

Growth: The Journal of the Association for Christians in Student Development

Volume 19 | Number 19

Article 4

2020

The Relationship of Gender, Spirituality, and Willingness to Seek Mental Health Treatment Among Students at a Faith-Based Institution

Lauren Hoffman
George Fox University

William Buhrow
George Fox University

Follow this and additional works at: https://pillars.taylor.edu/acsd_growth



Part of the [Higher Education Commons](#)

Recommended Citation

Hoffman, Lauren and Buhrow, William (2020) "The Relationship of Gender, Spirituality, and Willingness to Seek Mental Health Treatment Among Students at a Faith-Based Institution," *Growth: The Journal of the Association for Christians in Student Development*. Vol. 19 : No. 19 , Article 4.

Available at: https://pillars.taylor.edu/acsd_growth/vol19/iss19/4

This Article is brought to you for free and open access by the Association of Christians in Student Development at Pillars at Taylor University. It has been accepted for inclusion in Growth: The Journal of the Association for Christians in Student Development by an authorized editor of Pillars at Taylor University. For more information, please contact pillars@taylor.edu.



The Relationship of Gender, Spirituality, and Willingness to Seek Mental Health Treatment Among Students at a Faith-Based Institution

Lauren Hoffman, PsyD
William Buhrow, PsyD

George Fox University

Abstract

College is a demanding time in a student's life that often requires a willingness to seek help in times of significant distress. The factors that influence this decision are numerous and complex. This study examined the relationship between willingness to seek mental health treatment, gender, and level of religiosity and spirituality in students enrolled in a single faith-based institution. Results suggest that female students were more willing to seek help from a mental health professional than males, and students who endorsed high levels of religiosity and spirituality were more inclined to seek help from a religiously affiliated advisor than those who endorsed low levels of religiosity and spirituality.

Introduction

University life brings a variety of challenges that can lead to significant psychological distress. A college student's decision to seek professional help for emotional distress is complex and often impacted by multiple variables. In the past, researchers have examined different variables impacting student's help-seeking attitudes, but there is little research exploring the help-seeking behaviors of students at faith-based institutions (FBI). As a result, this study investigated the influence gender and level of spirituality and religiosity have on college students' willingness to seek mental health treatment at an FBI.

Factors That Influence Willingness for Treatment in College Students

Considerable research has explored what deters people from seeking mental health treatment. Although mental health awareness and treatment availability continues to increase, help-seeking behaviors among college students is still impeded by mental health stigma. For example, LaLonde (2014) found an inverse relationship between perceived stigma and attitudes towards help-seeking and intention to seek treatment in the future.

One of the most fundamental factors impacting attitudes towards seeking mental health treatment is gender. Nam (2010) found that females have more positive attitudes towards seeking psychological help than males and ultimately connected it to gender conflict. For example, men consider sensitivity and emotionally expressiveness to be signs of weakness versus women who are encouraged to be more attuned to their feelings.

In addition, religious values can impede help-seeking behaviors for those with mental health issues. Mayers, Leavey, Vallianatou, and Barker (2007) found that prior to therapy, religious clients feared that secular-based help would weaken their faith. However, at the end of treatment, the clients felt as though the therapy had strengthened their faith. Another factor influencing whether religious students access treatment has to do with the importance of their spiritual and religious beliefs (Kane & Jacobs, 2010) They found the majority of students considered their faith important enough that they relied on their religious and spiritual values to problem solve and cope and believed their faith would give them the ability to overcome psychological issues.

Factors Influencing Willingness to Seek Mental Health Treatment in Christian College Students

Crosby and Varela (2013) conducted a study exploring religious students' preferences for sources of help when seeking mental health treatment. They concluded that defensive theology, conceptualization of mental health issues as spiritual problems, and interfaith intolerance were the most significant factors that impacted students' help-seeking preference. Their study suggested students who showed high levels of defensive theology believed they had a unique connection with their God and considered it a special protection in life. Ultimately, those individuals who displayed high levels of all three factors were likely to seek help for emotional distress from a religious advisor, pastor, etc. (Crosby & Varela, 2013). In a similar vein, Rasmussen, Yamawaki, Moses, Powell, and Bastian (2013) discovered that individuals with high levels of intrinsic religious motivation were more inclined to seek help from religious sources.

However, Kane and Green (2009) discovered significant differences in help-seeking attitudes between university students that had received religious educations and those who had not. They found that those who had received religious education in their lives believed relational issues were best handled by mental health professionals, whereas those who had not received religious education believed issues were best handled by oneself or within the family.

Defining Spirituality and Religiosity

The present study defines spirituality and religiosity as separate constructs. Pargament (1999) provides a useful understanding of spirituality in contrast to religion: "spirituality is said to be a search for meaning, for unity, for connectedness, for transcendence, and for the highest human potential. Religion, which has to do with institution and formalized belief, is peripheral to the central task of spirituality" (p. 6). For the purpose of this study, more concise definitions of Pargament's understanding of the terms spirituality and religiosity has been used.

Hypotheses

To date, there has been limited research investigating the factors related to students' help-seeking behaviors at FBIs. This study examines the impact gender and level of spirituality and religiosity have on college students' willingness to seek mental health treatment.

Participants were divided into groups based on high and low religiosity and high and low spirituality. Using a mean split, participants that

fell within plus or minus 0.5 standard deviations were removed from the data. Participants that fell outside plus or minus 0.5 standard deviations were ranked as high or low.

The following hypotheses were tested. Hypothesis A: Female students will report more willingness to seek help from a mental health professional than male students Hypothesis B: Students who endorse higher levels of religiosity will report more willingness to seek help from a religiously affiliated advisor and less willingness to seek help from a mental health professional. Hypothesis C: Students who endorsed higher levels of spirituality will report more willingness to seek help from a religiously affiliated advisor and less willingness to seek help from a mental health professional.

Data was analyzed using four 2x2 ANOVAs. In the first two 2x2 ANOVAs, the independent variables were gender and religiosity and the dependent variables were willingness to seek treatment from a mental health professional and willingness to seek treatment from a religiously affiliated advisor. In the second two 2x2 ANOVAs, the independent variables were gender and spirituality and the dependent variables were willingness to seek treatment from a mental health professional and willingness to seek treatment from a religiously affiliated advisor.

Methods

Participants

The survey asked students from a single faith-based institution to rate their level of willingness to seek help for a personal problem from either a mental health professional or a spiritual mentor/advisor as well as their level of religiosity and spirituality. The survey was sent to 2,400 undergrads and 655 responded. Of those, 416 were included after the mean split of plus or minus 0.5 standard deviation was removed for religiosity (for a final “used” response rate of 17.3%). For spirituality, 337 were included after the mean split of plus or minus 0.5 standard deviation was removed (for a final “used” response rate of 14.0%). The sample was comprised of undergraduate students from the ages of 18 to 42 with a mean age of 20. The sample was 64% female and 36% male. Racial demographics for the sample showed that 78% of students identified as White; 1% African American; 5% Hispanic or Latino/a; 9% Asian or Pacific Islander; 1% American Indian, Alaskan Native, or Native Hawaiian; 4% Biracial or Multicultural; and 2% Other. The class ranks of the

sample were 24% freshman, 26% sophomore, 29% junior, and 21% senior undergraduate students.

Instruments

This study utilized The Duke University Religion Index (DUREL) and The Daily Spiritual Experience Scale (DSES). The DUREL is a brief 5-item measure of religiosity that examines the relationship between religion and health outcomes. It was designed to be included in epidemiological surveys and was developed for use in large cross-sectional and longitudinal observational studies. The assessment examines the three major dimensions of religiosity: organizational religious activity, non-organizational religious activity, and intrinsic religiosity (Koenig, 2010). For purposes of this study, the anchors on the DUREL were reversed so that lower scores indicate higher levels of religion. This was done to be consistent with the anchor direction on the DSES.

The DSES is a 16-item survey that measures “a person’s perception of the transcendent (God, the divine) in daily life and his or her perception of his or her interaction with or involvement of the transcendent life” (Underwood, 2002). The items are intended to measure experience rather than particular beliefs; therefore, they are designed to surpass the boundaries of any specific religion. Religiosity was measured using items on the DUREL, while spirituality was measured using the DSES.

An individual’s willingness to seek help from either a mental health professional or a religiously affiliated advisor was measured using the General Help Seeking Questionnaire (GHSQ). The GHSQ was designed to evaluate intentions to seek help from different sources and for different problems (Wilson, 2005). For the purpose of this study, data was collected from students who endorsed items 1.e (Mental Health Professional [e.g., psychologist, social worker, counselor]) and 1.h (Minister or religious leader [e.g., Priest, Rabbi, Chaplain]).

In summary, this study assessed students’ willingness to seek help for a personal problem from a mental health professional or a spiritual mentor/advisor as well as their self-reported level of spirituality versus religiosity.

Procedure

Students received all survey items electronically, via SurveyMonkey, through their school-affiliated email. It was structured concisely and clearly stated what was being asked of the respondents, why they were selected, what the survey was about, and who was

conducting it. The email also explicitly mentioned that the data would be kept confidential.

Results

Descriptive Demographic Data

Demographic data was collected using a seven-item demographic questionnaire. Level of Christian commitment gave students four different options. The results indicated that 73% of students reported their relationship with Christ was a very important part of their lives, 18% reported their relationship with Christ was a somewhat important part of their lives, 4% reported their relationship with Christ was not a very important part of their lives, and 5% reported they did not have a relationship with Christ. The average number of years students reported considering themselves Christian was 13. Religious affiliation results showed that 58% considered themselves Evangelical/Protestant, 3% Catholic, 1% Mormon, 1% Orthodox Christian, 31% Other Christian, 1% Jewish/Muslim/Hindu/Buddhist, and 5% No Religion or Faith.

All of the participants were surveyed using the DUREL and DSES to assess their level of religiosity and spirituality, respectively. In order to establish “high” and “low” religiosity and spirituality, a plus or minus 0.5 standard deviation mean split was used. For the DUREL the mean score was 11.05 and 0.5 standard deviation was 2.39. Therefore, all participants that scored above 13 were considered “low” and those that were below 9 were “high.” For the DSES the mean score of the students was 39.37 and 0.5 standard deviation was 8.72; therefore, all participants that scored greater than 48 were considered “low” and those that were below 31 were “high.” Means and standard deviations can be found in Table 1.

Table 1. DUREL and DSES Means and Standard Deviations

Gender	DUREL	DSES
Male	$\bar{x} = 10.98$ SD = 4.36	$\bar{x} = 40.89$ SD = 16.15
Female	$\bar{x} = 11.01$ SD = 4.94	$\bar{x} = 38.38$ SD = 18.05
Total	$\bar{x} = 11.05$ SD = 4.78	$\bar{x} = 39.37$ SD = 17.45

Results of Hypotheses

The first analysis examined the relationship between gender, religiosity, and willingness to seek help from a mental health professional. No

significant difference was found based on level of religiosity ($F(1, 415) = .503, p = .479, d = -0.106$). However, a significant difference was found based on gender ($F(1, 415) = 5.436, p = .020, d = -0.234$), showing that female students were more willing to seek help from a mental health professional than males. No interaction effect was found ($F(1, 415) = .571, p = .450$). Overall, the analysis revealed that female students were more willing to seek help from a mental health professional but level of religiosity did not significantly influence willingness to seek help from a mental health professional. Means and standard deviations for gender and religiosity can be found in Table 2.

Table 2. Willingness to Seek Help from a Mental Health Professional; Gender x Religiosity

Religiosity	Gender	Mean	Standard Deviation	N
High	Male	2.848	1.717	79
	Female	3.123	1.574	179
Low	Male	2.840	1.434	50
	Female	3.378	1.641	111

The second analysis examined the relationship between gender, religiosity, and willingness to seek help from a religiously affiliated advisor. A significant difference was observed in students based on their level of religiosity ($F(1, 415) = 66.321, p = .000, d = .920$), indicating that students with a higher level of religiosity were more likely to seek help from a religiously affiliated advisor. However, gender did not show a significant difference on willingness to seek help from a religiously affiliated advisor ($F(1, 415) = 2.418, p = .121, d = 0.135$), and there was no interaction effect ($F(1, 415) = 1.189, p = .479$). The results suggest that students who endorsed higher levels of religiosity are more willing to seek help from a religiously affiliated advisor. Means and standard deviations for gender and religiosity can be found in Table 3.

Table 3. Willingness to Seek Help from a Religiously Affiliated Advisor; Gender x Religiosity

Religiosity	Gender	Mean	Standard Deviation	N
High	Male	4.063	1.522	79
	Female	3.922	1.602	179
Low	Male	2.820	1.466	50
	Female	2.441	1.475	111

The third analysis examined the relationship between gender, spirituality, and willingness to seek help from a mental health professional. No significant difference was found for gender ($F(1, 336) = 2.762, p = .100, d = -0.195$), or spirituality ($F(1, 336) = .365, p = .546, d = -0.082$), and no interaction effect was found ($F(1,336) = .589, p = .443$). The results from this analysis indicate that neither students' gender nor their level of spirituality affect their willingness to seek help from a mental health professional. Means and standard deviations for gender and spirituality can be found in Table 4.

42

Table 4. Willingness to Seek Help from a Mental Health Professional; Gender x Spirituality

Religiosity	Gender	Mean	Standard Deviation	N
High	Male	2.875	1.658	48
	Female	3.037	1.565	107
Low	Male	2.845	1.489	71
	Female	2.289	1.660	114

The fourth analysis examined the relationship between gender, spirituality, and willingness to seek help from a religiously affiliated advisor. No significant difference was found between males and females on their willingness to seek help from a religiously affiliated advisor ($F(1, 336) = 2.925, p = .088, d = 0.135$). However, results indicated a significant difference based on level of spirituality ($F(1, 336) = 38.767, p = .000, d = 0.709$). There was no interaction effect ($F(1, 336) = .096, p = .757$). Overall, the analysis revealed students that endorsed higher levels of spirituality were more willing to seek help from a religiously affiliated advisor. Means and standard deviations for gender and spirituality can be found in Table 5.

Table 5. Willingness to Seek Help from a Religiously Affiliated Advisor; Gender x Spirituality

Religiosity	Gender	Mean	Standard Deviation	N
High	Male	4.042	1.649	48
	Female	3.785	1.649	107
Low	Male	2.958	1.535	71
	Female	2.588	1.533	114

Discussion

The primary goal of the current study was to develop an increased understanding of help-seeking behaviors during times of a personal or emotional problem. Specifically, this study sought to understand the relationship between willingness to seek mental health treatment, gender, and level of religiosity and spirituality in students enrolled in a single faith-based institution.

Three hypotheses were set forth to investigate the relationship between the aforementioned variables. The first hypothesis proposed female students would report more willingness to seek help from a mental health professional, while male students would report less willingness. Results demonstrated that gender is an important variable impacting attitudes towards seeking help from a mental health professional because women were significantly more likely than men to seek help from a mental health professional. (Cohen's criteria suggest the effect size of gender on willingness to seek help from a mental health professional was small.)

The difference between men and women with regard to attitudes about seeking help from a mental health professional has been consistently demonstrated by research. Some explanations suggest men feel they should be less emotionally expressive and attuned to their feelings, which leads to developing negative attitudes and perspectives toward seeking mental health services (Nam, 2010). In addition, research has also suggested that men typically place less emphasis on close relationships and interpersonal roles. They view themselves more as a collective self than an interpersonal, independent self, which is a negative predictor of willingness to seek help from a mental health professional (Koydemir-Ozden, 2010).

As a result, gender is important to consider when reaching out to students to advocate for mental health treatment. Because males are less

inclined to seek help from a mental health professional, universities should consider mental health outreach methods that are specifically targeted for males in order to ensure they receive appropriate services.

The second hypothesis proposed students who endorse higher levels of religiosity would report more willingness to seek help from a religiously affiliated advisor and less willingness to seek help from a mental health professional. Results from the analysis supported the first part of this hypothesis, indicating students who perceive themselves as religious hold more positive attitudes about seeking help from a religiously affiliated advisor rather than students with lower levels of religiosity. (Cohen's criteria suggest the overall effect size for level of religiosity on willingness to seek help from a religiously affiliated advisor was large.) However, no difference in willingness to seek help from a mental health provider was found based on level of religiosity.

These findings support prior research that examined the role of religiosity in willingness to seek help from a religiously affiliated advisor. Some have suggested that people's religious beliefs allow them to deal with emotionally distressing situations, ranging from depression to substance abuse (Kane & Jacobs, 2010). Studies also suggest individuals who already had positive experiences with religiously affiliated advisors in the past, such as clergy, were more likely to prefer that resource over a mental health professional (Kane & Jacobs, 2010). Because the study assessed students' levels of religiosity based on their church attendance, participation in religious practices, and integration of their religion into all aspects of their lives, it is not surprising this present study found similar results.

Overall, the results from the analysis lend additional support to the idea that religious beliefs are a predictor of positive attitudes toward seeking help from a religiously affiliated advisor. While those in emotional distress likely find value in seeking support and comfort from ministers and religious leaders, it is important that those suffering from acute mental illnesses receive treatment from a qualified mental health professional as well. One possible concern that arises from people going to religious advisors when experiencing mental health issues is that religiously affiliated advisors frequently lack adequate training in mental health treatment, and they may not always be an adequate resource for those experiencing acute mental illness.

The third hypothesis proposed that students who reported a higher level of spirituality would report more willingness to seek help from a

religiously affiliated advisor and less likely to see a mental health professional. Results from the analysis supported the first half of this hypothesis. Those reporting higher levels of spirituality were considerably more willing to see a religiously affiliated advisor than those reporting low levels of spirituality. However, despite the hypothesis that higher levels of spirituality would be related to lower willingness to see a mental health professional, this was not found to be the case.

In summary, the results from this study revealed high levels of both religiosity and spirituality strongly increase one's willingness to see a religiously affiliated advisor. Because previous research has frequently demonstrated that religious and spiritual values present a distinct challenge to psychology, it is important to highlight the fact that both groups were equally willing to see a mental health professional (Bergin, 1980). However, results also indicate that level of religiosity and spirituality appears to be unrelated to students' willingness to see a mental health provider.

Limitations and Future Research

This study relied on a sample from a single faith-based university that represented a predominantly White and traditional college-aged population; therefore, generalization to other universities or other adult populations should be done with caution. Second, as with most survey methodology, there is always the potential for self-selection bias among participants. Even though the response rate was 27.7%, the results may have been impacted by this selection bias. Further research and use of this survey among non-Christian and more racially diverse respondents might provide important additional insights into the relationship between religious and spiritual perceptions and help-seeking behaviors.

One additional area for future research for FBI involves assessing the level of counseling training their campus spiritual advisors (e.g., chaplains, campus pastors, pastoral counselors) have received. Two important aspects of this training would include how to best support those coming to them for counseling (basic counseling skills) and learning to recognize the signs and symptoms of more severe mental illness that would benefit from a referral to a mental health professional.

Conclusion

This study examined the relationship between willingness to seek mental health treatment, gender, and level of religiosity and spirituality in students enrolled in a single faith-based institution. Results revealed that female students were more willing to seek help from a mental health professional than males, and students who endorsed high levels

of religiosity and high levels of spirituality were more inclined to seek help from a religiously affiliated advisor than those who endorsed low levels of religiosity and low levels of spirituality.

These results also provide guidance for higher education which has seen a dramatic increase in counseling demand from their students in recent years. Given that highly religious and spiritual students are willing to address their concerns with religiously affiliated advisors, ensuring that these individuals are available to students, are adequately trained, and that students know how to access these individuals could both benefit the students and relieve some of the excess counseling demand that university counseling centers are experiencing.

References

- Bergin, A. E. (1980). Psychotherapy and religious values. *Journal of Consulting and Clinical Psychology*, 48(1), 95-105.
- Crosby, J. W., & Varela, J. G. (2013). Preferences for religious help-seeking: racial and gender differences, interfaith intolerance, and defensive theology. *Mental Health, Religion, and Culture*, 17(2), 196-209.
- Kane, M. N., & Green, D. (2009). Help-seeking from mental health professionals or clergy: perceptions of university students. *Journal of Spirituality in Mental Health*, 11(4), 290-311.
- Kane, M. N., & Jacobs, R. J. (2010). Predictors of the importance of spiritual and religious beliefs among university students. *Journal of Religion & Spirituality in Social Work: Social Thought*, 29(1), 49-70.
- Koenig, H. G., Büssing A. (2010). The Duke University Religion Index (DUREL): a five-item measure for use in epidemiological studies. *Religions*, 1, 78-85.
- Koydemir-Ozden, S. (2010). Self-aspects, perceived social support, sender, and willingness to seek psychological help. *International Journal of Mental Health*, 39, 44-60.
- LaLonde, D. G. (2014). *Effects of media exposure on intention to seek mental health treatment in college students* (Unpublished doctoral dissertation). Indiana University of Pennsylvania, PA.
- Mayers, C., Leavey, G., Vallianatou, C., & Barker, C. (2007). How clients with religious or spiritual beliefs experience psychological help-seeking and therapy: A qualitative study. *Clinical Psychology & Psychotherapy*, 14, 317-327.
- Nam, S. K., Chu, H. J., Lee, M.K., Lee, J. H., & Lee, S. M. (2010). A meta-analysis of gender differences in attitudes towards seeking professional psychological help. *Journal of American College Health*, 59(2), 110-116.

- Pargament, K. I. (1999). Psychology of religion and spirituality? Yes and no. *The International Journal for the Psychology of Religion*, 9(1), 3-16.
- Rasmussen, K. R., Yamawaki, N., Moses, J., Powell, L., & Bastian, B. (2013). The relationships between perfectionism, religious motivation, and mental health utilization among latter-day saint students. *Mental Health, Religion & Culture*, 16(6), 612-616.
- Underwood, L., Teresi, J. (2002). The daily spiritual experience scale: development, theoretical description, reliability, exploratory factor analysis, and preliminary construct validity using health-related data. *The Society of Behavioral Medicine*. 24(1), 22-33.
- Wilson, C., Deane, F., & Ciarrochi, J. (2005). Measuring help seeking intentions: Properties of the general help-seeking questionnaire. *Canadian Journal of Counseling*, 39(1), 15-28.