castigan demasiado.
b) El problema con la mayoría de los niños en estos días es que sus padres lo minan demasiado.
2. a) Mucha de las desdichas (malas cosas) que le pasan a la gente se deben a la mala suerte.
b) Las desdichas (desgracias) de la gente se deben a equivocaciones que cometen.
3. a) Una de las razones principales por que hay guerras es porque la gente no se interesa lo suficiente en política.
b) Siempre habrá guerra, no importa cuanto trate la gente de evitarlas.
4. a) A la larga en este mundo la gente recibe el respeto que se merecen.
b) Por desgracia, el valor de un individuo a menudo pasa inadvertido, a pesar del esfuerzo que haga.

Escoja la alternativa que usted personalmente crea ser la más verdadera.

5. a) No tiene sentido la idea de que los maestros sean injustos con los estudiantes.

b) La mayoría de los estudiantes no se dan cuenta del grado en que la casualidad influye en sus notas (calificaciones).
6. a) No se puede ser un dirigente eficaz sin haber tenido las oportunidades adecuadas.

b) Las personas capacitadas que fracasan en hacerse dirigentes no han aprovechado bien las oportunidades que han tenido.
7. a) No importa cuanto se esfuerce uno; uno no le va a caer bien a alguna gente.

b) Las personas que no pueden hacerse simpáticas a otras, no saben llevarse bien con los demás.
8. a) La herencia juega una mayor parte en determinar la personalidad de una persona.

b) Son las experiencias de uno que determina como uno es.
9. a) A menudo me he encontrado que lo que va a pasar pasa.

b) A mi me ha ido mejor decidiendo el camino a seguir que confiando en el destino.
10. a) Para un estudiante bien preparado es muy raro que haya un examen injusto.

b) Muchas veces las preguntas de los exámenes tienen poca relación con lo estudiado en el curso que es inútil estudiar.
11. a) Para tener éxito hay que estudiar mucho, la suerte tiene poco o nada que ver.

b) El conseguir un empleo depende principalmente de estar a mano en el momento justo (tener la suerte de estar en el lugar preciso en el momento preciso).

Escoja la alternativa que usted personalmente crea ser la más verdadera.

12. a) El ciudadano promedio puede influir en las decisiones del gobierno.

b) Unos pocos que están en el poder dirigen el mundo y no hay mucho que un infeliz ciudadano pueda hacer.

13. a) Cuando hago planes (proyecto algo), casi siempre puedo llevarlo(s) a cabo.

b) No siempre es prudente planear con mucho adelanto porque muchas cosas salen bien o mal según la suerte.

14. a) Hay ciertas personas que simplemente son malas.

b) Hay algo bueno en toda persona.

15. a) En mi caso, el conseguir lo que quiero tiene poco o nada que ver con la suerte.

b) Muchas veces pudiéramos tomar decisiones tirando una moneda.

16. a) El llegar a ser jefe depende a menudo de tener la suerte de estar en el lugar preciso primero.

b) El llegar a ser jefe depende de tener habilidad y destreza, la suerte tiene poco o nada que ver.

17. a) En cuanto a los asuntos mundiales, la mayoría de nosotros somos las víctimas de fuerzas que no podemos entender ni dominar.

b) Tomando parte activa en los asuntos políticos y sociales, la gente puede controlar los acontecimientos mundiales.

18. a) La mayoría de la gente no se da cuenta del punto hasta el cual sus vidas resultan controladas por acontecimientos accidentales.

b) La suerte en realidad no existe.

Escoja la alternativa que usted personalmente crea ser la más verdadera.

19. a) Uno siempre debería estar dispuesto a admitir los errores

b) Usualmente es mejor cubrir los errores que uno comete.

20. a) Es difícil saber si uno le cae bien a una persona o no.

b) El número de amigos que uno tiene depende de lo simpático que uno es.

21. a) A la larga, lo malo que nos ocurre se equilibra con lo bueno.

b) La mayor parte de las desdichas son el resultado de la falta de habilidad, la ignorancia, la pereza o las tres a la vez.

22. a) Si nos esforzamos bastante podemos eliminar la corrupción política.

b) Es muy difícil que la gente tenga control de lo que hacen los políticos en sus cargos.

23. a) A veces no comprendo como los maestros deciden las notas que dan.

b) Hay relación directa entre las notas que me dan y cuanto he estudiado.

24. a) Un buen líder espera que la gente decida por si misma lo que deben de hacer.

b) Un buen líder hace saber a todas las personas el trabajo que deben de hacer.

25. a) Muchas veces me parece que tengo poca influencia en lo que me pasa.

b) Me es imposible creer que la casualidad o la suerte tienen un papel de importancia en mi vida.

Escoja la alternativa que usted personalmente crea ser la más verdadera.

26. a) Una persona que se siente sola es porque no trata de hacer amigos.

b) No vale la pena esforzarse en complacer a otras personas, si uno les cae bien.

27. a) Hay demasiado énfasis en los deportes en la escuela secundaria.

b) Los equipos de deporte son una buena forma de crear carácter.

28. a) Lo que me pasa es obra mía.

b) A veces me siento como si no tuviera suficiente control en cuanto al rumbo que esta tomando mi vida.

29. a) La mayoría de las veces no comprendo por que los políticos se comportan como lo hacen.

b) A la larga la gente es responsable del mal gobierno tanto a nivel nacional como local.

APPENDIX F

(English and Spanish Versions)

BAS

Marin & Gamba (1996)

Below are a number of statements pertaining to your level of comfortableness with the American culture. Read each statement carefully and select your response by circling the appropriate number.

1) How often do you speak English?

Almost always	often	sometimes	almost never
4	3	2	1

2) How often do you speak English with your friends?

Almost always	often	sometimes	almost never
4	3	2	1

3) How often do you think in English?

Almost always	often	sometimes	almost never
4	3	2	1

4) How often do you speak Spanish?

Almost always	often	sometimes	almost never
4	3	2	1

5) How often do you speak in Spanish with your friend?

Almost always	often	sometimes	almost never
4	3	2	1

6) How often do you think in Spanish?

Almost always	often	sometimes	almost never
4	3	2	1

7) How well do you speak Spanish?

Very well	well	poor	very poorly
4	3	2	1

8) How well do you read in English?

Very well	well	poor	very poorly
4	3	2	1

9) How well do you understand television programs in English?

Very well	well	poor	very poorly
4	3	2	1

10. How well do you understand radio programs in English?
 Very well 4 well 3 poor 2 very poorly 1
11. How well do you write in English?
 Very well 4 well 3 poor 2 very poorly 1
12. How well do you understand music in English?
 Very well 4 well 3 poor 2 very poorly 1
13. How well do you speak Spanish?
 Very well 4 well 3 poor 2 very poorly 1
14. How well do you read in Spanish?
 Very well 4 well 3 poor 2 very poorly 1
15. How well do you understand television programs in Spanish?
 Very well 4 well 3 poor 2 very poorly 1
16. How well do you understand radio programs in Spanish?
 Very well 4 well 3 poor 2 very poorly 1
17. How well do you write in Spanish?
 Very well 4 well 3 poor 2 very poorly 1
18. How well do you understand music in Spanish?
 Very well 4 well 3 poor 2 very poorly 1
19. How often do you watch television programs in English?
 Almost always 4 often 3 sometimes 2 almost never 1
20. How often do you listen to radio programs in English?
 Almost always 4 often 3 sometimes 2 almost never 1
21. How often do you listen to music in English?
 Almost always 4 often 3 sometimes 2 almost never 1

22. How often do you watch television programs in Spanish?
Almost always often sometimes almost never
4 3 2 1
23. How often do you listen to radio programs in Spanish?
Almost always often sometimes almost never
4 3 2 1
24. How often do you listen to music in Spanish?
Almost always often sometimes almost never
4 3 2 1

BAS

Marin & Gamba (1996)

Este formulario contiene preguntas sobre su acostumbramiento a la cultura americana.
Por Favor circule el número mas adecuado que le pertenece a usted.

1. ¿Con qué frecuencia habla usted inglés?

Casi siempre	frecuentemente	algunas veces	casi nunca
4	3	2	1

2. ¿Con qué frecuencia habla usted ingles con sus amigos?

Casi siempre	frecuentemente	algunas veces	casi nunca
4	3	2	1

3. ¿Con qué frecuencia piensa usted en inglés?

Casi siempre	frecuentemente	algunas veces	casi nunca
4	3	2	1

4. ¿Con qué frecuencia habla usted español?

Casi siempre	frecuentemente	algunas veces	casi nunca
4	3	2	1

5. ¿Con qué frecuencia habla usted español con sus amigos?

Casi siempre	frecuentemente	algunas veces	casi nunca
4	3	2	1

6. ¿Con qué frecuencia piensa usted en español?

Casi siempre	frecuentemente	algunas veces	casi nunca
4	3	2	1

7. ¿Qué tan bien habla usted inglés?

Muy bien	bien	no muy bien	muy mal
4	3	2	1

8. ¿Qué tan bien lee usted en inglés?

Muy bien	bien	no muy bien	muy mal
4	3	2	1

9. ¿Qué tan bien entiende usted los programas de televisión en inglés?

Muy bien	bien	no muy bien	muy mal
4	3	2	1

10. ¿Qué tan bien entiende usted los programas de radio en inglés?

Muy bien	bien	no muy bien	muy mal
4	3	2	1

11. ¿Qué tan bien escribe usted en inglés?

Muy bien	bien	no muy bien	muy mal
4	3	2	1

12. ¿Qué tan bien entiende usted música en inglés?
- | | | | |
|----------|------|-------------|---------|
| Muy bien | bien | no muy bien | muy mal |
| 4 | 3 | 2 | 1 |
13. ¿Qué tan bien habla usted español?
- | | | | |
|----------|------|-------------|---------|
| Muy bien | bien | no muy bien | muy mal |
| 4 | 3 | 2 | 1 |
14. ¿Qué tan bien lee usted en español?
- | | | | |
|----------|------|-------------|---------|
| Muy bien | bien | no muy bien | muy mal |
| 4 | 3 | 2 | 1 |
15. ¿Qué tan bien entiende usted los programas de televisión en español?
- | | | | |
|----------|------|-------------|---------|
| Muy bien | bien | no muy bien | muy mal |
| 4 | 3 | 2 | 1 |
16. ¿Qué tan bien entiende usted los programas de radio en español?
- | | | | |
|----------|------|-------------|---------|
| Muy bien | bien | no muy bien | muy mal |
| 4 | 3 | 2 | 1 |
17. ¿Qué tan bien escribe usted en español?
- | | | | |
|----------|------|-------------|---------|
| Muy bien | bien | no muy bien | muy mal |
| 4 | 3 | 2 | 1 |
18. ¿Qué tan bien entiende usted música en español?
- | | | | |
|----------|------|-------------|---------|
| Muy bien | bien | no muy bien | muy mal |
| 4 | 3 | 2 | 1 |
19. ¿Con qué frecuencia ve usted programas de televisión en inglés?
- | | | | |
|--------------|----------------|---------------|------------|
| Casi siempre | frecuentemente | algunas veces | casi nunca |
| 4 | 3 | 2 | 1 |
20. ¿Con qué frecuencia escucha usted programas de radio en inglés?
- | | | | |
|--------------|----------------|---------------|------------|
| Casi siempre | frecuentemente | algunas veces | casi nunca |
| 4 | 3 | 2 | 1 |
21. ¿Con qué frecuencia escucha usted música en inglés?
- | | | | |
|--------------|----------------|---------------|------------|
| Casi siempre | frecuentemente | algunas veces | casi nunca |
| 4 | 3 | 2 | 1 |
22. ¿Con qué frecuencia ve usted programas de televisión en español?
- | | | | |
|--------------|----------------|---------------|------------|
| Casi siempre | frecuentemente | algunas veces | casi nunca |
| 4 | 3 | 2 | 1 |
23. ¿Con qué frecuencia escucha usted programas de radio en español?
- | | | | |
|--------------|----------------|---------------|------------|
| Casi siempre | frecuentemente | algunas veces | casi nunca |
| 4 | 3 | 2 | 1 |
24. ¿Con qué frecuencia escucha usted música en español?
- | | | | |
|--------------|----------------|---------------|------------|
| Casi siempre | frecuentemente | algunas veces | casi nunca |
| 4 | 3 | 2 | 1 |

APPENDIX E

RS
(English and Spanish Versions)

(Rohrbaugh & Jessor, 1975)

Instructions: The following questionnaire consists of seven multiple-choice questions and one short answer question. Please answer the following questions by putting a circle around the adequate letter for the multiple-choice questions and providing the number of times for the first question.

1. How many times have you attended religious services during the past year?
2. Which of the following best describes your practice of prayer or religious meditation?
 - a. Prayer is a regular part of my daily life
 - b. I usually pray in times of stress or need but rarely at any other time
 - c. I pray during formal ceremonies
 - d. I never pray
3. When you have a serious personal problem, how often do you take religious advice or teaching into consideration?
 - a. Almost always
 - b. Usually
 - c. Sometimes
 - d. Never
4. How much influence would you say that religion has on the way that you choose to act and the way you choose to spend you time each day?
 - a. No influence
 - b. A small influence
 - c. Some influence
 - d. A fair amount of influence
 - e. A large influence

5. Which of the following statements comes closest to your belief about God?
- a. I am sure that God really exist and that He is active in my life.
 - b. Although I sometimes question His existence, I do believe in God and believe He knows of me as a person.
 - c. I don't know if there is a personal God, but I do believe in a higher power of some kind.
 - d. I don't know if there is a personal God, but I do believe in a higher power of some kind, and I don't know if I ever will.
 - e. I don't believe in a personal God or a higher power.
6. Which of the following statements comes closest to your belief about life after death (immortality)?
- a. I believe in a personal life after death, a soul existing as a specific individual spirit.
 - b. I believe in a soul existing after death as part of a universal spirit.
 - c. I believe in a life after death of some kind, but I really don't know what it would be like.
 - d. I don't know whether there is any kind of life after death, and I don't know if I ever will.
 - e. I don't believe in any kind of life after death.
7. During the past year, how often have you experienced a feeling of religious reverence or devotion?
- a. Almost daily
 - b. Frequently
 - c. Sometimes
 - d. Rarely
 - e. Never
8. Do you agree with the following statement? "Religion gives me a great amount of comfort and security in life."
- a. Strongly disagree
 - b. Disagree
 - c. Uncertain
 - d. Agree
 - e. Strongly agree

RS

(Rohrbaugh & Jessor, 1975)

Instrucciones: El siguiente cuestionario consiste de siete preguntas de selección múltiple y ocho preguntas para completar. Por favor conteste las siguientes preguntas circulando la letra adecuada para las preguntas de selección múltiple y proveyendo el número más adecuado para la primera pregunta.

1. ¿Cuántas veces ha asistido a servicios religiosos durante el año pasado?
2. ¿Cuál de los siguientes mejor describe su práctica de oración o meditación religiosa?
 - a. La oración es una parte de mi vida diaria
 - b. Generalmente oro en tiempos de tensión o necesidad pero raramente en otra ocasión
 - c. Yo oro durante ceremonias religiosas
 - d. Yo nunca oro
3. ¿Cuándo tienes un serio problema personal, con que frecuencia tomas en consideración conserjería religiosa o enseñanzas?
 - a. Casi siempre
 - b. Usualmente
 - c. A veces
 - d. Nunca
4. ¿Cuánta influencia dirías que tiene la religión en tu forma de actuar y en la forma en que pasas el tiempo cada día?
 - b. Ninguna influencia
 - a. Alguna influencia
 - b. Suficiente influencia
 - c. Una gran influencia

5. ¿Cuál de las siguientes declaraciones se acerca más a su creencia en Dios?
- a. Estoy seguro que Dios realmente existe y que El esta activo en mi vida
 - b. Aunque a veces cuestiono su existencia, creo en Dios y creo que El me conoce como una persona
 - c. No sé si hay un dios personal, pero si creo que hay algún poder en el universo mas grande
 - d. No se si hay un dios personal, o si hay algún poder en el universo mas grande o si algún día lo sabré.
 - e. No creo en un dios personal ni en un poder alguno mas grande
6. ¿Cuál de las siguientes declaraciones se acerca más a su creencia sobre la vida después de la muerte (inmortalidad)?
- a. Creo en una vida personal después de la muerte, en un alma existiendo como un espíritu específico e individual
 - b. Creo que el alma existe después de la muerte como parte de un espíritu universal
 - c. Creo en una forma vida después de la muerte, pero no estoy seguro como es
 - d. No se si hay vida después de la muerte y no creo que lo sabré
 - e. No creo en la vida después de la muerte
7. ¿En este pasado año, cuántas veces has experimentado un sentimiento de reverencia o devoción religiosa?
- a. Casi diariamente
 - b. Frecuentemente
 - c. A veces
 - d. Raramente
 - e. Nunca
8. ¿Estas de acuerdo con la siguiente declaración? “La religión me da paz y seguridad”.
- a. Definitivamente desacuerdo
 - b. Desacuerdo
 - c. No estoy seguro(a)
 - d. De acuerdo
 - e. Definitivamente acuerdo

APPENDIX G

Demographic Information
(English and Spanish Versions)

Please complete all information below.

1. Age _____

2. Gender (circle one) M F

3. Marital Status (circle one)

<u>Married/committed</u>	<u>Single</u>	<u>Separated</u>	<u>Divorce</u>	<u>Widowed</u>
1	2	3	4	5

4. Nationality (i.e. Dominican, Puerto Rican) _____

5. Birth Country _____

6. Years living in the US _____

7. Family annual income (combine dollar amount) \$ _____

8. Education (indicate highest grade or degree completed) _____

9. Occupation (indicate type of work you do) _____

Información Demográfica

Por favor complete toda la información abajo

1. Edad _____
2. Genero (escoja una) M F
3. Estado Civil (escoja una)

Casado/a	Soltero/a	Separado/a	Divorciado/a	Viudo/a
1	2	3	4	5
4. Nacionalidad terrenal (i.e.) dominicano, colombiano etc.) _____
5. País natal _____
6. Años residiendo en los Estados Unidos _____
7. Ingreso anual (si casado combine la cantidad) _____
8. Nivel de educación (indique el grado escolar que termino) _____
9. Oficio (clase de trabajo que hace) _____
10. Años viviendo como cristiano _____
11. Alguna vez ha buscado ayuda profesional para tratar problemas emocionales?
Si No, por cuanto tiempo? _____