Introduction

Religious communities are facing a mental health crisis. Yet 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 risk.2

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.3,4,5

40% of Protestants think formal treatments should only be utilized after attempting spiritual interventions.3 Many believe mental illness can result from insufficient faith, moral failure, divine retribution, demons, or involvement in the occult.4,6,7

50% of churchgoers agree that congregants in need will be more likely to become the subject of gossip rather than the recipient of support.3

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 stigma and concealment.

This page highlights the importance of addressing mental health within religious communities, where stigmatized beliefs and purchasing tendencies can lead individuals to conceal their condition. The introduction discusses the prevalence of suicide among church members and the reluctance of clergy and congregation members to engage with those in need. It also points out the underlying beliefs and practices within religious communities that may further stigmatize mental illness.

Excerpts:

- "32% of churchgoers have lost a loved one to suicide."
- "Yet 50% of congregants report they saw no warning signs indicating a suicide risk."
- "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."

The Stigma Cycle

Stigmatized individuals often attempt to conceal their condition from friends and family in order to avoid negative interactions. Among persons with mental illness, concealment often leads to treatment avoidance, 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. Tragically, indirect support-seeking increases the likelihood of negative responses and rejection.

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, beliefs about a higher power, perceived stigma of depression, and anxiety stigma, as well as their likelihood of engaging in indirect support-seeking and other help-seeking behaviors.

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

Expected Results

Hypothesis #1: Consistent with prior literature on indirect-support seeking, 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

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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