

Spirituality and Psychological Well-being as Buffers of Suicide Probability among Selected Young Filipino Gay Men and Lesbian Women

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Abstract

Suicide is a serious health concern worldwide making it the second leading cause of death among adolescents and young adults. Among those at-risk for suicide are lesbian, gay and bisexual (LGB) youth, who are reported to be more likely to exhibit suicide behavior than their heterosexual counterparts. LGB-specific stressors, known as sexual minority stress, cause this health disparity. However, majority of studies on LGB youth focus on the risk factors of suicide despite the need for more research on protective factors. This study addresses the gap in the literature by looking into how spirituality, an overlooked protective factor in sexual minority, and psychological well-being can buffer suicide behavior among 109 lesbians and 191 gay Filipino youth. Utilizing the cross-sectional predictive research design, a total of 300 respondents completed the Suicide Probability Scale, Spiritual Involvement and Beliefs Scale – Revised and Ryff's Scales of Psychological Well-being. Results revealed that psychological well-being and spirituality are negatively correlated with suicidality. Moreover, stepwise regression indicated that both psychological well-being and spirituality predict suicide behavior separately, but only psychological well-being has a predictive relationship with suicide behavior when both variables co-occur. Implications of these results are discussed.

Keywords: Suicide protective-risk factors, spirituality, psychological well-being, Filipino youth, lesbians, gays

Introduction

Suicide is considered as a serious health concern worldwide responsible for approximately one million deaths annually and an estimated yearly mortality of 14.5 deaths per 100,000 people (Schrijvers, Bollen, & Sabbe, 2012). According to World Health Organization (2012), it is the 15th leading cause of death generally and the second leading cause of death among adolescents and young adults, ages 15-29 years old. In the Philippines alone, young people ages 15-24 years old have the highest rates of suicide attempts and mortality from 1976 to 2005 (Redaniel, Lebanan-Dalida, & Gunnell, 2011). In addition, studies show that adolescence and young adulthood are also the periods of increased risk for non-suicidal self-injury and suicide behaviors (Tsypes, Lane, Paul, & Whitlock, 2016). Suicide behavior is not only limited to the completion of suicide but also includes suicidal thoughts and ideas that they never acted on, to actual attempts of wide range of degrees of severity, to a fatal one (Schrijvers et al., 2012).

Suicide behavior is an extensive array of psychopathological occurrences expressed in terms of thinking (suicidal ideation and planning, thoughts and wishes to be dead), gestures (aborted action to end one's life), to attempts (self-destructive behavior with at least some resolve to kill oneself) (Pawlak et al., 2016). Studies have identified personality traits, sociocultural, biological, physical, and genetic factors, and mental illnesses as risk factors for suicide behavior (Nagra, Lin, & Upthegrove, 2016). For young adults, poor social support, substance use disorders, family conflict, feelings of hopelessness, and mood disorders were all noted to be risk factors for suicide. Additionally, there were numerous risk factors appearing in higher magnitudes among those who had previous attempts (Kyle, 2013). These risk factors may have varied personal effects on a person depending on their susceptibility and resilience (Pawlak et al., 2016). On the other hand, resilience, also known as a moderating, buffering, or protective factor, refers to resources that lessen the probability of developing suicide behavior in the presence of risk factors (Kleiman, Miller, & Riskind, 2012). Protective factors known to reduce suicide risk for young adults also include their gender, adaptive coping styles, and spiritual faith (Kyle, 2013).

Mościcki (2001) proposed that suicide risk is a result of the complicated constellation of risk factors and limited or lack of access to protective factors such as family cohesion, sufficient social support, availability of mental health services, and enriched coping skills, as well as the presence of intrapersonal protective factors such as religiousness and spirituality (Kyle, 2013; Meadows, Kaslow, Thompson, & Jurkovic, 2005). It is important that researchers dedicate studies on identifying different risk and protective factors for suicide behavior in order to advance how interventions are developed and implemented on the general population and at-risk populations (Kleiman & Liu, 2013; Whitaker, Shapiro, & Shields, 2016).

Among those populations found to be at risk of suicide behavior are the lesbian, gay, and bisexual (LGB) adolescents and young adults. For instance, LGB youth are up to three times more likely to have thoughts of suicide and four times more likely to attempt suicide compared to the heterosexual population (Bostwick et al., 2014; Kann et al., 2016). They attempt suicide at a higher rate using more lethal methods and were significantly more likely to exhibit suicide behavior (Hong, Espelage, and Kral, 2011; Shearer et al., 2016). Risk factors for suicide behavior in LGB youth are the same with the general population and there are LGB-specific risk factors and markers that may have a greater impact on the LGB individuals affecting their suicide behavior (Silenzio et al., 2007).

According to multiple studies and meta-analyses, LGB youth's minority status is a risk factor for suicide behaviors. This in turn makes sexual minority youth, in particular, a vulnerable population in spite of the increase in their visibility and recognition in public (Tsypes et al., 2016; Burton, Marshal, & Chisolm, 2014; Wells et al., 2013). Sexual minority youth is the umbrella term referring to adolescents and young adults who identify as lesbian, gay, bisexual, sexually fluid or queer, and non-heterosexual (Ceglarek & Ward, 2016). LGBs are considered sexual minorities because of their sexual orientation in relation to the majority heterosexual population (Doull, Watson, Smith, Homma, & Saewyc, 2016).

Compared to their heterosexual and gender-conforming counterparts, LGB individuals have to deal with recurrent exposure to threat, such as rejection and discrimination, because of their minority status (Cohen, Blasey, Taylor, Weiss, & Newman, 2016). Meyer as minority stress, suggesting that a range of specific and enduring psychosocial stressors affects sexual minorities leading to negative behavioral health outcomes (Cohen et al., 2016; Goldbach & Gibbs, 2017), theorized such threats to the well-being of LGB people.

Minority stress theory implies that the unique form of stress experienced by sexual minorities is brought about by the disagreement between their internal sense of identity against the social norms and expectations of the majority (Meyer, 2003; as cited in Craig & Austin, 2016). People of the minority experience discrimination, stigma, and victimization as a result of a heterosexist and hostile culture (Meyer, 2003). Meyer (2003) defined minority stress in LGB as being related to internalized negativity, sensitivity to rejection, harassment, or concealment of sexual orientation. The LGBs struggle with harmful reactions to their minority status and a concomitant absence of social support from their family, friends, and the society (Goldbach, Tanner-Smith, Bagwell, & Dunlap, 2014).

In addition, Meyer (2003) reported "LGB youth are even more likely than adults to be victimized by antigay prejudice events" (p.680) and because they are just realizing their identity, these experiences could take a toll on their spirits and hinder development (Saltzburg, 2005). Such experiences would lower their social status and ensue social conflict with the majority, which are thought to increase psychological stress, eventually leading to a higher likelihood of developing psychological distress and disorders (Perry, Chaplo, & Baucom, 2017).

Most of the literature on the health outcomes of LGB youth focus on risk factors despite the need for more research on protective factors, leading to little knowledge as to what protective factors will inhibit suicide behavior on LGB youth (Haas et al., 2011; as cited in Whitaker, Shapiro, & Shields, 2016). Some of the multiple factors identified in some studies on suicide behavior in LGB youth include living in environments that are more accepting of lesbians and gays, sexual minority youth's amount of social support, and resilience brought about by their strong sense of positive LGB identity (Hatzenbuehler, 2011; Ceglarek & Ward, 2016). However, sexual minority youth experience difficulty navigating between their stigmatized characteristics and psychosocial risk factors because of the lack of effective coping skills and support (Craig & Austin, 2016). Their relationships with their family members, peers, and even religious communities may be disrupted, particularly during the time of their discovery or revelation of their sexual identity, due to rejection (Ryan, Huebner, Diaz, & Sanchez, 2009). It is also worthy to note that some LGB youth may isolate themselves from religious communities whose views do not affirm their sexual identity, while others may find greater support through religious beliefs or institutions (Dowshen, et al., 2011).

Despite the growing literature on how religion and spirituality may protect the general population from stressors the LGB encounter by providing them with resilient attitudes, such as calmness in dealing with suffering, positive learning from experience, and confidence in one's self (Peres, Moreira-Almeida, Nasello and Koenig, 2007), these relationships between religion, spirituality and health behaviors may not necessarily apply to LGB youth. Additionally, little research has been conducted on the role of religion and spirituality in the sexual minority (Dowshen et al., 2011). Current literature on the religiosity of sexual minorities and its relationship to mental health outcomes suggests that it can function as both a source of risk and developmental asset (Dahl & Galliher, 2012).

Researchers have hypothesized that the conflict that the LGB experiences within the religious context may have a negative effect on their development as individuals (Rostosky, Danner, & Riggle, 2010, as cited in Dahl & Galliher, 2012). Furthermore, despite assumptions on how the negotiation of sexual orientation and religion may lead to negative outcomes, some LGB are able to integrate their religiosity and their sexual orientation by affiliating with LGBT-affirming religious groups and being spiritual (Lytle, De Luca, Blosnich, & Brownson, 2015). Their participation in these organizations has been related to higher levels of spirituality and psychological health and lower risk of internalized homonegativity (Barnes and Meyer, 2012; Lease et al., 2005, as cited in Lytle et al., 2015).

In line with inquiries on religious participation, studies on spirituality as a resiliency or protective factor is becoming more abundant in the field of psychology with recent empirical studies reporting that meaning in life implied by having spiritual orientation can affect psychological adjustment (Laubmeier, Zakowski, & Bair, 2004). Furthermore, spirituality focuses on the discovery of inner strength, surpassing daily challenges, and finding meaning in life or sense of purpose (Hirsch, Webb, & Kaslow, 2013). Spirituality serves as a source of hope and power, thus enhancing a person's well-being (Chiang et al., 2016).

According to Ryff (1989), psychological well-being is a cluster of psychological aspects comprising of resilience-related features such as self-efficacy, maturity, and purpose in life, involved in human functioning which focuses on realizing one's optimal psychological functioning and striving to find their purpose and meaning in life. Ryff and Singer (2003) also added that those who are able to maintain their physical and psychological well-being are more resilient and are able to recuperate more rapidly from stressful situations. Although less is still known regarding resilience of sexual minority young adults, there is a current trend in research addressing gaps in literature by focusing on the identification of factors mediating risk of those who experience minority stress (Meyer, 2015).

Researchers on the field of suicide have focused more on exploring the risk factors for suicide behaviors, but recently, prominent names in the field have called for more research studying protective factors that can be developed in those who are at risk (Stockton, Tucker, Kleiman, Wingate, 2016). Concentrating on risk factors, instead of resilience or protective factors, have resulted to substandard effective suicide prevention and intervention strategies and increasing the knowledge on resilience would enhance the efficiency of these strategies (Brent, 2011, as cited in Kleiman & Liu, 2013).

This study would provide additional information on factors that could help understand the impact of risk factors on suicide behavior, especially in the LGBT community. Apart from determining the different risk factors of suicide behavior in LGBT, it is important that researchers or psychologists in particular, gain more understanding of how their strengths and

resilience could be utilized to buffer suicidality. In addition, most of the studies on LGBT focuses more on how their sexual orientation and gender identity lead to psychopathology and less attention on strategies on how to help them, such as looking into their strengths and resilience.

Undertaking this study will not only fill a gap in the literature of suicidality but also will also give researchers and psychologists more insight on how to help a diverse group of clients, in which the LGBT community is included. Growing up in a country with approximately 92.5 percent Christians, consisting of mostly Roman Catholics (Kanas, Scheepers, & Sterkens, 2017), it is important to determine how LG Filipino youth use their spiritual orientation as a means of dealing with difficult situations and psychopathological behavior, particularly suicide. By examining spirituality, psychological well-being, and suicide behavior in LG Filipino youth, the results of this study are expected to aid in the development and implementation of better psychological programs and services which are anchored towards the specific needs of LG Filipino youth. By understanding the dynamics of suicide in LG youth, researchers and psychologists can construct more effective treatments that are specifically tailored in buffering suicide behavior, as well as both in prevention and recovery from suicide attempts.

Moreover, this study would also provide resources to the LG youth on what protective factors they can utilize when they experience LG-specific stressful situations. The results of this study would help address this health problem of LG youth by means of providing understanding as to how their psychological well-being and spirituality can serve as protective factors against suicide behavior. It could lead to finding ways for spirituality and being LG to coexist, helping a lot of spiritual LGs to accept themselves and realize that being spiritual doesn't mean they are going to be punished, which would also help in the development of their psychological well-being.

Method

Research Design

The cross-sectional predictive was utilized in the present study that investigated if protective factors such as spirituality and psychological well-being would predict lowered risk factors of suicidal behaviors. This type of research according to Johnson (2001), deals with the forecasting or prediction of a phenomenon based on data collected from participants on a single point in time.

Participants

Self-identified lesbian women (109; 36.33%) and gay men (191; 63.67%) ages 18 to 24 years old ($M = 20.98$, $SD = 2.10$) participated in this study. A nonprobability snowball sampling method in obtaining the 300 total number participants from the National Capital Region (NCR) was utilized. The participants were recruited via referrals from friends and family of the researchers and from members of LGBT organizations that know self-identified and out lesbians and gays. Self-identified lesbians and gays refer to those who are out of the closet and acknowledge their attraction to the same sex. Selected participants completed the survey questionnaires in person after signing a written informed consent form. Participation in the study was voluntary and no compensation was given.

Research Instruments

Suicide Probability Scale (SPS). The Suicide Probability Scale is a 36-item, self-report measure used to assess suicide risk in adolescents and adults (Cull and Gill, 1989). Responses are rated using a four-point Likert scale ranging from 1 (“None or a little of time”) to 4 (“Most or all of the time”). Statements come from four clinical subscales of suicide behavior, which are comprised of Hopelessness (e.g. “I feel I am not able to do many things well”), Suicide Ideation (e.g. “I feel people would be better off if I were dead.”), Negative Self-Evaluation (e.g. “Things seem to go very well for me.”), and Hostility (e.g. “When I get mad, I break things.”). The sum of the scores of the subscales equate to a total score reflecting suicide probability. Higher scores indicate higher suicide risk. The internal reliability of the SPS total score is high with a Cronbach alpha of .93 while its subscales ranged from .62 to .89 (Brown, 2001). Bisconer and Gross (2007) also used the SPS on the assessment of suicide risk in a psychiatric hospital. In their study, the Cronbach’s alpha of the overall SPS was .92 while the SPS subscales reported values ranging from .67 to .88. The most widely used subscale of SPS is the Suicide Ideation with a Cronbach’s alpha as high as .90 in studies (O’Connor & Noyce, 2008). The alpha coefficient of the SPS total scores in this study is .88.

Spiritual Involvement and Beliefs Scale (SIBS-R). The Spiritual Involvement and Beliefs Scale – Revised (SIBS-R) is a 22-item self-report questionnaire designed to measure spiritual actions and beliefs across religious traditions through a 7-point Likert scale (Strongly Agree to Strongly Disagree) (Hatch, Burg, Naberhaus, & Hellmich, 1998). Sample items are “I find serenity by accepting things as they are.” and “I have a personal relationship with a power greater than myself.” The lowest and highest score range from 22 to 154, with higher scores demonstrating greater level of spirituality. The SIBS-R has been found to have internal reliability coefficient of .92 (Hyland, Geraghty, Joy, & Turner, 2006). It was correlated with the items from The Duke University Religion Index (DUREL) with coefficients ranging from .66 to .80, suggesting adequate validity. When SIBS-R was used in Litwinczuk and Groh’s (2007) study, a Cronbach’s alpha of .83 was recorded. The Cronbach’s reliability of SIBS-R in the study is .87.

Scales of Psychological Well-Being (SPWB). The Scales of Psychological Well-being by Carol Ryff (1989) is a 42-item instrument used in the measurement of psychological well-being across six dimensions: autonomy (e.g. “I tend to be influenced by people with strong opinions.”), environmental mastery (e.g. “In general, I feel I am in charge of the situation in which I live.”), personal growth (e.g. “I tend to be influenced by people with strong opinions.”), positive relations with others (e.g. “I often feel lonely because I have few close friends with whom to share my concerns.”), purpose in life (e.g. “I don’t have a good sense of what it is I’m trying to accomplish in life.”), and self-acceptance (e.g. “In many ways I feel disappointed about my achievements in life.”). Items are rated from 1 (Strongly Disagree) to 6 (Strongly Agree). Two kinds of scores are produced from the SPWB: the six subscale scores and the total score. The six subscales scores are computed by adding the responses each subscale. Furthermore, in order to come up with an overall psychological well-being score or total score, the scores on the six individual scales are added. High subscale scores indicate mastery of the specific dimension and high total scores reflect greater psychological well-being. According to Ryff, the Cronbach’s alpha coefficients of the subscales of the test ranged from .67 to .84 while the total coefficient of the instrument is .95. In addition, it has a satisfactory test-retest reliability and is inversely correlated with instruments that measure psychological distress. Costanzo, Ryff, and Singer’s (2009) study on cancer patients’ well-being reported a Cronbach’s alpha of .75 to .84. On the other hand, a study by Ruini, Vescovelli, and Albieri (2013) on well-being, the total score of the instrument reported a Cronbach’s alpha of .83.

Another study by Gallagher, Lopez, and Preacher (2009), the Cronbach's alpha of the instrument ranged from .72 to .85 in the undergraduate sample and .71 to .84 in the MIDUS2 sample implying adequate internal consistency in both of their samples. Cronbach's alpha coefficient for the whole scale SPWB's reliability measure in the study is .88.

Research Procedure

Approval from the Graduate School Ethical Review Board of the University of Santo Tomas was sought first to ensure ethical considerations and the safety, rights and well-being of the participants were considered. Sourcing and recruitment of self-identified and out LG youth followed and was accomplished through referrals from family, friends, and LGBT organizations. Participants' eligibility to be selected was based on the following criteria that they are: (1) 18-24 years of age; (2) self-identifying as lesbian (women attracted to women) or gay (men attracted to men); and (3) resides in the National Capital Region (NCR). Socioeconomic status, occupation, or educational attainment were not considered in the selection process and eligible participants signed an Informed consent form prior to test administration. Completion of the paper-and-pencil survey questionnaire was about 15-30 minutes, as such the participant's time commitment for the study is at most 30 minutes. Debriefing was conducted on the participants and were given referral details of mental health specialists (psychiatrists, psychologists, counselors) and crisis help/hope lines in the event that they feel they need further assistance.

Results

Descriptive statistics were used to determine the levels of spirituality, psychological well-being and suicide probability of the participants. Result showed that the level of spirituality of the participants is moderate ($M=104.94$; $SD=19.28$) an indication that lesbian and gay Filipino youth are often going through a process of spiritual individuation, which will eventually result to a more clearly defined and differentiated concept of spirituality as time progresses (Barton & Miller, 2015). The participants also appear to be moderate in terms of their psychological well-being ($M=166.70$; $SD=23.69$). This means that those who exhibit this level of psychological well-being has an increased risk of developing psychological distress and disorders, and in the case of lesbian and gay youth, this can be attributed to the unique stressors brought by prejudice and stigma directed towards them (Schotanus-Dijkstra et al., 2016). In terms of suicide probability, result shows that they are under mild suicidality and that they belong to medium-risk group ($M=72.96$; $SD=20.70$). This suggests that there is some suicide potential and there is a need for a careful clinical evaluation of their suicide risk. This presence of suicide risk in lesbian and gay Filipino youth is due to the combination of general and LGBT-specific risk factors and lack of support and effective coping skills (Liu & Mustanski, 2012; Craig & Austin, 2016).

Step-wise multiple regression analysis was performed to examine the predictive utility of spirituality and psychological well-being on suicide probability. The first model tested made use of only spirituality as the independent variable while the second model used both spirituality and psychological well-being. Based on Model 1, result suggest that spirituality plays a significant role in lowering the possibility of committing suicide [$F(298) = 28.917$, $\Delta R^2 = .085$, $p < .001$] as it can account for 8.5% of the variance observed in the suicide probability of the respondents. Its unique contribution, based on its beta weight, is also significant (see Table 1). Result of Model 2 is also significant [$F(297) = 87.256$, $\Delta R^2 = .366$, $p < .001$], it appears that the combined effect of spirituality and psychological well-being can account for

36.6% of the variance in the suicide probability of the participants. However, when their respective beta weights were examined, it is only psychological well-being that has a unique and significant contribution in lowering the chances of committing suicide (see Table 1) while spirituality became a non-factor. Changes in the pattern of the results are explained in the discussion section.

Predictors	Suicide Probability			
	B	SEB	β	t
Model 1				
Spirituality	-.319	.059	-.297	-5.377*
Model 2				
Spirituality	.044	.059	.041	.745
Psychological well-being	-.550	.048	-.629	-11.524*

* $p < .001$

Table 1: Regression for spirituality and psychological well-being on suicide probability

Discussion

The purpose of this study was to determine if spirituality and psychological well-being could protect young lesbian and gay Filipinos against suicide behavior. It was found that spirituality and psychological well-being lessen the likelihood of developing suicide behavior. However, psychological well-being emerged as the more important factor in reducing it. Despite evidences of the negative relationship between spirituality and suicide behavior, when psychological well-being was included in the second model, spirituality did not predict suicide behavior in young lesbian and gay Filipinos. Since individuals exhibit combinations of traits and a matrix of personality dimensions, it was important that co-occurring resiliency factors are studied separately and combined in order to arrive at a more distinct and extended understanding of how one factor affects one another in terms of suicide risk (Kleiman, Adams, Kashdan, & Riskind, 2013).

In the first model, despite accounting for only 8.5% of the variance, the current finding is congruent with studies on the role of spirituality in predicting suicide behavior (Rasic, Robinson, Bolton, Bienvenu, & Sareen, 2011; Hirsch et al., 2014; Sansone & Wiederman, 2015). Spirituality remained as a significant predictor of suicide ideation even after controlling for suicide correlates (Taliaferro, Rienzo, Pigg, Miller, and Dodd, 2009). Venturing on one's spirituality as a source of strength cultivates resilience because of the protective association of spiritual coping on self-esteem outcomes and life purpose (Shilo & Savaya, 2012).

Using minority stress theory as a framework, non-affirming religious settings can incite hostile social environment to lesbian and gay individuals leading to mental health problems and internalized homophobia (Barnes & Meyer, 2012). People who experience conflicts between their religious and sexual identity, such as lesbian and gay Filipinos, deal with it by remaining religious but not attending church community, moving to another denominational affiliation, reformulating old interpretations of Bible teachings, abandoning their religious identity together, or identifying as spiritual rather than religious (Hamblin & Gross, 2013). Since abandoning one's religious institution is culturally, socially, and spiritually discomfoting especially for Filipinos (Barnes & Meyer, 2012), members of the lesbian and gay community integrate their identities by focusing more on their own spirituality and relationship with God or a higher power, self, and others (Dahl & Galliher, 2012; Halkitis et al., 2009). Due to the

long history of marginalization that LG individuals experienced from religious communities, they learned how to find spirituality and live a meaningful life with or without being affiliated with a religious community. When LG individuals are able to separate themselves from formal institutionalized religious practices by nurturing a sense of spirituality, they are able to protect themselves from the effects of negative religious experiences on the mental health of LG individuals (Sherry, Adelman, Whilde, & Quick, 2010). They withstand adversities brought by their sexual minority status by re-envisioning a Higher Being that is accepting, forgiving, and loving, and by realizing that they are still worthy of spiritual benefits afforded by their ideologies (Shilo & Savaya, 2012).

Interestingly, when spirituality was analyzed with psychological well-being in the second model, spirituality became unnecessary in the prediction of suicide behavior. This may be explained by the nature of psychological well-being, in which it is a set of psychological dimensions involved in optimal human functioning consisting of resiliency factors (Sagone & De Caroli, 2014). There is a possibility that the emphasis of spirituality on meaning in life was obscured by the other dimensions of psychological well-being, such as search for meaning and purpose, as well as positive relations (van Dierendonck, 2004). In addition, it can be assumed that the limited ability of lesbian and gay individuals to access their inner resources and have a satisfying relationships with God or a higher power was not enough to contribute to the reduction of suicide behavior due to the process of spiritual individuation (van Dierendonck, 2004; Barton & Miller, 2015). Moreover, spirituality had always been positively associated with psychological well-being (Kamitsis & Francis, 2013; Sacco, Park, Suresh, & Bliss, 2014; Jafari et al., 2010; von Humboldt, Leal, & Pimenta, 2015). Higher levels of spirituality were related with better levels of different measures of psychological well-being, such as negative and positive affect, purpose in life, positive relations with others, personal growth, self-acceptance, environmental mastery, and autonomy (Greenfield, Vaillant, & Marks, 2009). It is then important that future researchers look more into the relationship of these variables by looking into how their subscales influence one another.

As for psychological well-being as a protective factor in young and lesbian gay populations, majority of the studies focused on the presence or absence of psychological disorders and distress. It must be taken note of that psychological well-being is not simply the flipside of psychological distress but are both important indicators of overall mental health (Ryff, 2013). While there is limited research on psychological well-being and suicide with lesbian and gay youth, there are plenty of findings from the general population that will support the findings that can potentially generalize to the target population.

The presence of meaning in life, a dimension of psychological well-being and often negatively related to suicide risk factors, is simply discordant with suicide behavior since someone who sees that life is meaningful would less likely attempt to end their lives (Kleiman & Beaver, 2013). When individuals see meaning and purpose in their lives, there is an accompanying sense of fulfillment, a sense of rationality or understanding of being, and the search and fulfillment of sensible ambitions leading to a realization of their potential (Ho, Cheung, & Cheung, 2010; Browne et al., 2016). Apart from the importance of meaning in life, Sagone and De Caroli's (2014) pointed out that those who are open to new experiences with the goal of realizing their own potential; let themselves grow and expand beyond their comfort zones; develop healthy relationships with others built by trust, affection, empathy, and intimacy; and are able to adjust to the changes in their environment are more likely to resist difficulties and feel resilient. The importance of resiliency in preventing psychological disorders has always been emphasized, and it when there is a reduction of this factor, it leads

to an increased risk of emergence of mental disorders, which would subsequently resort to higher levels of thoughts of suicide (Izadinia, Amiri, Jahromi, & Hamidi, 2010).

In summary, psychological well-being protects young lesbian and gay Filipinos against suicidality because it involves resiliency factors such as purpose in life, self-efficacy, and maturity (Sagone & De Caroli, 2014). It deals with the growth and development as a person, chasing meaningful goals and values, coping with life difficulties, and establishing positive relationships and connection with others (Krok, 2015; Ryff & Singer, 2008). People who exhibit significant well-being are more resilient, which leads to a smaller chance of experiencing suicide behavior (Bates & Bowles, 2011). In addition, lesbian and gay individuals also exhibit positive aspects they make use of as coping strategies, which are similar to the concept of psychological well-being. Qualitative analyses revealed that these positive aspects include freedom from stereotypical gender roles, living honestly and authentically, discovering sexuality and relationships, serving as positive role models, forging strong connections with others, feeling of belongingness to a community, having families of choice, developing compassion and empathy, gaining a sense of self and personal insight, and contribution to social justice and activism, which all contribute to their optimal human functioning (Riggle, Whitman, Olson, Rostoksy, & Strong, 2008). Studies then suggest that it is important to enhance one's resilience by focusing on interventions that target psychological well-being, which buffer suicide behavior for both the general population and at-risk groups (Pietrzak et al., 2010; Kleiman & Beaver, 2013). Spirituality and psychological well-being, both separately and combined, can serve as resilience factors which will help lesbian and gay Filipinos in dealing with their adversities and overcoming their struggles (Johnson, Wood, Gooding, Taylor, & Tarrier, 2011).

The current study had several limitations that should be taken into consideration when interpreting the results and be addressed in the future research. First, given that a snowball sampling method was used, it is not clear as to what magnitude does the current findings generalize to the larger population. Future researchers are encouraged to obtain a larger sample size and include respondents from other geographic regions in the Philippines in order to increase its generalizability. In addition, it is also important to include a more religiously diverse population, since majority of the participants of the present study are affiliated with Catholicism. Second, despite YAFS' definition of youth which ranges from 15 to 24 years old, the present sample did not include those who are under 18. This is to protect the minors who are not out from the threats of being exposed to their family or friends. However, even if there would be difficulties in obtaining informed consent and gathering data, it is still suggested that future researchers study younger lesbian and gay age group to determine if there would be differences in the relationships of the variables in comparison to the older age group. Third, only the total scores of the variables were used. Future researchers may replicate the study by delving into the relationships of the specific subscales of the variables, leading to a more expounded and better understanding of the influence of the subscales with each other. The subscales can reveal different relationships among the participants. Lastly, the study made use of only self-report measures of psychological well-being, spirituality, and suicide behavior, which may not be as reliable as qualitative measures. Future studies could look into the biological markers of suicidality in young lesbian and gay populations due to the limited literature on their biological and psychopharmacological processes.

Despite these limitations, the present study had several remarkable strengths. It provides an incendiary effort at understanding the degree to which psychological well-being and spirituality can protect lesbian and gay Filipinos towards suicidality. Psychological well-being

is commonly measured as the absence of mental illnesses only while spirituality is a frequently disregarded source of resiliency in sexual minority youth. Moreover, it is also essential that future studies to examine potential moderators of these relationships in order to gain more information on how these processes affect one another. The findings of the study also contribute to a wider understanding of mental health in young lesbian and gay Filipinos and to the overall risk and protective factor literature. An awareness and better understanding of the unique stressors that lesbian and gay youth experience and the positive resources that can protect them against psychological distress can aid mental health practitioners in developing and implementing intervention programs to these specific populations. Mental health practitioners may find themselves dealing with lesbian and gay clients in the midst of their religious and sexual identity conflict or are exhibiting suicidal tendencies because of minority stress. By gaining an understanding of how the research variables work together, mental health practitioners can develop increased insight into their clients' situation and goals for therapy. This would also lead to increased sensitivity, empathy, and objectivity towards these clients in the course of their intervention. This guides mental health practitioners to be more competent in working with lesbian and gay clients.

In conclusion, the current study has found, among lesbian and gay Filipino youth, that spirituality and psychological well-being are possible buffers against suicide behavior. Moreover, psychological well-being buffers suicide behavior at higher levels compared to spirituality, making it as a more effective resiliency factor. These findings appear to be helpful in understanding the role played by psychological well-being and spirituality as protective factors in the lives of young lesbian and gay Filipinos.

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