

# **The Negative Contribution of Evangelical Christianity to Self-Stigma Surrounding Depression**

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## **Abstract**

This literature review aims to investigate the scientific literature surrounding evangelical Christianity's attitudes towards mental health and mental illness, particularly depression, and how such public stigma may give rise to self-stigma in other evangelical Christians. Evangelical Christian communities are often perceived as having negative or stigmatizing attitudes toward mentally distressed individuals, particularly other Christians, and toward seeking help for mental illness. It is common in Christian communities, and particularly in evangelical Christian communities, to over-spiritualize, to attribute shame and guilt, or to outright dismiss mental illness and its symptoms. Such negative attitudes and beliefs are considered public stigma, which contributes to many evangelical Christians feeling the adverse effects of self-stigma. While evangelical Christianity is often perceived as having a stigmatic relationship with mentally distressed individuals, the scientific literature also points to the ways in which this relationship is improving, and some of the literature highlights the ways in which evangelical Christianity can continue to strengthen this relationship.

*Keywords:* evangelical Christianity, mental illness, self-stigma

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From stigmatization to over-spiritualization to outright dismissal of mental illness, the evangelical Christian community has, at times, had a fairly negative track record with understanding and supportive attitudes toward mentally distressed people, in particular those with depression or depressive symptoms. These negative attitudes or stigmatizing beliefs about mental illness, specifically depression, can lead to self-stigma (Corrigan & Rao, 2012). It is important to understand the ways in which the evangelical community contributes to self-stigma surrounding depression and the damage it causes because self-stigma can harm a person's relationships and day-to-day living. Evangelical Christian communities, through belief and practice, may contribute to the harm of self-stigma surrounding depression in the similarly-minded congregation members sitting in their pews.

Evangelicalism is a branch of Christianity that has quickly expanded, its population growing faster than many other religions today, with over eight hundred million constituents in the year 2020 (Lloyd & Waller, 2020). The National Association of Evangelicals (2015) made a public statement about Evangelicalism's four creedal beliefs, attempting to define their tenets specifically for research purposes. These four beliefs emphasize the Bible's authority, the importance of sharing one's belief in salvation through Jesus Christ, the death and resurrection of Jesus Christ equated to salvation from sin, and the only ways to collect this salvation: belief and repentance. Evangelical Christianity has recently been the target of politicization and criticism, in part due to these beliefs and how the evangelical community chooses to act on them; additionally, its perceived relationship with mental health is often less than stellar.

Lloyd et al. (2021) use their results from an online study in the UK, in which all participants were self-identifying evangelical Christians, to cite certain evangelical Christian beliefs as the contributors to negative perceptions of mental illness, which may lead to self-stigma. By using multiple surveys investigating different beliefs, researchers found that the highest predictors of stigma toward mental health or seeking help for mental distress in the evangelical Christian church were fundamentalist beliefs, which demand a literal interpretation of the Bible, and beliefs that mental illness is caused by immoral or "un-Christian" living. Also, often the participants' responses would

suggest spiritual interventions or miraculous healings over psychologically-based treatments, which were often completely overlooked. Although the study ignores certain demographic factors and the variable of previous mental health experience, it still offers insight into how beliefs can influence evangelical Christian attitudes toward mental illness.

More specifically related to depression and depressive symptoms, UK researchers completed two similar studies to understand evangelical Christian perceptions, using a qualitative “story completion” design, in which participants are given a starting sentence (a “stem”) and are asked to tell a story about what may happen (Lloyd & Panagopoulos, 2022). In the first study, participants were asked to write about “Summer,” a Christian girl who self-harms, and how her church would react. Although many stories written by participants had Christians who showed compassion and support for Summer, more often the overarching theme was spiritual causes and solutions: demonic influence, lack or inadequacy of spiritual activity on Summer’s part, and even exorcism. Shame and guilt are major subjects as well, indicating in some way that the church may see her, at least the part of her that self-harms, as consistently morally incorrect. In this first set of stories, the over-spiritualization of Summer’s self-harm rarely led to a happy conclusion.

In the second story completion study by Lloyd et al. (2022), participants wrote about “Tom,” who visits a church after suffering depressive symptoms. Over half the stories in this study highlighted the idea that Tom could not be religiously adequate, revealing a belief that Christian belief and depression cannot coexist. A major emphasis was placed on spiritual “healing” or freedom from mental illness, which is not often the case for those who struggle with mental illnesses such as depression. Although he was originally welcomed and supported, once the church community saw that Tom's depression was not just "going away," they saw him in more of a negative light or almost directly dismissed him in about a third of the stories. While these story completion studies are small and are not based on actual lived experiences, but rather perceptions of how a church community *could* react to depressive symptoms, perception is still a basis of imagination (Lloyd & Panagopoulos, 2022). Thus, the qualitative data gained from these stories does, indeed, measure perceptions that

evangelical Christians have of how their community may respond to depression or depressive symptoms: often through the over-spiritualization or dismissal of the symptoms.

Stressing complete healing, over-spiritualization, and the shame associated with mental illnesses such as depression can contribute to public stigma in evangelical Christian communities. Such public stigma arising from these prejudiced or stigmatizing attitudes can generate self-stigma in other Christians. Self-stigma comes in four stages: becoming aware of public stigma, agreeing with the ideas portrayed by public stigma, applying the negative beliefs to oneself, and experiencing the harmful effects of public stigma (Corrigan & Rao, 2012). The last stage, where a person experiences the harmful effects, often gives rise to the “why try” effect, in which the person affected believes that the stereotypes about them are true, and as such, they are incapable of certain endeavors or that their future life goals are unattainable. The effects of self-stigma surrounding depression can cut deeply and painfully, and public stereotypes and prejudices, such as ones that may be held by some evangelical Christian communities, may be at the root.

The relationship between self-stigma and evangelical Christians is a limited area of study, given its more specialized focus; however, the literature does exist. McGuire and Pace (2018) first studied the difference between self-stigma in Christians, particularly self-identified evangelical individuals, and self-stigma in the general population. They found a statistically significant relationship between evangelical Christians and resistance to seeking mental health help. Thus, evangelical Christians seemed to have higher levels of self-stigma. However, this study did not attempt to find reasons for this connection, and it was flawed in the sense that Christians were able to self-identify as evangelical because evangelicalism is a highly politicized and repellent term and people may not want to identify with it. In an effort to improve the construct validity, for their second study, the researchers used the National Association of Evangelicals’ definition of evangelicalism to distinguish evangelical Christians from other Christians, finding that many who did not identify themselves as “evangelical” still held all four creedal beliefs. Therefore, the construct validity improved in the second study, where they were able to accurately determine who was and was not evangelical. According to the second study, there was not a significant difference in self-stigma between evangelical and non-evangelical Christians, but researchers did find a major connection

between self-stigma and Christianity was the religious actions and practices these Christians participated in (Pace & McGuire, 2020). Namely, when a participant reported attending more worship services or Bible studies, their self-stigma score was higher. The highest levels of self-stigma were found in Christians with private prayer life. This connection could be due to the activities themselves, or due to more fundamentalist communities, who already have a worse track record with mental health stigma, requiring more involvement in such practices.

Clearly, Pace and McGuire (2020) are more apt to place responsibility on religious actions over religious beliefs as the cause of poor attitudes or perceptions of mental illness in evangelical Christian communities, as well as self-stigma in evangelical Christians. However, in the aforementioned study with researchers Lloyd et al. (2021), the article mentions beliefs having more of an effect on perceptions and stigma. Perhaps the big question, then, is this: are the ideologies of evangelical Christianity or the religious practices providing fuel for the negative contribution to self-stigma surrounding depression? It seems from the literature that a case can be made for both, and whether belief or action affects someone more may depend on any given individual. Yet, the literature also points to the idea that the negative perceptions in evangelical Christian communities can be rectified by incorporating new perspectives on mental health into their belief system and giving new meaning to religious actions, and therefore, the adverse effects may be limited.

Several more recent articles depict improving relationships between Christianity and mental health, including evangelicalism. In a more recent survey, researchers found that sixty-four percent of churches supported mental health treatment and real psychological support, and over fifty percent of survey respondents felt the attitudes toward mental health were positive in their church (Lloyd & Waller, 2020). These statistics indicate a positive step forward toward reducing both public stigma and self-stigma in Christian communities; however, at least twenty-three percent of Christians still feel their church's attitudes toward mental health are overtly negative. Evangelical Christian communities, as well as other groups of Christians, would benefit greatly from empowering other Christians through peer support, providing information about and access to psychological or psychiatric resources, and becoming aware of the idea that mental illness is neither a flaw nor a spiritual deficit (Corrigan &

Rao, 2012). In fact, positive help-seeking attitudes have been correlated with stronger religious support from church leaders and congregations (Lloyd et al., 2021).

Evangelical Christian communities, through belief and practice, may contribute to the harm of self-stigma surrounding depression in the similarly-minded congregation members sitting in their pews. However, the future is bright for the relationship between Christian communities and their relationship with mental health. Evangelical communities have the power and ability to bring about change in their perceptions toward mental health, particularly depression, through seeing it as less of a spiritual inadequacy or something to be over-spiritualized, but rather seeing it as a way to practice support of their friends and fellow church members who are dealing with mental distress.

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