The Impact of Acculturation and Religiosity on Help-Seeking Attitudes toward Mental Health among Muslim Arab Americans

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This study investigated the relationship of acculturation and religiosity on help-seeking attitudes toward mental health among Muslim Arab Americans. Religiosity was also examined as a moderator between acculturation and help-seeking attitudes toward mental health. One hundred thirty one Muslim Arab Americans residing in the United States completed a survey consisting of basic demographics, the Attitudes Toward Seeking Formal Mental Health Services Instrument (ATSFMHS) to measure help-seeking attitudes toward mental health, the Psychological Acculturation Scale (PAS) to measure acculturation level, and the Sahin-Francis Scale of Attitudes toward Islam to measure religiosity.

This study tested three hypotheses using hierarchical multiple regression analysis to examine a) the main effect of acculturation level and help-seeking attitudes toward mental health, b) the main effect of religiosity level and help-seeking attitudes toward mental health, and c) the moderating effect of religiosity on the relationship between acculturation and help-seeking attitudes toward mental health. A bivariate correlations analysis was also conducted to assess the relationship between acculturation, religiosity, help-seeking attitudes and the main demographic variables, age and gender.

Data did not support the research hypotheses in this study; acculturation and religiosity did not have a significant relationship on help-seeking attitudes toward mental health. Religiosity did not moderate the impact of acculturation on help-seeking attitudes. However,
unexpected findings revealed that gender and age were shown to have significance in predicting help-seeking attitudes toward mental health. Furthermore, correlation analyses found that gender was correlated with help-seeking attitudes toward mental health, while age was correlated with both help-seeking attitudes and religiosity. Additionally, acculturation was correlated with religiosity. The implications for clinical practices and service providers are discussed, and recommendations for future research are provided.