

HHS Public Access

Author manuscript *Cultur Divers Ethnic Minor Psychol.* Author manuscript; available in PMC 2018 October 01.

Published in final edited form as: *Cultur Divers Ethnic Minor Psychol.* 2017 October ; 23(4): 468–476. doi:10.1037/cdp0000143.

Race, Ethnicity, Religious Affiliation, and Education Are Associated with Gay and Bisexual Men's Religious and Spiritual Participation and Beliefs: Results from the *One Thousand Strong* Cohort

Jonathan M. Lassiter, PhD^{1,5}, Tyrel Starks, PhD^{1,3,4}, Ana Ventuneac, PhD¹, Lena Saleh, PhD¹, Christian Grov, PhD, MPH^{1,2}, and Jeffrey T. Parsons, PhD^{1,3,4,6}

¹Center for HIV/AIDS Educational Studies and Training (CHEST). New York, NY. USA

²City University of New York (CUNY) Graduate School of Public Health and Health Policy. New York, NY. USA

³Department of Psychology, Hunter College of CUNY. New York, NY. USA

⁴Health Psychology and Clinical Science Doctoral Program, The Graduate Center of CUNY. New York, NY. USA

⁵Department of Psychology, Muhlenberg College

Abstract

Objectives—This study examined the rates of spirituality, religiosity, religious coping, and religious service attendance in addition to the sociodemographic correlates of those factors in a U.S. national cohort of 1071 racially and ethnically-diverse HIV-negative gay and bisexual men.

Methods—Descriptive statistics were used to assess levels of spirituality, religiosity, religious coping, and religious service attendance. Multivariable regressions were used to determine the associations between sociodemographic characteristics, religious affiliation, race/ethnicity with four outcome variables: (1) spirituality, (2) religiosity, (3) religious coping, and (4) current religious service attendance.

Results—Overall, participants endorsed low levels of spirituality, religiosity, and religious coping, and current religious service attendance. Education, religious affiliation, and race/ethnicity were associated with differences in endorsement of spirituality and religious beliefs and behaviors among gay and bisexual men. Men without a four-year college education had significantly higher levels of religiosity and religious coping as well as higher odds of attending religious services than those with a four-year college education. Gay and bisexual men who endorsed being religiously affiliated had higher levels of spirituality, religiosity, and religious coping as well as higher odds of religious service attendance than those who endorsed being atheist/agnostic. White men had significantly lower levels of spirituality, religiosity, and religious coping when compared to Black men. Latino men also endorsed using religious coping significantly less than Black men.

⁶To whom correspondence should be addressed. 695 Park Avenue, New York, NY 10065. Department of Psychology, Hunter College of CUNY. jeffrey.parsons@hunter.cuny.edu 212-772-5533, 212-206-7994 (Fax).

Conclusions—The implications of these findings for future research and psychological interventions with gay and bisexual men are discussed.

Keywords

Gay; bisexual; religion; spirituality; race; ethnicity

Introduction

Religion and spirituality are important cultural factors for a large percentage of Americans of all races and ethnicities. Religion and spirituality are overlapping but distinct constructs that focus on one's relationship with the sacred (Zinnbauer et al., 1997). Whereas spirituality is most often defined as a multidimensional and transcendent relationship with the sacred that is free of boundaries, religion tends to be defined by its boundaries in its creation of specific rules and criteria for engagement with the sacred (Miller & Thoresen, 2003). Religion and spirituality have been found to be associated with mental and physical health (Ellison & Levin, 1998) as well as instrumental in helping people cope with hardships (Jeffries, Dodge, & Sandfort, 2008). However, most religion and spirituality research with Americans have focused on single–category Americans such as presumed heterosexuals (e.g., Chatters, Taylor, Bullard, & Jackson, 2009) or general (racially/ethnically non-distinct) groups of lesbians, gay, and bisexual (LGB) people (e.g., Pew Research Center, 2013). Thus, religion and spirituality may be salient for "Americans" or "LGB people" but the prevalence and importance of these cultural factors among people who are both racial/ethnic and sexual minorities remain understudied.

The focus of the present paper is on understanding religious and spiritual engagement among a racially diverse cohort of gay and bisexual men (GBM). Findings from this paper may serve as the groundwork for future religion- and spirituality-health connections research with racially and ethnically diverse samples of GBM. Understanding GBM's levels of engagement with religion and spirituality may help researchers and clinicians better weigh the appropriateness of incorporating these cultural factors into healthcare and research with this population. It may also allow mental health providers to better decide to which ethnic and racial groups of GBM integration of these cultural factors are more likely to be relevant.

Racial and Ethnic Differences in Religion and Spirituality

Among heterosexuals, Black Americans are consistently found to have higher levels of religious participation (Chatters et al., 2009; Hunt & Hunter, 2001), religious coping (i.e., the use of religion to cope with hardships; Chatters, Taylor, Jackson, & Lincoln, 2008), and spirituality (Taylor, Chatters, & Jackson, 2009) compared to White Americans. Furthermore, Black Americans are more likely to identify as "both spiritual and religious" and less likely to report being "spiritual only" or "neither spiritual nor religious" in contrast to White Americans (Chatters, Taylor, Bullard, & Jackson, 2008). Black Americans are the most religious racial group in America (Chatters, Taylor, & Lincoln, 1999; Pew Research Center, 2015; Taylor, Chatters, Jayakody, & Levin, 1996) and 83% percent of them have reported that they are certain that God exists and 91% of them reported that religion is either very important to them (75%) or somewhat important to them (16%; Pew Research Center,

2015). Many Black Americans view spirituality and religion as action-oriented processes that one does not only profess but also implements (Lewis, Hankin, Reynolds, & Ogedegbe, 2007). They perceive spirituality and religion as having positive implications for their interpersonal relationships and their psychological well-being (Holt, Schulz, & Wynn, 2009; Lee & Sharpe, 2007; McAuley, Pecchioni, & Grant, 2000). Religion and spirituality are firmly entrenched cultural factors in Black communities and influence a wide array of Black people's lived experiences (e.g., meaning-making, reactions to stress). When compared to heterosexual Black adults, Black GBM have lower rates of religious participation and moderate levels of religious saliency (Lassiter, 2016). Research seems to suggest that religion remains important to Black GBM even after they stop attending religious services.

In the general population, Latina/o people have reported that spirituality and religion are also important to them. They have been found to participate in religious services and spiritual practices more than White Americans but less than Black Americans (Pew Research Center, 2015). Latina/os' religious institutions are important community resources for fostering cultural identity and collective agency (Hernandez, Burwell, & Smith, 2007; Marin & Gomez, 1998). They also serve as socialization agents for many newly arrived Latina/o immigrants who must navigate acculturation (Sutton & Parks, 2013). However, Latino GBM often receive homonegative messages in churches and from religious family and peers (Arreloa, Ayala, Diaz, & Kral, 2013; Diaz, Bein, & Ayala, 2006). Yet, Latino GBM are likely to still live their lives according to religious- and spiritual-based frameworks which provide guidelines for behavior and relationships with others (Sutton & Parks, 2013). Spirituality and religion settings. However, the specific rates of religious and spiritual engagement of Latino GBM is unknown.

Significant percentages of Mulitracial and White Americans have reported that religion and spirituality are important aspects of their lives (Pew Research Center, 2015). However, research has suggested that they attend religious services less than Black Americans and Latina/os (Pew Research Center, 2015) and report lower levels of other religious behaviors such as scripture study (Pew Research Center, 2015). In addition, White Americans also have endorsed lower levels of spirituality than Black Americans and Latina/os (Pew Research Center, 2015). Multiracial Americans' spirituality levels have been found to be higher than Latina/os but lower than Black Americans (Pew Research Center, 2015). Given, these racial and ethnic differences in religion and spirituality among heterosexual people, it is reasonable to expect similar intergroup racial and ethnic differences among GBM.

Religious Participation and Spirituality among LGB people and their Sociodemographic Correlates

Overall, LGB people tend to be less religious than heterosexual people in the United States (US; Pew Research Center, 2013). However, geographic region, age, and sexual orientation have all been found to be significantly related to differences in religious and spiritual endorsement among LGB people. LGB people who resided in the Southeastern region of the US reported higher levels of religious affiliation than those who lived in the Northeastern region of the US (Pew Research Center, 2013). LGB people age 18 – 29 were more likely to

not identify with a religious group than LGB people ages 30 and older (Pew Research Center, 2013). There have been mixed findings related to the relationship between sexual orientation and religiousness. Sherkat (2002) and Lassiter (2016) found that gay men had higher levels of church attendance than bisexual men. Conversely, Herek, Norton, Allen, & Sims (2010) found that bisexual men reported more religious saliency than gay men.

Although education and income have not been associated with significant differences in religion among LGB people (Pew Research Center, 2013), research with heterosexual samples indicate that education and income may also be important correlates of religious participation and beliefs. People who had less income and education have been found to have higher levels of spiritual and religious beliefs and behaviors than people who had more money and education (Chatters, et al., 2008, 2009; Pew Research Center, 2015; Taylor, Chatters, & Brown, 2014; Taylor et al., 2009). Overall, several sociodemographic characteristics have been identified that either are or have the potential to be related to variations in religious engagement among LGB people. However, little to no work has been done investigating these factors' influence on GBM's spirituality or religious coping.

Religious Affiliation and Religious and Spiritual Participation and Beliefs

Religious affiliation may also influence GBM's religious and spiritual participation and beliefs. Heterosexual Black and White (non-Latina/o) Americans who were unaffiliated with a specific religious denomination were more likely than Baptist-affiliated people (who were the reference group in the study) to identify as "neither spiritual nor religious" or "spiritual only" compared to "both spiritual and religious" (Chatters, et al., 2008). In another study composed solely of Black Americans, people unaffiliated with a specific religious denomination were less likely than Baptist-affiliated people (who were the reference group in the study) to endorse organizational religious (e.g. church attendance, church membership) and nonorganizational religious (e.g. religious reading, private prayer) involvement (Taylor et al., 2014). Thus, we see that among both Black and White heterosexual Americans, religious affiliation has been an important factor associated with variations in spirituality and religion. However, the influence of religious affiliation on GBM's religion and spirituality remain unknown. Overall, the reviewed literature reveals a dearth of nuanced investigation related to GBM's religious and spiritual participation and beliefs that take into account racial differences and sociodemographic characteristics.

Purpose of Present Study

The current analyses aimed to address this gap in the literature. The purpose of these exploratory analyses were to assess Black, Latino, Multiracial/Other race, and White GBM's levels of religion and spirituality and their correlates. It is hypothesized that Black GBM will have higher rates of religiosity, religious coping, religious service attendance, and spirituality. In addition, we expect Southeastern geographic region, older age, gay sexual orientation, less than a college education, and lower income to be associated higher levels of religiosity, religious coping, religious service attendance, and spirituality. Several indicators of religion (i.e., religiosity, religious coping, religious affiliation, and religious service attendance) in addition to a measure of spirituality were included in this study. These indicators have been found to be associated with health outcomes in previous studies

(Ellison & Levin, 1998) and were specifically chosen so that findings would have direct implications for future health-related research.

Method

Participants and Procedures

One Thousand Strong is a longitudinal study prospectively following a U.S. national cohort of GBM for a period of three years. Analyses for the present paper are based on baseline survey data which were collected using an at-home online survey. Participants were identified via Community Marketing and Insights, Inc. (CMI) panel of over 45,000 LGBT individuals, over 22,000 of which are GBM throughout the US. CMI draws panelists from over 200 sources ranging from LGBT events to social media and email broadcasts distributed by LGBT organizations, and includes non-gay identified venues/mediums such to maintain a robust and diverse panel of participants from across the U.S. CMI is able to target specific individuals based on pre-specified characteristics and invite them to participate in research studies. Our goal was to recruit a cohort of GBM who represented the diversity and distribution of GBM at the U.S. population level. In so doing, we used data from the U.S. Census with regard to same sex households, and racial and ethnic composition to populate our recruitment parameters. Through our partnership, CMI was utilized to identify participants and briefly screen them for eligibility. Those deemed preliminary eligible had their responses and contact information shared with the team, and we then independently contacted participants for full enrollment and longitudinal assessment.

To be preliminarily eligible for *One Thousand Strong*, participants had to reside in the U.S., be at least 18 years of age; be biologically male and currently identify as male; identify as gay or bisexual; report having sex with a man in the past year; self-identify as HIV-negative; be willing to complete at-home self-administered rapid HIV antibody testing (those testing positive at baseline were not included in the *One Thousand Strong* cohort); and be willing to complete self-administered STI testing. In addition, participants had to be able to complete assessments in English; have access to the Internet such to complete at-home online assessments; have access to a device that was capable of taking a digital photo (e.g., camera phone, digital camera); have an address to receive mail that was not a P.O. Box; and report residential stability (i.e., have not moved more than twice in the past 6 months). Please see (Grov et al. 2016) for a thorough rationale for these eligibility criteria and how they were assessed. Enrollment was conducted over a period of 6 months (April 2014–October 2014) to maintain sufficient staffing resources to guide participants through the enrollment process (e.g., mailing HIV/STI testing kits, following up with participants). The City University of New York (CUNY) Institutional Review Board approved study procedures.

Measures

Sociodemographic variables—Participants self-reported their educational level, income level, sexual orientation, geographic region, and age. Information about the participants' race/ethnicity was collected.

Religious affiliations—Participants were asked to choose their childhood and current religious affiliations from among 28 different religions, religious denominations, and secular designations such as "Buddhist," "Christian – Pentecostal," and "Atheist." Participants who chose any of the religions or religious denominations were grouped into the "religiously affiliated" category. Participants who chose either "Atheist" or "Agnostic or Undecided" were grouped into the "Atheist/Agnostic" group. The other two categories were composed of people who endorsed that they were currently "religious but not affiliated" or "spiritual but not religious."

Spirituality—The Ironson-Woods Sense of Peace subscale (Ironson et al., 2002) is a 9-item questionnaire that assesses participants' spirituality. Sample items include "*My beliefs give me a sense of peace*" and "*My beliefs help me feel I have a relationship or a connection with a higher form of being.*" Participants rate their agreement with the item on a scale of 1 (strongly disagree) to 6 (strongly agree). Higher scores suggest higher levels of spirituality. Cronbach's alpha for this cohort was .95.

Religiosity—The Ironson-Woods Religious Behavior subscale (Ironson et al., 2002) is a 5item subscale that assesses participants' involvement in religious behavior. Sample items include "*I pray or meditate to get in touch with God*" and "*I discuss my beliefs with others who share my belief.*" Participants rate their agreement with the item on a scale of 1 (strongly disagree) to 6 (strongly agree). Higher scores suggest higher levels of religiosity. The Cronbach's alpha for this cohort was .84.

Religious coping—The Religious Coping subscale of the Modified Cope (Carver, Scheier, & Weintraub, 1989) is comprised of four items. Sample items include, "*I try to find comfort in my religion or spiritual beliefs*," and "*I seek God's (or a higher power's) help*." Participants rate their agreement with the statement on a scale of 1 (I usually don't do this at all) to 4 (I usually do this a lot). Higher scores indicate higher levels of religious coping. The Cronbach's alpha for this cohort was .95.

Current religious service attendance—Participants were asked, "Do you currently go to church?" Response options were "yes" or "no." The use of single-item indicators to measure religious service attendance is a common practice among social scientists who study religion and has found support in empirical literature (Chatters et al., 1999; Taylor & Chatters, 2010; Taylor, Chatters, Bullard, Wallace, & Jackson, 2009).

Data Analysis

We first report univariate statistics for sociodemographic characteristics, as well as various religious practices. Next, multivariable regressions were used to determine the associations between sociodemographic characteristics, religious affiliation, and race/ethnicity with four outcome variables: (1) spirituality, (2) religiosity, (3) religious coping, and (4) current religious service attendance (0 = not attending, 1 = attending). For the first three outcomes, linear multiple regression was used; logistic regression was used for the fourth. For each outcome variable, educational level, income level, sexual orientation, geographic region,

age, race/ethnicity, and religious affiliation were simultaneously entered into the model. All analyses were conducted with SPSS 22.

Results

One thousand and seventy-one HIV-negative GBM comprised the sample for this study. Table 1 contains sociodemographic data for the sample. The cohort was predominately comprised of White (71.2%), gay-identified (95.0%), and college educated (55.7%) GBM, with a mean age of 40. The most endorsed residential location was the Southeastern region of the US (35.2%). In total, 46.3% reported an income of \$50,000 or more a year. The majority (82.0%) of GBM reported that they did not currently attend religious services. Overall, the men in this cohort reported low levels of spirituality, religiosity, and religious coping. Table 2 details the religious affiliations GBM reported they had when they were children. The most endorsed childhood religious affiliation was Christianity (73.1%) for the overall sample and across racial and ethnic groups. Catholicism was the most endorsed Christian denominational childhood affiliation for men in all racial groups except Black GBM who reported belonging to the Baptist denomination more than any other Christian denomination. GBM reported that as children, after Christian, they most identified as atheist/ agnostic, Jewish, spiritual but not religious and other religious groups (e.g., Eckist, Wiccan).

Table 3 shows the religions GBM reported being affiliated with since becoming adults. Overall, most men identified as atheist/agnostic (41.4%), Christian (28.0%), spiritual but not religious (17.0%), and other (5.5%). This pattern held for White and Latino GBM who reported the same top five religious affiliations. Black GBM and Multiracial/Other-raciallyidentified GBM differed in their endorsement of religious affiliations. Black GBM were affiliated mostly with Christianity (45.2%), followed by identifying as spiritual but not religious (25.0%), and atheist/agnostic (19.2%). Unaffiliated and other (3.8%) tied for the fifth most endorsed categories. Christianity and atheist/agnostic (41.3%) tied for the most endorsed religious affiliations among Multiracial/Other-racially identified GBM. These were followed by spiritual but not religious (16.5%) and Buddhist (7.4%). Unaffiliated and other (5.0%) tied for the fifth most reported categories among this racial group.

Multivariate Analyses

Table 4 presents the multiple regression models assessing the associations of sociodemographic variables, religious affiliation, and race/ethnicity with spirituality, religiosity, and religious coping. Table 5 presents the logistic regression model assessing the associations of sociodemographic variables, religious affiliation, and race/ethnicity with religious service attendance. Education was significantly associated with religiosity, religious coping, and religious service attendance. GBM without a four-year college education had higher levels of religiosity and religious coping than those with a four-year college education. GBM without a four-year college education had higher odds of religious service attendance than those with a four-year college education.

Religious affiliation was significantly associated with the four outcome variables. Specifically, GBM who endorsed being religiously affiliated had higher levels of spirituality, religiosity, and religious coping as well as higher odds of religious service attendance than

those who endorsed being atheist/agnostic. GBM who endorsed being religious but not affiliated had higher levels of spirituality and religiosity, as well as higher odds of religious service attendance than those who endorsed being atheist/agnostic. GBM who endorsed being spiritual but not religious had higher levels of spirituality, religiosity, and religious coping than those who endorsed being atheist/agnostic.

Race/ethnicity was significantly associated with spirituality, religiosity, and religious coping. Specifically, White GBM had lower levels of spirituality, religiosity, and religious coping when compared to Black GBM. Latino GBM also endorsed using religious coping significantly less significantly less than Black GBM. There were no significant differences in spirituality, religiosity, and religious coping between Multiracial/Other-racially identified and Black GBM.

Discussion

Overall, GBM endorsed lower levels of spirituality, religiosity, and religious coping relative to what has been published with samples of presumed heterosexual individuals (Carver et al., 1989; Ironson et al., 2002). The majority (82%) of GBM also reported no current religious service attendance and identified as atheist/agnostic (41.4%) despite having been raised Christian (73.1%). This finding follows the trend found by Sherkat (2002) that many gay men discontinue their religious affiliation when they become adults, possibly due to experiences with homonegativity (Barton, 2010). These findings suggest that as a group spirituality and religion do not seem to be important factors for GBM.

However, within group variation did exist. As hypothesized, men with less than a four-year college education were more religious than men who had a four-year college education. Yet, no differences in spirituality were associated with education. Furthermore, other sociodemographic variables (i.e., income, sexual orientation, geographic location, and age) were not associated with spirituality, religiosity, religious coping, or religious service attendance. These findings are inconsistent with prior research (Chatters et al., 1999; Lassiter, 2016; Taylor et al., 2009). This may be due to the fact that similar studies with GBM (Herek et al., 2010) did not include the range of variables, such as religious affiliation and income, that we included in our multivariate analyses. Although sexual orientation may significantly predict religiousness among LGB people (Sherkat, 2002) in the absence of sociodemographic factors (e.g., religious affiliation, income), it may be less important when those factors are considered. Furthermore, most research related to religion and spirituality is done with presumed heterosexual samples. The nature of GBM's lives is qualitatively distinct and it would make sense that different sociodemographic characteristics than those found among heterosexual samples may influence GBM's religion and spirituality. More research that incorporates a range of sociodemographic factors and higher percentages of people of various sexual orientations is needed to determine possible explanations for the differences in findings.

Differences in GBM's spirituality, religiosity, religious coping, and religious service attendance were associated with religious affiliation. GBM who endorsed formal and informal religious affiliation or identified as spiritual but not religious had higher levels of

There were racial and ethnic differences in religious affiliation. Specifically, Black and Multiracial/Other-racially identified GBM had higher rates of formal religious affiliation than White and Latino GBM. Black and Latino GBM endorsed higher rates of spiritual identification than White and Multiracial/Other-racially identified GBM. Furthermore, as hypothesized, Black GBM had significantly higher levels of religiosity, spirituality, and religious coping than White GBM even after controlling for sociodemographic and religious affiliation differences. Black GBM also had significantly higher levels of religious coping than Latino GBM. There were no significant differences found between Black and Multiracial/Other-racially identified GBM with regard to religiosity, spirituality, and religious coping. These findings are similar to the racial and ethnic differences in religious and spiritual engagement found among heterosexual samples (Pew Research Center, 2013, 2015). Overall, just as Black people have reported higher rates or religious and spiritual activities and beliefs than White and Latino people in the general population, Black GBM reflect their community-of-origin.

This study highlights the importance of not assuming homogeneity among GBM. They vary significantly in how they value and affiliate with spirituality and religion. These findings have important implications for future mental health interventions with less educated, religiously affiliated, and Black GBM in particular. Given these men's higher levels of spirituality and religiosity, issues related to these things may come up in the therapy room. Mental health providers should be seek training to ensure they are comfortable exploring these issues with these men (Bozard & Sanders, 2011). GBM have reported experiencing conflicts between their religious beliefs and sexuality (Lassiter, 2015; Pew Research Center, 2013), having internalized homonegativity (Barnes & Meyer, 2012), shame, and guilt (Sherry, Adelman, Whilde, & Quick, 2010). Culturally-appropriate psychological interventions such as spiritually-oriented cognitive restructuring (Super & Jacobson, 2011) may prove especially beneficial in helping GBM find peace with their religious, spiritual, and sexual identities. Religion and spirituality may also serve as resources mental health professionals may use to help their clients enhance their well-being. For example, spirituality has been found to help bisexual men cope with religious condemnation and traumatic experiences such as childhood sexual abuse (Jeffries et al., 2008).

Additional research is needed to fully understand the influence of spirituality and religion in GBM's lives. Future studies should investigate how these factors might influence the psychological health of Black GBM and their counterparts of other races and ethnicities differently. In addition, it may be interesting to examine differences in health among GBM who identify as spiritual and religious compared to those who identify as atheist and agnostic. Researchers (Hayward, Krause, Ironson, Hill, & Emmons, 2016) have found that

atheists and agnostics had worse psychological functioning than religiously affiliated people and those with no religious preference. However, this study did not assess sexual orientation. Thus, the ways in which being and atheist or agnostic influences the health of GBM are still unknown. Finally, longitudinal studies that track the spiritual and religious development of GBM over time will help researchers determine how these factors evolve and identify important milestones that may be associated with psychological outcomes.

Our findings are not without limitations. This study was web-based and the cohort was recruited through our partnership with CMI, who engaged people who were already familiar with web-based study procedures. GBM who did not know how to use a computer or who did not have Internet access were not eligible to be a CMI panelist and thus are not represented in the current study. That being said, there is growing evidence that the 'digital divide' has been rapidly closing, especially among GBM (Grov, Ventuneac, Rendina, Jimenez, & Parsons, 2013). Our cohort is as representative of GBM at the US population level as possible. However, Census data collection is imperfect and our estimates of diversity are based on Census data of same-sex couples because the last census failed to assess sexual orientation at the individual level. Thus, our cohort may not fully mirror the diversity of all GBM who are both single and partnered. In addition, there may have been other ethnic and racial differences that we were unable to detect due to lack of power given the low percentages of GBM of color in this sample. However, the One Thousand Strong cohort is closely representative of same-sex couples in the US population when it is taken into account that HIV-positive men were excluded from the sample. This exclusion likely accounts for the lower number of men of color in our sample, when compared to White GBM, given the racial disparities in HIV. Men who have sex with men (MSM) who did not identify as gay or bisexual were also excluded (n=15) from our sample, and thus, the spiritual and religious experiences of men who use other labels to describe their sexuality (e.g., same gender loving, heterosexual MSM, queer) remain unexplored. Furthermore, due to low percentages, it was not statistically feasible to conduct analyses with racially and ethnically distinct men in the Multiracial/Other category. Therefore, the unique religious and spiritual experiences of men subsumed in this category (e.g., Asian Pacific Islander, Arab) warrant further investigation.

This study represented an in depth investigation of the spiritual and religious lives of a racially and ethnically diverse sample of HIV-negative GBM from across the US. Overall, GBM endorsed lower levels of spirituality, religiosity, and religious coping, and religious service attendance than the general population of heterosexual Americans. However, while spirituality and religion may not be important for all GBM, it should especially be considered when working with those with lower levels of education, who are religiously affiliated, and who are Black. For many Black GBM, spirituality and religion remain important across the lifespan even when religious attendance wanes. For these men, spirituality and religion may influence their lives in ways that affect their psychological well-being and overall lived experiences. Mental health providers are encouraged to more closely attend to these cultural factors when working with Black GBM.

Acknowledgments

The *One Thousand Strong* study was funded by NIH/NIDA (R01 DA 036466: Jeffrey T. Parsons & Christian Grov). Jonathan Lassiter's effort was supported by a supplement to the parent grant. We would like to acknowledge other members of the *One Thousand Strong* Study Team (Dr. Jonathon Rendina, Mark Pawson, Michael Castro, Ruben Jimenez, Brett Millar, Chloe Mirzayi, Raymond Moody, and Thomas Whitfield) and other staff from the Center for HIV/AIDS Educational Studies and Training (Qurrat-Ul Ain, Andrew Cortopassi, Chris Hietikko, Doug Keeler, Chris Murphy, Carlos Ponton, and Brian Salfas). We would also like to thank the staff at Community Marketing Inc (David Paisley, Thomas Roth, and Heather Torch) and Dr. Patrick Sullivan, Jessica Ingersoll, Deborah Abdul-Ali, and Doris Igwe at the Emory Center for AIDS Research (P30 AI050409). Finally, special thanks to Drs. Jeffrey Schulden and Pamela Goodlow at NIDA. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

References

- Arreloa S, Ayala G, Diaz R, Kral A. Structure, agency, and sexual development of Latino gay men. Journal of Sex Research. 2013; 50:392–400. DOI: 10.1080/00224499.2011.648028 [PubMed: 22435920]
- Barnes DM, Meyer IH. Religious affiliation, internalized homophobia, and mental health in lesbians, gay men, and bisexuals. American Journal of Orthopsychiatry. 2012; 82(4):505–515. DOI: 10.1111/j.1939-0025.2012.01185.x [PubMed: 23039348]
- Barton B. "Abomination"--life as a Bible belt gay. Journal of Homosexuality. 2010; 57(4):465–484. DOI: 10.1080/00918361003608558 [PubMed: 20391006]
- Bozard RL, Sanders CJ. Helping Christian lesbian, gay, and bisexual clients recover religion as a source of strength: Developing a model for assessment and integration of religious identity in counseling. Journal of LGBT Issues in Counseling. 2011; 5(1):47–74. DOI: 10.1080/15538605.2011.554791
- Carver CS, Scheier MF, Weintraub JK. Assessing coping strategies: a theoretically based approach. Journal of Personality and Social Psychology. 1989; 56(2):267–283. [PubMed: 2926629]
- Chatters LM, Taylor RJ, Bullard KM, Jackson JS. Spirituality and subjective religiosity among African Americans, Caribbean Blacks, and Non-Hispanic whites. Journal for the Scientific Study of Religion. 2008; 47(4):725–737. DOI: 10.1111/j.1468-5906.2008.00437.x [PubMed: 21052481]
- Chatters LM, Taylor RJ, Bullard KM, Jackson JS. Race and ethnic differences in religious involvement: African Americans, Caribbean Blacks and non- Hispanic whites. Ethnic and Racial Studies. 2009; 32(7):1143–1163. DOI: 10.1080/01419870802334531 [PubMed: 20975850]
- Chatters LM, Taylor RJ, Jackson JS, Lincoln KD. Religious coping among African Americans, Caribbean Blacks and Non-Hispanic whites. Journal of Community Psychology. 2008; 36(3):371– 386. DOI: 10.1002/jcop.20202 [PubMed: 21048887]
- Chatters LM, Taylor RJ, Lincoln KD. African American religious participation: A multi-sample comparison. Journal for the Scientific Study of Religion. 1999; 38(1):132–145. DOI: 10.2307/1387589
- Diaz, R., Bein, E., Ayala, G. Homophobia, poverty, and racism: Triple oppression and mental health outcomes in Latino gay men. In: Omoto, AKH., editor. Sexual orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people. Washington, DC: American Psychological Association; 2006. p. 207-224.
- Ellison C, Levin J. The religion-health connection: Evidence, theory, and future directions. Health Education and Behavior. 1998; 25(6):700–720. [PubMed: 9813743]
- Farmer MA, Trapnell PD, Meston CM. The relation between sexual behavior and religiosity subtypes: A test of the secularization hypothesis. Archives Of Sexual Behavior. 2009; 38(5):852–865. DOI: 10.1007/s10508-008-9407-0 [PubMed: 18839301]
- Grov C, Cain D, Whitfield THF, Rendina HJ, Pawson M, Ventuneac A, Parsons JT. Recruiting a US national sample of HIV-negative gay and bisexual men to complete at-home self-administered HIV/STI testing and surveys: Challenges and opportunities. Sexuality Research and Social Policy. 2016; 13(1):1–21. [PubMed: 26858776]
- Grov C, Ventuneac A, Rendina J, Jimenez R, Parsons J. Perceived importance of five different health issues for gay and bisexual men: Implications for new directions in health education and

prevention. American Journal of Mens Health. 2013; (7):274–284. DOI: 10.1177/1557988312463419

- Hayward R, Krause N, Ironson G, Hill P, Emmons R. Health and well-being among the non-religious: Atheists, agnostics, and no preference compared with religious group members. Journal of Religion and Health. 2016; 55(3):1024–1037. DOI: 10.1007/s10943-015-0179-2 [PubMed: 26743877]
- Herek GM, Norton AT, Allen TJ, Sims CL. Demographic, psychological, and social characteristics of self-identified lesbian, gay, and bisexual adults in a US probability sample. Sexuality Research and Social Policy. 2010; 7(3):176–200. DOI: 10.1007/s13178-010-0017-y [PubMed: 20835383]

Hernandez, E., Burwell, R., Smith, J. Answering the call: How Latino churches can respond to the HIV/AIDS epidemic. 2007. Retrieved from https://latinostudies.nd.edu/assets/95281/original/ hiv_aids_companion_web.pdf

- Holt C, Schulz E, Wynn T. Perceptions of the religion–health connection among African Americans in the southeastern United States: Sex, age, and urban/rural differences. Health Education and Behavior. 2009; 36(1):62–80. DOI: 10.1177/1090198107303314 [PubMed: 17652617]
- Hunt L, Hunter M. Race, region, and religious involvement: A comparative study of whites and African Americans. Social Forces. 2001; 80(2):605–631. DOI: 10.1353/sof.2001.0098
- Ironson G, Solomon GF, Balbin EG, O'Cleirigh C, George A, Kumar M, ... Woods TE. The Ironson-Woods Spirituality/Religiousness Index is associated with long survival, health behaviors, less distress, and low cortisol in people with HIV/AIDS. Annals of Behavioral Medicine. 2002; 24(1): 34–48. DOI: 10.1207/S15324796ABM2401_05 [PubMed: 12008793]
- Jeffries W, Dodge B, Sandfort T. Religion and spirituality among bisexual Black men in the USA. Culture, Health & Sexuality. 2008; 10(5):463–477. DOI: 10.1080/13691050701877526
- Lassiter J. Reconciling sexual orientation and Christianity: Black same-gender loving men's experiences. Mental Health, Religion & Culture. 2015; 18(5):342–353. DOI: 10.1080/13674676.2015.1056121
- Lassiter J. Religious participation and identity salience of Black men who have sex with men: Findings from a nationally recruited sample. Psychology of Sexual Orientation and Gender Diversity. 2016; 3(3):304–312. DOI: 10.1037/sgd0000176
- Lee L, Sharpe T. Understanding religious/spiritual coping and support resources among African American older adults: A mixed-method approach. Journal of Religion, Spirituality & Aging. 2007; 19(3):55–75. DOI: 10.1300/J496v19n03_05
- Lewis L, Hankin S, Reynolds D, Ogedegbe G. African American spirituality: A process of honoring God, others, and self. Journal of Holistic Nursing. 2007; 25:16–23. DOI: 10.1177/0898010106289857 [PubMed: 17325309]
- Pew Research Center. A survey of LGBT Americans. 2013. Retrieved from http:// www.pewsocialtrends.org/2013/06/13/a-survey-of-lgbt-americans/
- Pew Research Center. Religious landscape study. 2015. Retrieved from http://www.pewforum.org/ religious-landscape-study/racial-and-ethnic-composition/
- Marin, B., Gomez, C. Latinos and HIV: Cultural issues in AIDS prevention. 1998. Retreived from: http://hivinsite.ucsf.edu/InSite?page=pr-rr-03
- McAuley W, Pecchioni L, Grant J. Personal accounts of the role of God in health and illness among older rural African American and White residents. Journal of Cross-Cultural Gerontology. 2000; 15(1):13–35. DOI: 10.1023/A:1006745709687 [PubMed: 14618008]
- Miller W, Thoresen C. Spirituality, religion, and health: An emerging research field. American Psychologist. 2003; 58(1):24–35. doi:0.1037/0003-066X.58.1.24. [PubMed: 12674816]
- Sherkat DE. Sexuality and religious committment in the United States: An empirical examination. Journal for the Scientific Study of Religion. 2002; 41(2):313–323. DOI: 10.1111/1468-5906.00119
- Sherry A, Adelman A, Whilde M, Quick D. Competing selves: Negotiating the intersection of spiritual and sexual identities. Professional Psychology: Research and Practice. 2010; 41(2):112–119. doi: 0.1037/a0017471.
- Super J, Jacobson L. Religious abuse: Implications for counseling lesbian, gay, bisexual, and transgender individuals. Journal of LGBT Issues in Counseling. 2011; 5(3–4):180–196. http:// dx.doi.org/10.1080/15538605.2011.632739.

- Sutton MY, Parks CP. HIV/AIDS prevention, faith, and spirituality among Black/African American and Latino communities in the United States: Strengthening scientific faith-based efforts to shift the course of the epidemic and reduce HIV-related health disparities. Journal of Religion and Health. 2013; 52(2):514–530. DOI: 10.1007/s10943-011-9499-z [PubMed: 21626244]
- Taylor RJ, Chatters LM. Importance of religion and spirituality in the lives of African Americans, Caribbean Blacks and Non-Hispanic whites. The Journal of Negro Education. 2010; 79(3):280– 294. DOI: 10.2307/20798349
- Taylor RJ, Chatters LM, Brown RK. African American religious participation. Review of Religious Research. 2014; 56(4):513–538. DOI: 10.1007/s13644-013-0144-z [PubMed: 25580034]
- Taylor RJ, Chatters LM, Bullard KM, Wallace JM, Jackson JS. Organizational religious behavior among older African Americans: Findings from the National Survey of American Life. Research on Aging. 2009; 31(4):440–462. DOI: 10.1177/0164027509333453 [PubMed: 21052487]
- Taylor RJ, Chatters LM, Jackson JS. Correlates of spirituality among African Americans and Caribbean Blacks in the United States: Findings from the National Survey of American Life. Journal of Black Psychology. 2009; 35(5):317–342. DOI: 10.1177/0095798408329947 [PubMed: 21031157]
- Taylor RJ, Chatters LM, Jayakody R, Levin J. Black and white difference in religious participation: A multisample comparison. Journal for the Scientific Study of Religion. 1996; 35(4):403–410. DOI: 10.2307/1386415
- Zinnbauer B, Pargament K, Cole B, Rye M, Butter E, Belavich T, ... Kadar J. Religion and spirituality: Unfuzzying the fuzzy. Journal for the Scientific Study of Religion. 1997; 36(4):549–564. DOI: 10.2307/1387689

Table 1

Sociodemographic Characteristics of Full Sample (N = 1071)

	п	%
Race/Ethnicity		
Black	83	7.7
Latino	135	12.6
White	763	71.2
Multiracial/Other	90	8.4
Education		
No 4-year college degree	474	44.3
4-year college degree	597	55.7
Income		
Less than 20K	213	19.9
20K to 49K	362	33.8
50K or more	496	46.3
Sexual Orientation		
Gay	1017	95.0
Bisexual	54	5.0
Geographic Region		
Southeastern	377	35.2
Northeastern	204	19.0
Midwest	192	17.9
West	297	27.7
U.S. Possession	1	0.1
Current Religious Service Attendanc	e	
Yes	193	18.0
No	878	82.0
	М	SD
Age (Range = 18 – 79)	40.2	13.8
Spirituality (Range = 9 – 45)	27.8	11.2
Religiosity (Range = $5 - 25$)	11.2	5.7
Religious Coping (Range = 4 – 16)	7.0	3.8

\geq
Ę
5
9
-
\leq
<u>p</u>

uthor Manuscript

Author Manuscript

Table 2

Author
Manuscript

eligious Affiliation During Childhood	

	Black Gay and Bisexual = 83)	sexual Men (<i>n</i>)	White Gay and Bisexual Men $(n = 763)$	y and Bisexual Men (<i>n</i> = 763)	Latino Gay and Bisexual Men $(n = 135)$	o Gay and Bisexual Men (<i>n</i> = 135)	Multiracial/(Bisexual N	Multiracial/Other Gay and Bisexual Men $(n = 90)$	Full Sampl	Full Sample (<i>N</i> = 1071)
	u ^u	%	$q^{\boldsymbol{u}}$	%	n ^c	%	p^{u}	%	$_{aN}$	%
Religious Affiliation as Children	'n									
Christian	79	81.4	705	74.1	139	77	67	53.6	066	73.1
Baptist	34	35.1	116	12.2	14	7.7	5	4	169	12.5
Catholic	11	11.3	225	23.7	87	48.1	31	24.8	354	26.1
Methodist	4	4.1	76	8	2	1.1	9	4.8	88	6.5
Lutheran	1	1	59	6.2	3	1.7	3	2.4	99	4.9
Pentecostal	7	7.2	25	2.6	8	4.4	2	1.6	42	3.1
Presbyterian	1	1	41	4.3	1	0.6	4	3.2	47	3.5
Episcopalian	0	0	20	2.1	3	1.7	2	1.6	25	1.8
Evangelical	0	0	18	1.9	2	1.1	0	0	20	1.5
Mormon	0	0	19	2	1	0.6	1	0.8	21	1.6
Anglican	0	0	4	0.4	1	0.6	1	0.8	9	0.4
Nondenominational	17	17.5	54	5.7	6	5	10	8	06	9.9
Other	4	4.1	48	5	8	4.4	2	1.6	62	4.6
Jewish	1	1	53	5.6	1	0.6	2	1.6	57	4.2
Muslim	0	0	0	0	0	0	4	3.2	4	0.3
Hindu	0	0	0	0	0	0	1	0.8	1	0.1
Buddhist	2	2.1	7	0.7	1	0.6	12	9.6	22	1.6
Unaffiliated	2	2.1	10	1.1	0	0	3	2.4	15	1.1
Atheist/Agnostic	6	6.2	133	14	26	14.3	25	20	190	14
Spiritual but not religious	5	5.2	24	2.5	10	5.5	5	4	44	3.2
Other	2	2.1	19	2	4	2.2	9	4.8	31	2.4

Cultur Divers Ethnic Minor Psychol. Author manuscript; available in PMC 2018 October 01.

^aTotal n exceeds 83 because participants were able to choose more than one religious affiliation. ^bTotal n exceeds 763 because participants were able to choose more than one religious affiliation. Author Manuscript

Author Manuscript

 c_{1}^{2} Total *n* exceeds 135 because participants were able to choose more than one religious affiliation.

 $d_{\rm Total}$ *n* exceeds 90 because participants were able to choose more than one religious affiliation.

 e^{1} Otal N exceeds 1071 because participants were able to choose more than one religious affiliation.

Author Manuscript

Author Manuscript

Author Manuscript

Table 3

Adult
as an
Affiliation
Religious

	Black Gay and Bisexual $(n = 83)$	and Bisexual Men (<i>n</i> = 83)	White Gay and Bisexual Men $(n = 763)$	y and Bisexual Men (n = 763)	Latino Gay ar $(n =$	Latino Gay and Bisexual Men $(n = 135)$	Multiracial/ Bisexual I	Multiracial/Other Gay and Bisexual Men $(n = 90)$	Full Sampl	Full Sample $(N = 1071)$
	^u a	%	q^{μ}	%	n ^c	%	$p^{\boldsymbol{\mu}}$	%	N^{e}	%
Religious Affiliation as Adults										
Christian	47	45.2	275	27.9	36	21.5	28	41.3	386	28
Baptist	12	11.5	6	0.9	1	0.6	2	1.7	24	1.7
Catholic	S	4.8	58	5.9	18	10.8	12	6.6	93	6.8
Methodist	3	2.9	22	2.2	0	0	0	0	25	1.8
Lutheran	0	0	20	2	1	0.6	1	0.8	22	1.6
Pentecostal	4	3.8	2	0.2	1	0.6	0	0	7	0.5
Presbyterian	1	1	6	0.9	0	0	1	0.8	11	0.8
Episcopalian	0	0	19	1.9	0	0	б	2.5	22	1.6
Evangelical	2	1.9	1	0.1	0	0	0	0	3	0.2
Mormon	0	0	4	0.4	1	0.6	0	0	5	0.4
Anglican	0	0	2	0.2	0	0	0	0	2	0.1
Nondenominational	19	18.3	94	9.6	13	7.8	6	7.4	135	9.8
Other	1	1	35	3.6	1	0.6	0	0	37	2.7
Jewish	0	0	39	4	3	1.8	0	0	42	ю
Muslim	1	1	0	0	1	0.6	0	0	2	0.2
Hindu	0	0	б	0.3	1	0.6	2	1.7	9	0.4
Buddhist	2	1.9	30	3	3	1.8	6	7.4	44	3.2
Unaffiliated	4	3.8	9	0.6	2	1.2	9	5	18	1.3
Atheist/Agnostic	20	19.2	421	42.8	78	46.7	50	41.3	569	41.4
Spiritual but not religious	26	25	154	15.7	34	20.4	20	16.5	234	17
Other	4	3.8	56	5.7	1	5.4	9	5	75	5.5

Cultur Divers Ethnic Minor Psychol. Author manuscript; available in PMC 2018 October 01.

Lassiter et al.

 b_{T} total *n* exceeds 763 because participants were able to choose more than one religious affiliation. a^{2} Total *n* exceeds 83 because participants were able to choose more than one religious affiliation.

Author Manuscript

 c_{1}^{2} Total *n* exceeds 135 because participants were able to choose more than one religious affiliation.

 $d_{\rm Total} n$ exceeds 90 because participants were able to choose more than one religious affiliation.

 e^{1} Otal N exceeds 1071 because participants were able to choose more than one religious affiliation.

Table 4

Association of Sociodemographic Characteristics, Religious Affiliation, and Race with Spirituality, Religiosity, and Religious Coping

	Spirituality	Religiosity	Religious Coping
Predictors	B (95% CI)	B (95% CI)	B (95% CI)
Education			
4-year college degree	Ref	Ref	Ref
No 4-year college degree	.61 (61 - 1.83)	.98 ** (.43 - 1.53)	.41*(.0279)
Income			
Less than 20K	-1.52 (-3.2217)	32 (-1.0945)	.12 (4266)
20K to 49K	.04 (-1.34 - 1.42)	22 (8440)	.13 (3157)
50K or more	Ref	Ref	Ref
Sexual orientation			
Gay	Ref	Ref	Ref
Bisexual	49 (-3.13 - 2.15)	.16 (-1.04 - 1.35)	.09 (7593)
Geographic region			
Southeastern	Ref	Ref	Ref
Other	73 (-1.9449)	54 (-1.0801)	03 (4235)
Age	.01 (0306)	.01 (0203)	.01 (0102)
Religious Affiliation			
Atheist/Agnostic	Ref	Ref	Ref
Religiously affiliated	12.05 *** (10.78 - 13.32)	7.65 *** (7.08 - 8.22)	4.75 *** (4.35 - 5.16)
Religious but not affiliated	8.89** (3.89 - 13.89)	2.57*(.31-4.83)	1.07 (51 - 2.66)
Spiritual but not religious	9.21****(7.30 - 11.12)	2.05 ** (1.19 - 2.92)	2.03 *** (1.43 - 2.64)
Race			
Black	Ref	Ref	Ref
White	-2.83*(-5.0560)	-1.38 ** (-2.3838)	-1.82***(-2.531.12)
Latino	-1.40 (-4.07 - 1.26)	-1.02 (-2.2218)	-1.58 *** (-2.4273)
Multiracial/Other	-2.83 (-5.7307)	-1.10 (-2.4121)	75 (-1.6717)

Note. B = unstandardized regression coefficient. CI = confidence interval. N = 1071.

*** p < 0.01,

*** p < 0.001.

^{*} p < 0.05,

Table 5

Logistic Regression Predicting Current Religious Service Attendance among Gay and Bisexual Men

Predictor	OR (95% CI)
Education	
4-year college degree	Ref
No 4-year college degree	1.82**(1.23 - 2.70)
Income	
Less than 20K	.90 (.51 – 1.59)
20K to 49K	.82 (.53 – 1.28)
50K or more	Ref
Sexual Orientation	
Gay	Ref
Bisexual	.87 (.42 – 1.82)
Geographic Region	
Southeastern	Ref
Other	.98 (.67 – 1.45)
Age	1.01 (.99 – 1.02)
Religious Affiliation	
Atheist/Agnostic	Ref
Religiously affiliated	30.12***(16.30-55.63)
Religious but not affiliated	10.93**(2.59-46.06)
Spiritual but not religious	.33 (.04 – 2.55)
Race/Ethnicity	
Black	Ref
White	.77 (.41 – 1.43)
Latino	1.09 (.49 – 2.42)
Multiracial/Other	1.00 (.42 – 2.36)

Note. OR = Odds ratio. CI = Confidence interval. N = 1071.

* p < .05.

** p < .01.

> *** p <.001.