

Pray Harder

Stigma & Support-Seeking among Religious Persons With Mental Illness

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Introduction

Religious communities are facing a mental health crisis.



32% of churchgoers have lost a loved one to suicide.¹

Of congregants who died by suicide, 1 in 3 were attending services in the weeks before their death.¹

Yet **50%** of congregants report they saw no warning signs indicating a suicide risk¹

& **96%** of clergy said they had no knowledge of the deceased's mental state¹

Religious communities have stigmatized beliefs about mental illness

20% OF CLERGY admit being reluctant to engage with people experiencing mental illness, stating it would be too emotionally draining or time consuming.¹ Others report feeling ill-equipped to meet their needs.^{2,3,4,5}

40% OF PROTESTANTS think formal treatments should only be utilized after attempting spiritual interventions.¹ Many believe mental illness can result from insufficient faith, moral failure, divine retribution, demons, or involvement in the occult.^{6,7,8}

50% OF CHURCH GOERS agree that congregants in need will be more likely to become the subject of gossip rather than the recipient of support.¹

25% OF PEOPLE who disclosed a mental illness were forced to leave their congregation due to prejudice and discrimination.¹ Half of those forced to leave report never finding another faith community.

This "pray harder" mentality may be exacerbating the relationship between stigma and concealment.

The Stigma Cycle

Stigmatized individuals often attempt to conceal their condition from friends and family in order to avoid negative interactions.⁹ Among persons with mental illness, concealment often leads to treatment avoidance,^{10,11} resulting in a vicious cycle of illness and concealment.



Hence, when stigmatized individuals reach out, they tend to use indirect methods of communication in attempt to conceal their condition.¹² Tragically, indirect-support seeking increases the likelihood of negative responses and rejection.¹³

The Present Study

Our goal is to examine whether religiosity exacerbates the relationship between perceived mental illness stigma and indirect support-seeking.

Participants

400 individuals in a college and community sample.

Methods

Participants will complete a series of surveys which will assess the salience of their religious beliefs,¹⁴ beliefs about a higher power,¹⁵ perceived stigma of depression¹⁶ and anxiety stigma,¹⁷ as well as their likelihood of engaging in indirect support-seeking¹³ and other help-seeking behaviors.¹⁸

As this study is interested in the behaviors of persons experiencing mental illness, participants will complete psychological screening questionnaires for depression,¹⁹ anxiety,²⁰ and worry.²¹

Expected Results

Hypothesis #1:

Consistent with prior literature on indirect-support seeking,^{13,22} we predict that greater perceived stigma of depression and anxiety will result in greater amounts of indirect support-seeking.

Hypothesis #2:

We predict that increased salience of religious belief will relate to higher levels of indirect-support seeking.

Hypothesis #3:

We predict a three-way interaction between mental health stigma, gender, and religiosity on indirect support-seeking, such that higher levels of religiosity will predict a stronger relation between mental health stigma and ISS. Due to gender-role expectations in religious communities, we predict this interaction will be exacerbated among women and attenuated among men.

Implications & Impact



SUICIDE IS THE 10TH leading cause of death in the United States, ranking 3rd among children and 2nd among adolescents.²³

1 in 5 Americans will experience a mental illness this year; **60% will never receive treatment.**²⁴



By understanding the barriers to seeking help for mental illness, we can

- Develop targeted interventions for local communities
- Educate and instruct individuals with mental illness how to best attain help
- Begin to combat rising suicide rates in the United States and abroad.

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This study is funded by the Graduate Professional Student Association Graduate Research Fellowship Program and the New College of Interdisciplinary Arts and Sciences MS Psychology Program. The authors wish to acknowledge the support provided by the Office of Knowledge and Enterprise Development, the Graduate Professional and Student Association, and the Graduate College at Arizona State University. For more information, email the first author at lmalouf@asu.edu.