# A quantitative study looking at the relationship between religious beliefs, religious affiliation, religious orientation and help-seeking among university students.

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# **Declaration**

Submitted in partial fulfillment of the requirements for the degree of Master of Arts, in the Graduate Programme in Psychology, University of KwaZulu-Natal, Pietermaritzburg, South Africa.

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. It is being submitted for the degree of Master of Arts (Clinical Psychology) in the Faculty of Humanities, Development and Social Science, University of KwaZulu-Natal, Pietermaritzburg, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

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Student name

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Date

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## __Abstract__

This purpose of this study was to investigate the relationship between religious beliefs, religious affiliation, religious orientation, as defined by Allport and Ross (1967) and help-seeking behaviour amongst students at the University of KwaZulu-Natal, Pietermaritzburg campus. The need for this research has been motivated by the limited amount of previous research in this area. The influence of gender on help-seeking behaviour and on religious orientation was also explored. Questionnaires comprising of the Religious Orientation Scale, General Help-seeking questionnaire and demographic information in terms of age, gender and religious affiliation were administered to students at the University of KwaZulu-Natal, Pietermaritzburg campus. The sample consisted of 100 students from various religions, language, sexual orientation, age. The results revealed a significant difference between religious beliefs and religious orientation on help-seeking behaviour. In terms of demographic variables, gender had influence on religious orientation or help-seeking behaviour, respectively. However, religious affiliation had no influence on help-seeking behaviour.

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# Chapter 1: Introduction and Rationale

## 1.1 Introduction

The purpose of this study was to investigate the relationship between religious beliefs, affiliation, and help-seeking behaviour. In addition, this study also investigated the relationship of intrinsic and extrinsic religious orientation and help-seeking, and also investigated the influence of gender on religious orientation and help-seeking behaviour. Studies exploring attitudes toward seeking help among university students taking in consideration their religion are almost non-existent. In addition, although there is research literature on religiosity and religious orientation, very little research has been done on the relationship of religious belief and affiliation and help-seeking.

The relationship between religiosity and health has been the subject of increased interest among multidisciplinary researchers in recent years. This growing body of literature documents associations between religious belief and involvement and physical and mental health outcomes with the weight of evidence suggesting that religious belief, affiliation and practice have largely positive effects on mental health (Bergin, 1980; Ellis, 1980; Hackney & Sanders, 2003; Koenig, 1992; Levin & Chatters, 1998; Masters & Bergin, 1992; Masters, Hill, Kircher, Benson & Fallon, 2004; Pieper, 2004; Sanua, 1969; Schumaker, 1992; Shafranske, 1992; Smith, McCullough & Poll, 2003; Stark, 1971). A preliminary search of the literature seems to indicate that the relationship between religious belief, religious orientation, religious affiliation and help-seeking behaviour has received very little empirical attention. This study will look at whether and how being religious affects whether people seek help for a range of problems, and where they seek help from.

In gathering the data for this research, a series of closed ended questionnaires measuring religiosity and help-seeking behaviour were completed by a diverse sample of 100 students at the University of KwaZulu-Natal. These questionnaires comprised of two previously designed questionnaires, The *General Help-Seeking Questionnaire* (Wilson, Deane & Ciarrochi, 2005) and *Religious Orientation Scale* (Allport & Ross, 1967). This data was then captured and statistically analyzed, using a correlational research design and a quantitative methodology.

These findings were then interpreted and discussed within the above-mentioned frameworks of religion and help-seeking behaviour.

## 1.2 Research problem and rationale

The problem investigated is based on the premise that people seek help from different sources and for different reasons or problems. With respect to help-seeking, the questions arise:  do people go for help when they experience difficulty coping with psychosocial problems, and if so, where? What influences their decisions to get help? There may be many different influences on help-seeking, including religious beliefs, affiliation and gender. Religion has always been a part of human experience, and even while society seems to have become more secular (i.e. less tied to religious traditions) the paradox is that people seem to be becoming more religious and/or spiritual (Paloutzian, 1983).

 According to Smith & Simmonds (2006), religion can be seen as a multidimensional construct, reflecting a variety of domains including religious affiliation, religious belief and intensity of religious conviction, and religious behaviour (e.g. church attendance). Religiosity refers to more institutionalized and prescribed forms of religious practices, and it can be measured in terms of such variables as frequency of religious service attendance, private devotional activity, or religious experience.

Different schools of thought and different researchers choose to view religion differently. William James, one of the forefathers in the exploration of psychology and religion, defined religion as "the feelings, acts and experiences of individual men, in so far as they apprehend themselves to stand in relation to whatever they may consider divine" (Paloutzian, 1996, p192). According to Pargament (1997), religion is a pervasive phenomenon that incorporates a system of beliefs in, and the practice of, worship and/or rituals directed towards a divine or superhuman power. Religion includes the particular beliefs, customs, traditions and rites, which belong to special groupings (Paloutzian, 1996). Bean (2007) claims that religion can offer purpose in a personal life. For example, being active in a religion offers personal relationships with others who share a set of similar beliefs. He also says that religion can provide people with guidelines

on how to live life according to the principles of a particular denomination or organisation. According to Meyer, Leavey, Vallianatou, and Barker (2007), there is growing evidence that religious based beliefs may influence help-seeking and adherence to treatment.

This study also investigated the influence of gender on religion and help-seeking behaviour. Previous findings have shown that gender, including some ideas and practices of masculinity, has a negative impact on the perceptions and frequency of help-seeking behaviour amongst young men, including young men within the South African context (Addis & Mahalik, 2003; Bushell, 2006; Rickwood et al., 2005). It has been argued that ideas and messages around what is acceptably masculine, involving characteristics such as toughness, fearlessness, emotional stoicism and rationality, have traditionally limited help-seeking and other health-related beliefs and behaviours amongst men and boys in many contexts (Addis & Mahalik, 2003; Courtenay, 2000).

Research conducted both abroad and within an urban South African context found that both male and female adolescents are more likely to seek help from informal help sources such as friends and parents, as opposed to formal help sources (Van der Riet & Knoetze, 2004). According to Rickwood et al. (2005), adolescents, including young men, are more likely to seek help from their friends before their families. Research conducted by Smith et al. (2006) has suggested that men's help-seeking for health related issues tends to be indirect, with men seeking out help more often from their partners and friends, as opposed to formal help sources.

Unlike women, when men seek help they are more likely to focus on physical symptoms than emotional or mental concerns (Rickwood et al., 2005).  This is reflected in the work of Boldero and Fallon (1995) which suggests that young men are more likely to seek out help for educational problems than for other problems.

The importance of help-seeking is especially evident within the South African context, where some of the typical problems faced by adolescents, such as the effects of HIV/AIDS, are of a particularly serious nature (Van der Riet & Knoetze, 2004). Research has shown that help-seeking behaviour is often moderated or affected by various factors, which can either promote or act as a barrier to help-seeking behaviour (Rickwood, Deane, Wilson & Ciarrochi, 2005). It has

therefore become important that researchers isolate these factors and the pathways through which they act as barriers to help-seeking. It is anticipated that this has the potential to unlock valuable information on how best to promote and provide positive help-seeking experiences.

Previous research has concluded that women and men perceive and express their religiousness differently and that one gender is not necessarily more religious than the other (Kirkpatrick, 1999; McGuire, 1981). Spilka, Hood and Gorsuch (1985) reported that religion offers constructive explanations that improve one's self-esteem and strengthens one's sense of personal self-control for cancer patients and their families, and also for widows during bereavement. Recent studies, both local and international have reported no significant gender differences in relation to religious orientation (Roman & Lester, 1999; Silva, 2000). However a South African study by Laher (1998) found that women tend to score higher on intrinsic religious orientation than males, with intrinsicness usually being positively correlated and extrinsicness uncorrelated.

## 1.3 Aims of this research

The primary aim of this study has been to explore the relationship between religious belief, affiliation, orientation on the one hand and help-seeking behavior on the other hand. In addition, this research explores considering whether gender has any influence on religious orientation and help-seeking behaviour. A series of hypotheses were established at the start of this research on the basis of the aims. The hypotheses were used to guide answer the questions that were at hand. The hypotheses were organized into three categories including: help seeking, religious beliefs, and religious orientation.

Women are more likely to seek help from all sources (informal: partner, friend, parent, family member; formal sources: mental health professionals, doctor; and religious sources) than men. Women are likely to be more intrinsic than extrinsic in religious orientation than men. People with greater intensity of religious belief are less likely to seek professional/formal help, then informal help, and most likely to seek help from religious sources. People with intrinsic religious orientation are least likely to seek professional/formal help, more likely to seek help from informal sources, and most likely from religious sources

People of different religious affiliation will differ in religious orientation and in preferred source of help-seeking.

## 1.4 The structure of this dissertation

This dissertation has been structured around the four major areas of enquiry in this research, and the research questions in each of these areas. As mentioned above, these include: religion; gender; help-seeking behaviour; and the relationship between religion and help-seeking behaviour. Following this introduction, the next chapter does a review of relevant literature. This review will provide an introduction into the most relevant research findings and theoretical explanations. The review will also argue for the rationale and motivation for the present study. Following this, chapter three will introduce readers to the methodology used in this research. This will include an outline of the research design, and methods of data collection and data analysis done. This chapter will also include a consideration of some of the ethical challenges associated with conducting this research. Finally, chapters four and five will present the results of this research, and a discussion of these findings.

# Chapter 2: Literature Review

This literature review will be presented in four parts, which are reflective of four major areas of concern in this research. The first part to be discussed will be a brief history of the psychology of religion. Then an overview of religious belief, affiliation, and orientation will be looked at. Then help seeking behaviour will be discussed, and effect of gender on help-seeking and religious orientation. Lastly the relationship between religious beliefs, affiliation, orientation and help-seeking will be discussed.

## 2.1 Psychology of religion

### 2.1.1 History of the psychology of religion

The psychology of religion is broadly concerned with investigating existing theories of religion, and with developing new theories. A brief review of the history of psychology of religion will give an understanding of some of the current underlying issues in the field and provide some insight into the hypothesized relationship between religious beliefs, affiliation, and orientation and help seeking behaviour.

The psychology of religion is that field which studies religious belief and behaviour from a psychological perspective. This means that we attempt to understand the psychological processes affecting both religious behaviour and religious experience, that we attempt to take into account the multiple influences, whether environmental, personal, or social, which determine religious belief and behaviour, and that we may draw upon a variety of models and theories in order to help reveal the psychological processes mediating religiosity (Paloutzian, 1983). In psychology, William James is cited as a pioneer in the exploration of psychology and religion. He defined religion as the feelings, acts, and experiences of individual men in so far as they apprehend themselves to stand in relation to whatever they may consider divine (Paloutzian, 1996).

Freud, Jung, and Adler, amongst others, also provided understandings of the religious experience. However, it was not until the 1950s that the study of religion became systematized in

psychology. One of the most influential approaches distinguished between two distinct types of religiousness. There were those individuals who emphasized the tangible, ritualized, and institutionalized aspects of religion and there were those who accentuated the vision, commitment, and purity of heart without which the rituals were meaningless (Paloutzian, 1996).

According to Fontana (2003) there are two main approaches to the psychology of religion, the first one is concerned with observable behaviours arising from formal adherence to recognised religious groups or traditions, and this can be called the outer or social approach. It views religion as a collection of beliefs and practices of great importance in influencing individual, group, and cultural behaviours. The second approach, which is called the inner or introspective way, seeks to explore the nature of religious experience, together with the activities of mind within the individual that give rise to this experience and sustain the beliefs associated with it (Fontana, 2003).

The relationship between psychology and religion has been a very unhappy one for most of the twentieth century. Each domain has been seen as exclusive: if you are a psychologist you cannot take religion seriously, and if you are religious you cannot take psychology seriously. This has made for a climate in which the psychology of religion is seen as a paradox, impossibility, or at best, an irrelevant exercise which will undermine belief (Loewenthal, 2000).

In this research one of the aims is to investigate the relationship between religious affiliation (Catholic, Protestant, Muslim, etc) and help seeking. According to Brown (1988) the psychology of religion is now primarily concerned with the social and personal correlates of religious practice and belief. He states that it has been found that, for example, religious denomination as well as age, sex and occupation can define one's identity as a person, and that parents are a critical influence in forming positive religious attitudes. Women have been found to be more religious than men by every criterion, including church membership, church attendance, prayer, religious belief, mystical experience and religious attitudes (Brown, 1988). Therefore gender has been included as one of the variables to be investigated in this study.

**2.2 Religiosity**

Religiosity refers to the "institutionalized and prescribed forms of religious practices and expression" (Abe-Kim, Gong, & Takeuchi, 2004, p. 676). Religiosity, on the individual level, is an "allegiance to the beliefs and practices of institutional, organized religion" (Rose, Westefeld, & Ansley, 2001, p. 61) and is measured by examining "frequency of religious service attendance, private devotional activity, or religious experience" (Abe-Kim, et al., 2004, p. 676). For the purposes of this study, religiosity will be defined as religious behaviors that arise from and/or are consistent with an organized system of religion or religious institution.

Religiosity focuses on the religious behaviors associated with a particular religious institution in addition to generic behaviors such as frequency of attending religious services or praying. According to Belzen (2005), "religiosity is as multifarious as the different forms of religion" (Belzen, 2005, p. 7). Belzen meant that religiosity, like religion, was of great diversity. Religiosity occurs on both an individual and group level. It is shaped and informed by an institutional expression of religion, such as a religion or church.

*2.2.1 Religious beliefs and religious affiliation*

The psychology of religion cannot be understood without some understanding of what it is in which religious people believe, the origins of their belief, and the effect on the way in which they live their lives (Fontana, 2003). According to Brown (1988), unlike factual beliefs that can be tested in the real world, religious beliefs are supported by social agreements and traditions, and once accepted those beliefs are displayed in ways that allow others to decide who is truly religious, hypocritical, sceptical, mistaken and so on.

The belief dimension refers to the content of what is believed as part of a religion, how strongly the belief is held, the bases for the intellectual assent, and how salient that belief is in the person's life (Paloutzian, 1983). Loewenthal (2000) says that the term religious beliefs is used to refer to the content of beliefs about religious matters, what the individual believes about God, spirituality and related matters. In non-traditional religions (religions that have spread into many

countries and cultures, have not remained in their original socio-cultural environment), this dimension could correspond to a deep commitment to a set of values, and in ancient religions, it could refer to the belief that spirits inhabit physical objects. It is the content of the belief, or doctrine that is the most basic dimension along which religions differ (Paloutzian, 1983). Religion exerts a variety of influences on behaviour on both the personal and social levels. It can motivate people toward social revolution, it can represent a profound change in the life of an individual or it can maintain the status quo by encouraging people to hold on to existing norms and resist change (Paloutzian, 1983).

William James's (1902, cited in Paloutzian, 1983) statement that a person's religion should be judged by its fruits rather than its roots points to the potential role of religion in a person's life. Smith & Simmonds (2006) say that religious beliefs are part of a broader worldview which is distinguished by a personal view of life and how the world works. Studies also indicate that some religious beliefs can be negative and impede healthy adjustment. The importance of religious belief can be seen in the percentage of people reporting that religious beliefs are the most important influence in their lives. Jones (1994) claims that this is in the region of 56-72% of the world's population.

Despite over 75% of the UK population specifying that they hold religious and spiritual beliefs, clinical training, practice and research have generally neglected the impact such beliefs have on seeking and receiving help for psychological problems (Meyer, Leavey, Vallianatou, and Barker, 2007). Clients with spiritual or religious beliefs may experience a dilemma between self-censoring these beliefs and risking further pathologisation by mental health staff (Mayer et al. 2007).

According to the latest South African census, statistics for religious affiliation show that 79.8% of the population of 44.2 million claims to be Christian and the three largest groupings within Christianity are African Independent churches (31.8%), Protestants (25.5%) and Pentecostals (7.6%). Roman Catholics make up 7.1% of the population and an additional 7.8% identify with various other Christian groups. The next largest group category is comprised of those who said they had no religion or did not declare a religion (15.1%). Other categories reported by the

census include Muslims (1.5%), Hindus (1.2%) and Jews (0.2%). An additional 2.2% belonged to various other religions (Statistics South Africa, 1999).

*2.2.2 Religious orientation*

It seems reasonable to explore the theoretical concepts of Gordon Allport in order to gain a deeper understanding of religious orientation and the role it may have in the relationship with attitudes toward help-seeking.

Gordon Allport's concept of religious orientation is based on the assumption that people have different styles or approaches to their faith, made a major contribution to the empirical study of religion (Hunt & King, 1977). Before Allport, most studies of religion viewed religion as a unitary factor without considering different kinds of religious involvement; people were classified as religious and nonreligious in terms of adherence or nonadherence to orthodox doctrines and convectional religious practices (McClain, 1978). For Allport, the concept of religion as a unitary component was too vague and too broad to be useful in studying differences among people because religious sentiment varies in depth, breadth, content and mode of functioning.

He argued that as a component of personality related to an individual's sense of well-being, the focus should be on the nature of one's involvement with religion (i.e. whether it is intrinsic or extrinsic) rather than on orthodoxy of beliefs (McClain, 1978). As a means of assessing the nature of religious experience or involvement, Allport and Ross (1967) developed the Religious Orientation Scale (ROS) which focused on the intrinsic-extrinsic distinction. While researchers initially measured religion as a unidimensional entity it soon became evident that there were two distinct types of religiousness. There were those individuals who emphasized the tangible, ritualized and institutionalized aspects of religion (extrinsic) and there were those who accentuated subjective religious experience, commitment and purity of heart (intrinsic) without which the rituals were meaningless. Since the first type was more amenable to empirical study, the second type was generally ignored until Adorno, Frenkel-Brunswick, Levinson and Sanford

(1950) chose to study the responses of both types of religiousness in relation to ethnocentric attitudes.

Allport (1951, p.161), the pioneer of the objective study of religion in psychology, saw religion as an 'attempt to get in touch and harmony with reality and its Creator '. Influenced by the findings of Adorno et al., (1950), Allport (1954) first identified the contrasting religious outlooks as 'institutionalized' and 'intercrossed.' Later Allport (1959) coined the concepts, extrinsic religious orientation and intrinsic religious orientation. He distinguished between the intrinsically and extrinsically orientated as those who approach religion as 'living' or 'using' religion, respectively (Pollard & Bates, 2004).

According to Allport and Ross (1967), intrinsic religious orientation is characterized by those, 'who view religion itself as an end, a master motive' (p. 434). These individuals embrace a religious creed, internalize it, and attempt to follow it. Other needs, strong as they may be, are regarded as being of less ultimate significance, and are, so far as possible, therefore, met only to the extent that they correspond with the religious beliefs (Masters et al., 2004). Their attendance at church, temple or mosque may be thought of as motivated by spiritual growth. Those with an intrinsic religious orientation are wholly committed to their religious beliefs and the influence of religion is evident in every aspect of their life (Hettler & Cohen, 1998; Lewis, Maltby & Day 2005).

On the other hand Allport and Ross (1967) define an extrinsic religious orientation as being characterized by those, 'using religion for their own ends, with values that are always instrumental and utilitarian' (p. 434). Persons with this orientation endorse religious beliefs and attitudes or engage in religious acts only to the extent that they might aid in the achievement of more mundane goals, which may include social prestige, approval, providing self-justification for actions, promoting social or political aims, comfort and protection (Hettler & Cohen, 1998; Navara & James, 2005). Their church attendance is less motivated by a desire for spiritual growth and more influenced by other factors (Masters et al., 2004). The extrinsic type turns to God but without turning away from self (Allport & Ross, 1967). In essence, an intrinsic orientation can be seen as 'a faith unto its own ends' whereas an extrinsic orientation can be seen

as 'a means to an end, other than faith itself' (Allport & Ross, 1967, p. 434). Hence individuals either adopt a religious orientation for social benefits (extrinsic) or for individual meaning (intrinsic) (Palmer & Sebby, 2003).

Allport and Ross (1967) developed a 21-item Religious Orientation Scale to measure these two orientations, which they then revised to form the 20-item Religious Orientation Scale. It measures the extent to which someone 'lives' their religion (intrinsic) versus 'uses' their religion (extrinsic). Originally Allport characterized intrinsic religious orientation and extrinsic religious orientation as bipolar constructs. However, Allport began to note a group of "muddle heads" that refuse to conform to our neat logic' (Donahue, 1985, p. 2). These individuals agreed with items on both intrinsic and extrinsic scales, despite Allport's attempts to construct the scales to represent polar opposites. Therefore Allport expanded his original approach into a fourfold typology with the intrinsic, extrinsic, the 'muddle heads' that he called the *indiscriminately proreligious* and the *indiscriminately antireligious* now referred to as the non-religious.

This approach, despite being in existence for over 20 years, still exhibits several conceptual and methodological difficulties. Among these concerns is the issue of type or class of variables versus dimensional variables. In most areas of psychology individual differences are conceptualized almost exclusively in terms of dimensions rather than types. Discrete categories are sometimes employed as a matter of convenience to illustrate opposing poles of a continuum, but the underlying variables are typically conceived as continuous dimensions (Kirkpatrick & Hood, 1990).

Furthermore there is also no empirical evidence to support intrinsic religious orientation and extrinsic religious orientation as types, using the Religious Orientation Scale. This reflects that people vary along a continuum with respect to their level or degree of personal commitment to religion, or the extent to which they rely on religion for personal or social rewards (Kirkpatrick & Hood, 1990). The approach of conceptualizing intrinsic and extrinsic religiousness as types, merely for convenience in order to conduct statistical analyses, suffers from two important drawbacks. Firstly, collapsing a continuous variable into a dichotomy discards a large amount of information and results in a considerable loss of statistical power. Secondly, dichotomizing the

intrinsic and extrinsic scales precludes the possibility of assessing curvilinear relationships between intrinsic and extrinsic religious orientation and other variables (Kirkpatrick & Hood, 1990).

As Allport's Religious Orientation Scale is the most widely used measure in the empirical study of religion (Hill & Hood, 1999; Kirkpatrick & Hood, 1991; Smith et al., 2003), and is appropriate for the questions to be investigated in this study, and this instrument will be used in this study. Further research into the Religious Orientation Scale (Gorsuch & McPherson, 1989; Leong & Zachar, 1990; Maltby, 1999) has suggested that an extrinsic religious orientation towards religion comprises of two dimensions, the *extrinsic-personal,* referring to such behaviours motivated by potentially meeting personal needs such as protection and consolation and the *extrinsic-social,* referring to religious behaviours energized by the possibility of meeting social needs.

## 2.3 Help-seeking behaviour

This section will start with  a definition of help-seeking behaviour, and address issues relating to preferred helping agents,  patterns of help-seeking behaviour amongst university students,  and some of those factors which have shown to impact on help-seeking.

Previous attempts at defining help-seeking have shown that this is a broad and complex process influenced by a wide variety of factors, including demographic and psychosocial factors (Kuhl, Jarkon-Horlick & Morissey, 1997). Help seeking is the 'process of finding resources to assist in the solving of a problem or concern' (Morrison, Laughlin, San Miguel, Smith, and Widaman, 1997, p. 234). Rickwood, Deane, Wilson, and Ciarrochi (2005) claim that help-seeking is a process of translating the very personal domain of psychological distress to the interpersonal domain of seeking help. Help-seeking is generally considered a behaviour that involves an individual actively seeking out help. Adopting a broad understanding of this process, help could be provided by both professional and formal (e.g., doctors, teachers, counselors etc) and non-professional or informal (e.g. friends, relatives, peers, etc) help sources (McLennan, 1991), which might also include help from sources where there is no direct engagement, such as the

internet (Nicholas, Oliver, Lee & O'Brien, 2004). The types of problems addressed by general help-seeking are not exclusive to medical or psychological problems, but can also include academic and social problems (Kuhl et al, 1997). For the purposes of this research, a broad and inclusive understanding of help-seeking has been adopted.

Most young people experience problems beyond their capacity to solve them alone. Seeking help may be seen as one means of coping with, and resolving, these problems. Seeking help and advice from individuals in one's social support network is one type of problem-focused coping strategy that has been found to be associated with better adjustment (Schonert-Reichl and Muller, 1996).

Yong people are in the adolescence stage of development. Adolescence is described by Steinberg (1993) as a transition from childhood to adulthood during which individuals between the age of 12 and 21 are forced to deal with a variety of changes. This is often a stressful transition and can pose many difficulties to adolescents (Sigelman & Schaffer, 1995). According to Schonert-Reich & Muller (1995) this would suggest that adolescents could be considered a high risk group, who are challenged by a wide variety of stressors, and who could benefit from both formal and informal help-seeking. Another significant feature of this developmental phase is the pressure and need for experimentation, and the engagement in high-risk behaviours (Rolison, 2002). These behaviours have been shown to include substance abuse, weapon carrying and aggressiveness, poor nutritional habits and high-risk sexual behaviours, all of which can have serious negative consequences (Roberts & Ryan, 2002). In this study youth will be used which is seen as extending beyond adolescence, but they face the same problems.

Research conducted in South Africa amongst rural and urban, female and male participants found that adolescents were most frequently troubled by problems relating to: interpersonal relationships, peer pressure, family problems, misconduct, substance abuse, teenage pregnancy, and academic anxiety (Kgole, 2004). Furthermore, other South African research has also shown how HIV/AIDS has increasingly become a serious concern and threat for adolescents living in South Africa (Van der Riet & Knoetze, 2004).

There is a scarcity of studies addressing young people's help-seeking behaviours in South Africa. One study conducted by Walker (2003) on mental health and help seeking among a diverse group of first-year students, showed that students have a tendency to seek help from a range of the potential help givers for a diversity of problems. Students seemed to prefer different helpers depending on the problem they were facing. Students also perceived those they chose to consult as helpful. Several students reported not seeking any help at all for various problems and this experience was most often perceived as unhelpful (Walker, 2003).

Help seeking behaviour is an important subset of the coping behaviours which are necessary for mental health (Boldero and Fallon, 1995). Most other forms of coping rely upon the self and one's internal resources while seeking help is an environmental coping response (Rickwood, 1995). ). The types of problems addressed by general help-seeking are not exclusive to medical or psychological problems, but can also include academic, financial and social problems (Kuhl, Jarkon-Horlick, and Morissey, 1997). Kuhl et al. (1997) argue that help seeking behaviour is a complicated and poorly understood behaviour which is not homogenous across populations and is influenced by demographic, social, psychosocial and cultural factors.

Research on American students in the semi-rural community suggests that there is under-utilization of communal support systems in general as well as under-utilization of professional help sources (Dubow, Lovoko, and Kausch, 1990). Research consistently shows that individuals in the USA are more likely to seek counseling when personal problems exceed their capacity to cope and distress reaches motivating levels. It has also been shown that individuals often lack knowledge about resources (Dubow et al., 1990 and Kuhl et al., 1996).

Many researchers claim that attitudes toward help-seeking, transmitted by family and social network, are the major enabling factor in the utilisation of mental health services (Chang, 2007).. In terms of professional help-seeking, it was anticipated that consistent with adolescent individuation trends, younger adolescents would be willing to consult a mental health professional who might be familiar and available to them (e.g. school counsellor) while older adolescents, whose core development focus is autonomy and identity formation, would

demonstrate reluctance to seek professional psychological help and greater desire to solve their problems alone (Wilson et al. 2007).

Although several studies indicate that social support is unrelated to help seeking, Sherbourne (1988) showed that individuals seek help when their support network is impaired or ineffective (as cited in Cramer, 1999). Research has shown that help-seeking can play an important role for adolescents, including young men, when dealing with and overcoming many of the typical stressors that they encounter (Schonert-Reich & Muller, 1995).

*2.3.1 Preferred Helping Agents*

According to Tinsley, Brown and de St Aubin (1982), college students seeking help is a function of both the type of problem and the potential help giver. They found that college students preferred close friend help-givers for personal problems in general, whereas, academic advisors, instructors, close friends and close relatives were most preferred for career problems. Thus it is important to consider the type of problem when examining help seeking behaviour. There is also evidence that help may be sought at different rates for different types of problems. Problems that have got stigma attached to them and those which imply some personal adequacy, are less sought for help. How clients conceptualise their problems is likely to influence whether and where they seek help, as well as the nature of therapeutic relationship, raising possible concerns about respect, trust, shared meanings, acceptance and cultural competency (Mayer et al. 2007).

Boldero and Fallon (1995) say that help is more likely to be asked for when the problem is attributed to an external cause. Research conducted by Barnsley (1997) found that South African students are likely to seek help from friends and relatives for personal-social concerns, but from academic advisors for vocational-educational concerns. Bushell's (2008) results show that young people seek out the help of informal help sources before seeking help from formal or professional help sources, young men reported a low intended and actual rate of help-seeking from formal help sources such as general practitioners and mental health professionals. On the other hand, help sources such as friends and parents were reported as more likely and frequently adopted help sources. It seems from the literature (Barnsley 1997; Tinsley et al., 1982) that

potential clients believe their social emotional problems are more appropriately handled by informal support networks (e.g., friends, parents, relatives) rather than counselors.

*2.3.2 Patterns of help-seeking behaviour amongst young people*

When considering the patterns of young people's help-seeking behaviour, it is important to consider both the intention and rate of actual help-seeking. This has the potential to yield valuable information into the rate at which intended help-seeking behaviour becomes actual behaviour, if at all (Boldero & Fallon, 1995; Bushell, 2008). It is also important to gather an understanding of the help sources which are most frequently employed during help-seeking (Boldero & Fallon, 1995; Bushell, 2006; Rickwood et al., 2005). Furthermore, is also important to consider factors which appear to affect help-seeking behaviour, such as age or sociocultural differences. It is understood that these factors can either promote or inhibit help-seeking behaviour amongst various demographic groups.

In so far as the level of intentional and actual help-seeking is concerned, it is well documented that both men and boys have a lower level of intention and rate of actual help-seeking than females and girls (Smith, Braunack-Mayey & Wittert, 2006). Men and boys have been found to engage in help-seeking behaviour at an alarmingly low frequency (Eiser, Havermans & Eiser, 1995). These findings appear to be consistent across demographic factors such as race and class, as well as presenting problem (Boldero & Fallon, 1995; Schonert-Reichl & Muller, 1995).

Research conducted both abroad and within an urban South African context found that both male and female adolescents are more likely to seek help from informal help sources such as friends and parents, as opposed to formal help sources (Van der Riet & Knoetze, 2004). According to Rickwood et al. (2005), adolescents, including young men, are more likely to seek help from their friends before their families. Research conducted by Smith et al. (2006) has suggested that men's help-seeking for health related issues tends to be indirect, with men seeking out help more often from their partners and friends, as opposed to formal help sources.

Unlike women, when men seek help they are more likely to focus on physical symptoms than emotional or mental concerns (Rickwood et al., 2005). This is reflected in the work of Boldero and Fallon (1995) which suggests that young men are more likely to seek out help for educational problems than for other problems.

*2.3.3 Factors affecting the help-seeking behaviour of university students*

A significant amount of research has considered the patterns of help-seeking behaviour amongst various sample groups. This research has highlighted the complex nature of help-seeking behaviour, showing in many instances similarities and variations in the patterns of help-seeking behaviour in and amongst various demographic groups. This has since promoted further research, which has attempted to understand specific patterns of help-seeking (Rickwood, et al., 2005).

Some of the variations in the patterns of help-seeking behaviour have been accounted for by what has been termed 'moderators' of help-seeking behaviour. These moderators can include age, gender, culture, context, and individual psychological factors (Boldero & Fallon, 1995; Kgole, 2004; Van der Riet & Knoetze, 2004). It is recognized that some of these moderators facilitate help-seeking behaviour, while some act as barriers to help-seeking behaviour (Kuhl et al., 1997; Rickwood et al., 2005). Rickwood et al. (2005) emphasize that help-seeking is not simply a process of identifying a need, deciding to seek help and carrying out that decision. At each of these decision points, factors intervene to prevent the progression of the help-seeking process: need may not be identified; if identified, need may not be translated into intention; and intention does not always lead to behaviour.

Understanding how these factors impact on positive and negative help-seeking behaviour remains an important area of research, given the benefits of help-seeking behaviour, and the importance of this information in developing strategies for promoting help-seeking behaviour. Many of these factors work in a way that is overlapping. This means that these factors can influence help-seeking behaviour in unique combinations or in similar ways with other factors amongst certain demographic groups or individuals. Secondly, in what follows different

variables will be briefly presented. However, most of these moderators (for example, age) can be explained by a host of finer, underlying operations that contribute to its influence in moderating help-seeking behaviour.

### 2.3.3.1 Age

Previous research in the area of help-seeking has repeatedly emphasized the importance of age in influencing the intention and frequency of help-seeking behaviour (Boldero & Fallon, 1995). In spite of the many stressors and risks that threaten adolescents, and the importance and benefits of help-seeking in response to these, research has shown that adolescents seek help (both formal and informal help) at an alarmingly infrequent rate (Boldero & Fallon, 1995; Dubow, Lovko & Kausch, 1990). Research conducted in South Africa has come to similar conclusions, where help-seeking behaviour has been found to be mostly infrequent amongst adolescent samples (Kgole, 2004; Van der Riet & Knoetze, 2004).

Age would also appear to impact on the type of help that is most frequently sought, with young people consistently seeking out help from informal help sources before formal help sources (Boldero & Fallon, 1995; Rickwood, 1995). This is consistent with the findings of Rickwood et al. (2005) which show that with age, adolescents (both male and female) are less likely to seek help from formal help sources for mental health problems. Rickwood et al. (2007) attempt to explain this trend by suggesting that many of the young people that took part in their study held negative attitudes towards professional help sources. These appeared to be fuelled by negative previous experiences, and a stigma associated with seeking help from these help sources. It was also suggested by participants in this study that their family members would be adequate in attending to their help-seeking needs.

### 2.3.3.2 Individual psychological factors

Schonert-Reichl and Muller (1995) have shown that individual psychological variables, such as self-worth, self-consciousness and locus of control, have an impact on the intention and rate of actual help-seeking behaviour amongst adolescents. Rickwood et al. (2005) suggest that

individuals, including adolescents, who lack emotional competence, are less likely to seek help from both formal and informal help sources for personal-emotional problems and more serious difficulties.

### 2.3.3.3 Socio-cultural differences

Kuhl et al. (1997) suggest that members of higher socio-economic status and education level groups are more likely to engage in help-seeking behaviour. However, this might be underpinned by the moderating role that access, availability and affordability of help-seeking resources has on help-seeking behaviour. Furthermore, ethnicity and culture have also been found to have an impact on the frequency at which help-seeking behaviour is engaged in by individuals (Kuhl et al., 1997).

Cultural influences on help-seeking often relate to explanatory models of illness or difficulty, that is, how illness is conceptualized by the individual or his/her family and community, the extent to which the illness can be tolerated by others and the specific cultural expression of the illness (Narikiyo & Kameoka, 1992). Thus, stigma related to mental illness is thought to be greater among some minority ethnic groups. However, as Broadhurst (2003) argues, it is difficult to draw conclusions as to the extent of influence that such cultural factors may have on help-seeking.

### 2.3.3.4 The nature and intensity of a presenting problem

Research has shown that the nature and/or intensity of a presenting problem may in some instances either act as barrier to, or promoter of help-seeking behaviour (Boldero & Fallon, 1995; Kgole, 2004). In so far as the nature of a problem is concerned, it would seem that in instances where a problem is of an intimate nature, or has some kind of stigma attached to it, help-seeking is less likely and frequent (Boldero & Fallon, 1995). This is also true in instances where a presenting problem is seen by individuals to represent some kind of personal inadequacy (Boldero & Fallon, 1995). That said, some research has suggested that if the intensity of problem

is considered to be serious or stressful by an individual, help-seeking becomes more likely (Boldero & Fallon, 1995).

However, as noted by Kuhl et al. (1997), even in instances where such problems have been described by adolescents as being serious, help-seeking behaviour has not necessarily ensued. In response to this finding Kuhl et al. (1997) suggest that negative help-seeking attitudes may outweigh the distress caused by a serious problem.  A study conducted amongst Australian adolescents showed that these young people preferred to seek help from their parents for personal problems, while they preferred seeking help from their peers and friends for interpersonal and impersonal problems – highlighting the importance in the nature of a problem in deciding the type of help that is most frequently sought (Nicholas et al, 2004).

### 2.3.3.5 Gender

Research in this area has repeatedly highlighted the inconsistency in rates at which males and females seek help. It has consistently been found that women and girls seek out help on a variety of problems more easily and frequently than males (Eiser, Havermans & Eiser, 1995; Schonert-Reichl & Muller, 1995). These differences would also appear to be consistent across ethnicity, culture and age (Kuhl et al., 1997). Gender would also appear to play a significant role in affecting the type of help sources that are most frequently approached for help (Schonert-Reichl & Muller, 1995). Therefore, it is not surprising that Courtenay (2000) has suggested that gender may be one of the most important factors when trying to understand and account for men's health beliefs and behaviours, including help-seeking behaviour. Other researchers, however, argue that gender-related help-seeking behaviours are more complicated than this: for example females are more likely to seek help from friends for personal-emotional problems, while males are more likely to seek help from friends for suicidal ideation (Ciarrochi, Wilson, Deane, and Rickwood, 2003).

In attempting to understand the affect of gender on help-seeking behaviour, researchers have moved away from essentialist sex difference assumptions, arguing that these previous ideas "fail

to explain the fact that not all men are equally unwilling to seek help" (Lane & Addis, 2005, p.155). Rather, researchers have increasingly begun to focus on ideas around gender socialization and construction in accounting for the effects of gender on help-seeking behaviour.

In their research, Rickwood et al. (2005) attempted to account for the disparities in the rates at which male and female adolescents seek help for mental health problems, by raising the idea of gender socialization. They argue that that the effects of socialization encourage adolescent girls to approach friends and formal help-sources for help more often than family, as a way of encouraging independence. Adolescent males, on the other hand, are increasingly encouraged through gender socialization to put their health at risk, and not seek help (Mahalik et al., 2007; Rickwood et al., 2005).

## 2.4 Religion and help-seeking

A preliminary search of the literature seems to indicate that the relationship between religious belief, orientation, affiliation and help-seeking behaviour has received very little empirical attention. When religious beliefs are held strongly they can be used to regulate one's life and shape interactions with other people, and knowing a person's religious beliefs allows predictions to be made about that person's attitude to issues such as help seeking (Brown, 1988). Demographic variables have also been found to be associated with help-seeking in students. Religious orientation (as distinct from religious affiliation) has been found to be related to attitudes toward seeking help, with students apparently viewing petitioning to a higher power and seeking professional services as somewhat mutually exclusive means of securing help (Walley, 1984).
Although religion could be construed as a subtopic of coping strategies, there may be a separate relationship between religion and help-seeking. For example, some religions have proscription against seeking external help for problems, whereas others may actively encourage members to obtain such help. In one study, for example, it was found that Jewish people were more likely than either Catholics or Protestants to seek help for psychological problems (Yeung & Greenwald, 1992).

Gordon Allport's concept of religious orientation which claims that people have different styles or orientations to their faith made a major contribution to the empirical study of religion (Hunt & King, 1977). Before Allport, most studies of religion viewed religion as a unitary factor without considering different kinds of religious involvement; people were classified as religious and nonreligious in terms of adherence or nonadherence to orthodox doctrines and convectional religious practices (McClain, 1978). There are however, a number of studies which have attempted to describe the impact of religious beliefs on other aspects of human life such as mental health. Johnson's (2001) findings showed no difference between mental health workers of different religious orientations according to the religious orientation scale (ROS) and other measures of religiousness.

According to Mayer et al. (2007), there is growing evidence that religious based beliefs may influence help-seeking and adherence to treatment. Some people perceive their problems to be spiritual rather than psychological or look to religion as a means of understanding suffering and also as a beneficial way of coping with it. Mayer et al. (2007) found that seeking professional help was seen as conflicting with religious beliefs and was considered a last resort. Abe-Kim, Gong, and Takeuchi (2004) claim that assessing religious affiliation (i.e. Catholic vs. non Catholic) and religiosity (i.e., engaging in institutionalised forms of religious beliefs and practices) independently of each other is needed to discern the specific nature of religious influences upon help-seeking patterns.

Research by Oliver, Reed, Katz, Haugh (1999) showed that in a predominantly Catholic student sample attending a Catholic university with an active campus ministry, only a small minority of students acknowledged speaking with a member of the clergy about problems. It is of further interest that Catholic religious affiliation failed to predict talking to a member of the clergy and that the only variable which was significantly associated with disclosure to a member of the clergy was age; older students were more likely to discuss problems with a cleric. It is equally possible that older students have been more strongly socialized to discussing problems with a religious leader or that older students may be more likely to have types of problems, such as financial or work problems, which all students feel comfortable about discussing with a religious leader.

In a UK nationwide survey, 17% of the respondents said that they would seek a religious leader for help with personal difficulties or emotional problems compared with 16% who said that they would go to a 'mental health worker' (Barker, Pistrang, Shapiro, & Shaw, 1990). In the USA, the proportion of people who seek help from clergy for psychological problems is considerably greater (Greenley & Mullen, 1990; Veroff, Kulka, & Douvan, 1981; Weaver, 1995).

## *2.5 Conclusion*

This chapter has presented an overview of previous research and theory in the area of religion and help-seeking behaviour. Through this review the rationale for this research has been argued. It has been shown how, despite the fact that people seek help for different reasons; there are factors that affect the intention and actual rate of help-seeking behaviour amongst various samples, including the youth. Factors such as age, religious orientation, religious beliefs, gender, and the type of problem, individual psychological factors and social-cultural affiliation have been highlighted in this chapter. However, researchers show that the relationship between religious belief, orientation, affiliation and help-seeking behaviour has received very little empirical attention, and there appears to be the need for further research in this area, especially within a South African context. Hence, this study intends exploring whether a relationship exists between students' perceptions of their religious beliefs, religious intensity and religious orientation as defined by Allport and Ross (1967) and their help-seeking behaviour. In addition the influence of religious affiliation and gender will be considered as secondary variables, as these have been identified in the literature as possible confounding variables.

# Chapter Three: Methodology

This chapter is intended to provide an overview of the aims and rationale for this study, as well as an outline of the research design, and methods of data collection and analysis applied here. An important part of this section will also be to consider some of the ethical challenges faced in conducting this research, and the strategies adopted to address these.

## 3.1 Rationale for the study

Looking from the above literature, it is evident that there is a need for a research on help-seeking behaviour, and the relationship between religious beliefs, religious orientation and help-seeking behaviour. It is well documented that help-seeking can be a valuable and beneficial way of overcoming some of the problems experienced by adolescents during adolescence (Fallon, 2001). The need for this kind of support would also appear to have increased as young people in many parts of the world are increasingly challenged by difficult stressors and situations. In South Africa, this has included issues as serious as the impact of HIV/AIDS and for young people (Jeftha, 2006; Van der Riet & Knoetze, 2004). However, research has shown how help-seeking behaviour amongst young people remains infrequent and in some cases unlikely (Boldero & Fallon, 1995).

The relationship between religiosity and health has been the subject of increased interest among researchers in recent years, with much of the research examining the relationship between religion and both physical and mental health (Ellison, 1998; Mills, 2002; Plante et al., 2001; Thoresen, 1999). Much of this research has investigated the relationship between religious faith and physical health benefits (Plante et al., 2001), as well as the relationship between religion and the ability to cope with mental health issues, including depression (Koenig et al., 1998; Smith et al., 2003).

People seek help from different sources and for different reasons or problems. With respect to help-seeking the questions arise: Where do people go for help when they experience difficulty coping with psychosocial problems? What influences their decisions to get help? There may be

many different influences on help-seeking, including religious beliefs and affiliation. Religion has always been a part of human experience, and even while society seems to have become more secular (i.e. less tied to religious traditions) the paradox is that people seem to be becoming more religious (Paloutzian, 1983).

A preliminary search of the literature seems to indicate that the relationship between religious belief, religious orientation, religious affiliation and help-seeking behaviour has received very little empirical attention. This study looks at whether and how being religious affects whether people seek help for a range of problems, and where they seek help from.

Another frequently highlighted factor affecting help-seeking behaviour has been gender. Research in this area has repeatedly highlighted the disparity in rates at which males and females seek help. It has consistently been found that women and girls seek out help on a variety of problems more easily and frequently than males (Eiser, Havermans & Eiser, 1995; Schonert-Reichl & Muller, 1995). These differences would also appear to be consistent across ethnicity, culture and age (Kuhl et al., 1997). Gender would also appear to play a significant role in affecting the type of help sources that are most frequently approached for help (Schonert-Reichl & Muller, 1995). Therefore, it is not surprising that Courtenay (2000) has suggested that gender may be one of the single most important factors when trying to understand and account for men's health beliefs and behaviours, including help-seeking behaviour.

Another interesting issue of relevance is related to gender differences in intrinsic and extrinsic religiosity (Allport and Ross, 1967). Although apparently not often investigated, there is some evidence that men and women differ along these dimensions of religious orientation (Allport and Ross, 1967). It is from this observation that this research takes its departure, attempting to understand the extent to which gendered ideas and practices influence help-seeking behaviour amongst the youth.

3.2 Research aims

3.2.1 *Research Questions*

**Primary Research Question**

Is there a relationship between religiosity and help-seeking behaviour?

**Secondary Research Question**

· Does religious orientation influence help-seeking behaviour?

· Does gender influence help-seeking behaviour?

· Does gender influence type of religious orientation?

. Does religious affiliation influence help-seeking?

**3.3 Research Hypotheses**

At the start of this research a series of hypotheses were established. These hypotheses were in response to the research questions at hand, and have therefore been used to guide this research so as to answer these questions. The hypotheses were organized into three categories including: help seeking, religious beliefs, and religious orientation.

*3.3.1 Gender and type of help-seeking*

It is hypothesized that women are more likely to seek help from all sources (informal: partner, friend, parent, family member; formal sources: mental health professionals, doctor; and religious sources) than men.

*3.3.2 Gender and religious orientation*

It is hypothesized that women are likely to be more intrinsic in religious orientation than men and less extrinsic in religious orientation.

*3.3.3 The relationship between religious beliefs and help-seeking*

People with greater intensity of religious belief are less likely to seek professional/formal help, then informal help, and most likely to seek help from religious sources.

*3.3.4 The relationship between religious orientation and help-seeking*

It is hypothesized that people with intrinsic religious orientation are least likely to seek professional/formal help, more likely to seek help from informal sources, and most likely from religious sources.

*3.3.5 Religious affiliation and help-seeking*

It is hypothesized that people with different religious affiliation will differ in religious orientation and in the preferred source of help-seeking.

## 3.4 Research design

According to Durrheim (2004), research design is a strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research. This step becomes an important starting point in designing data collection and analysis that will best answer the research questions at hand. The strength and quality of a design will also impact on the reliability and validity of a project's findings, and the extent to which these findings can be generalized, and/or compared with other situations or findings (Oppenheim, 1992).

To enable the researcher to investigate the relationship between religious beliefs, religious affiliation, religious orientation and help-seeking behaviour, quantitative measures were used. Quantitative research is defined as "the numerical representation and manipulation of observations for the purpose of describing and explaining the phenomena that those observations reflect. The aim of quantitative research is to determine how a variable affects another variable in a population. It calls for procedures that use precise definitions, that use objectivity-seeking methods of data collection and analysis that is replicable so that findings can be confirmed or disconfirmed, and that are systematic and accumulative" (Denzin & Lincoln, 1994).

The research took place in what is considered a natural setting for the students, namely the lecture theatre, where the variables under investigation (religion and help-seeking) occur naturally. The researcher did not manipulate any of the variables. The research was concerned with investigating the possible relationship between several variables, and involved the

measurement of more than two variables occurring at the same point in time within a single group of subjects, over which the researcher had no control. Owing to the fact that the research did not fulfill the requirements for true-, quasi-, or pre- experimental research, the research was non-experimental in nature. Hence the research took the form of a cross-sectional correlational design (Rosenthal & Rosnow, 1991).

According to Struwig and Stead (2001), to determine the extent to which two or more tests relate to each other, correctional techniques can be used. The correlational measures are dependent on the characteristics of the variables. Struwig and Stead (2001) say that the survey method requires questionnaires for data gathering, and the data is obtained from the questionnaires completed by the respondents. The individual's responses are then aggregated to form overall measures for the sample.

## 3.5 Sampling

The sample for any survey should represent the study population as closely as possible. In any survey it is necessary to maximize the proportion of selected people who are recruited (Marks et al. 2005). According to Durrheim sampling involves decisions about which people, settings, events, behaviours and/or social processes to observe. The sample was drawn from the students of the University of KwaZulu Natal, Pietermaritzburg campus. This research was conducted on a non-probability, convenience sample of 100 undergraduate students. The respondents ranged between the ages of 18 and 34 years with a mean age of 20.27 and a standard deviation of 3.259. According to Struwig and Stead (2001), a convenience sample is chosen purely on the basis of availability; respondents are selected because they are accessible and articulate. There were 26 males and 74 females. In terms of religious affiliation, 74 were Christian, 6 were Hindu, 10 were Muslim, and 10 participants fell within other or no religious affiliation.

## 3.6 Measurement

Two questionnaires which had already been developed and applied in other research were used for the purposes of measurement here. These included: The *Religious Orientation Scale* (Allport

& Ross, 1967), and *The General Help-Seeking Questionnaire* (Wilson, Deane & Ciarrochi, 2005). These questionnaires were then combined and provided to participants to complete. (Appendix A: Questionnaire). The questionnaire comprised of the following three sections: a) demographic details, b) Religious Orientation Scale, c) The General Help-Seeking Questionnaire.

*3.6.1 Personal Information*

Age, gender and religious affiliation, church/temple/mosque attendances were the only demographic variables requested. Categories under church/temple/mosque attendance included weekly, monthly, on special occasion, sometimes, and a category not at, which allowed for individuals who did not fall within the other 4 categories.

*3.6.2 Religious Orientation Scale (ROS)*

Religious orientation was measured using the Allport scale of intrinsic-extrinsic religious orientation, the Religious Orientation Scale (ROS). This is a 20-item age universal scale developed by Allport and Ross (1967), to measure internal and external religious orientation as described earlier. For all 20 of the items, students were asked to respond on a five point Likert-type scale, ranging from "strongly disagree" to "strongly agree". One item: "I would prefer to go to church" had choices: weekly, monthly, special occasions, sometimes and not at all. The Age Universal I-E Scale has been reported as having alpha reliability coefficients as high as those in the original scale (intrinsic and extrinsic subscale alphas of .66 and .73 respectively). The ROS has an established and extensive empirical basis. The importance of construct validity has been stressed, and according to Cronbach (1971, p.64) it involves "the integration of many studies" to determine whether items do in fact assess the construct under investigation.

Overall, the Religious Orientation Scale has demonstrated good psychometric properties, with high internal consistency for both subscales (Hill & Hood, 1999b). Hill and Hood (1999b) noted that the Intrinsic subscale has been found to be more internally consistent than the modest internal consistency of the Extrinsic subscale, with a finding of .80 and .70, respectively. Further,

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each scale has been found to be valid, although, as with reliability, the Intrinsic scale tends to perform more strongly, given the "relatively high internal consistency and breadth of item content" (p.148).

On the intrinsic (I) scale, Allport and Ross's (1967) version demonstrated a reliability of .79 and Genia's (1993) version had a reliability of .85. While on the extrinsic (E) scale, the Allport and Ross (1967) version of the scale had a reliability of .62 and Genia's (1993) version had a reliability of .78. South African studies (Laher, 1998; Silva, 2000) utilizing the Religious Orientation Scale found CA coefficients between .76 and .78 for the intrinsic scale and .78 for the extrinsic scale. This indicates that the Religious Orientation Scale is a reliable measure for use on a South African student population. Genia's revised version of the Religious Orientation Scale also demonstrated increased reliability on the intrinsic scale for people of non-Christian faiths. Allport and Ross's version had a reliability of .79, whilst Genia's version had a reliability of .86. Since this study considered people of various religious affiliations the revised version was felt to be more appropriate.

*3.6.2 General Help-Seeking Questionnaire (GHSQ)*

The General Help Seeking Questionnaire (GHSQ) measures both future help seeking intentions and prior help-seeking experience (Rickwood et al., 2005). The GHSQ has been designed to measure the "intentions to seek help from different help sources and for different problems" (Wilson et al., 2005, p.15). An important feature of this questionnaire is its ability to measure both intentional and actual help-seeking behaviour.

The GHSQ makes use of Likert scale-type format, in which participants must rate their likelihood (intentions) of seeking help from a number of help sources, and for a number of problems. The range of this scale is along a 7-point continuum, with 1 representing "extremely unlikely" and 7 "extremely likely". Higher scores therefore indicate a greater intention of help-seeking either generally (the sum of all items), or from specific help sources (individual scales) (Wilson et al., 2005). Furthermore, participants are required to indicate help sources that they have actually sought help from in the two weeks preceding the administration of the

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questionnaire. This measure employs a format which allows it to be readjusted by researchers to accommodate the unique specifications of their research. That is, the types of problems and help sources listed in this measure can be replaced and formulated to reflect problems and help sources unique to that context or specific to the research at hand (Wilson et al., 2005). This ensures that this is an adaptable and sensitive format for measuring both intentional and actual help-seeking behaviour (Wilson et al., 2005).

For this study the questionnaire was kept largely unchanged except minor changes which were done on the part where participants were asked to record help sources they had sought help from in the past six (6) months preceding the administration of the questionnaire, instead of the two weeks which is recorded in the original questionnaire.

## 3.7 Procedure

Students were approached during tutorials and were asked to participate in the study by completing the questionnaire. Students were briefed verbally about the aims of study. Anonymity and confidentiality were stressed and students were also made aware that participation was voluntary. Each questionnaire had a cover letter, which students were requested to sign at the bottom. The cover letter emphasized anonymity, confidentiality, and the voluntary nature of the study. Contact details were also provided. Students were informed verbally and in the cover letter that the return of the completed questionnaire indicated that they had consented to participation in the study. The students completed the questionnaires and were thanked for their participation. It was clarified that only general trends would be determined in the research and that students would receive feedback about the overall results. The study received ethics clearance from the School of Psychology at the University of KwaZulu-Natal.

## 3.8 Data Analysis

To analyze and interpret the data collected here, a series of statistical procedures were run using SPSS. Descriptive statistics were first used to explore all the variables. These descriptive

statistics were conducted to provide descriptive information around various aspects and characteristics of the data gathered, particularly the demographic data. Frequencies were obtained for the variables gender and religious affiliation, which are nominal in nature. Means, standard deviations, minimum and maximum values were obtained for all the interval variables (namely, extrinsic religious orientation and intrinsic religious orientation, help-seeking and age). The statistical procedures will be listed below according to the specific research questions and hypotheses they attempted to explore.

### 3.8.1 Gender and type of help-seeking

To measure participants' responses on the GHSQ (on both the intentional and actual help-seeking scales) their responses were grouped into three classes of help-seeking i.e. informal (partner, parent, family); professionals (mental health professional, doctors); religious sources (priest). A t-test was used to compare men and women on informal, professional, religious help-seeking sources.

### 3.8.2 Likelihood and type of help-seeking

To measure participants' responses on the *GHSQ* (on both the intentional and actual help-seeking scales) their responses were tallied and listed as frequencies. This gave an indication of which help sources the young people intended to use and actually used.

However, as highlighted above, it is also important to measure the relationship between intended and actual help-seeking behaviour. This is important in determining the extent to which likely behaviour is converted into actual help-seeking. Therefore, in order to assess the extent of this relationship a Crosstab analysis was run, with Chi-square tests being run to test the significance of their relationships. These processes were run for each help source represented on the *GHSQ* measure.

### 3.8.3 Gender and religious orientation

Using the t-test religious orientation of men and women was compared, specifically comparing scores on intrinsic religious orientation and extrinsic religious orientation.

*3.8.4 The relationship between religious beliefs, religious orientation and help-seeking behaviour*

Pearson's product-moment correlation coefficients were used to explore the relationship between the intensity of religious beliefs and help seeking behaviour, and also to explore the relationship between religious orientation and the help-seeking behaviour of the students.  In both of these cases, this data was organized to provide information on the relationship between these common ideas and religious beliefs, orientation and intentional and actual help-seeking behaviour from all of the help sources used in this study.  To explore relationship between religious affiliation, religious affiliation, and help-seeking behaviour, a series of one way ANOVA were run. Post hoc analyses of significant differences for the normally distributed variables was conducted using Bonferroni post hoc test to determine significant differences between group means of the different religious groups.

**3.9 Ethical considerations**

Emanuel, Wendler and Grady (2000) provide a list of seven requirements that they advise should be considered and met in conducting clinical research. Although this research does not constitute clinical research, the relevance of many of these requirements is transferable here. These include: "social or scientific value, scientific validity, fair subject selection, favourable risk-benefit ratio, independent review, informed consent, and respect for potential and enrolled subjects" (Emanuel et al., 2000, p.2703). Throughout this research process, precautions have been taken to ensure a high standard of ethical practice. This has had to involve careful planning and rigorous ethical review.

The Research Ethics Committee of the Faculty of Humanities, Development and Social Science approved of the research. A questionnaire was distributed to the willing students and they had to sign the informed consent form before completing the questionnaire. The whole process was voluntary.

The researcher therefore provided participants with both a written and verbal explanation of these conditions and implications before participants were given the opportunity to volunteer.

Importantly, this informed consent process provided information around the purpose of this research, the format for publishing this research, confidentiality, storage and dissemination of data. Although it was not anticipated that participation in this research would place participants in any physical, social or emotional risk, care was taken throughout this process to ensure that participants were not harmed in any way.

To ensure the validity of this research, as well the dependability of its findings, this research has attempted to implement a sound research design, with an application of valid and reliable methods of data collection and analysis. As described above, this has involved the use of two previously tested and applied questionnaires, as well as objective statistical techniques of organizing the collected data.

# Chapter four: Results

This chapter presents the research results, presenting the findings made in relation to each of the research aims and hypotheses formulated at the start of this research. Firstly descriptive data relating to the demographic information will be presented. This chapter will therefore be organized by the four major areas of consideration in this research, including: religious beliefs; religious orientation; help-seeking behaviour; and the relationship between religious beliefs, religious orientation and help-seeking behaviour.

## 4.1 Descriptive statistics

### 4.1.1 Demographic Information

Analysis of the data revealed that in the sample of 100 students of the University of KwaZulu Natal, Pietermaritzburg campus, 26 were male and 74 female. The sample ranged in age from 18 to 34 years of age. The mean age of the sample was 20.87. Of the 100 responses received in response to the religious affiliation item, 74 Participants were Christian, 6 were Hindu, 10 were Muslim, 10 people classified themselves as belonging to the "None" category. In terms of church or temple attendance, 51 participants reported to attend church weekly; 11 on special occasions; 25 sometimes; 5 monthly; and 5 reported to attend church not at all.

*Table 4.1 Table of means for religious and help- seeking measures.*

| VARIABLES | Men | Women | Whole sample | Std. deviation |
|---|---|---|---|---|
| Religious intensity | 2.46 | 2.73 | 2.66 | 1.50 |
| Informal help | 17.77 | 19.42 | 18.99 | 4.99 |
| Formal help | 7.23 | 7.39 | 7.35 | 3.69 |
| Religious help | 3.12 | 3.18 | 3.16 | 2.10 |

*4.1.2 Religious Orientation*

**Table 4.2 Descriptive statistics for the Religious Orientation Scale**

| | N | Minimum | Maximum | Mean | | | Std. Deviation |
|---|---|---|---|---|---|---|---|
| | | | | Overall | Men | Women | |
| Intrinsic RO | 100 | 3 | 44 | 32.74 | 31.00 | 33.35 | 6.496 |
| Extrinsic RO | 100 | 7 | 48 | 33.29 | 32.62 | 33.53 | 6.841 |

*4.1.3 Help-seeking sources*

**Table 4.3 Frequency (%) of intended help-seeking per help source**

| | 1 (Very unlikely) | 2 | 3 | 4 | 5 | 6 | 7 (Very likely) |
|---|---|---|---|---|---|---|---|
| **Partner** | 12 | 5 | 3 | 21 | 14 | 13 | 31 |
| **Friend** | 9 | 4 | 6 | 6 | 24 | 25 | 25 |
| **Parent** | 11 | 5 | 11 | 3 | 15 | 18 | 36 |
| **Relative** | 15 | 8 | 7 | 16 | 16 | 13 | 18 |
| **MHP** | 25 | 9 | 6 | 12 | 20 | 11 | 15 |
| **Phone** | 58 | 17 | 7 | 5 | 5 | 4 | 3 |
| **GP** | 29 | 11 | 12 | 7 | 16 | 11 | 12 |
| **Nobody** | 63 | 9 | 8 | 9 | 2 | 1 | 5 |
| **Religious** | 31 | 18 | 10 | 9 | 11 | 12 | 8 |

**Table 4.4 Frequency of actual help-seeking per help source**

| Source | NO | YES |
|---|---|---|
| Partner | 47 | 53 |
| Friend | 28 | 72 |
| Parent | 47 | 53 |
| Relative | 56 | 44 |
| MHP | 78 | 22 |
| Phone | 97 | 3 |
| GP | 86 | 14 |
| Nobody | 94 | 6 |
| Religious | 78 | 22 |

**Table 4.5 Chi-square results of association of intended and actual help-seeking per help Source**

|           | Value  | Df | Significance |
|-----------|--------|----|--------------|
| Partner   | 23.621 | 7  | 0.001*       |
| Friend    | 21.980 | 7  | 0.003*       |
| Parent    | 33.849 | 7  | 0.000        |
| Relative  | 32.252 | 8  | 0.000        |
| MHP       | 17.168 | 7  | 0.016*       |
| Phone     | 31.271 | 7  | 0.000        |
| GP        | 20.971 | 7  | 0.004*       |
| Nobody    | 16.160 | 7  | 0.024*       |
| Religious | 25.194 | 7  | 0.001*       |

It is also evident from table 4.1 that of the 100 responses received on intended help-seeking sources a mean informal source score of 19.42 for women, 17.77 for men and 18.99 for the overall sample with a standard deviation of 4.99; mean formal source score of 7.39 for women, 7.23 for men and 7.35 for overall sample with a standard deviation of 3.69; and mean religious source score of 3.18 for women, 3.12 for men and 3.16 for the overall sample with a standard deviation of 2.10.

In conclusion, help sources such as friends, parents, partners, and relatives have been rated as the most likely and frequently used preferred help sources by participants. On the other hand, formal help sources such as phone help lines and mental health professionals and also religious sources have been rated as the least likely and least frequently used help sources.

**4.2 Gender and help-seeking behaviour**

This section will present findings related to the reported help-seeking behaviour from various sources of young men compared to women. To explore this, a t-test was used to compare men and women on informal, formal, and religious sources. These findings will be summarized in the table below.

**Table 4.6 t-test of difference between genders on sources of help-seeking**

| Help-seeking source | Women | | Men | | Sig (2-tailed) |
|---|---|---|---|---|---|
| | **Mean** | **Std.dev** | **Mean** | **Std. deviation** | |
| Informal | 19.42 | 4.50 | 17.77 | 6.12 | 0.22 |
| Formal | 7.39 | 3.59 | 7.23 | 4.05 | 0.86 |
| Religious | 3.18 | 2.02 | 3.12 | 2.36 | 0.91 |

 While women do score higher on all measures of help-seeking than men, this is only marginal and there is no significant difference between genders in any source of help-seeking. In the light of these findings, hypotheses one must be rejected.

**4.3 Gender and Religious Orientation**

This section will present finding related to the reported religious orientation amongst the sample of young men and women. To explore this, t-test was used to compare men and women on intrinsic religious orientation and extrinsic religious orientation. Findings will be reported in the table below.

**Table 4.7 t-test for religious orientation amongst women and men.**

| Religious orientation | Women | | Men | | Whole sample | | Sig (2-tailed) |
|---|---|---|---|---|---|---|---|
| | **Mean** | **Std.dev** | **Mean** | **Std .dev** | **Mean** | **Std.dev** | |
| Intrinsic | 33.35 | 5.23 | 31.00 | 9.10 | 32.74 | 6.50 | 0.22 |
| Extrinsic | 33.53 | 6.52 | 32.62 | 7.79 | 33.29 | 6.84 | 0.60 |

It is evident from Table 4.7 that of the 100 responses received on the Religious Orientation Scale a mean intrinsic religious orientation score of 33.35 for women with standard deviation of 5.23,

and mean score of 31.00 for men with standard deviation of 9.10, and mean score of 32.74 with standard deviation of 6.50 for the whole sample. The extrinsic religious orientation subscale had a mean score of 33.53 for women with standard deviation of 6.52, mean score of 32.62 for men with standard deviation of 7.79, and a mean score of 33.29 with a standard deviation of 6.85 for the whole sample. The t-test finds no impact of gender on religious orientation.

**4.4**. **Intensity of Religious Beliefs and Help-Seeking**

This section will present findings on the relationship between scores on intensity of religious beliefs and the reported help-seeking behaviour from various sources. To explore the extent of this relationship a series of Pearson correlations was run between religious intensity and the reported help-seeking from each of the help sources listed on th*e General Help-Seeking Questionnaire*. The findings from these correlations will be listed in tables with a narrative summary below.

**Table 4.8 Correlation between intensity of religious beliefs and help-seeking**

| Help-seeking Source | Correlation | Significance  (2-tailed) |
|---|---|---|
| Informal | -0.11 | 0.27 |
| Formal | 0.15 | 0.14 |
| Religious | 0.43 | 0.001** |

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

Hypothesis 3 hypothesized that there would be a relationship between religious intensity and intended help seeking behavior. The findings in Table 4.8 show that greater intensity of religious belief is associated with less likelihood of help seeking from informal sources, more help seeking from formal sources, but these associations are not significant.  The only significant association is between intensity of religious belief and help seeking from religious sources. Together these findings indicates that more religious people are significantly more likely to seek help from religious sources, may seek help from formal sources, and are less likely to seek help from informal sources. Therefore hypothesis three is only partially confirmed.

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## 4.5 Religious Orientation and Help-Seeking

This section will present findings on the relationship between intrinsic/extrinsic religious orientation and the reported help-seeking behavior from various sources. To explore the extent of this relationship a series of Pearson correlations were run between intrinsic/extrinsic religious orientation and the reported help-seeking from each of the help sources. The findings of these correlations are reported in Table 4.9.

**Table 4.9 Pearson correlations between intrinsic religious orientation and help-seeking**

| Help-seeking Source | Correlation | Significance (2-tailed) |
|---|---|---|
| Informal | 0.23 | 0.02* |
| Formal | 0.07 | 0.44 |
| Religious | 0.26 | 0.01** |

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

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

The results reveal a significant correlation between scores on intrinsic religious orientation and reported help-seeking from the informal sources and religious sources. The relationship between intrinsic religious orientation and formal help-seeking behaviour shows no significant relationship. Therefore, this finding supports hypothesis four, which hypothesized that people higher on intrinsic religious orientation are least likely to seek formal help, are more likely to seek help from informal sources, and most likely from religious sources.

**Table 4.10 Pearson correlations between extrinsic religious orientation and help-seeking**

| Help-seeking Source | Correlation | Significance (2-tailed) |
|---|---|---|
| Informal | -0.05 | 0.62 |
| Formal | 0.11 | 0.26 |
| Religious | -0.21 | 0.04* |

**Table 4.12 ANOVA of intrinsic religious orientation, extrinsic religious orientation, and help-seeking from informal, formal and religious sources by religious affiliation**

| Variable | SS  Effect | df | F | p-value |
|---|---|---|---|---|
| Intrinsic RO | 614.981 | 3 | 5.524 | 0.002* |
| Extrinsic RO | 123.243 | 3 | 0.875 | 0.457 |
| Informal | 130.519 | 3 | 1.789 | 0.154 |
| Formal | 76.466 | 3 | 1.920 | 0.131 |
| Religious | 32.186 | 3 | 2.541 | 0.061 |

**\* - Significant at p<0.01**

The above table shows that the only significant difference between people of different religious affiliations was for the intrinsic religious orientation.  No other significant differences were found between participants of different religious orientation.

Post hoc analyses were conducted on intrinsic religious orientation, using the Bonferroni test. These results are presented in Tables 4.13. While it is to be expected that there will be significant differences between people with religious affiliation and those with none, this post-hoc analysis was done to test whether there was any difference between people of different religious affiliation.

**Table 4.13: Bonferroni results for intrinsic religious orientation**

|  | Christian | Hindu | Muslim | None |
|---|---|---|---|---|
| Christian |  | 1.703 | 0.303 | 8.000* |
| Hindu | -1.703 |  | -1.400 | 6.600 |
| Muslim | -0.303 | 1.400 |  | 8.303* |
| None | -8.000* | -6.600 | -8.303* |  |

**\* - Significant at 0.05 level**

The above results show significant differences on intrinsic religious orientation between Christian and No religion group, and the Muslim and No religion group, with both religious group displaying a higher intrinsic religiousness.

# Chapter five: Discussion

This chapter discusses the results provided in chapter four. The findings of this research will now be discussed within the context of previous research within this field. This chapter will also revisit the aims and rationale of this research. To this effect, the findings of this research will be discussed in a way that both explains and attempts to understand the phenomena under study, but that also provides a platform for future research and development initiatives in this critical field. Chapter five also presents a critical evaluation of the study, limitations of the study and recommendations for further research.

## 5.1 Religious affiliation

In relation to religious affiliation, the sample consisted predominantly of students subscribing to the Christian faith. This finding is consistent with samples used in previous studies, as a large proportion of the studies concerned with religious affiliation have consisted predominantly of Christian samples due to their wide accessibility (Hackney & Sanders, 2003; Shumaker, 1992). This also matches the figures in the SA statistics on religious affiliation where Christians are most represented in the country. In addition, this is consistent with expectations given that the majority of students attending the University of KwaZulu-Natal tend to be Christian in faith Students belonging to the Hindu faith were poorly represented in the sample, which is surprising given the large number of Indian students at this university. The "Other" group was fairly represented where participants described themselves as belonging to no religious group, i.e. Atheist. . The Islamic faith was reasonably representative of the SA population and the population of student at the university at which the research was conducted. . There were no Jewish people represented in the sample, which is a limitation of the study as Judaism does represent a primary world religion. This is also consistent with expectations given that Jewish religion is least represented in the South African statistics (Statistics South Africa, 1999).

*5.1.1 The Religious Orientation Scale*

The religious orientation results are consistent with the results from other South African studies using this scale on a university student population. Laher (1998) reported mean intrinsic scores for two undergraduate samples of 29.65 (SD = 7.19) and 29.22 (SD =6.89) and mean extrinsic scores of 17.74 (SD = 5.18) and 16.57 (SD = 4.80). This suggests that students are more intrinsically religious which means that they embrace a religious creed, internalize it, and attempt to follow it.

**5.2 Gender, help-seeking and religious orientation.**

*5.2.1 Gender and help-seeking behaviour*

Hypothesis 1 stated that women are more likely to seek help from all sources than men. Research has frequently found a disparity in the intended and rate of actual help-seeking behaviour between men and women (Boldero & Fallon, 1995; Eiser et al., 1995; Schonert-Reichl & Muller, 1995). The overwhelming finding of much of this research has been that women engage in help-seeking behaviour more frequently than men. This is a finding which appears to be consistent across other demographic factors such as nationality, ethnicity, culture and age (Kuhl et al., 1997; Mansfield et al., 2003).

Previous research has highlighted the relatively low rate at which men and boys actually seek help, when compared with girls and women (Eiser et al., 1995). Research in this area has also highlighted the poor intention that men and boys have to engage in help-seeking behaviour, even when faced with challenging difficulties (Smith et al., 2006). In the face of these findings, it is not surprising that this has become an area for significant concern amongst researchers and providers of help-seeking services.

At the outset of this research it was hypothesized that women are more likely to seek help from all sources than men. These findings of this study have largely confirmed this hypothesis that women are more likely to seek help from all sources than men.

To address the high rate of help-seeking amongst women, it is important that we understand the patterns and processes involved in the help-seeking behaviour of women. It is therefore important that we consider which help sources are most frequently and likely to be used. It is also important that we consider the psychosocial and other processes that inform these decisions and behaviours. The findings of the current research, shows that women are more likely to seek help from informal sources, then formal sources, and least likely to seek help from religious sources.

These findings are consistent with several studies that have found that young people seek out informal help sources before seeking help from formal or professional help sources (Boldero & Fallon, 1995; Rickwood et al., 2005). A distinction between 'formal' and 'informal' sources of help (McLennan, 1991) is often ambiguous and complicated. For instance, while teachers are in 'formal' role-relationships with youth, they do not necessarily have professional helping skills and their role as a potential help source is often closer to the 'informal' category of helpers. In this study, individuals or organizations whose primary function is the provision of help, such as psychologists and social workers, are classified as a 'formal' help sources. Those whose primary relationship with the help seeker is something other than a help source, such as family and friends, are seen as 'informal' help sources.

There might be many explanations for the finding that women are more likely to seek help than boys/men. Boys are socialized to think of themselves as independent and strong. There are also indications that boys and men find it difficult to acknowledge personal vulnerability, a necessary precursor of seeking help. Girls and women, by comparison, are socialized to be more dependent, more social and to more easily acknowledge weakness or vulnerability (Boldero & Fallon, 1995). However, the findings are surprising given the current rapid changes in gender norms both in South Africa and internationally.

Smith et al. (2006) have noted several additional pragmatic barriers that they suggest limit the likelihood and frequency of men's help-seeking behaviour. These have included factors such as lack of time and poor access to opportunities, especially in occupational contexts. These authors also suggest that having to state a reason for help-seeking at many help service providers, and a

lack of male help service providers, also limits men's help-seeking intention and behaviour. However, it is understandable how these factors might inhibit help-seeking from formal help sources, but does not fully explain the poor rate of help-seeking behaviour across the board for many men. It is for this reason that researchers and theorists have attempted to further explore the area of gender, in affecting help-seeking behaviour.

*5.2.2 Gender and Religious orientation*

Hypothesis 2 stated that women are more likely to be more intrinsic in religious orientation than men and less extrinsic.

 Although apparently not often investigated, there is some evidence that men and women differ along dimensions of religious orientation. For example, Wilkinson (2004) found that women scored higher than men on extrinsic religiosity. Little theoretical guidance to explain this difference is available. However, recent arguments have been made that the religious orientation scale of Allport and Ross (1967) implicitly reflect American Protestant values by privileging private religious motivations over others, such as religion for social benefits or religion for comfort (Cohen, Hall, Koenig, & Meador, 2005).

Bridges and Spilka (1992) have described the institutional forms of religion particularly Christianity, Judaism, Islam, Hinduism and Buddhism as 'uncompromisingly male monotheistic.' Power and authority in these religions is clearly invested in the male. Females are invariably classified as virgin, wife, mother, widow, slave or harlot. Within these roles there is neither the power nor the religious sanction for a woman to be self-determining. Thus Bridges and Spilka (1992) theorise that religion denies empowerment to women. The powerlessness and low self esteem that women experience due to the prescribed roles they play leads to immense frustration, conflict and stress. Therefore religion is seen as a source of disorder in women. However Maton and Pargament (1987) argue that religion can work in the opposite direction. It can also offer ennobling meanings that buttress women against role stresses, provide ritualistic and ceremonial avenues to apparent power and suggest models and activities that elevate self-esteem.

The findings of the current study, shows that women are likely to be more intrinsic than men, and less extrinsic, which confirms the hypothesis of the study. These findings are not consistent with previous research findings; Silva (2000) reported no significant gender differences for religious orientation. Since those who are intrinsic in religious orientation find the "master motive" (Allport & Ross, 1967, p. 434) of their life in religion, it is assumed that they will try to follow and express that faith fully. It was found in this sample that women seemed to have a more intrinsic religious orientation and less extrinsic. Logically, this makes sense, in that women are more intrinsic than men, as women internalize religion and attempt to follow it, and they are wholly committed to their religious beliefs and the influence of religion is evident in every aspect of their life. This finding was consistent with expectations (Allport & Ross, 1967).

Those with an extrinsic religious orientation use religion more for reasons other than religious faith. Rather than being involved with religion for transcendent reasons, people with this orientation are involved in religion for the benefits that such involvement brings, such as social standing, inclusion in the group, security and solace (Allport & Ross, 1967) .

**5.2 Religious beliefs and Help-seeking behaviour**

*5.2.1. Intensity of religious belief and help seeking behavior.*

Hypothesis 3 stated that people with greater intensity of religious beliefs are least likely to seek professional help, then informal help and most likely to seek help from religious sources.

The research question explored the relationship that intensity of religious beliefs had with help-seeking both actual and intended. It was found that there was indeed evidence of some relationship between intensity of religious beliefs and help- seeking intentions. It was assumed that people with greater religious fervor would be more likely to think that they should rely on God for assistance or guidance, and that where such people did seek help they would seek it from others who shared their religious views. It was thought that when religious beliefs are held

strongly, they can be used to regulate one's life and shape interaction with other people, and also to provide guidance in solving personal problems.

The only significant association was between intensity of religious belief and help seeking from religious sources. This suggest that more religious people are significantly more likely to seek help from religious sources, may seek help from formal sources, and are less likely to seek help from informal sources The results also indicated that there was a negative, but not significant, correlation between the intensity of religious belief and informal help-seeking. This means that the students who are more religious are unlikely to seek help informally. Therefore the hypothesis was confirmed. Previous research tends to support the findings, where 17% of UK population reported that they would seek a religious leader for help with a personal difficulties or emotional problems compared with 16% who said that they would go to a mental health worker (Barker, Pistrang, Shapino & Shaw, 1990).

*5.2.2 Religious Orientation and help-seeking*

Hypothesis 4 stated that people with intrinsic religious orientation are least likely to seek professional help, are more likely to seek help from informal sources and most likely from religious sources.

The results indicated a significant correlation between intrinsic religious orientation and help-seeking from informal and religious sources. The hypothesis was therefore confirmed. Taking a closer look at how intrinsic religiousness is defined helps to elucidate the current findings. People with intrinsic religiousness dedicate their life to God or a higher power, internalize religion and attempt to follow it. The findings concerning the relationship between intrinsic religiousness and help-seeking from clergy are congruent with past research (Lawson & Strickland, 2004; Neighbors, Musick & Williams, 1998).

*5.2.3 Religious Affiliation, religious orientation and help-seeking behaviour*

Hypothesis 5 stated that people with different religious affiliation will differ in religious orientation and preferred source of help-seeking.

Given that the number of participants in certain of the religious affiliation groups was very small, caution needs to be exercised in the interpretation of the findings. As evidenced in the findings above, intrinsic religious orientation showed a significant difference between Christian and No religion group, and the Muslim and No religion group, with Muslim group displaying a higher intrinsic religiousness than Christians. These results suggest that the Muslim group tends to be more intrinsically religiously orientated than the other groups. This finding is consistent with previous research that reported significant influences of religious affiliation on religious orientation (Genia, 1993; Laher, 1998; Silva, 2000). There were no statistically significant differences found between religious affiliation on extrinsic religious orientation; informal help-seeking source; formal help-seeking source; or religious help-seeking source, respectively. However, there is a trend to difference in religious help-seeking, with Hindus having the highest rate of help-seeking from religious sources, followed by Christians, then no religion group. The Muslims have the lowest rate of religious help-seeking.

## 5.3. Summary

The central focus of this research has been to consider the relationship between religion and help-seeking behaviour amongst university students. Gender has been seen as a secondary influence in both religion and help-seeking. It was hypothesized that people with different religious affiliation will differ in religious orientation and preferred source of help-seeking. The results of the study confirmed the first part of the hypothesis, which indicates that there is a relationship between religious affiliation and religious orientation. There were no statistically significant differences found in preferred source of help-seeking between people of different religious affiliation. There was a significant gender difference in religious orientation and also help-seeking, where women were found to be more likely to seek help from all sources than men.

And also women were found to be more intrinsic in religious orientation than men and less extrinsic.

Previous research on religion has focused largely on Christianity and to a lesser extent on Judaism. This study considers students from the three primary world religions, i.e. Christianity, Hinduism, and Islam. It also allows for those students who perceive themselves to be Agnostic or Atheist and an open category is specified for those of other religious affiliations.

Previous research has concluded that women and men perceive and express their religiousness differently and hence one is not necessarily more religious than the other (Kirkpatrick, 1999; McGuire, 1981). Recent studies, both local and international have reported no significant gender differences in religious orientation (Roman & Lester, 1999; Silva, 2000). However a South African study by Laher (1998) found that women tend to score higher on intrinsic religious orientation than males, with intrinsicness usually being positively correlated and extrinsicness uncorrelated. This is confirmed by current study as women were found to be more intrinsic than men. The difference is results might be due to the use of different versions of ROS. This study used Allport's version while other studies used Genia's version.

The findings of the study also revealed that there were no statistically significant differences found between religious affiliation on extrinsic religious orientation, informal help-seeking source, formal help-seeking source, or religious help-seeking source, respectively. Again, in response to research question, it was hypothesized that people with intrinsic religious orientation are least likely to seek professional help, are more likely to seek help from informal sources and most likely from religious sources. The results of the study have largely confirmed the hypothesis, and this indicates that there is a relationship between religious orientation and help-seeking behaviour.

**5.4 Help-seeking and students**

It is important that we consider which help sources are most frequently and likely to be used. It is also important that we consider the psychosocial and other processes that inform these

decisions and behaviours. These findings are consistent with several studies that have found that young people seek out the help of informal help sources before seeking help from formal or professional help sources (Boldero & Fallon, 1995; Rickwood et al., 2005).

 In response to this trend, some commentators have suggested that amongst youth "professional helpers are best viewed as a 'back up' to social networks as sources of help, being consulted when non-professionals have failed to help" (Boldero & Fallon, 1995, p.205). However, if we consider some of the other factors that appear to influence help-seeking behaviour it would seem that the decision to use informal help sources over formal help sources might be more complex than this. This is suggested by the work of Rickwood et al. (2005), which emphasizes the complex factors that affect and impact on the unfolding of help-seeking behaviour. It is therefore important, in an attempt to understand the help-seeking behaviour of young people in this context, that we set the results of this research against previously identified factors affecting help-seeking behaviour. At the same time, it is important to recognize the limitations of this research, which have not allowed for the full examination of each of these factors.

**5.5 Limitations to the study**

There are various limitations to this research including the construction of the measure used in this study, and the way in which this measure was administered to sample members.

Participants were asked to report intended help-seeking. However they may have become confused or overwhelmed by the seven options on which to rate help sources on the likert scale. By having so many options, it is difficult to ensure that participants used this rating system consistently.  This may have complicated exploration of the relationship between religion and help-seeking behaviour. Also the questionnaire used in this research was made up of two previously separate questionnaires, so it may have been long for participants to complete. This may have had an impact on their ability to fully comply with the task, and respond accurately and honestly.

The sample was also skewed along several variables including, gender and religious affiliation. 74% of the sample was female with only 26% being male. In terms of religious affiliation 74% of the sample was Christian, leaving the remaining 26% to be divided amongst the other 3 religious affiliations groups. The sample also consisted of students ranging between the ages of 18 and 34 with a mean age of 20.9. Hence this study is limited to young individuals, thereby limiting the generalisability of these results to older population groups.

Previous literature has suggested that age plays a significant role in one's perceptions of religious orientation and help-seeking. This study is also limited to students at the University of the KwaZulu-Natal. This again limits the generalisability of this study's results to other population groups, thereby reducing its population validity. It is recommended that future research in this area be conducted using a larger, more diverse sample in terms of age range, religious affiliation, and gender. Further, there would be value in sampling from a range of Christian denominations. Extending the subject pool beyond a predominantly female, Christian, young students sample may be beneficial.

A further limitation of this study in terms of religious affiliation was the classing of Christianity as one homogenous group as opposed to breaking it down into various religious denominations. Recent literature has suggested that there is little or no correlation between the effects of religion in terms of buffering of stress in Catholic individuals however this is not true for the Methodist and Protestant population (McCullough et al., 2000; Park, Cohen & Herb, 1990; Tix & Frazier, 1998). This suggests that the findings may have been different if we were to break the sample into various religious denominations. However, given the relatively small sample size in this study, it would have been difficult to meaningful analyses if the Christian group had been broken down into its various denominations.

Lastly, a limitation of this study in terms of the religious orientation was the use of Allport's and Ross (1967) version of the Religious Orientation Scale. This version demonstrated decreased reliability on both scales over Genia's (1993) version. On the intrinsic (I) scale, Allport and Ross's (1967) version demonstrated a reliability of .79 and Genia's (1993) version had a reliability of .85. While on the extrinsic (E) scale, the Allport and Ross (1967) version of the

scale had a reliability of .62 and Genia's (1993) version had a reliability of .78. Genia's revised version of the Religious Orientation Scale also demonstrated increased reliability on the intrinsic scale for people of non-Christian faiths. Allport and Ross's version had a reliability of .79, whilst Genia's version had a reliability of .86. Since this study considered people of various religious affiliations the Allport and Ross version was felt not to be more appropriate. Genia's version of Religious Orientation Scale should be used in future not Allport's version because of its validity and reliability.

# Chapter Six: Conclusion

*6.1 Conclusion*

This study explored the relationship of religious belief and help-seeking behavior or preferences for help seeking. The results reveal that students are more religiously intrinsic, especially women. It was found that there was evidence of a relationship between intrinsic religious orientation and intended seeking help from religious sources and informal help-seeking.

In conclusion religion is a multi-dimensional concept and its relationship to help-seeking, another multi-dimensional concept is complex and variable. This relationship is further complicated by other constructs including religious affiliation, gender, making generalizations difficult. However, this research has shed some light on the kind of research that is needed to help explain this relationship further and to extend its generalisability.

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**Appendices**

*Appendix A: Questionnaire*

Thank you for agreeing to take part in this study. Please include the following information:

Age…………………………….

Sex……………………………..

Religious affiliation………………………..

Do you belong to any religious group?         Y         N

If yes, specify………………………………

Do you attend church/ temple/mosque:

| Weekly |
|---|
| Monthly |
| on special occasions only |
| Sometimes |
| Not at all |

***Religious Orientation Scale***
(Allport & Ross, 1967)

For the following statements choose the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience. You are asked to express your feelings about each statement by indicating whether you
**1=Strongly Disagree (SD),**
**2=Disagree (D),**
**3=Have No Opinion (NO),**
**4= Agree (A),**
**5= Strongly Agree (SA)**
Circle the number that best indicates the extent of your agreement or disagreement. Remember that there are no "wrong" or "right" answers. Your honest opinion is what counts.

|  | **SD** | **D** | **NO** | **A** | **SA** |
|---|---|---|---|---|---|

1.  Although I believe in my religion, I feel there are many more important things in my life.    1    2    3    4    5

2. It is important for me to spend periods of time in private religious thought and meditation    1    2    3    4    5

3.  It doesn't matter so much what I believe so long as I lead a moral life.    1    2    3    4    5

4.  If not prevented by unavoidable circumstances, I attend church.    1    2    3    4    5

5.  The primary purpose of prayer is to gain relief and protection.    1    2    3    4    5

6.  I try hard to carry my religion over into all my other dealings in life.    1    2    3    4    5

7.  The church is most important as a place to formulate good social relationships.    1    2    3    4    5

8.  The prayers I say when I am alone carry as much meaning and personal emotion as those said by me during services.    1    2    3    4    5

9.  What religion offers me most is comfort when sorrows and misfortune strike.    1    2    3    4    5

10. Quite often I have been keenly aware of the presence of God or the Divine Being.    1    2    3    4    5

11. I pray chiefly because I have been taught to pray.    1    2    3    4    5

12. I read literature about my faith (or church)    1    2    3    4    5

13. Although I am a religious person I refuse to let religious considerations influence my everyday affairs.    1    2    3    4    5

|  | SD | D | NO | A | SA |
|---|---|---|---|---|---|

14. If I were to join a church group I would prefer to bible study group rather than a social fellowship.

1    2    3    4    5

15. A primary reason for my interest in religion is that my church is a congenial society activity.

1    2    3    4    5

16. My religious beliefs are what really lie behind my whole approach to life.

1    2    3    4    5

17. Occasionally I find it necessary to compromise my religious beliefs in order to protect my social and economic well-being.

1    2    3    4    5

18. Religion is especially important to me because it answers many questions about the meaning of life.

1    2    3    4    5

19. One reason for my being a church member is that such membership helps to establish a person in the community.

1    2    3    4    5

20. The purpose of prayer is to secure a happy and peaceful life.

1    2    3    4    5

### *General Help-Seeking Questionnaire*
(Rickwood, Deane, Wilson & Ciarrochi, 2005)

Below is a list of people whom you might seek help or advice from if you were experiencing a personal or emotional problem. Please circle the number that shows how likely it is that you would seek help from each of these people for a personal or emotional problem during the next 4 weeks? **1 indicates that you are very unlikely to seek help from these help sources, while 7 indicates that you are very likely to seek help from these help sources.**

|  | Extremely Unlikely |  |  |  |  |  | Extremely Likely |
|---|---|---|---|---|---|---|---|
| **Intimate partner** (e.g., significant boyfriend or girlfriend, husband, wife) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Friend** (not related to you) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Parent** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Other relative/family member** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Mental Health Professional** (e.g., Counsellor, Psychologist, Psychiatrist) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Phone help line** (e.g., Lifeline) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Doctor/GP** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I would not seek help from anyone** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Religious leader** (e.g. Priest, etc) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Have you ever seen a mental health professional (e.g., counselor, psychologist, Psychiatrist) to get help for personal problems? (Circle one)

**Yes**                                                    **No**

Please rate how helpful this was for you?

| Extremely Unhelpful | Unhelpful | Helpful | Extremely Helpful |
|---|---|---|---|
| 1 | 2 | 3 | 4 |

Below is a list of people whom might seek help or advice from if you were experiencing a personal or emotional problem. Tick any of these whom you have gone to for advice or help in the past 6 months for a personal or emotional problem.

| | |
|---|---|
| Intimate partner(e.g., significant boyfriend or girlfriend, husband, wife). | |
| Friend (not related to you) | |
| Parent | |
| Other relative/family member | |
| Mental Health  Professional (e.g., Counselor, psychologist, psychiatrist) | |
| Religious leader (e.g., priest) | |
| Doctor/GP | |
| I have not sought help from anyone for my problem | |

**Appendix B: Informed consent form**

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South Africa
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UNIVERSITY OF
**KWAZULU-NATAL**

Dear Student

My name is Phephile Sukati and I am Clinical Psychology Masters student at the University of KwaZulu-Natal (UKZN), Pietermaritzburg. As part of the requirements for the degree I have to research a particular area in psychology for which I request your participation. My thesis falls in the area of religion, and I'm particularly interested in the relationship between religious beliefs and help-seeking behaviour. This study seeks to investigate the impact of religious affiliation, belief and orientation on help-seeking behaviour. People seek help from different sources and for different reasons or problems.

If after reading this information, you decide to participate in this study, you will be required to complete a short questionnaire which will take about 10 minutes and it will provide me with the necessary data for my research. Participation is strictly voluntary, and participants have the right to withdraw at any time, and do not have to answer any questions they do not want to. You are **not** required to furnish your name. I assure you that the information you provide will be treated in the strictest confidence. I will be happy to provide summary findings of this study to anyone interested in its outcome.

If you have any questions about this study, you can contact me via email (209511557@ukzn.ac.za) 072 406 9883 or my supervisor at the School of Psychology, Prof Graham Lindegger (lindegger@ukzn.ac.za) 033 260 5335. Your contribution in this study would be greatly appreciated.

I understand the purpose and process of this research, and consent to participating in this research, under these conditions

**Student Signature**:………………………….. Date……………………………….