Model Rationale Assignment: Religiosity, Shame, and Mental Health

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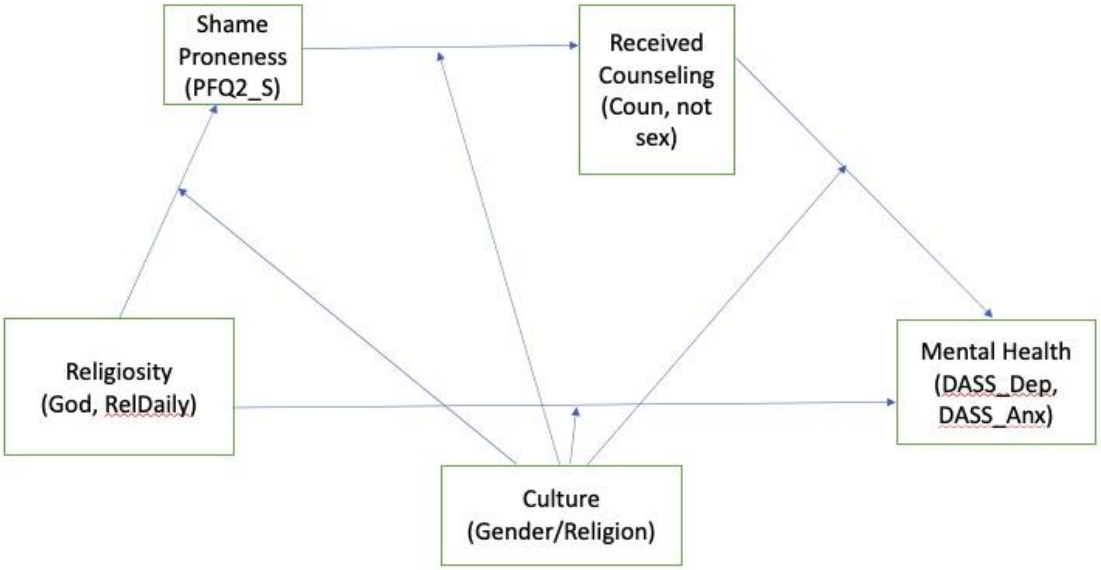

Religiosity plays a complex role in mental health, offering both benefits and challenges. Certain religious beliefs offer support, positive coping, and a sense of purpose, whereas some beliefs may also lead to stress and depression by reinforcing feelings of shame and moral failure. Shame proneness also influences mental health, as it often leads to increased self-criticism and poor coping strategies. This research model seeks to understand the effects of religiosity and mental health, as well as the influence of shame proneness and past participation in counseling on this relationship. The influence of gender and three religious cultures will be examined: Christian, Muslim, and Jewish.

Research Question

What is the relationship between religiosity and mental health, and how do shame proneness and counseling experiences moderate this relationship? Additionally, how do gender and religious affiliation influence these dynamics?

Rationale

Religiosity

Religiosity can have both positive and negative effects on mental health including religious involvement as a social support, creation of coping mechanisms (Ladis et al., 2022; Luyten et al., 1998), and overall sense of purpose. Certain religious beliefs may also contribute to stress, anxiety, depressive symptoms, and psychological distresses surrounding guilt or divine punishment (Booth et al., 2024; Ladis et al., 2022). Other effects of religiosity regarding mental health are dependent on various religious beliefs and the internalization of these beliefs; some religious teachings identify an element of moral failure related with mental health and receiving mental health treatment (Luyten et al., 1998). Current beliefs can also affect various attitudes towards counseling including the hesitancy of engaging due to therapy conflicting with faith-based solutions (Booth et al., 2024; Kim, 2016).

Shame Proneness

Shame proneness evolves as an individual experiences shame in response to perceived personal failures, social disapproval, and moral transgressions (Jones et al., 2023; Kim, 2017; Knight, 1998; Ladis et al., 2022). Non-Western perspectives do not always perceive shame as negative (Collardeau et al., 2023), so this is important to assess within the context of religion to assess the interaction between shame proneness and religiosity. Shame itself can be identified as a sense of falling short where an individual feels inferior or worthless while wanting to hide the identity of self (Wang et al., 2018). Lundberg and colleagues (2009) argue that shame positively correlates with poor mental wellbeing and is a strong predictor of poor mental health resulting in low self-esteem, isolation, and feeling of hopelessness. Individuals who experience shame will often withdraw from social interactions or hide their diagnosis from family and friends to prevent

judgment, rejection, and the fear of associated with having a mental health diagnosis (Sonik-Włodarczyk et al., 2022). These elements can exacerbate psychological distress parallel to religiosity to intensify shame, particularly in traditions that emphasize sin and divine judgement (Luyten et al., 1998).

Counseling

Engaging in counseling is associated with improved mental health outcomes, including improved emotional regulation, distress tolerance, and the development of healthy coping strategies (Jones et al., 2023), working as a critical intervention for individuals who experience severe distress, prior difficulties, or current mental health stressors (Neukrug, 2021). Emotion regulation, distress tolerance, and healthy coping skills are essential for maintaining psychological stability, especially for individuals who struggle with heightened anxiety, depression, impulsivity and other mental health conditions (Antony & Barlow, 2020; Dailey et al., 2014). Counseling interventions equip individuals with skills allowing individuals to navigate challenging situations without resorting to maladaptive behaviors like substance abuse or self-harm (Neukrug, 2021). Pursuing help-seeking behaviors is influenced by personal interpretations of vulnerability, self-stigma, and cultural attitudes surrounding mental health (Morgan, 2023; Muse, 2024; Pattyn et al., 2015; Staiger et al., 2020).

Gender

Gender differences affect faith-based beliefs concerning shame proneness and seeking professional counseling in many ways including religious interpretation, roles within religious communities and personal spiritual experiences (Pattyn et al., 2015). Studies indicate that women tend to experience higher levels of internalized shame than men (Nyström et al., 2018) while women are more likely to engage in mental health treatment (Pattyn et al., 2015), often

influenced by societal encouragement of vulnerability. Additionally, women may internalize shame, leading to self-blame, especially when religiosity is induced (Sagar & Howe, 2021). Studies also identify that men differ from women with experiencing shame differently, questioning self-worth, and having a perception of failure when seeking help associated with mental health (Pattyn et al., 2015; Staiger et al., 2020). The reluctance in seeking support can be exacerbated leading to increase in stress, emotional suppression, and mental health outcomes.

Culture

Racial and cultural backgrounds influence and shape faith-based beliefs regarding shame (Crane 2011) and willingness to seek treatment (Booth et al., 2024; Collardeau et al., 2023; Sangar & Howe, 2021). Religious beliefs are profoundly influenced by the framework of culture and how experiences are interpreted (Duek & Johnson, 2016). Each of these elements are intertwined influencing self-identity, community dynamics, and mental health outcomes. Fung and colleagues (2018) further illustrate this by examining how cultural backgrounds influence parenting beliefs and practices among major ethnic groups in the United States while also intersecting religious beliefs affecting family dynamics and community interactions. Jewish culture generally views shame as facilitating self-regard and perceptions of morality (Crane, 2011) with a connection to a higher religious authority (Garb, 2016). Muslim culture poses specific challenges for help-seeking, including social stigma of the culture, and the view of mental health being a personal failure or weakness (Muse, 2024). Evangelical Christian culture often views shame within the context of sin (Luyten et al., 1998), and may view vulnerability as inseparable from shame, creating a negative view of help-seeking behaviors (Kim, 2017; Morgan, 2023).

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