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An Exploration of the Relationship between Religiousness and Treatment Seeking Trends among College Students

Jessica M. Sturgeon

Olivet Nazarene University, jmsturgeon3@gmail.com

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AN EXPLORATION OF THE RELATIONSHIP BETWEEN RELIGIOUSNESS AND TREATMENT SEEKING
TRENDS AMONG COLLEGE STUDENTS

By

Jessica M Sturgeon

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BACHELOR OF SCIENCE

in

Nursing

Paul Dillinger
Capstone Project Advisor (printed)

Paul Dillinger
Signature

4/24/14
Date

CHARLES W. CARRIGAN
Honors Council Chair (printed)

Charles W. Carrigan
Signature

5/2/14
Date

Pamela S Greenlee
Honors Council Member (printed)

Pamela S Greenlee
Signature

5/1/2014
Date

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ABSTRACT

The purpose of this study was to determine if there is a relationship between levels of religiousness and students' openness to seeking treatment for mental health disorders in college-aged students at a small private university. A total of 141 complete surveys were collected from students. Each participant completed the Fetzer Multidimensional Measurement of Religiousness/Spirituality for Use in Health Research along with an eight-question survey assessing willingness to seek treatment for mental disorders. The results were analyzed to find the Spearman's Rank Correlation Coefficient to determine correlation. Results show a significant correlation between levels of religiousness and willingness to seek treatment for three of the eight questions. These correlations show that those who have higher levels of spirituality are more open to seeking professional diagnosis and treatment for mental health disorders than those with lower levels of spirituality. It was also found that those with a higher level of spirituality are likely to seek counseling for a mental disorder from clergymen or pastor before seeking professional medical help. Another finding was that level of spirituality does not affect whether participants would recommend that others seek treatment for a mental health disorder, seek spiritual improvement to combat mental health disorders, believe that mental health disorders are private spiritual matters, or believe that mental health problems are caused by spiritual warfare. Limitations of the study are that it was performed only using college students, and while multiple Christian denominations were included in the survey, none of the respondents were from any religion other than Christianity.

Keywords: Spirituality, religiousness, mental health, nursing, treatment, mental health disorder, depression

INTRODUCTION

The purpose of the study was to determine if there is a relationship between levels of religiousness and students' openness to seeking treatment for mental health disorders in college-aged students at a small private university. This topic is important because it directly relates to providing culturally competent care in mental health nursing. Religiousness is an important factor in many people's lives. Understanding how it affects health care trends is important. A key component of nursing practice is providing culturally competent care. Providing spiritually competent care goes along with this. Nurses must understand the relationship between spirituality and mental health so that the needs of patients can be better met. This study is extremely important because understanding risk factors for patients not seeking treatment for mental health care will allow nurses to better identify patients who may need additional encouragement to seek treatment once diagnosed with a mental health disorder. It is important for nurses to understand not only what the spiritual beliefs of patients are, but also how these affect their willingness to seek treatment.

REVIEW OF LITERATURE

A limited amount of information is available regarding how levels of religiousness affect willingness to seek treatment for mental health disorders. The majority of previous research has focused on the correlation between religiousness and occurrence of mental health disorders. In a longitudinal study conducted by Blazer (2012) that was published in *American Journal of Psychiatry*, data was collected to determine if religion or spirituality had a significant influence on the onset and course of major depression over a period of 10 years. They found that subjects who reported religion or spirituality as highly important were 76% less likely to experience an episode of major depression during the 10-year follow-up. This study is not alone in its findings. Jansen, Motley & Hovey (2010) conducted a similar study examining the correlation between anxiety, depression, and religiousness among college students. This study found that individuals who self-reported religious influence and religiousness showed significantly lower rates of depression, but not anxiety. Religious service attendance had a negative correlation on both anxiety and depression. A research study performed by Aranda (2008) examined the relationship among religious involvement, private prayer, and depression in a low-income clinical sample of 230 older U.S. born and immigrant Latinos. Higher levels of religious attendance were associated with lower risk of depressive illness. Another study performed by Maharajh, Ali, and Konings (2006) investigated depression in adolescents in Trinidad and Tobago, and identified any significant trends associated with its occurrence. The results found that both attendance at a religious institution and prayer with the family resulted in lower depression rates

(Maharajh, Ali, & Konings, 2006). Multiple additional research studies have demonstrated that higher levels of religiousness are associated with lower levels of mental health disorders (Huang, Hsu, & Chen, 2012; Miller, Wickramaratne, Gameroff, Sage, Tenke, & Weissman, 2012; Townsend, Kladder, Ayele, & Mulligan, 2002).

While this research is indeed important, it fails to investigate whether those with a high level of religiousness who do have the mental disorder of depression will seek health care for it. Several studies lead one to believe that those of high religiousness may not seek health care. There is a prevailing belief among the Christian community that depression is something those of faith should not encounter. Depression is often shunned and viewed as the result of a lack of connection with God. One study performed by Webb, Stetz, and Hedden (2008) examined messages about mental illness and specifically depression in 14 contemporary Christian self-help bestsellers, and found that demonic influence was the most frequently cited reason for depression. Other reasons included negative cognitions, failure as a Christian, and negative emotions. Christian responses to depression included trusting God, religious activity, and individual willpower (Webb, Stetz, & Hedden 2008). A Christian book written by Minirth and Meier (1978) that is slightly older but that demonstrates this point well is entitled "Happiness is a Choice." This book teaches that depression, sadness, and other mental disorders are the result of irresponsible behavior. It instructs that the only way to counteract depression is for the person to decide to be happier. What this type of belief fails to take into consideration is the fact that depression is a medical condition that can be caused by chemical imbalances in the brain or even

genetics (Fontaine 2009). It can be as much a physical condition as diabetes or heart attack. This fact is important to this study because seeking medical treatment for depression is imperative to restore these chemical imbalances and reduce depression. The reason for this study is not to prove that depression is not caused by religious powers, merely that those of a high religiousness are less likely to seek medical treatment for their condition and more likely to be ashamed of it. An Australian research study performed by Hartog & Gow (2005) surveyed 126 Protestant Christian participants about their thoughts about the cause of various mental health disorders. The survey found that 38.2% of the participants endorsed a demonic etiology of major depression (Hartog & Gow, 2005). A book written by Huguelet and Koenig (2009) explores the impact of religion and spirituality in psychiatry. It includes research and perspectives on how those of various religions view both mental illness and treatment. It explains that those of various religious affiliations may be highly reluctant to seek treatment due to stigma associated with the belief that mental illness is the result of sin (Huguelet & Koenig, 2009)

According to Royal and Thomson (2012) there is sparse literature related to Christians' health seeking behavior. However, several studies have found factors affecting health seeking behavior. A study performed by Royal and Thomson (2012) sought to address this gap in literature by examining religious orientation and help-seeking behavior for mental health issues among those who identify themselves as Christians. A total of 540 adult Christians were included in the study. The study asked participants whether they believed mental disorders such as depression were solely

spiritual in nature and whether these mental health issues require spiritual treatment. The study included an assessment of willingness to seek professional treatment for mental health disorders. The results of the study found that Protestant Christians find it difficult to seek professional psychological treatment. Many respondents questioned the value of psychotherapy. Respondents said that they believed people should try to work out their own psychological problems prior to seeking treatment. The study concluded that Protestant Christians may be more likely to seek help from a pastor than from a medical professional. A study performed by Wilson, Deane, and Ciarrochi (2005) at a Christian high school found that higher levels of suicidal ideation were associated with a decreased willingness to seek help for mental health disorders. While this study did examine willingness to seek treatment for adolescents at a Christian school, the focus was on levels of suicidal ideation, and levels of religiousness were not assessed. A study performed by Al-Krenawi and Graham (2011) examined attitudes about help-seeking attitudes of 195 teenagers of from Christian, Druze, and Muslim religious minorities in Israel. The study found that when compared to Muslims and Druze, Christians rated higher in interpersonal openness, but were less likely to utilize traditional healthcare. Results indicated age influenced willingness to seek treatment as older students were more likely to recognize the value of treatment. In addition, the more confidence students had in the value of mental health care the more likely they were to seek psychotherapy. The results found that Christians felt they were less likely to be stigmatized for seeking psychotherapy compared to Muslims and Druze.

METHODS

A total of 146 students were surveyed in an anatomy and physiology class at a private Midwest university, and 141 complete surveys were collected and analyzed. Each student signed an informed consent, and survey answers were collected separately from the informed consent to maintain privacy. IRB approval was obtained before this survey was administered. The survey included the Fetzer Multidimensional Measurement of Religiousness/Spirituality scale to determine religiousness, and an eight-question questionnaire. The results were then graphed with level of spirituality on the X axis and response to each individual questionnaire question on the Y axis.

The Fetzer Multidimensional Measurement of Religiousness/Spirituality for use in Health Research scale was used to determine religiousness. This survey is a reliable research tool that has been utilized in multiple health-related research studies. A total of 26 of the 38 questions asked on the survey were used in the data analysis due to some results being non-quantifiable or not relevant to the nature of the study. The Fetzer survey is organized in such a way that sections can be used alone or the test can be used in its entirety to assess different areas of spirituality (Fetzer, 2003). Questions were used from the following sections: daily spiritual experiences, values/beliefs, private religious practices, religious and spiritual coping, religious support, organizational religiousness, and overall spirituality self-ranking. A maximum number of 125 points was possible, indicating a low level of spirituality. The minimum was 25, indicating the highest level of spirituality.

An eight-question questionnaire was also administered regarding whether the participant has ever sought treatment for a mental health disorder, would recommend it to a friend with a mental health disorder, or would be open to seeking it in the future if diagnosed with a mental health disorder. Professional treatment was defined as counseling or medication that is prescribed by a medical professional. Mental disorder was defined as including multiple diagnoses including but not limited to depression, anxiety, schizophrenia, and eating disorders. Responses to the survey question included 1) Strongly agree, 2) Agree, 3) Disagree, or 4) Strongly disagree. This questionnaire was developed after analysis of other studies that had been validated. Questions were aimed at addressing various components of willingness to seek treatment.

The primary objective of statistical analysis was to determine a correlation between the two variables of religiousness and willingness to seek treatment. All calculations were performed using SPSS statistical package (version 21). Each survey question was analyzed along with the total spirituality survey score to see if there was a correlation. Because two continuous and ordinal (has all of the qualities of nominal data, but also indicates direction) variables that are monotonic were used in the survey, the Spearman's Rank Correlation Coefficient (r) was used to determine possible correlation.

RESULTS

Table 1 shows the Spearman's Rank Correlation Coefficient for each of the eight questions analyzed along with the Fetzer Multidimensional Measurement of Religiousness/Spirituality for use in Health Research. Significance of the correlations is noted by an asterisk. Questions 1, 2, and 4 were found to have a significant correlation.

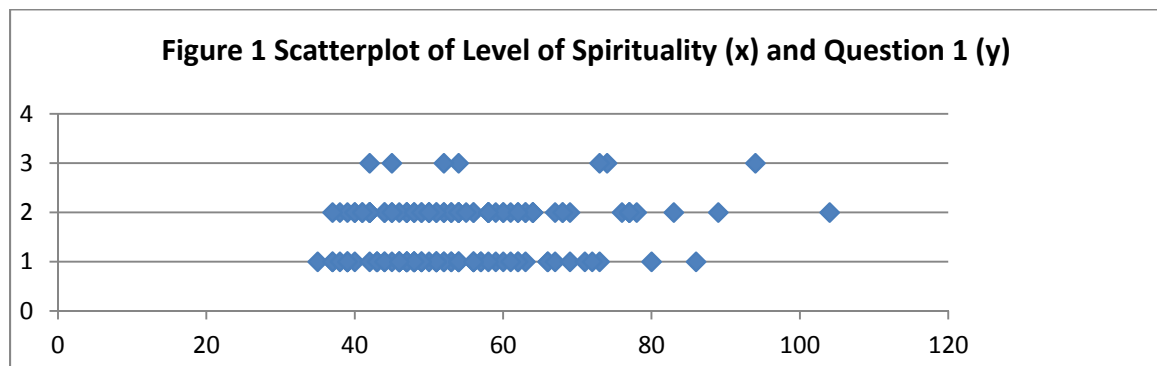
Table 1 Correlations using Spearman's Rank Correlation Coefficient		Total Spirituality
Question 1	Correlation Coefficient	.172*
	Sig. (2-tailed)	.041
	N	141
Question 2	Correlation Coefficient	.345**
	Sig. (2-tailed)	.000
	N	141
Question 3	Correlation Coefficient	.048
	Sig. (2-tailed)	.571
	N	140
Question 4	Correlation Coefficient	.301**
	Sig. (2-tailed)	.000
	N	141
Question 5	Correlation Coefficient	.150
	Sig. (2-tailed)	.076
	N	141
Question 6	Correlation Coefficient	.082
	Sig. (2-tailed)	.336
	N	140
Question 7	Correlation Coefficient	-.095
	Sig. (2-tailed)	.261
	N	141
Question 8	Correlation Coefficient	.081
	Sig. (2-tailed)	.337
	N	141
Total Spirituality	Correlation Coefficient	1.000
	Sig. (2-tailed)	
	N	141

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

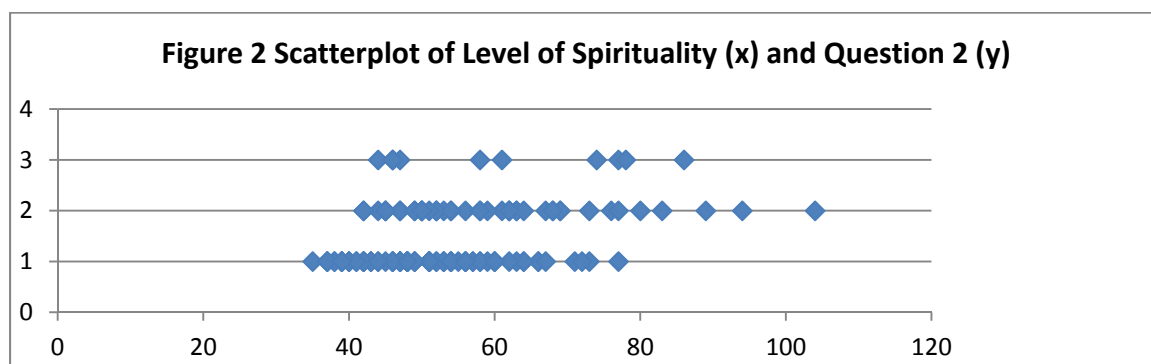
SPSS version 21 (SPSS IBM, New york, U.S.A)

For Question 1, Spearman's Rank Correlation Coefficient of 0.172 reveals a significant correlation at the 0.01 level. This shows that those with a lower level of spirituality (as indicated by a higher score on the spirituality survey) are more likely to disagree with the statement "If diagnosed with a mental disorder, I would be open to receiving counseling from a medical professional and if prescribed, taking psychiatric medications." Figure 1 shows a scatterplot of data. Results also show that those with a higher level of spirituality are more likely to agree with the statement "If diagnosed with a mental disorder, I would be open to receiving counseling from a medical professional and if prescribed, taking psychiatric medications." This indicates that those with higher levels of spirituality are more likely to be open to seeking professional treatment if diagnosed with a mental health disorder than those with lower levels of spirituality.

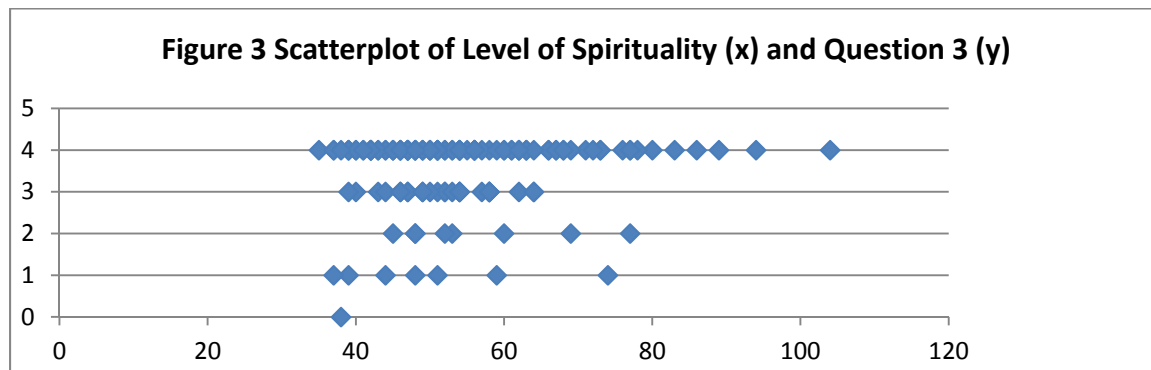


For Question 2, Spearman's Rank Correlation Coefficient of 0.345 reveals a significant correlation at the 0.05 level. This shows that those with a lower level of spirituality (as indicated by a higher score on the spirituality survey) are more likely to disagree with the statement "If I believed that I had a mental disorder, I would seek a medical professional for diagnosis." In addition, those with a higher level of spirituality

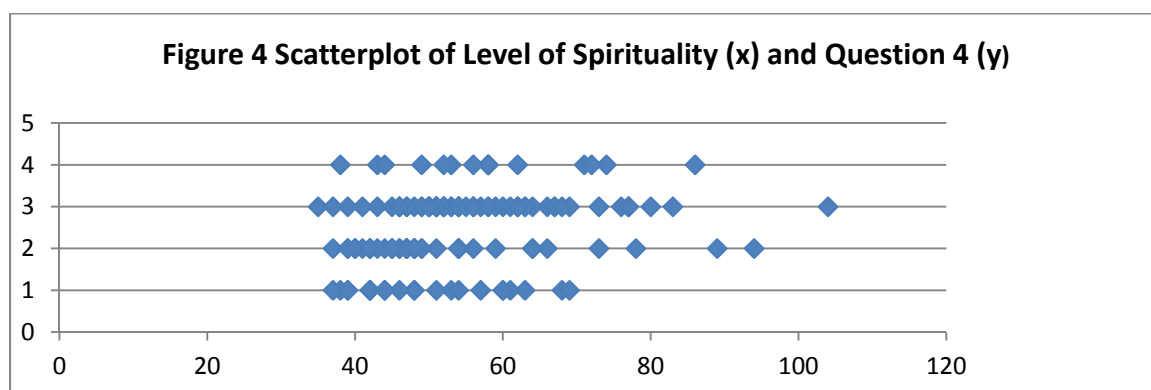
are more likely to agree with the statement “If I believed that I had a mental disorder, I would seek a medical professional for diagnosis.” Figure 2 shows a scatterplot of data. This indicates that those with higher levels of spirituality are more likely to seek diagnosis if they believed they had a mental health disorder than those of lower levels of spirituality.



For Question 3, Spearman’s Rank Correlation Coefficient of 0.048 reveals no significant correlation. Scores on the spirituality survey did not affect responses to the statement “I have sought professional treatment in the past for a mental disorder.” Figure 3 shows a scatterplot of data. This indicates that those of higher level of spirituality are neither more nor less likely to have sought treatment for a mental health disorder than those of lower levels of spirituality.

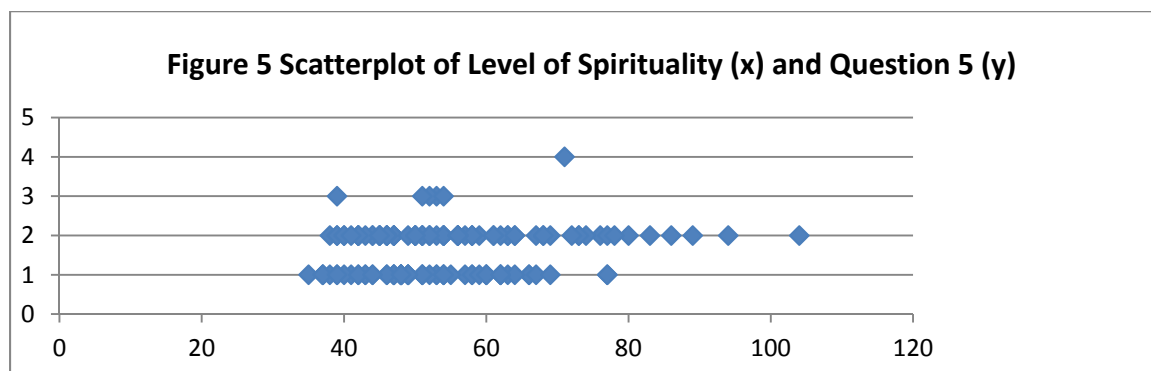


For Question 4, Spearman's Rank Correlation Coefficient of 0.301 reveals a significant correlation at the 0.05 level. This shows that those with a lower level of spirituality (as indicated by a higher score on the spirituality survey) are more likely to disagree with the statement "If I believed I had a mental disorder, I would seek counseling from a pastor or clergyman before seeking medical treatment." In addition, those with higher levels of spirituality are more likely to agree with the statement "If I believed I had a mental disorder, I would seek counseling from a pastor or clergyman before seeking medical treatment." Figure 4 shows a scatterplot of data. This indicates that those with a higher level of spirituality are more likely to seek counseling from a pastor or clergymen before seeking treatment for a mental health disorder than those with lower levels of spirituality.

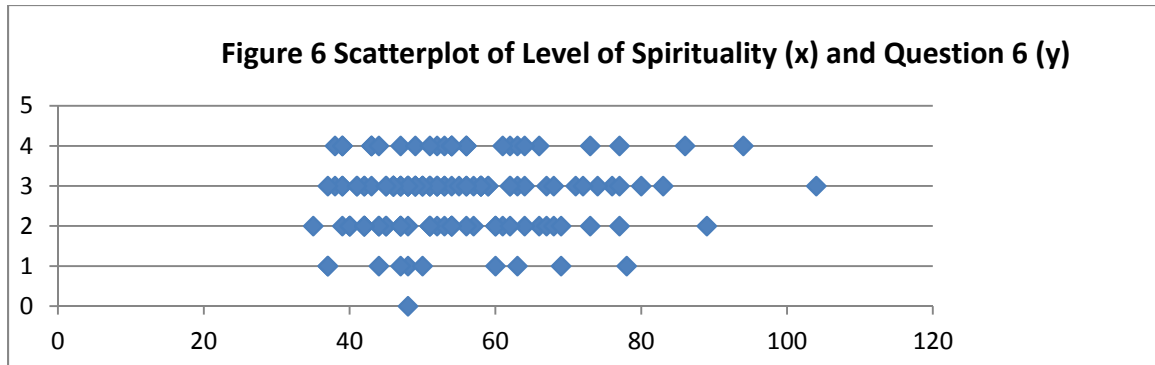


For Question 5, Spearman's Rank Correlation Coefficient of 0.150 reveals no significant correlation. Scores on the spirituality survey did not affect responses to the statement "If I believed a friend suffered from a mental disorder, I would recommend that they seek professional treatment." Figure 5 shows a scatterplot of data. This indicates that those of higher level of spirituality are neither more nor less likely to

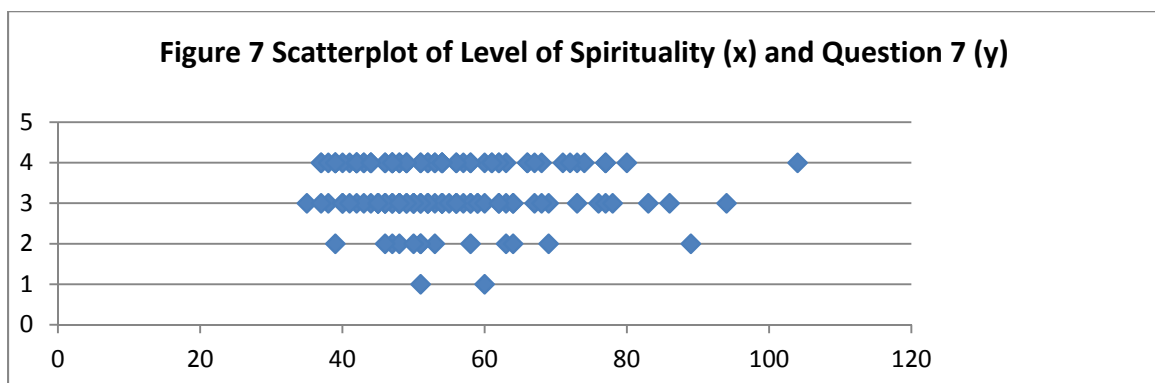
recommend professional treatment for a friend diagnosed with a mental health disorder than those of lower levels of spirituality.



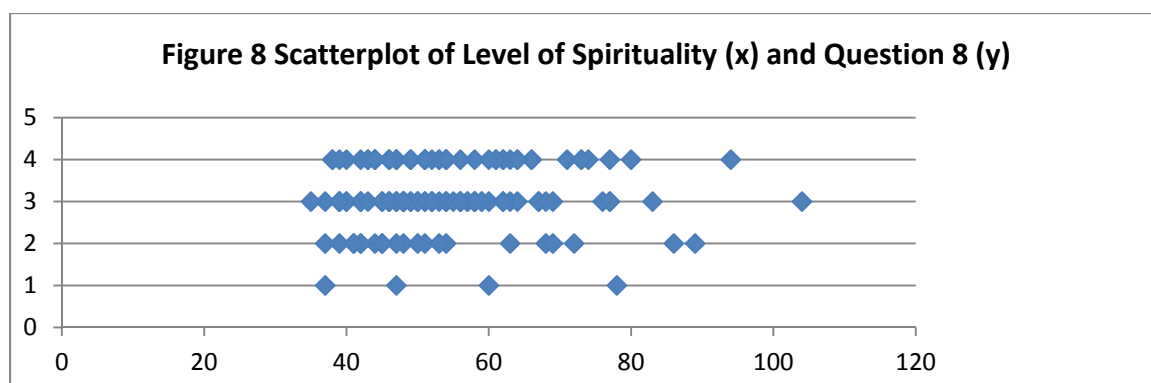
For Question 6, Spearman's Rank Correlation Coefficient of 0.082 reveals no significant correlation. Scores on the spirituality survey did not affect responses to the statement "If I believed a friend suffered from a mental disorder, I would recommend that they examine their spiritual life as that is likely the cause of the mental disorder." Figure 6 shows a scatterplot of data. This indicates that those of higher level of spirituality are neither more nor less likely to recommend that a friend diagnosed with a mental health disorder examine their spiritual life as the cause of the disorder than those with lower levels of spirituality. This question was included in the survey because of the previous research studies that have found that those with higher levels of spirituality often attribute the cause of mental illness to demonic influence or lack of spiritual wellbeing.



For Question 7, Spearman's Rank Correlation Coefficient of $-.095$ reveals no significant correlation. Scores on the spirituality survey did not affect responses to the statement "I believe that mental disorders are private spiritual matters that should be dealt with personally and without the involvement of medical professionals." Figure 7 shows a scatterplot of data. This indicates that those of higher level of spirituality are neither more nor less likely to believe that mental health disorders are private spiritual matters that should be dealt with privately than those of lower levels of spirituality. This question was included in the survey because of the previous research studies that have found that those with higher levels of spirituality often attribute the cause of mental illness to demonic influence or lack of spiritual wellbeing.



For Question 8, Spearman's Rank Correlation Coefficient of 0.081 reveals no significant correlation. Scores on the spirituality survey did not affect responses to the statement "I believe that mental health disorders are primarily caused by spiritual warfare." Figure 8 shows a scatterplot of data. This indicates that those of higher level of spirituality are neither more nor less likely to believe that mental health disorders are caused by spiritual warfare than those of lower levels of spirituality. This question was included in the survey because of the previous research studies that have found that those with higher levels of spirituality often attribute the cause of mental illness to demonic influence or lack of spiritual wellbeing.



In the Fetzer Multidimensional Measurement of Religiousness/Spirituality for Use in Health Research participants self-identified themselves as Catholic (15), Non-denominational (37), Nazarene (27), Christian (26), Mennonite (1), Lutheran (4), Evangelical (8), Baptist (10), United Church of Christ (1), Methodist (2), Apostolic (2), Assemblies of God (3), Reformed (2), Wesleyan (1), Pentecostal (1), Chose not to respond (1). This indicates that all respondents who chose to designate their religion were from Christian denominations.

DISCUSSION

Results from the survey and analysis show several things. First, those who have higher levels of spirituality may actually be more open to seeking professional diagnosis and treatment for mental health disorders than those with lower levels of spirituality. This is significant because it shows that those who have lower levels of spirituality may be less likely to pursue treatment for mental health disorders. It is important for nurses to know that a lower level of spirituality is a risk factor for being hesitant to seek professional treatment for a mental health disorder. Promoting spiritual wellness may be a possible method for increasing willingness to seek treatment.

The study also found that those with a higher level of spirituality are likely to seek counseling for a mental disorder from clergymen or pastors before seeking professional medical help. This is significant because it suggests that it may be beneficial for clergymen and pastors to receive some education on mental health disorder identification and treatment that should be recommended. Pastors and clergymen should be equipped with resources so that they can refer church members to appropriate health care professionals if the church member is seeking help for a mental health disorder outside of the pastor's expertise.

Another finding was that level of spirituality does not affect whether participants would recommend that others seek treatment for mental health disorders, seek spiritual improvement to combat mental health disorders, believe that mental health disorders are private spiritual matters, or believe that mental health problems are caused by spiritual warfare.

Limitations

A limitation of this study is that it was only administered to college-aged students at a private religiously affiliated institution. In addition, while multiple Christian denominations were included in the survey, none of the respondents were from any religion other than Christianity. Another limitation is the age group included in this survey. The study may yield different results if it were done among an older population due to generational differences. The lack of diversity among respondents is the primary limitation. Another limitation is that while the Fetzer Multidimensional Measurement of Religiousness/Spirituality for Use in Health Research has been utilized in multiple studies, the questionnaire was specific to this study and has not been previously tested.

Future Research Directions

Future studies should include a wider range of ages and should compare result differences based on the ages of respondents. In addition, the gender of the respondents should be assessed to determine whether responses differ between males and females. Future studies should also include those from different religions other than Christianity to determine whether results differ among various religious groups. Repeat surveys should be done with a more diverse population to determine accuracy of results.

CONCLUSION

Previous studies have found that higher levels of spirituality correlate with lower incidence of mental health disorders. This study expanded on those findings by investigating how levels of spirituality affect willingness to seek treatment for mental health disorders. Results show that higher levels of spirituality relate to a greater willingness to seek professional treatment for mental health disorders.

Previous research has also indicated that some Christians attribute the cause of mental health disorders to spiritual disturbances. A study performed by Webb, Stetz, and Hedden (2008) found that demonic influence was commonly thought to be the cause of mental health disorders. Because of this, it was theorized that those of higher levels of religiosity would be more likely to seek spiritual improvement to combat mental health disorders, believe that mental health disorders are private spiritual matters, or believe that mental health problems are caused by spiritual warfare than those with lower levels of spirituality. However, this was not the case. No correlation was found between religiousness and these questions.

Royal and Thomson (2012) found that Protestant Christians find it difficult to seek professional psychological treatment. Because of this it was theorized that those of higher levels of religiousness may be less likely to seek treatment for mental health disorders than those of lower levels of spirituality. However, this was not the case. Those with higher levels of spirituality are more open to seeking professional diagnosis and treatment for mental health disorders than those with lower levels of spirituality. It was also found that those of higher levels of religiosity may be more likely to seek

counseling from clergymen or pastors before seeking professional medical treatment than those with lower levels of spirituality. These results were similar to those found in a study performed by Royal and Thomson (2012) who found that Protestant Christians may be more likely to seek help from a pastor than from a medical professional for mental health disorders.

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