The Intersection of Faith and Mental Health: Promoting Holistic Well-Being in Evangelical Christian Communities

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Abstract

This study is a quantitative research investigation into the dynamic relationship between faith and mental health in the youth within an evangelical urban Christian community in Nairobi, Kenya. Through an in-depth analysis of existing literature, and data collected from structured interviews, this research sought to shed light on the ways in which faith principles and mental health practices intersect. This research explored how different theological frameworks and community structures influence attitudes towards mental health and the provision of support needed. The participants were selected through purposive sampling of individuals from the Youth Ministry of Mamlaka Hill Chapel, which is an evangelical urban Christian community located within the campus hostel grounds of the University of Nairobi, Kenya. The sample size involved 54 students drawn from a population of 400 youths who frequent the church. Key findings highlighted the importance of destigmatizing mental illnesses through education programs, and the availability of resources for individuals facing mental health challenges within Christian congregations. While this study was limited to structured interviews, the findings highlighted best practices and recommendations for promoting mental health awareness and support within faith-based settings whilst providing insight into the potential strategies for reduced stigma surrounding mental illness. By acknowledging the interconnectedness of faith and mental health, the need for collaboration between mental health professionals, clergy, and congregants is needed to provide comprehensive care that addresses both the spiritual and psychological aspects of well-being. In conclusion, the

findings from this study underscore the need for targeted interventions to address mental health stigma within Christian communities and enhance support structures for individuals navigating mental health challenges. This research contributes to the ongoing dialogue on holistic well-being and the prioritizing of mental health awareness and support, and the integration of faith principles in mental health support systems.

Keywords: Faith and Mental Health, Evangelical Christian communities, Stigma, Destigmatizing, Holistic Well-being, Integration

Introduction

Mental health is an integral component of overall well-being, yet discussions surrounding mental health within religious contexts, particularly Christian communities have often been complex, or even inexistent (Stetz, Webb, Holder, & Zucker, 2011). According to the World Health Organization, "Mental Health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to his or her community" (WHO, 2022). To rephrase it more simply, it refers to our emotional, psychological and social well-being, contrary to the notion that it is simply the state of our minds alone. This definition conjures up a link between economic activity, gainful employment, medical health, support and freedom from either being discriminated against or being excluded from society (Mann, Bradley, & Sahakian, 2016).

With regards to this definition, statistics show that nearly one billion individuals around the world at any given time live with a mental health condition, with the most common conditions being anxiety and depression (Christian Health Association of Kenya, 2021). As a result, in this fast-paced world wherein mental health is a silent pandemic, there is a genuine ballooning need for supportive communities that could provide a safe haven,

equipped with relevant resources that could help one navigate through these challenges (Ford, 2024).

Nevertheless, efforts towards finding a solution towards mental health challenges have carried with them a stigma that conflates weakness with help seeking behavior, encouraging individuals to conceal their mental health challenges (Rössler, 2016). Stigma in relation to mental health would refer to negative attitudes and disapproval that are directed towards a person or group experiencing mental illness, especially based on the misconception that a weak character would be the leading cause of mental illnesses (Chatmon, 2020). With this knowledge, those experiencing the said bouts of depression, anxiety, and many other issues would go about their daily lives silent with the fear of being labelled or misunderstood.

One such community is the church, a Christian community, which historically has been visible and effective in offering spiritual guidance, conjuring up a sense of belonging and given much needed social support, and its pertinence can neither be trivialized nor overstated. In this article, the focus is on evangelical urban Christian communities. An evangelical community as defined by Bebbington is a Christian trans-denominational movement that emphasizes spiritual change through the process of "being born again", personal responsibility to make converts, belief in the authority of the Bible, and the centrality of the death and resurrection of Jesus Christ (Bebbington, 2003).

Through the church, one gets to see the interconnectedness between faith and mental health and psychosocial well-being of individuals and communities the world over (Hilhorst & Jansen, 2010). Faith herein is a general term that is foundational and inclusive of the diverse range of rituals, practices and religious beliefs of a given community. Walker et al. in reference to faith say that it "best describes the hard to measure but central phenomenon that explains so much about why and how humans often prove resilient in the wake of hardships and disasters" (Walker et al., 2012, p. 118).

Faith plays a significant role in coping with adversity and fostering resilience in the face of mental health challenges. Studies have shown that religious beliefs and practices can provide individuals with a sense of meaning, hope, and social support, which are essential components of resilience and decision making within a community (Ammerman, 2020). An exploration on how faith contributes to coping strategies can inform interventions that leverage religious resources for mental health promotion.

The necessity to comprehend mental health and instill mental health literacy within a society has never been more needful. To place it more squarely and clearly, especially in view of negative perceptions within Christian communities in particular, it has never been more urgent, given that evangelical urban Christian communities "view mental health as vertically representative of the inner soul or spiritual life" (Lloyd et al., 2021, p. 29). In fact, Lloyd contends that such a view can be attributed to the fact that there are literal interpretations of scripture and fundamentalist beliefs which to a degree place mental illnesses as visible evidences of demonic involvement (Lloyd et al., 2021).

Stigma surrounding mental illness remains a prevalent issue in many Christian communities. Misconceptions, fear, and lack of understanding often contribute to the marginalization of individuals with mental health conditions. Internalized stigma that could even lead to self-harm is dangerous leading to a decreased well-being and poorer outcomes in various facets of life. Studies show that evangelical Christians experience higher levels of stigma in comparison to non-Christians and non-evangelicals resulting in them being least likely to seek treatment for depression (McGuire & Pace, 2018).

Addressing stigma requires education, awareness campaigns, and destigmatizing conversations within religious settings. Examining the sources and impacts of stigma can guide efforts to create more inclusive and supportive environments. In recent years, thankfully, efforts have been made towards destigmatizing mental health care, such as

including activities like therapy sessions or the use of psychiatric medications (Vogel et al., 2007).

Understanding the dynamic relationship between faith and mental health is crucial to promoting holistic well-being and addressing the unique needs of individuals within religious contexts. Christian communities, with their rich traditions, theological doctrines, and communal structures, play a significant role in shaping attitudes towards mental health and the provision of support for those grappling with mental health challenges. The incorporation of faith principles into mental health practices not only sheds light on the complexities of well-being, but also contributes to reducing stigma and fostering inclusive and supportive environments within religious settings (Koenig et al., 2012).

As we navigate the complexities of faith and mental health, it becomes evident that collaboration between mental health professionals, clergy, and congregants is essential to provide comprehensive care that addresses the spiritual, emotional, and psychological dimensions of well-being. In doing this, we pave the way for more inclusive, supportive and empathetic approach to mental health within Christian communities. It has been noticed that certain theological interpretations and stigmatized attitudes can as well contribute to the marginalization of individuals experiencing mental health challenges (Lloyd & Panagopoulos, 2022)

This study, hence, aims to conduct a comprehensive examination of the relationship between faith and mental health within diverse urban evangelical Christian communities. Moreover, through this exploration, the study as well seeks to provide insights that can inform best practices and recommendations for promoting mental health awareness, destigmatizing mental illnesses within Christian organizations, and integrating faith principles into mental health support systems. By leveraging the insights gleaned from this research, and acknowledging the interconnectedness of faith and mental health, this research

advocates for inclusive, compassionate and effective approaches to mental health support within religious communities, hence contributing to the ongoing dialogue on holistic well-being and the prioritization of mental health in the same contexts.

Methodology

This section delineates the approach utilized in conducting quantitative research through the administration of structured interview questions to explore the correlation between faith and mental health within Christian communities.

Research Design

This study employed a descriptive quantitative research design with a focus on structured interviews as the primary data collection method. The use of standardized interview questions allowed for systematic data gathering and analysis to investigate the relationship between faith practices and mental health outcomes.

Participant Selection

Participants were selected through purposive sampling, targeting individuals from the Youth Ministry of the researcher's local church, Mamlaka Hill Chapel, which is an evangelical urban Christian Community located within the campus hostel grounds of the University of Nairobi, Kenya. They were undergraduate students within their first and fourth year of study, who voluntarily accepted to be interviewed and self-identified as experiencing mental health challenges or engaging with mental health services. The call for volunteers was announced publicly within a weekly fellowship service followed by registration on a physical sign up form under a pseudonym. Inclusion criteria ensured a broad representation of perspectives within the study sample. At the end, 72 responses were received. Ten of the volunteers opted out of the complete process due to personal reasons, and 8 did not manage to attend the interviews. A total of 54 students were willing to go through, and completed the interview process. Thirty were female and 24 were male.

Data Collection

Structured interviews were conducted with participants using a predetermined set of questions designed to elicit responses related to their faith practices, mental health symptoms, help-seeking behaviours, and perceptions of the intersection between faith and mental well-being. Interviews were conducted face to face in a private counselling room within the church premises to ensure privacy.

Data Analysis

Quantitative data obtained from the structured interviews were analysed and descriptive statistics, such as frequencies and percentages, were used to summarize participant responses and explore relationships between variables.

Ethical Considerations

Ethical guidelines were followed throughout the research process to ensure participant confidentiality, informed consent, and respect for individual autonomy. The participants were fully informed about the purpose of the interview before voluntarily participating in the process. They were informed that their identities and responses would be kept confidential, and would be conducted in a private yet comfortable setting. They were also given a right to withdraw from the interview at any time with no consequences nor strings attached. Approval was obtained from the senior leadership of the local church to involve the congregation and to welcome them to voluntarily participate in this survey in an ethical and responsible manner, whose findings would help us establish a mental health awareness campaign.

Validity and Reliability

Measures were taken to enhance the validity and reliability of the research findings. This included pilot testing of interview questions through the Heads of Department within the church, assessing the data analysis tools experientially by testing out some data, and ensuring that data privacy laws were in full effect as we began engaging the respondents in the survey.

Limitations of the Research Method

This included potential biases introduced by the interview format, such as social desirability bias or response bias. The participants may provide responses that are either politically correct or socially acceptable so as to paint them in good light, giving the responses that they believe the interviewer would like to hear, rather than the objective truth. Moreover, the interviewer could be subjective and biased with the progression of the interviews, more so if the same interviewer is to assess every participant. The sample size and demographic characteristics of participants may impact the generalizability of the findings to broader populations. Lastly, the questions selected for the structured interview may fail to comprehensively cover all the necessary contextual details in a qualitative manner that would shed more light, hence leading to gaps in accountability.

Nevertheless, in anticipation of these limitations, the researcher put measures in place to mitigate the challenges. So as to ensure objectivity from the interviewer, the interviews were paced and spread out in three weeks, with only 3 interviews conducted from Monday to Saturday for the 3 weeks. Moreover, as the questions were structured, and two genders were involved, there were two interviewers. One was male who interviewed the male volunteers, and the other female to interview the female volunteers. It was agreed that no other questions beyond those listed were to be asked. Finally, the number of questions were limited to 15, and the interviewees were allowed to refrain from answering a question should they feel that they were not capable of giving a response. By employing a quantitative research design with structured interview questions, this study aimed to provide empirical insights into the relationship between faith and mental health within Christian communities.

Findings and Discussions

Out of the 72 respondents, 54 eventually participated in the structured interviews, giving a response rate of 75%. Of the 54, 30 were female and 24 were male, accounting for

approximately 56% and 44% respectively. This is an indication that there is gender parity among the respondents. This was crucial for this study as it helped to gain different perspectives and accurate responses with respect to gender as well beyond personal responses.

Theme 1: Influence of Faith Practices on Mental Health

The majority of participants, approximately 72%, reported that the integration of faith disciplines such as scripture reading, prayer and meditation both corporately and individually, constant engagement within community, and forgiveness played a significant role in promoting emotional well-being and resilience. The other 28% highlighted that regardless of the wealth of community around them, they are yet to experience a form of emancipation from their struggle with mental health challenges though being active members of the youth fellowship and larger congregation. Nevertheless, data analysis showed that most in the minority were younger in the faith and would need an intentional discipleship process, during which more tangible progress might be seen.

Theme 2: Stigma and Help-Seeking Behaviour

A notable finding was the prevalence of stigma surrounding mental health within the larger church bringing a congregational judgement, and also within their biological nuclear families, leading to reluctance in seeking professional help. Moreover, participants expressed concerns that the public nature of such stigma would lead to internalized shame and guilt that may lead some towards self-harm, hence worsening symptoms and discourage them from seeking support. Also, to those desirous of extending help to others experiencing similar challenges expressed worries about judgment and misconceptions related to mental illness within the congregation and in their families of origin, indicating a need for increased awareness and destigmatization efforts. The study showed that 80% of the male volunteers felt more stigmatized and would shy away from seeking help in relation to their female

counterparts, whose percentage of help-seeking was at 90%, and would mostly confide in their pastors and parents, if not their close friends.

Theme 3: Coping Strategies and Integration of Faith

Participants mentioned the need to conceal their symptoms of mental illness from the congregation due to fear of judgement. They shared their diverse coping strategies, with 72% emphasizing the integration of faith disciplines, such as seeking pastoral counselling or engaging in religious practices mentioned in the previous themes, as essential components of their mental health management. The incorporation of faith into coping mechanisms was perceived as a source of strength and comfort. Nevertheless, 27% engaged in negative religious coping which many studies show is associated with decreased quality of life and poorer mental health, hence significantly negatively correlated with negative well-being (Surzykiewicz et al., 2022). A few pointed out that they began coping through self-harm such as cutting, drugs, or substance abuse.

Theme 4: Supportive Role of Religious Communities

While some participants highlighted positive experiences of receiving support and understanding from the local church and in their smaller groups known as Bible Study Groups, others noted a lack of resources and awareness around mental health issues therein hence the feeling that their local congregation was ignoring their reality of mental illness and were oblivious of their suffering. Recommendations were made for enhancing mental health education and support systems within Christian congregations.

Keefe et al. suggest that individuals who actively engage as church members within congregational communities found it restorative to participants who had suffered a form of mental illness (Keefe et al., 2016). The welcoming-feeling they experience, whereby they felt respected and honored, proved to be life-transforming, and allowed for the development of positive and meaningful social relationships. The interviewees pointed out that they definitely

feel better now having found a Christian community in comparison to how they led their lives prior in isolation.

Conclusions and Recommendations

The findings from this study underscore the need for targeted interventions to address mental health stigma within Christian communities and enhance support structures for individuals navigating mental health challenges. Faith is indeed an essential part of a human being's life, and what one has come to believe ultimately might be the solution to their challenges. It is said that many mental health victims seek counselling due to a crisis of faith or anguish which often is an underlying source of anxiety. Counselling psychologists should definitely consider the spiritual health of their client in how it influences their psychological well-being, hence the need for more biblical counsellors.

Moreover, it was noted that in this stage of their growth, more male than female clients feels stigmatized by society and would rather remain silent than be thought as weak or not well-adjusted to life. The burdens and demands placed on the man especially in African culture, even though they are Christians, are quite huge and impossible to bear on their own strength. Their female counterparts on the other hand seem to have found a way to break free from internal guilt and shame to find help leading to holistic well-being restored, and their return to be productive citizens in the society is evident.

Recommendations from this study include the development of educational programs, training for religious leaders, and initiatives to promote open conversations about mental health within faith-based settings especially for the benefit of the youth. The clergy should either collaborate with psychologists or be academically equipped and sensitized with information on mental health. This research indicated that most Christians would find it easier confiding in a pastor rather than a stranger who would double up as their psychologist. The pastor would be more interested in the holistic well being beyond the mental state of the

client as would be the general end goal of a secular therapist. It would be more enriching if the pastor were equipped to handle cases on mental health challenges, or if a local church would inculcate trained counsellors on staff who might be able to give insight on cases that require a professional eye.

In the recent past, research shows spiritual results are conflated with other psychosocial challenges and therefore vital to the client's sense of purpose in life (Post & Wade, 2009). The clergy should be the first line of defense for those undergoing such challenges in their mental health, hence leading to reduced stigma and increased opportunities for the individuals to come forward and seek help in their time of need.

Future research probably should focus on specific denominations, especially those outrightly averse to mental health issues in a skewed manner, to the end that individuals therein find no fortress of solitude to run to and find assistance and healing.

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