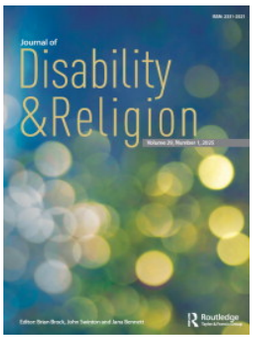

Routledge
Taylor & Francis Group

Journal of Disability & Religion

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/wrdh21

Clinging to Certainty: Mental Health Anthropologies and Dualisms in Post-Pandemic Britain

Christopher E. M. Lloyd

To cite this article: Christopher E. M. Lloyd (15 Jan 2025): Clinging to Certainty: Mental Health Anthropologies and Dualisms in Post-Pandemic Britain, Journal of Disability & Religion, DOI: 10.1080/23312521.2024.2441429

To link to this article: https://doi.org/10.1080/23312521.2024.2441429

Published online: 15 Jan 2025.

JOURNAL OF DISABILITY & RELIGION
https://doi.org/10.1080/23312521.2024.2441429

Clinging to Certainty: Mental Health Anthropologies and Dualisms in Post-Pandemic Britain

Christopher E. M. Lloyd

Westminster Centre for Psychological Sciences, University of Westminster, London, UK

KEYWORDS: Christian; Church; Mental Illness; COVID-19; Group Processes; Qualitative

While an extensive body of psychosocial research attests to the positive effects of the church community and faith on mental illness, this community can also be a place of stigma, othering, and relational rejection. In the context of post-COVID Britain in particular, as society adapts to new forms and norms of social connection, we may cling onto the need for certainty during times of crisis and social upheaval. Yet, how and when might the quest for certainty lead to reductive or destructive conceptualisations of ourselves and others? In this paper, I will draw upon social and cognitive psychology to explicate some of the processes involved when our very sense of identity is threatened and we are faced with uncertainty, particularly with reference to social and group identity, binary and reductionistic thinking. I draw upon qualitative research undertaken during COVID-19 which explores the lived experiences of Christians with mental illness, the aim being to demonstrate the potential dangers of dualistic thinking. I argue that Christian communities must move beyond reductive anthropologies of mental illness (spiritual versus biopsychosocial) toward models of thinking which resist de-politicised, dichotomized, and individualistic narratives; instead, these communities must promote holistic and religiously syntonic anthropologies of the person.

Stories of mental (ill) health during COVID-19

> [I'm tired] of… them saying that I'm not mentally ill, I'm possessed, that it's an evil spirit… I was even once described as demonic.… They decided that I was demonic and I was demon-possessed, which is why they then went ahead with this deliverance. That just distressed me more and really did distress me (Lloyd, 2021).

CONTACT Christopher E. M. Lloyd C.Lloyd3@westminster.ac.uk 115 New Cavendish Street, London, W1W 6UW, UK.

Stories influence how we make sense of ourselves, others and the world around us (Lloyd, 2023b). During COVID-19, as I sat with some committed Christians and listened to their experiences of living with mental illness as part of a psychology study, I was struck by the often binary terms in which participants were placed by their faith communities and how the former variously responded to or resisted these subject positions. For many, there was a common thread. Their mental illness was rendered either as demonstrative of some spiritual flaw or lack of faith or, conversely, as a medical and psychological deficit. Thus, it was entirely beyond the restorative realm of the church community to imbue social connection and meaning. Both these positions, however, struck me as potentially unhelpful in that they negated the nuances, context, and more holistic anthropologies of the person. Indeed, from a psychological perspective, binary modes of thinking often emphasize extremes, superimpose a value hierarchy, exclude gradations of meaning, as well as eliminate possibilities for understanding and action (Berlin, 1990). In the following paper, I wish to reflect on some potential effects of these binary anthropologies for Christians living with mental illness, especially in the context of post-COVID-19 Britain.

The pandemic and post-COVID-19 Britain

Although COVID-19 is no longer a global pandemic, there have been nearly 7 million deaths, as well as over 768 million confirmed cases and the administration of over 13 billion vaccines (Msemburi et al., 2023). In many ways, the COVID-19 pandemic led to a dividualisation of the individual person and society at large, wherein the emotional, psychological, and spiritual reserves of many were tested to the limit. The situation challenged our assumed notions of what it means to be human, live in community with others and create meaning. At the micro, meso, and macro levels, society has been exposed to a panoply of stressors: serious illness, bereavement, social distancing, and unemployment, as well as rising rates of mental illness and a profound sense of uncertainty and existential dread. Social and group identity hubs have been disrupted and transformed in ways unimaginable before the pandemic, while many churches and religious communities now offer various models of attendance (both synchronous and asynchronous), which have altered and transmuted the way we relate to and connect with both others and the Divine (Cho, 2021).

Yet what are the dangers of clinging to certainty during times of crisis, particularly in the context of the Christian faith community? People frequently consider the future as *predictable* (even more so when eschatological doctrines are present). This is not particularly unanticipated, given that uncertainty leads to worry and diminished confidence (Han

et al., 2011). Yet even when warned of uncertainty, people may ignore it and continue to seek certainty (Batteux et al., 2022). Either they may not take uncertainty seriously or the fear of uncertainty makes them cling harder to their false sense of certainty. Are there any dangers in this quest for certainty?

It is my belief (and personal experience) that the Christian faith has a remarkable capacity to offer meaning, relational connection, and hope. There is both anecdotal and empirical evidence that Christian communities function positively for those living with mental illness by providing a network of congregational support from peers; spiritual guidance from faith leaders, as well as new forms of positive coping, such as religious meaning-making and connection to God, despite ongoing suffering (Lloyd et al., 2024). These examples may allow individuals to re-write more negative stories or scripts about self into relation to medicalised or individualistic notions of mental illness (e.g. that mental illness is brain disease or some form of dysfunction), toward viewing mental illness as a painful but unavoidable part of human frailty in this present life (e.g. I am suffering but God is with me).

At times, however, Christian faith and community also risks diminishing the dignity of those living with mental illness if applied reductively, rigidly, or in a manner which strips them of agency (Lloyd & Panagopoulos, 2022).

As a psychologist by training, I wish to reflect on psychological knowledge and literature regarding what could be termed "mental health anthropologies" or "seedling psychologies" (Lloyd, 2021), as well as how these might be shaped (often negatively) by our thirst for certainty. In achieving this, I will briefly outline what we know happens to our thinking from a psychological perspective when our very sense of identity and self is threatened, which will be addressed specifically in terms of uncertainty-identity theory (Hogg, 2007). Secondly, I will examine some of the known benefits of faith and community (and the Christian faith in particular) from an empirical perspective, laying the foundations for viewing Christianity through a social identity lens. Finally, I will draw upon my own qualitative research undertaken during the COVID-19 pandemic in Britain. This latter work analyzed the narrative accounts of Christians with lived experience of mental illness, with a particular focus on their experiences of mental health anthropologies within their faith communities (Lloyd, 2021). I will draw directly upon these narratives to illuminate practical examples of dualistic and reductionist thinking with regard to mental health anthropologies. While this may seem to some a more negative valence and approach to the Christian faith, (and I myself want to avoid being drawn into dualistic thinking in this paper), I believe there are strong merits in drawing upon these accounts directly because they helpfully realign imbalances of power by asserting that theological anthropologies must be reexamined from the site of lived experiences of mental illness.

The need for certainty in an uncertain world?

That uncertainty plays a significant role in motivating human behavior is not a new idea (Fromm, 1947). People need a secure sense of identity and their place in the world. For many, the magnitude of the changes caused by COVID-19, with its rapid spread and high mortality rate, led to an immense state of uncertainty and threat. Our sense of self is usually anchored in our relationships, that is, in the social categories and groups that we belong to and identify with: our religion, nationality, profession, or some other identity, for instance. These identities allow us to attain some sense of certainty and to predict how others will regard and relate to us in both the present and the future.

One influential source of identity that exists in social groups can be extremely effective at reducing a person's self-uncertainty—particularly if such groups are high in entitativity. In other words, they offer clear boundaries, internal homogeneity, social interaction, a clear internal structure, common goals, and a common fate, all of which make a group "groupy". A particularly effective form of social identity is religion (for this paper, this refers to Christianity), whose adherents have regular interaction with like-minded persons who affirm the validity of their in-group (Mavor & Ysseldyk, 2020).

Access to such extensive social resources has been suggested as one way in which Christianity may have a buffering effect on the emergence of psychological distress (Hovey et al., 2014; Lloyd et al., 2022). Not only do members of the same religion benefit from social engagement in times of crisis, but feeling supported by one's religious community has also been associated with more positive attitudes toward the use of mental health services (Lloyd et al., 2024; Miville & Constantine, 2006). As a consequence, Christianity seems to provide a powerful social identity whose behavioral norms and beliefs can influence the extent to which individuals are likely to seek help when experiencing illness or distress. Indeed, in a large-scale qualitative meta-synthesis review incorporating international published qualitative data, Christian communities were found to offer significant support to those experiencing mental illness, specifically in terms of social and pastoral care amidst their suffering, as well as giving meaning and identity (Lloyd et al., 2024).

To return to the effects of uncertainty on Christian thinking, whilst the acute social fragmentation and uncertainty that accompanied the COVID-19 outbreak has subsided, a prolonged sense of uncertainty has remained for many. Aspects of our lives that we rightly or wrongly depended upon to anchor us have been shaken and this has left an impact. Numerous empirical studies have shown that continuous uncertainty is correlated with increased levels of stress and psychological distress (Barzilay et al., 2020). Indeed, from a cognitive psychology perspective, the impact of

uncertainty on thinking styles is profound. Psychologists recognize that to alleviate stress and regain a sense of control, personal feelings of threat and stress often need to be cognitively projected to a social out-group or power (Poon et al., 2020).

Seeking social identity and meaning: Uncertainty-identity theory

Social psychology research offers numerous theoretical frameworks for understanding the ordering and influence of social categorization on beliefs and behaviors, particularly the potential effects on our thinking when we face uncertainty.

Uncertainty-identity theory (Hogg, 2000, 2007) is a social psychological concept that posits how motivational mechanisms are implicated in intra-group and intergroup processes. The theory hypothesizes that people are motivated to diminish their uncertainty about significant aspects of their self, life and future. One effectual process that reduces self-related uncertainty is group identification and self-categorization; more specifically, uncertainty-identity theory claims that strengthening group identification can decrease the uncertainty related to one's self, life and future.

As individuals, we regularly catalog others as members of either an "in-group" or an "out-group". In a Christian context, we may classify others as Christian or non-Christian, Charismatic or Anglo-Catholic, or any other intersectional variable. This need not necessarily happen on a conscious level but, significantly, this categorization process assumes a binary form. The psychological process that triggers people to identify with groups and behave as group members, referred to as "social categorisation", enables and regulates our sense of self by providing us with an identity that stipulates how we should behave, what we should think, and how we should make sense of the world. An additional benefit provided by Christianity is the ontological framework (a particular view of what constitutes the world/phenomena) provided to make sense of illness and suffering (Lloyd, 2021). Christianity also makes interaction more predictable, allowing us to anticipate how people will relate to us: people like us—the in-group members—validate who we are.

We subsequently assign a group's attributes and social standing to those others, thereby constructing a subjective world in which groups are internally homogeneous and the differences between groups are exaggerated (e.g. Christian versus non-Christian, gay versus straight, mentally well versus mentally ill). Furthermore, because we are implicitly categorizing ourselves, we internalize shared in-group-defining attributes as intrinsically part of who we are as individuals. To build cohesive and stable social identities, we psychologically surround ourselves with those who are like us. But to pause here for a moment: while the quest for certainty is not

necessarily an issue in and of itself, there are certain dangers in this type of thinking in the Christian context when applied to those with poor mental health. For Christians, what might be the problem with this thinking? Might we risk reducing or minimizing experiences for both ourselves and others? To reflect further on this self-uncertainty social-identity dynamic, it would be useful to consider some qualitative psychology research undertaken before and during the COVID-19 pandemic in Britain to explore the possible implications for Christians living with mental illness.

The dangers of either/or reductive mental health anthropologies: a case study within a Christian context

Having outlined some potential societal and psychological impacts of COVID-19 and reviewed the impact of uncertainty on thinking styles from both a social and cognitive psychology perspective, I will now reflect on how such processes may have impacted Christian communities' sensemaking with regard to mental health anthropologies.

To present clear, tangible examples, I will draw upon qualitative psychology research undertaken during COVID-19 in the context of Christianity and mental health. This study formed one component of several mixed-methods psychology projects that I have been conducting with colleagues over the last five years. This particular paper (Lloyd, 2021) was phenomenologically orientated in that it sought to determine the experiences and meanings of Christians with lived experiences of mental illness in their own words and terms. The research used a semi-structured interview style, which enabled a dyadic and open conversational stance. The interviews were later transcribed and analyzed using interpretative phenomenological analysis (see Smith & Fieldsend, 2021).

For people with mental illness in Christian communities, a significant factor in shaping whether faith supports their wellbeing is the individual and community-wide specific religious beliefs (which I term "seedling psychologies" or "mental health anthropologies") held about the nature of their suffering, which incorporate etiological factors and beliefs regarding recovery, trajectory or intervention (Leavey et al., 2016; Lloyd & Reid, 2022; Stull et al., 2020). The significance of the meaning of these beliefs and how they are experienced idiographically explain why these aspects have been explored—and continue to be so—in my own research (Lloyd, 2021; Lloyd, 2023a; Lloyd & Hutchinson, 2022; Lloyd et al., 2024) and that of others (Allan, 2019; Scrutton, 2020; Swinton, 2020; Waite, 2021; Weaver, 2014; Webb, 2017).

Dualisms and mental health anthropologies: Demonizing the 'other'

As a research psychologist, I have noted over recent years a strong theme emerging across participants' accounts of their faith and church life: a feeling of being stigmatized or othered by the wider church group (Lloyd et al., 2024). In many such instances, participants have reported to me some unhelpful aspects of their church communities' responses to their experiences of mental illness. Four examples of forms of this dualistic thinking are provided below, together with participant quotes, to demonstrate how dualistic thinking may harmfully interact with and manifest through mental health anthropologies.

Mental illness as symptomatic of demonic involvement, infiltration, or possession

> … I was even once described as demonic…. They decided that I was demonic and I was demon-possessed, which is why they then went ahead with this deliverance…

Across numerous psychosocial studies, participants have shared this common narrative as significant in terms of their experiences of their Christian faith. In these instances, Christians may be quick to subscribe to spiritual etiologies (the belief that mental illness is caused by demons, sin, diminished faith or other spiritual causes) and consequently attempt to "pray away" mental illness or suffering. For those living directly with mental illness, however, a common effect may be to feel stigmatized and othered by the wider social group. Excessively spiritualized conceptualisations of mental illness may often have the unfortunate consequence of neglecting relational, social and wider systemic causes of mental illness (T. Scrutton, 2020). As such, psychological research acknowledges that such conceptualisations of the person are likely to be heightened during periods of stress and social upheaval (e.g., COVID-19) as these conceptualisations offer definite answers to real-life problems. These conceptualisations may be problematic in that they over-simplify mental illness by magnifying specific components whilst ignoring other contextual factors. This may also create false dualistic perspectives wherein mental illness is regarded as a site of demonic involvement or a medical problem to be resolved through medicalised forms of intervention in isolation.

Us versus Them – The discourse of sin and individual agency

> If only you prayed more, if you only read the Bible more, surely, this wouldn't be happening. It happens anyway.

Potentially present in Christian communities, the view that mental illness resembles spiritual deficiency is closely connected with the discourse of sin and personal responsibility. Scrutton (2020) aptly refers to such accounts as

voluntaristic in that they function to draw attention away from the social, political and contextual drivers of mental illness toward individual responsibility for one's illness. In doing so, a reductive lens may simplify the cause of mental illness as a problem that is exclusively or predominantly the fault of the individual. Again, this carries the real risk of reducing mental illness to one isolated component – in this case, individual behavior and responsibility. In the Christian community specifically, such accounts may co-exist alongside wider cultural expectations of healing from the broader church milieu, whereby those in the church community who pray and anticipate immediate solutions to psychological suffering often seek evidence of healing or change in the individual. From a psychological perspective, these processes may indicate confirmation bias, in which individuals search for, interpret, favor and recall perceptions or information in a way that confirms or supports existing prior beliefs or values (Nickerson, 1998). Furthermore, by positioning individuals as responsible for their illness, other Christians may inadvertently place a barrier between themselves and those struggling with mental illness (i.e., us versus them).

Rejecting secular support for mental illness

> Sometimes the attitude will be you don't trust secular psychology.… It doesn't have a Christian basis, maybe for that reason.

A third example of dualistic thinking present in some Christian communities and which may influence attitudes and responses to mental illness is that of help-seeking (Lloyd et al., 2021). Research evidence tells us that seeking professional help for mental illness or psychological distress is generally associated with improved outcomes and reduced levels of distress. Given the saliency of religious teachings, it has been shown that aspects of Christian belief may influence adherents' attitudes toward mental health help-seeking. Indeed, within one of our research studies (Lloyd et al., 2021) we found that beliefs that mental illness has a spiritual cause, as well as experiences of mental distress may predict more negative attitudes toward psychotherapeutic intervention.

Within such communities, spiritualized etiologies for mental distress may assume heightened prominence (Lloyd & Hutchinson, 2022; Weaver, 2014). For instance, members or leaders of Christian communities may embolden individuals to pursue spiritual interventions where this is doctrinally advocated (e.g., prayer, fasting, healing or deliverance) or avoid medical or secular treatments (e.g., medication or talking therapy) to focus instead on pursuing remedies directed solely toward spiritual health (Stanford, 2007). Whilst some may regard this as the logical recourse to promote spiritual solutions for spiritual problems, these accounts may also unhelpfully dichotomize the person as spiritual or biopsychosocial, thereby contributing to a bifurcation

between Christian and secular mental health care. Furthermore, such dichotomized views of appropriate intervention for mental illness negate the complexity of humanity and what is necessary for health and wellness.

When those who are 'healed' are not healed

> If only you prayed more, if you only read the Bible more, surely, this wouldn't be happening. It happens anyway.

Implicit or explicit assumptions of mental illness as always connected solely to the spiritual inner condition of the person may lead to further dichotomies in thinking which can be unhelpful for those Christians who live with mental illness (Lloyd, 2021). In this particular instance, if spiritual healing or remedy (prayer, fasting, deliverance etc), does not work and the individual still experiences mental illness or suffering after (failed) religious intervention, there may be risks that the church community will take this as a sign of lack of faith, prayer or some other sign of spiritual deficit. On a psychological level, that the individual has not received healing may further confirm their existing beliefs that spiritual forces are at play and that the individual is somehow failing to commit their suffering to God (e.g., unrepentant sin). Such instances are particularly problematic if they lead to the labeling and stigmatization of distressed individuals by the wider group (e.g., why have *you* not been healed? Do you *not* trust God?) (Exline et al., 2021). Again, the belief that there is either healing or non-healing is evidence of false dualistic thinking which mutes and contradicts the lives of Christians who live faithfully despite illness and suffering (Clifton, 2014). This introduces the possibility of serious interpersonal trauma and conflict.

Are there any alternatives?

Conclusion and clinical implications

This paper has reviewed and examined the influence of COVID-19 on Christian mental health anthropologies in the Britain, particularly with regard to the dangers of dualistic thinking for those living with mental illness.

As humans, a level of certainty is needed for us to retain our stability, but our quest for certainty may occasionally have negative consequences. This might especially apply during periods of crisis such as COVID-19, where a need for certainty may preclude more nuanced or complex explanations of suffering. This can unwittingly lead to reductionistic anthropologies of mental illness that further dehumanize, remove agency and lead to the possibility of religious trauma.

Further negative examples of the dichotomized mental health anthropologies discussed in this paper, which were drawn from first-hand lived

experiences of Christians with mental illness, include a) viewing mental illness as a site of demonic involvement; b) viewing mental illness as a result of sin and behavior; c) rejecting secular mental health intervention; and, d) dealing with chronic mental illness despite expectations of healing. Whilst I do not seek to contribute further to a dichotomized conceptualization of the person by rejecting spiritual anthropologies—which would arguably and ironically also be decontextualized—I do believe a more culturally and religiously syntonic approach is needed, one that moves beyond deficit and illness toward viewing mental health and wellness as part of the whole person. Perhaps one which replaces excessive and unhelpful emphasis upon divine healing with a focus on long-term well-being. As one participant reflected:

> I feel like, when I read the Bible, it's very holistic.… I think that God made us and that He made us knowing that we're physical. [T]here's chemicals in our bodies and all sorts of stuff behind it [speaking of causes of mental distress]. I'm personally okay with knowing that trying to understand mental health from a Biblical perspective has to be more than just spiritual.

Within the context of the Christian faith and community, there is growing empirical evidence that individuals of faith are increasingly desiring interventions, or support, which addresses the whole person and does not reduce them to isolated or fragmented components (e.g. spiritual versus biomedical), such as the dichotomized mental health anthropologies of mental illness identified in this paper. It is also worth mentioning, that I am not arguing for a position which devalues or simplistically debases the spiritualization of mental (ill) health. To truly adopt a both/and approach which is what I am advocating here, necessarily includes viewing the person as spiritual, as well as, biopsychosocial.

Furthermore, I am aware that belief in illness as caused by spiritual factors helps individuals to find meaning and the possibility of change, despite their suffering, and may be of positive benefit (e.g., Lloyd et al., 2023; Lloyd & Panagopoulos, 2023).

So, how should psychologists (and those who sit with individuals in distress) respond to those who tend to resort to binary over-simplifications of complex issues, or their own distress? I think a helpful reflection as a psychologist myself is that all humans are susceptible to this bias in all aspects of their lives. From a psychological perspective though, what seems important, is in sitting alongside people and helping them to: firstly, identify instances of dichotomous thinking in their own lives and then to practice this repeatedly. Over time, there is evidence that this form of cognitive restructuring helps us to disengage and helpfully distance from the more automatic and unhelpful aspects of our thought life, which tends to negate complexity and nuance in favor of more simplistic reductions.

Psychotherapeutic and pastoral workers should ultimately support Christians with lived experience of mental illness to resist a binary or exclusively spiritualized approach in relation to the causes and treatments of mental illness (spiritual versus biopsychosocial factors), whilst remaining sensitive, curious and engaged to the clients' own frames of reference.

Disclosure statement

No potential conflict of interest was reported by the author(s).

ORCID

Christopher E. M. Lloyd http://orcid.org/0000-0001-9659-0890

References

Allan, D. J. (2019). *Sertraline, suffering, and the Spirit: How do Pentecostal/Charismatic Christians respond faithfully to depression?* [Doctoral dissertation]. University of Aberdeen, British Library. https://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.816198.

Barzilay, R., Moore, T. M., Greenberg, D. M., DiDomenico, G. E., Brown, L. A., White, L. K., Gur, R. C., & Gur, R. E. (2020). Resilience, COVID-19 related stress, anxiety and depression during the pandemic in a large population enriched for healthcare providers. *Translational Psychiatry*, *10*(1), 291. https://doi.org/10.1038/s41398-020-00982-4

Batteux, E., Bilovich, A., Johnson, S. G., & Tuckett, D. (2022). Negative consequences of failing to communicate uncertainties during a pandemic: An online randomised controlled trial on COVID-19 vaccines. *BMJ Open*, *12*(9), e051352. https://doi.org/10.1136/bmjopen-2021-051352

Berlin, S. B. (1990). Dichotomous and complex thinking. *Social Service Review*, *64*(1), 46–59. https://doi.org/10.1086/603741

Cho, A. (2021). For the church community after COVID-19. *Dialog*, *60*(1), 14–21. https://doi.org/10.1111/dial.12642

Clifton, S. (2014). The dark side of prayer for healing: Toward a theology of well-being. *PNEUMA*, *36*(2), 204–225. https://doi.org/10.1163/15700747-03602003

Exline, J. J., Pargament, K. I., Wilt, J. A., & Harriott, V. A. (2021). Mental illness, normal psychological processes, or attacks by the devil? Three lenses to frame demonic struggles in therapy. *Spirituality in Clinical Practice*, *8*(3), 215–228. https://doi.org/10.1037/scp0000268

Fromm, E. (1947). *Man for himself; an inquiry into the psychology of ethics*. Rinehart.

Han, P. K., Klein, W. M., & Arora, N. K. (2011). Varieties of uncertainty in health care: A conceptual taxonomy. *Medical Decision Making: An International Journal of the Society for Medical Decision Making*, *31*(6), 828–838. https://doi.org/10.1177/0272989x11393976

Hogg, M. A. (2000). Subjective uncertainty reduction through self-categorisation: A motivational theory of social identity processes. *European Review of Social Psychology*, *11*(1), 223–255. https://doi.org/10.1080/14792772043000040

Hogg, M. A. (2007). Uncertainty-identity theory. *Advances in Experimental Social Psychology*, *39*, 69–126. https://doi.org/10.1016/S0065-2601(06)39002-8

Hovey, J. D., Hurtado, G., Morales, L. R., & Seligman, L. D. (2014). Religion-based emotional support mediates the relationship between intrinsic religiosity and mental health. *Archives of Suicide Research: Official Journal of the International Academy for Suicide Research*, *18*(4), 376–391. https://doi.org/10.1080/13811118.2013.833149

Leavey, G., Loewenthal, K., & King, M. (2016). Locating the social origins of mental illness: The explanatory models of mental illness among clergy from different ethnic and faith backgrounds. *Journal of Religion and Health*, *55*(5), 1607–1622. https://doi.org/10.1007/s10943-016-0191-1

Lloyd, C. E. M. (2021). Contending with spiritual reductionism: Demons, shame, and dividualising experiences among evangelical Christians with mental distress. *Journal of Religion and Health*, *60*(4), 2702–2727. https://doi.org/10.1007/s10943-021-01268-9

Lloyd, C. E. M. (2023a). "Prayer is fine, but don't then quickly move on, as if you're done and dusted": How can the evangelical church better support those with mental illness? *Journal of Disability & Religion*, *28*(2), 110–131. https://doi.org/10.1080/23312521.2023.2173712

Lloyd, C. E. M. (2023b). Stories matter: A novel approach to exploring perceptions, discourses, and the symbolic social order in pastoral psychology. *Pastoral Psychology*, *72*(2), 317–336. https://doi.org/10.1007/s11089-023-01056-0

Lloyd, C. E. M., & Hutchinson, J. (2022). "It's easy to dismiss it as simply a spiritual problem." Experiences of mental distress within evangelical Christian communities: A qualitative survey. *Transcultural Psychiatry*, Advance online publication. 13634615211065869. https://doi.org/10.1177/13634615211065869

Lloyd, C. E. M., & Panagopoulos, M. C. (2022). 'Mad, bad, or possessed?' Perceptions of self-harm and mental illness in evangelical Christian communities. *Pastoral Psychology*, *71*(3), 291–311. https://doi.org/10.1007/s11089-022-01005-3

Lloyd, C. E. M., & Panagopoulos, M. C. (2023). Narratives of externality, oppression, and agency: Perceptions of the role of the demonic in mental illness among evangelical Christians. *Pastoral Psychology*, *72*(4), 501–523. https://doi.org/10.1007/s11089-023-01079-7

Lloyd, C. E. M., & Reid, G. (2022). Perceived God support as a mediator of the relationship between religiosity and psychological distress. *Mental Health, Religion & Culture*, *25*(7), 696–711. https://doi.org/10.1080/13674676.2022.2116633

Lloyd, C. E. M., Cathcart, J., & Panagopoulos, M. C. (2023). Accounting for the demonic: Helpful and unhelpful factors associated with belief in demonic etiologies of mental illness among evangelical Christians. *Spirituality in Clinical Practice*. Advance online publication. https://doi.org/10.1037/scp0000354

Lloyd, C. E. M., Cathcart, J., Panagopoulos, M., & Reid, G. (2024). The experiences of faith and church community among Christian adults with mental illness: A qualitative meta-synthesis. *Psychology of Religion and Spirituality*, *16*(4), 352–366. https://doi.org/10.1037/rel0000511

Lloyd, C. E. M., Mengistu, B. S., & Reid, G. (2022). "His main problem was not being in a relationship with god": Perceptions of depression, help-seeking, and treatment in evangelical christianity. *Frontiers in Psychology*, *13*, 831534. https://doi.org/10.3389/fpsyg.2022.831534

Lloyd, C. E. M., Reid, G., & Kotera, Y. (2021). From whence cometh my help? Psychological distress and help-seeking in the evangelical Christian church. *Frontiers in Psychology*, *12*, 744432. https://doi.org/10.3389/fpsyg.2021.744432

Mavor, K. I., & Ysseldyk, R. (2020). A social identity approach to religion: Religiosity at the nexus of personal and collective self. In K. E. Vail & C. Routledge (Eds.), *The science of religion, spirituality, and existentialism* (pp. 187–205). Academic Press. https://doi.org/10.1016/B978-0-12-817204-9.00015-9

Miville, M. L., & Constantine, M. G. (2006). Sociocultural predictors of psychological help-seeking attitudes and behaviour among Mexican American college students. *Cultural Diversity & Ethnic Minority Psychology*, *12*(3), 420–432. https://doi.org/10.1037/1099-9809.12.3.420

Msemburi, W., Karlinsky, A., Knutson, V., Aleshin-Guendel, S., Chatterji, S., & Wakefield, J. (2023). The WHO estimates of excess mortality associated with the COVID-19 pandemic. *Nature*, *613*(7942), 130–137. https://doi.org/10.1038/s41586-022-05522-2

Nickerson, R. S. (1998). Confirmation bias: A ubiquitous phenomenon in many guises. *Review of General Psychology*, *2*(2), 175–220. https://doi.org/10.1037/1089-2680.2.2.175

Poon, K. T., Chen, Z., & Wong, W. Y. (2020). Beliefs in conspiracy theories following ostracism. *Personality & Social Psychology Bulletin*, *46*(8), 1234–1246. https://doi.org/10.1177/0146167219898944

Scrutton, T. (2020). *Christianity and depression*. SCM Press.

Smith, J. A., & Fieldsend, M. (2021). Interpretative phenomenological analysis. In P. M. Camic (Ed.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 147–166). American Psychological Association. https://doi.org/10.1037/0000252-008

Stanford, M. S. (2007). Demon or disorder: A survey of attitudes toward mental illness in the Christian church. *Mental Health, Religion and Culture*, *10*(5), 445–449. https://doi.org/10.1080/13674670600903049

Stull, L. G., Harness, J., Miller, M., & Taylor, A. (2020). Attitudes about mental illness among seminary students: A qualitative analysis. *Journal of Religion and Health*, *59*(5), 2595–2610. https://doi.org/10.1007/s10943-020-01045-0

Swinton, J. (2020). *Finding Jesus in the storm: The spiritual lives of Christians with mental health challenges*. SCM Press.

Waite, H. (2021). *Named, shamed and blamed: Exploring the experience of stigma in Christians with bipolar disorder* [Doctoral dissertation]. University of Aberdeen, British Library. https://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.856502

Weaver, J. (2014). *The failure of evangelical mental health care: Treatments that harm women, LGBT persons and the mentally ill*. McFarland.

Webb, M. (2017). *Toward a theology of psychological disorder*. Wipf and Stock Publishers.