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Religious and Spiritual Struggles and Depressive Symptoms Among Seminary Students: Childhood Religiosity as Boon or Buffer?

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Abstract
This study examined whether early life religiosity moderated the relationship between religious/spiritual (R/S) struggles and mental health among 535 seminary students in the Seminary to Early Ministry (SEM) Study. We proposed two competing hypotheses: the *spiritual capital* model (early religiosity fosters coping with struggles) and the *identity threat* model (early religiosity heightens vulnerability to struggles). Our regression results supported the identity threat perspective—R/S struggles were more strongly associated with depressive symptoms among students with higher childhood religiosity (frequent attendance and higher importance). These findings suggest that deeply internalized religious identities formed in childhood may render seminary students more susceptible to distress when experiencing spiritual conflict. While weekly childhood religious attendance was independently associated with lower depressive symptoms, R/S struggles reversed this protective effect for those seminary students who were the most religiously immersed in childhood. Our results underscore the importance of life course perspectives on faith development, particularly for clergy-in-training. Early religious environments may shape not only one's entry into ministry but also how one navigates doubt and struggle. Institutions and religious mentors should consider childhood religious formation when developing mental health support for seminary students facing faith-based challenges.

Keywords Seminary students · Life course · Mmental health/ R/S struggles

Introduction

Pursuing higher education often involves a variety of challenges, particularly in settings where academic demands intersect with spiritual and personal growth (Winkelmes, 2004). For seminary students training for ministry, this educational path uniquely blends theological learning

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with personal and vocational formation, bringing with it a set of distinctive hurdles (Lim et al., 2023). Broadly, studies on graduate student wellness have highlighted higher levels of anxiety and depression across this population (Evans et al., 2018). Although seminary programs are designed to foster spiritual insight and intellectual engagement, the ongoing juggle to meet academic standards, nurture faith, and manage personal growth can place considerable strain on students' mental health (Lowe et al., 2022).

Recent scholarship shows that religious and spiritual struggles—defined as internal conflicts, doubts, or tensions related to faith and belief systems (Exline & Rose, 2013)—can harm the mental and emotional health of seminary students (Upenieks et al., 2024; Upenieks & Eagle, 2024). Yet, a largely neglected aspect is how early childhood religious exposure influences later well-being in seminary students. Early life is a foundational stage in human development during which religious beliefs and practices start to develop (Petts, 2014; Uecker et al., 2007). Individuals raised in strongly religious households tend to carry forward their commitment to faith into adulthood (Upenieks & Schafer, 2020; Upenieks et al., 2021). This is especially true for seminary students, who often come from more religious households.

As we outline below, early life religious exposure may moderate the pernicious effects of religious/spiritual (R/S) struggles for seminarian well-being. We put forth two competing possibilities: on the one hand, stronger religiosity early in the life course could aid in coping with R/S struggles due to a *build-up of spiritual capital*. On the other hand, R/S struggles may be experienced as a *greater identity threat* by seminarians raised in religious households. As noted by Leonard Pearlin (2010), the stress process model holds that the past can condition the effects of more recently experienced stressors. Seminary students with higher childhood religiosity may be more or less vulnerable to R/S struggles that occur during seminary. This research adds to existing scholarship by examining previously unaddressed questions about the enduring relationship between R/S struggles and well-being in a study of master of divinity (MDiv) students enrolled at a mainline divinity school in the southeastern United States, while incorporating a life course framework into the analysis.

Background

Religious/Spiritual struggles and mental health

While much of the current scholarship on religion and mental health highlights the beneficial aspects of religious involvement, a growing literature on R/S struggles suggests that faith can also have adverse effects on psychological well-being. Experiencing doubt or uncertainty in one's beliefs may erode mental health (Ellison & Lee, 2010; Hill & Cobb, 2011; Hill et al., 2021). Scholars generally classify R/S struggles into three categories: struggles with the divine, difficulties in relationships related to religion, and internal conflicts about faith (Exline & Rose, 2005). A range of studies have found that these types of struggles are significantly linked to negative mental health outcomes, such as increased symptoms of anxiety and depression (Bockrath et al., 2022).

R/S struggles can be particularly problematic for seminary students. Clergy—and seminary students by extension—almost universally feel a deep sense of calling by God to their vocation. Much of their day-to-day lives in their graduate training is spent learning the doctrines of their faith and how to apply them to their future ministry. For this group, any

struggle or uncertainty in their faith may lead them to question their fitness or readiness to be a "shepherd" to others. Among future ministers, a heightened sense of cognitive dissonance may arise and be unsettling (Krause & Wulff, 2004). Indeed, the experience of religious struggles may be an increasingly difficult source of strain for ministers to deal with and has been linked with worse mental health and greater burnout in United Methodist and Presbyterian Church (U.S.A.) clergy samples (Ellison et al., 2010; Upenieks & Eagle, 2024). For future ministers trying to live in accordance with their religious beliefs, the lack of ability to maintain strength in their faith may be a heightened source of guilt or strain (Wilt et al., 2017), posing a significant mental health risk.

When facing R/S struggles, individuals often react in diverse ways, expressing a range of beliefs, emotions, and behaviors in relation to God. Some may interpret God's role in the struggle as supportive or harmful, experience emotions such as love or anger toward God, or choose to either seek closeness to or create distance from the divine during the experience (Wilt et al., 2017). In their study, Wilt and colleagues (2017) found that students who were more actively engaged in R/S life held strong convictions about their belief in God, and viewed God as loving were more inclined to see suffering as having a benevolent purpose and tended to grow closer to God in the midst of hardship.

Life course antecedents of dealing with spiritual struggles: Implications for well-being

Childhood is widely regarded as a crucial phase for biological, emotional, and social development (Ben-Shlomo & Kuh, 2002). It is also a formative stage for the emergence of religious belief and identity (Bartkowski et al., 2008; Petts, 2014; Upenieks et al., 2021). During this period, parents play a central role in shaping children's religious understanding as faith development is closely tied to family life (Silverstein & Bengtson, 2018). Parental influence is expressed through both direct and indirect means via instruction, modeling behavior, and participating together in religious practices (Dollahite & Marks, 2005).

Taken together, prior research exploring the social and psychological outcomes of parental religious socialization has produced two main findings. First, numerous studies indicate that the ways in which parents pass on religious values and practices have a lasting impact on their children's future faith commitments and religious behaviors (Ingersoll-Dayton et al., 2002; Silverstein & Bengtson, 2018). Second, the religious teachings and values conveyed by parents also shape various aspects of their children's well-being. For example, Bartkowski and colleagues (2008) found that such socialization is linked to stronger self-regulation, better social skills, and improved psychological health in children. Other studies have shown that higher religious involvement during youth is associated with a range of beneficial outcomes, including greater academic success, stronger parent–child relationships, increased community service, and healthier lifestyles (Regnerus, 2003; Wallace & Forman, 1998). While less research has examined how early religious exposure affects well-being later in life, some evidence suggests that adolescents who maintain or increase religious attendance into adulthood report better overall health, fewer chronic illnesses (Upenieks & Schafer, 2020), and lower levels of depression (Upenieks & Thomas, 2021). Conversely, individuals who distance themselves from the religion of their upbringing may face elevated mortality risks as they age (Upenieks et al., 2021).

Although research on the lasting impact of parental religious socialization has significantly deepened our understanding of how religious identity and well-being are shaped across the life span, several gaps remain. While religiosity appears to offer psychological

advantages during childhood, adolescence, and early adulthood, it is less clear whether these positive effects persist into later stages of life. Moreover, little is known about how early religious upbringing continues to influence individuals well into adulthood—especially among seminary students experiencing R/S struggles. During such struggles, individuals may either lean into or retreat from religious coping mechanisms. For example, some wrestling with their faith might seek comfort through prayer or engagement with their religious community (Abu-Raiya et al., 2016). On the other hand, some may withdraw from religious involvement if they perceive it as a source of distress (Wilt et al., 2022). This dynamic may be particularly relevant for seminary students undergoing R/S struggles, who might find it more difficult to rely on God as a dependable source of comfort or guidance.

Possibility 1: Spiritual capital as a resource for coping with religious/Spiritual struggles

As a first possibility, greater early life religiosity among seminary students may set them on a healthier path to coping with R/S struggles that arise during their time in seminary. There is reason to believe that stronger early religious socialization could mitigate the link between R/S struggles and elevated depressive symptoms. Clergy that were introduced to their faith at a younger age might be better prepared to navigate spiritual challenges as they might possess greater familiarity with and confidence in applying the foundational teachings of their tradition, even when confronted with doubt or spiritual distress, than those introduced to their faith at an older age.

This viewpoint is grounded in the concept of "spiritual capital." More broadly, social capital—a well-established idea—refers to the network of social connections people maintain throughout their lives (Portes, 1998). Over time, researchers have expanded this idea to encompass "religious capital," which Stark and Finke (2000) define as the "degree of mastery and attachment to a particular religious culture" (p. 120). Participation in church and the value placed on religion early in life, often influenced by parents, may help clergy develop a secure bond with God throughout their lives. This connection is important because research indicates that feeling securely attached to God is linked with effective spiritual coping (Belavich & Pargament, 2002). According to Parenteau et al. (2019), people who believe that God listens to their needs might be better equipped to manage R/S struggles by using coping methods focused on emotions, such as positive reframing or seeking divine support. Therefore, having a stronger religious background in childhood could aid in handling R/S struggles by fostering a more favorable perception of God. Although ongoing commitment to religious beliefs and practices is necessary to maintain one's level of religious socialization—as is evident among seminary students who continue their faith into adulthood—early accumulation of religious capital may give these students an advantage, allowing their ministry experiences to deepen the faith instilled in them from a young age.

Although no previous research has directly examined how religious involvement during childhood influences the mental health effects of R/S struggles, one earlier study identified that more frequent religious attendance in childhood was consistently linked to reduced depressive symptoms and burnout among United Methodist Clergy (Upenieks, 2023a). While nearly 80% of these clergy regularly attended services about once a week during their youth, this means that nearly one fifth of active United Methodist Church clergy were raised in families where weekly church attendance was not typical.

Childhood, considered a "sensitive period" in life, may create a lasting emotional memory framework that helps seminary students navigate challenges in their relationship with God or struggles in their faith. The concept of spiritual capital "facilitates an analysis of religious identity in terms of a spiritual career, which pays greater attention to the flow of influences and resources acquired through the life course" (Guest, 2016, p. 183). When a strong connection with God, consistent prayer practices, or the importance of faith is instilled from an early age, seminary students may be better equipped to manage spiritual struggles, thereby reducing potential harm to their well-being. Having developed religious capital over time, these more seasoned faith leaders might be less likely to resort to negative religious coping, such as forming unfavorable views of God or their ministerial role. Their knowledge and familiarity within a given faith tradition could help individuals produce religious commodities that are valuable, especially under conditions of stress (Iannaccone, 1990). The deep emotional bonds and proficiency in religion developed through lifelong faith exposure can become valuable resources that yield increasing benefits over time. Drawing on a rich spiritual background can strengthen coping skills when facing challenges in faith (Vahia et al., 2011) and support emotional well-being by fostering hope and confidence in managing R/S struggles. Research indicates that individuals who have prioritized faith since childhood and consistently invested in religious perspectives throughout their lives may be better equipped to apply their core beliefs to cope with serious situations, such as a life-threatening cancer diagnosis (Upenieks, 2022). A prolonged period of religious socialization likely makes it easier for people to access and rely on their spiritual knowledge and practices. Taken together, the existing literature leads us to predict that early life religiosity may give seminary students a more established basis to counteract R/S struggle. This idea is consistent with earlier research showing that positive R/S coping is linked to increased perceptions of personal growth in individuals experiencing R/S struggles (Desai & Pargament, 2015; Hart et al., 2020; Wilt et al., 2019). However, positive R/S coping does not always serve as a reliable means of helping people adjust when they face challenges (Cowden et al., 2021).

It is important to acknowledge that research in the field of religion and health indicates that spiritual capital is *not always* an entirely beneficial resource. In fact, religious struggles tied to negative coping patterns—like perceiving God as untrustworthy or harsh, or questioning fundamental elements of one's faith—have been linked to poorer well-being outcomes (Thuné-Boyle et al., 2013). In the next section, we review this possibility using the argument put forth in identity theory, which suggests that seminary students deeply invested in the religious role may be prone to greater difficulties in the face of R/S struggles, particularly those who have had a longer exposure to their faith.

Possibility 2: Identity threats of early life course religiosity in dealing with religious/Spiritual struggles

The stress process model in sociology has long shown that notions of stress (i.e., what is perceived as stressful) are socially and culturally constructed (Pearlin, 1989). According to the "stress valuation" perspective (Bierman, 2010), situations tend to be most difficult when they conflict with personal values. As Pearlin (1989) argued, "The relationship of social stressors to individual stress may be seen most clearly when we take into account social values that help to shape the meaning of the stressors" (p. 249). The stress valuation perspective is particularly relevant to this study, given that seminary students' expectations and personal values are deeply rooted in both their academic and religious environments

as well as in their anticipated roles within these communities. As highlighted earlier, while R/S struggles can negatively affect mental health for many people, these impacts might be even more pronounced for individuals who are deeply immersed in religious teachings and roles. For seminary students, the conflict between spiritual struggles and their commitment to maintaining a strong faith may be especially intense.

Over the past few decades, researchers have called for a blending of ideas from the "stress process" framework with identity theory (Burke, 1991; Thoits, 1991). This recommendation arises from the understanding that situations or experiences that threaten roles central to a person's identity tend to be more difficult and unsettling than those affecting less significant roles. N. M. Krause (2021) recently argued that religious and spiritual identities are "the gateway to all things religious and spiritual" (p. 48). This means that if a person identifies as being religious and/or spiritual, they are more likely to immerse themselves in all the beliefs and behaviors associated with these roles. William James (1892/1961) neatly summarized these ideas when he argued, "So the seeker of his truest, strongest, deepest self must review the list carefully and pick out the one on which to stake his salvation. All other selves thereupon become unreal, but the fortunes of this self are real" (p. 53). The implications of this basic social psychological principle are clear: if a person does not value an identity highly, then that identity will be of little consequence in their life. As James further noted, "With no attempt there can be no failure; with no failure, no humiliation" (p. 185). Multiple identities, therefore, are arrayed in a salience hierarchy that ranges from the most to the least important (Stryker, 2001). In the religious realm, work by N. Krause and Wulff (2004) found that the association between greater religious doubt and higher depressive and somatic symptoms was more pronounced among respondents with more formal roles in the congregation. These findings are highly consistent with the view that R/S struggles may more greatly wound those most invested in the religious role because it is an assault on their most important identity.

Identity theory is helpful to connect the cognitive dissonance felt by seminary students facing R/S struggles with childhood religiosity. Spiritual struggles may be especially disturbing for seminary students who had more religious childhoods. While we argued that a longer exposure to faith from childhood into seminary may equip individuals with a greater capacity to cope with R/S struggles, perhaps by turning to their faith in times of trouble, those who have sincerely committed to their faith tradition over a more extended period may be more vulnerable to negative effects from R/S struggles. For seminary students, these struggles might be challenging because they highlight a significant gap between the idealized spirituality they believe they should embody (shaped by their upbringing) and the reality of their present experiences, which may involve doubt or hardship. Here again, a deeper, more internalized commitment to the faith cultivated in childhood might make R/S struggles a greater hurdle to overcome for seminary students. Indeed, questioning one's relationship with God or the teachings of the faith may force these individuals into "a state of physical, emotional, and mental exhaustion caused by long-term involvement in emotionally demanding situations" (Pines & Aronson, 1980, p. 9).

Overall, the arguments above indicate that seminary students with a strong faith upbringing, marked by higher religious attendance and significance over time, might feel a greater effect of R/S struggles relative to those students raised in less religious households. Rather than operating as greater "spiritual capital" through which to draw upon during times of struggle for those raised in highly religious childhood homes, these students may come to perceive such struggles as a greater threat. Although certain theologians emphasize that doubts and uncertainties can contribute positively to the growth of faith, research indicates that persistent, unresolved doubts often cause

significant distress and anxiety among religious people. For instance, increases in R/S struggles over time have been found to be associated with subsequent declines in self-esteem, optimism, and life satisfaction (Krause, 2006) as well as greater depressive symptoms (Upenieks, 2021) and death anxiety (Upenieks, 2023b). United Methodist clergy who experienced increased R/S struggles over time were also found to have the highest depression scores and be at the greatest risk of burnout (Upenieks & Eagle, 2024).

According to the principles of identity theory, then, greater early life religiosity may be disadvantageous for seminary students, who place a high degree of importance on religion/spirituality both in their occupational and personal lives. The onset of R/S struggles during the period of seminary formation could prompt unfavorable outcomes in this highly religious sample as students may feel that they *should* be able to quell or at least cope with such struggles and perceive that they are failing to do so. When their work is perceived to be a sacred calling from God, seminary students with a long history of emphasizing their R/S identity may be less effective at coping with R/S struggles, and their mental well-being may be affected to an even greater extent.

Importantly, the present study does not assume that early religious involvement is stable across the life course, nor that childhood religious behaviors are representative of contemporaneous religious beliefs or practices for seminarians. Religious trajectories are often nonlinear, marked by periods of disengagement, re-engagement, and doubt (Uecker et al., 2007, 2016; Upenieks, 2021). Rather than conceptualizing early religious involvement as a proxy for adult religiosity, we draw on life course and stress process perspectives to argue that early religious contexts may affect how individuals experience and respond to R/S struggles later in life while in seminary. Consistent with stress-process theory, we treat R/S struggles as contemporaneous stressors whose psychological consequences are contingent on background characteristics and childhood formative experiences. Thus, early life religious involvement is theorized to moderate the association between R/S struggles and mental health (for better or for worse), not because it necessarily persists unchanged into adulthood but because it may structure how such struggles are interpreted and managed when they arise. In so doing, we advance a developmental understanding of religiosity that situates contemporary experiences of R/S struggles within longer biographical trajectories, a hallmark of the life course perspective, but without assuming continuity in belief or practice.

Summary of hypotheses

Based on the two competing hypotheses that we put forth, we hypothesize that our analyses will adjudicate between the following:

Hypothesis 1 (*Spiritual Capital Hypothesis*). The relationship between R/S struggles and greater depressive symptoms will be weaker (attenuated) among seminary students with greater childhood religiosity.

Hypothesis 2 (*Identity Threat Hypothesis*). The relationship between R/S struggles and greater depressive symptoms will be stronger (exacerbated) among seminary students with greater childhood religiosity.

Data and methods

Data for this study come from the Seminary to Early Ministry (SEM) Study, a mixed-methods, longitudinal cohort study of seminary students at a mainline Protestant divinity school (Eagle et al., 2023) founded and supported by the United Methodist Church. While predominantly United Methodist, the school also attracts students from other religious traditions. We used survey data collected from students entering a master's program in the fall of 2019, 2020, 2021, and 2022. Surveys were administered online, and response rates ranged from 73%–83%. Aggregated, the total number of studies was 535. All students provided informed consent, and study procedures were approved by the Institutional Review Board at Duke University.

Dependent variable

Depressive Symptoms: Depressive symptoms were measured using the well-validated Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977). The scale's 20 items ask respondents to report on the frequency in the last two weeks with which they felt, for instance, "I could not shake off the blues," "I could not get going," "I felt sad," "I had a lot of trouble getting to sleep." The response options were as follows: 1 = *Not at all/Less than 1 day*, 2 = *1–2 days*, 3 = *3–4 days*, 4 = *5–7 days*, and 5 = *Nearly every day for the past 2 weeks*. All responses were averaged to form a scale (alpha = 0.92), where higher scores indicate greater depressive symptoms.

Focal independent variables

Religious/Spiritual struggles Ten questions were selected from the 26-item Religious and Spiritual Struggles Scale (Exline et al., 2014) measuring one's struggle with various aspects of religion and spirituality Respondents were asked, "Over the past few months, to what extent, if at all, have you had each of the experiences listed below?" The 10 items were (1) felt angry at God, (2) felt as though God had abandoned me, (3) felt as though God was punishing me, (4) had conflicts with other people about religious/spiritual matters, (5) felt angry at organized religion, (6) felt hurt, mistreated, or offended by religious/spiritual people, (7) felt guilty for not living up to my moral standards, (8) struggled to figure out what I really believe about religion/spirituality, (9) felt troubled by doubts or questions about religion/spirituality, and (10) worried about whether my beliefs about religion/spirituality were correct. Responses were coded as follows: 1 = *Not at all*, 2 = *A little bit*, 3 = *Somewhat*, 4 = *Quite a bit*, and 5 = *A great deal*. Responses were averaged to form a scale, with higher scores indicating greater R/S struggles (alpha = 0.81).

Childhood religious attendance All SEM respondents were asked to state how frequently they attended religious services before age 16. The response options were "Never," "Less than once a year," "About once or twice a year," "Several times a year," "About once a month," "2–3 times a month," "Nearly every week," "Every week," and "Several times a week." To aid in interpretation of our interaction results, and because more than half of our sample (54%) reported attending every week or several times a week, we recoded

attendance into a binary, contrasting those who attended "every week"/"several times a week" (=1) with those who attended at all other frequencies (=0).

Childhood religious importance As a second measure of childhood religiosity, SEM respondents were asked to self-rate the importance of religion in their lives in the following question, "When you were a child, before age 16, how important, if at all, was religion to you?" Responses were coded according to the following scheme: 1=*Not at all important*, 2=*Somewhat important*, 3=*Moderately important*, 4=*Very important*, and 5=*Extremely important*.

Covariates

Our analyses controlled for several demographic variables that might influence the relationships studied, including age, sexuality, gender, and race. Age was treated as a continuous variable (years). Gender was categorized as "male" or "female," with female serving as the reference group. Participants were classified as sexual or gender minorities if they identified with any sexual orientation other than heterosexual, reported a gender identity outside of "male" or "female," or indicated that their current gender identity differed from their sex assigned at birth. Race was grouped into three categories: White non-Hispanic, Black non-Hispanic, and other. Due to limited sample sizes for some racial and ethnic groups in the SEM dataset, these were combined into a binary variable for multivariate analyses: White versus non-White.

We also adjusted for the respondents' program of study in the mainline Protestant seminary as the different program options might attract different forms of students. The options were as follows: (1) master of arts in Christian practice (MCAP, designed for students to engage in disciplined theological reflection to enrich their Christian service in the church and world), (2) master of divinity (MDiv), (3) master of divinity hybrid (MDivH), which combines coursework, both online and in person, with working full-time, and (4) master of theological studies (MTS). The MCAP served as our reference group in all analyses.

Plan of analysis

We ran several ordinary least squares regression models to examine the associations between R/S struggles, childhood religiosity, and depressive symptoms. Although missing data were limited (under 10% of the sample lacked data on at least one variable), we applied multiple imputation using chained equations to deal with missing cases. Following the approach recommended by von Hippel (2007), we generated 10 imputed datasets. This resulted in a final sample size of 535 participants. When a significant interaction term appeared, we utilized the *mimrgns* command in Stata 18 to calculate average marginal effects, with the detailed procedure explained below.

Results

Table 1 shows descriptive statistics for our analyses. On average, seminary students in our sample reported 1.64 depressive symptoms ($M=1.64$, $SD=0.59$), ranging from 1 to 4.5. The mean on the R/S struggles scale was 2.43 ($SD=0.67$) on a 5-point scale.

Table 1 Seminarian sample characteristics (Total Sample N = 535)

	Percentage/Mean	Standard Deviation	Minimum	Maximum
Depressive Symptoms	1.64	0.59	1	4.5
Childhood Religious Attendance				
Never	2.14%			
Less than once a year	2.14%			
About once or twice a year	3.69%			
Several times a year	4.08%			
About once a month	2.91%			
2–3 times a month	7.77%			
Nearly every week	22.91%			
Every week	25.83%			
Several times a week	28.54%			
Childhood Religious Importance				
Not at all Important	8.93%			
Somewhat Important	7.96%			
Moderately Important	20.00%			
Very Important	28.74%			
Extremely Important	34.37%			
R/S Struggles	2.43	0.67	1	5
Covariates				
Gender (female = 1)	41.89%			
Race		515		
White	71.70%			
Other	29.30%			
Age	29.72	21.23	21	74
Married/Partnered	19.20%			
Program				
MACP	9.94%			
MDiv	60.54%			
MDivH	11.04%			
MTS	18.47%			

Source: The Seminary to Early Ministry (SEM) Study 2019, 2020, 2021, and 2022

MACP Masters of Arts in Christian Practice, *MDiv* Masters of Divinity, *MDivH* Masters of Divinity Hybrid, *MTS* Masters of Theological Studies, *R/S* Religion and Spirituality

On our two focal measures of childhood religiosity, very few seminary students reported not attending religious services in childhood (2.14%) or attending less than once a year (2.14%) or about once or twice a year (3.69%). Similarly, only 4.08% of the sample reported attending once a month, with 7.77% of the sample attending two or three times a month and 22.91% of the sample attending nearly every week. Moreover, 25.83% of the sample reported attending religious services every week, and 28.54% of the sample reported attending several times a week, which served as the modal category.

Similar frequencies were observed for childhood religious importance. Indeed, over one third of the sample (34.37%) rated their childhood religiosity as "extremely important,"

with 28.74% rating religion as "very important" in childhood. Religion was "moderately important" in childhood for 20% of the sample, with 7.96% of the sample rating religion as "somewhat important," and 8.93% of the respondents rating religion as "Not at all important" during their childhood. A key takeaway, at least descriptively, is that seminary students, on the whole, tended to have highly religious childhoods measured both in public religious behavior (religious attendance) and religious importance.

Multivariable regression results predicting depressive symptoms

Table 2 presents results from a series of ordinary least squares regression models predicting depressive symptoms. Model 1 tests the association between R/S struggles and depressive symptoms. A positive and statistically significant association is observed ($b = 0.30$, $p < .001$), net of all covariates. This result suggests that a 1-unit increase in R/S struggles results in a 1/2 standard deviation increase in depressive symptoms for seminary students.

Models 2 and 3 of Table 2 assess the direct associations between childhood religious attendance (Model 2) and childhood religious importance (Model 3), net of all covariates, before they are entered into an interaction term with R/S struggles. As we observe in Model 2, weekly or more frequent childhood religious attendance is associated with lower depressive symptoms ($b = -0.10$, $p < .05$) in our sample of seminary students. In Model 3, however, we see no evidence that childhood religious importance is related positively or negatively to depressive symptoms.

Models 4 and 5 serve as the tests for our two main hypotheses, which reference two distinct moderating patterns between R/S struggles and childhood religiosity. In Model 4, we observe the presence of a statistically significant interaction term ($b = 0.12$, $p < .05$) between R/S struggles and weekly childhood religious attendance. Figure 1 models this relationship graphically, plotting predicted depressive symptom scores at low (1 standard deviation below the mean), moderate (at the mean), and high (1 standard deviation above the mean) levels of R/S struggles for respondents who either did or did not attend religious services at least weekly using the *mimrgns* command in Stata18. Results clearly show that the relationship between greater R/S struggles and higher depressive symptoms is stronger (exacerbated) for seminary students with greater weekly religious attendance in childhood (see Fig. 1). At the highest levels of R/S struggles, this relationship is most pronounced. Seminary students with high R/S struggles who also attended religious services at least weekly as a child reported 2.04 depressive symptoms on average, compared to only 1.80 for those with the highest levels of struggle in the sample who did not attend religious services weekly as a child. Results from Model 4, therefore, provide support for Hypothesis 2, the idea that R/S struggles may be a form of identity threat seminary students who were highly religious as a child.

Model 5 also provides evidence of a positive and statistically significant relationship between R/S struggles and religious importance, with significant interactive coefficients observed for R/S struggles*Moderately important ($b = 0.32$, $p < .05$), R/S struggles*Very important ($b = 0.17$, $p < .05$), and R/S struggles*Extremely important ($b = 0.33$, $p < .01$). Figure 2 plots this association, showing predicting depressive symptom scores across levels of R/S struggles and childhood religious importance. Drawing attention to the third set of bars in Fig. 2, the relationship between high R/S struggles (1 standard deviation above the sample mean) and depressive symptoms is stronger among respondents for whom religion was "extremely important" in childhood. Average depressive symptom scores were 2.07 for those students experiencing high levels of R/S struggles for whom religion was

Table 2 R/S struggles and depressive symptoms among seminary students: Moderation by childhood religious attendance and importance (N = 535)

	Model 1	Model 2	Model 3	Model 4	Model 5
Main Associations					
R/S Struggles	0.30*** (0.04)			0.26*** (0.04)	0.06 (0.11)
Childhood Religious Attendance (weekly)		−0.10* (0.05)		−0.27 (0.18)	
Childhood Religious Importance (ref. = Not at all important)					
Somewhat Important			−0.07 (0.12)		−0.51 (0.42)
Moderately Important			−0.06 (0.11)		−0.83* (0.35)
Very Important			−0.05 (0.10)		−0.46 (0.32)
Extremely Important			0.03 (0.10)		−0.78* (0.32)
Interaction Terms					
R/S Struggles*Childhood Religious Attendance (Weekly)				0.12* (0.06)	
R/S Struggles*Somewhat Important					0.20 (0.17)
R/S Struggles*Moderately Important					0.32* (0.14)
R/S Struggles*Very Important					0.17* (0.08)
R/S Struggles*Extremely Important					0.33** (0.12)
Covariates					
Age	−0.01 (0.01)	−0.01 (0.01)	−0.01 (0.01)	−0.01 (0.01)	−0.01 (0.01)
Female	0.04 (0.05)	0.07 (0.05)	0.07 (0.05)	0.04 (0.05)	0.05 (0.05)
White	0.01 (0.05)	0.09 (0.06)	0.09 (0.06)	0.02 (0.06)	0.02 (0.06)
Married/Partnered	−0.02 (0.05)	−0.01 (0.06)	0.01 (0.06)	−0.01 (0.05)	−0.03 (0.05)
Program (ref. = MACP)					
MDiv	0.06 (0.09)	0.06 (0.10)	0.06 (0.10)	0.05 (0.09)	0.06 (0.09)
MDivH	0.01 (0.10)	−0.01 (0.11)	−0.01 (0.11)	−0.01 (0.10)	−0.01 (0.10)
MTS	0.07 (0.10)	0.06 (0.12)	0.06 (0.12)	0.07 (0.10)	0.07 (0.11)
R^2	0.17	0.15	0.14	0.18	0.20

Unstandardized coefficients and robust standard errors shown in parentheses

*$p < .05$, **$p < .01$, ***$p < .001$

MACP Masters of Arts in Christian Practice, *MDiv* Masters of Divinity, *MDivH* Masters of Divinity Hybrid, *MTS* Masters of Theological Studies, *R/S* Religion and Spirituality

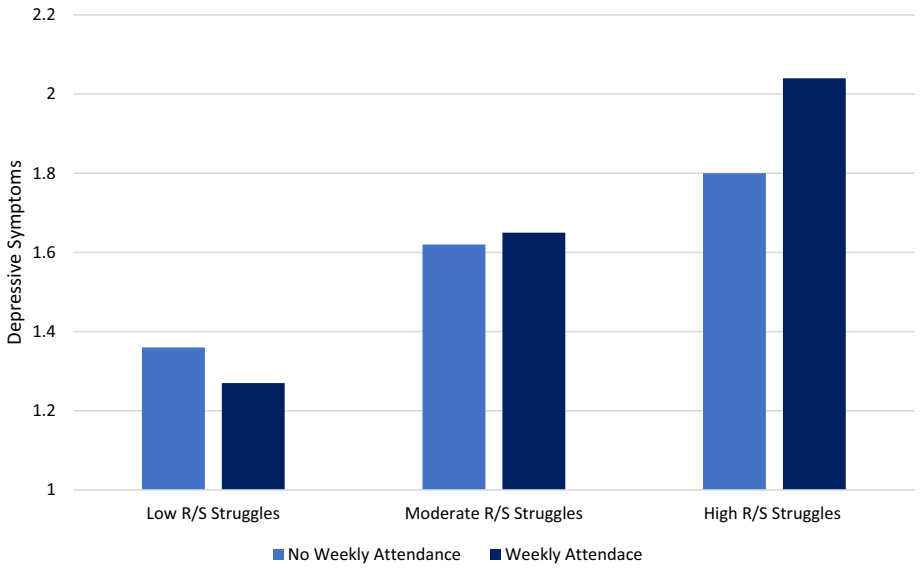

Fig. 1 Religious/Spiritual (R/S) struggles and depressive symptoms: Moderation by childhood religious attendance

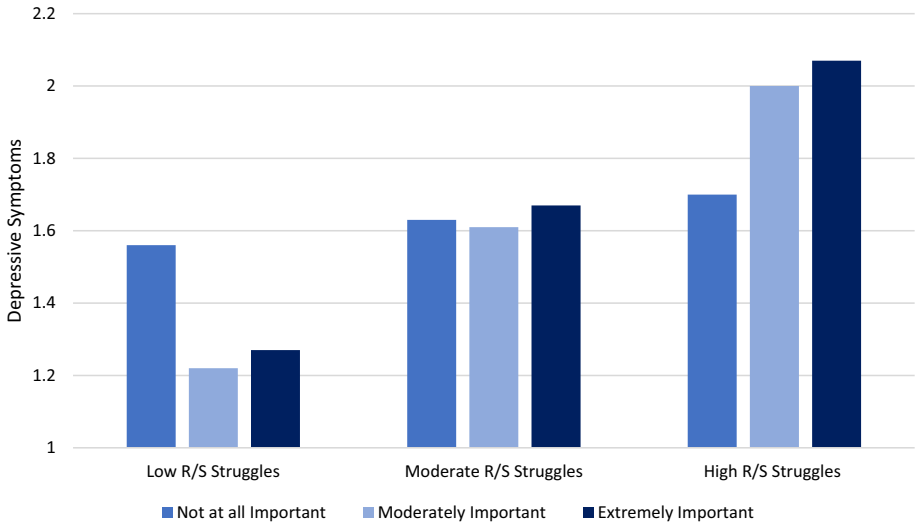

Fig. 2 Religious/Spiritual (R/S) struggles and depressive symptoms: Moderation by childhood religious importance

"extremely important" in childhood. Those experiencing high R/S struggles but for whom religion was "not at all important" in childhood had average depressive symptom scores of 1.70, by contrast. This difference of 0.37 units on the depressive symptom scale represents nearly 2/3 of a standard deviation difference. Results from Model 5 also lend support

for Hypothesis 2; the relationship between R/S struggles and depressive symptoms was stronger (exacerbated) for respondents with greater childhood religious importance. Taken together, these observed patterns of moderation are consistent with the idea of "identity threat" more than "spiritual capital." In the discussion section, we discuss our results in light of these competing perspectives.

Discussion

The chief objective of this study was to test whether early life religiosity (prior to age 16) moderated the relationship between R/S struggles and well-being among a sample of seminary students. We proposed two possibilities: the first, the "spiritual capital approach," suggests that seminary students inculcated into the faith at an earlier age will have at their disposal more well-developed coping techniques to deal with such struggles and minimize their impact on mental health. The second, the "identity threat" hypothesis, states that students with stronger religiosity in childhood will experience R/S struggles as a greater identity threat because they have held religiosity as a stronger component of their identity for a longer period of time. Integrating insights from the life course perspective, our results supported the "identity threat" hypothesis, with R/S struggles having a stronger relationship with worse mental health among seminary students raised in more religious households. Taken together, assessing religiosity from childhood into adulthood in a sample of 535 seminary students affords greater insight into how coping with R/S struggles may differ by religious upbringing and what "dosage" of religion might be more or less beneficial for these students dealing with R/S struggles.

One important finding from our study contributes to the expanding evidence linking struggles with the divine to negative mental health outcomes (e.g., Ellison & Lee, 2010; Hill et al., 2021; Upenieks, 2021), especially among seminary students, a previously understudied group. Our findings are consistent with the work done by Holleman, Upenieks, and Eagle (2024), which was the first study to document an association between R/S struggles and well-being in a sample of seminary students. While religion and spirituality are generally regarded as providing comfort and support (Granqvist et al., 2010; Hall & Edwards, 2002), turmoil around R/S life (R/S struggles) is particularly detrimental for the mental health of seminary students, who have internalized the religious role. Though we could not isolate how seminary students in this study were coping with R/S struggles, they may have attempted to distance themselves from God (Wilt et al., 2017). Drawing closer to God can also be a response to struggle, especially for seminary students, who often feel called to this ministry vocation by God, but it could be that struggles might make this process more difficult. Altogether, among a group of future ministers who are in seminary to both learn and grow in their faith, any faith setbacks on this journey could be especially unsettling because of the cognitive dissonance generated among a group who soon will be expected to help others in their faith (Krause & Wulff, 2004).

Before moving to discuss the moderation patterns that we observed in this study, we also find it notable that weekly childhood religious attendance among seminary students was associated with lower depressive symptoms in the present moment. Childhood religious importance did not have such an association. We are unaware of any previous studies to examine the links between childhood religiosity and adulthood mental health among seminary students. What our findings suggest, at least preliminarily, is that the outward practice of one's faith, including being embedded in a religious community, seems to have

a more favorable association with mental health. This suggests the importance of a religious community early in the life course as congregations and religious leaders may be significant sources of social support for children and their families (Ellison & George, 1994). Though self-rated childhood religious importance is perhaps an imperfect measure, it is not completely surprising that childhood religious attendance had a longer-term association with mental health as a more precise measure, likely capturing the social and interpersonal dynamics of being embedded within a religious congregation.

Our pattern of moderation effects with respect to early life religiosity, both childhood religious attendance and childhood religious importance, was consistent with the identity threat hypothesis. Greater R/S struggles were associated with higher depressive symptoms for seminary students who had (a) attended religious services weekly in childhood, and (b) rated religiosity as "very" or "extremely" important in their childhood. Though we had reason to suspect that a more extended history of being entrenched in one's faith tradition might have promoted better coping mechanisms in the face of R/S struggles due to an accumulation of "spiritual capital" or familiarity with one's faith (Iannaccone, 1990; Upenieks, 2022), our results suggested the opposite. For seminary students who strongly identified with their religious role from an early age, difficulties in their relationship with God and religious doubts are likely perceived as serious threats to their sense of self, potentially causing significant harm to their mental health. According to identity theory, religion is unique because it acts as both a social identity and a belief system that cannot be falsified. This may be especially true in this sample of seminary students, who were undergoing formal training to be ministers and were spending considerable time studying the deep minutiae of theological, hermeneutical, ethical, pastoral, and professional areas of their faith. R/S struggles pose a significant threat to this identity among a group that prioritizes the religious role in their lives and is on an occupational path to serve God, the church, and the broader community. Unsurprisingly, threats to their core identity are inextricably linked to lower well-being (Ysseldyk et al., 2013).

That R/S struggles were more strongly associated with depressive symptoms among those with greater childhood religiosity also invites greater reflection on the role of early life religiosity for seminary students. Based on the stress process model in sociology, the stress appraisal perspective highlights how social and cultural values influence how stress is defined and understood (Bierman, 2010). This perspective is particularly pertinent to our findings as seminary students who have been deeply immersed in religion since childhood often have family and personal values that emphasize a strong connection with God and steadfast faith. Violations of these internalized expectations and social conventions, particularly if indoctrinated in the critical period of childhood, could lead to severe distress to an even greater extent than for seminary students who grew up with less religious upbringings. Stressors that threaten highly salient roles are experienced as more challenging and disturbing (Burke, 1991; Thoits, 1991), and R/S struggles could inevitably highlight the cognitive dissonance experienced by seminary students. Unlike many forms of professional training, ministry preparation frequently integrates vocational goals with moral formation, spiritual discipline, and public expectations of faithfulness, making religious doubt a threat to a core and highly salient identity. When such an identity is challenged, distress may spill over across multiple life domains (Ferguson et al., 2015; Stroope et al., 2017). To the extent that this process began earlier in life through frequent religious participation and internalization of religious importance, the psychological consequences of later religious struggles may be intensified.

Greater childhood religiosity, at least for seminary students experiencing R/S struggles, seems to pose a mental health risk. We note that among this sample of seminary students,

the modal categories for both religious attendance and religious importance tended to be high as the majority of the sample reported at least weekly attendance and that religion was "very" or "extremely" important in childhood. Indeed, we would typically expect those with stronger religious upbringings to enter the seminary and feel a call to serve in ministry. Yet not all seminary students were raised in highly religious childhood homes, which perhaps allowed them to construct identities beyond religion/spirituality that might be helpful to draw from when experiencing challenges in the faith. Considered as a whole, seminary students with greater childhood religiosity appear less equipped to deal with the struggles of their faith when they arise, and their mental health is prone to suffer as a result. To situate these findings within a broader context, it is worth noting that a non-trivial share of the respondents reported both high childhood religiosity and elevated (above the sample mean) R/S struggles in adulthood. Specifically, 36% of those who attended religious services weekly in childhood and 46% of those who reported that religion was "extremely important" in their childhood home exhibited above-average levels of R/S struggles, and approximately 10% of the sample reported high childhood religiosity alongside both elevated R/S struggles and depressive symptoms.

Despite these novel findings of the role of childhood religiosity in dealing with R/S struggles in a sample of seminary students, several shortcomings of the current study must be acknowledged. First, we cannot rule out the possibility of reverse causality with cross-sectional data. Indeed, seminary students who are more depressed may have a greater propensity to report R/S struggles. Another plausible explanation for our findings that cannot be ruled out with cross-sectional data involves selection into seminary training. Individuals with lower childhood religious involvement who pursue ministry may represent a more selected group that has already navigated significant challenges to faith, rendering later religious struggles less psychologically disruptive. By contrast, those with high levels of early religious involvement may have experienced a more supported and less contested pathway into seminary, making religious struggles that arise during formation more novel and destabilizing. This selection process may operate alongside identity consolidation to amplify the mental health consequences of R/S struggles among those with stronger early religious devotion.

Second, we had access to only two measures of childhood religiosity, childhood religious attendance and importance. While these are important indicators, researchers should also consider additional dimensions such as frequency of prayer, closeness to God, engagement with scripture, and the like. We also note that measures of childhood religiosity were retrospective, asking seminary students to reflect back on their childhood religious experiences. Though previous research with twin data has found retrospective measures of religiosity to be accurate indicators of the level of religiosity in the household (Upenieks et al., 2021), prospective panel data is the only way to ensure "real-time" measurements of early life religiosity.

Although our results do not provide a definitive answer regarding the long-established links between early religious experiences and the well-being of seminary students, they emphasize the need for researchers, educators, clergy, and clinicians to adopt a broader, long-term perspective on the R/S lives of even the most committed seminary students. We encourage future studies to expand on our work by focusing on spiritual struggles within this group and exploring the potential resources—or risks—that influence clergy resilience and promote mental health. Notably, spiritual struggles are rarely addressed openly in sermons or educational settings. By discussing their own spiritual struggles, clergy and religious instructors can serve as role models for seminary students. Our study shows that those interacting with seminary students in this way should also be attuned to childhood religious identity as those with stronger upbringings in the faith could be at a heightened risk of problems in the midst of R/S struggles.

Our findings also highlight important considerations for faith development in the early parent–child relationship. Since doubts and conflicts about R/S matters are a normal part of growing up, parents—especially in deeply religious families—should expect their children to face spiritual struggles and respond with encouragement rather than discouragement when questions about faith arise. By fostering a more open and supportive environment around spiritual challenges from an early age, both religious communities and families can better prepare young people to recognize and work through the difficulties they may face later in life.

Lastly, seminaries should prioritize creating academic and spiritual environments that offer distinct opportunities to cultivate and strengthen protective factors that promote the mental health of students, particularly those grappling with various aspects of their faith. Past work has indicated that engaging in spiritual practices, building a sense of community, and using effective coping mechanisms can be protective against mental health challenges for clergy (Proeschold-Bell et al., 2023). Still, this research is not specific to those encountering spiritual struggles. For students grappling with difficulties in their faith, it is possible that these coping techniques may harbor risk factors that exacerbate mental health symptoms as students may feel isolated or unfit to manage the demands of a seminary program. For those who counsel or advise these students, our results suggest the need to consider the students' early life faith formation. It is possible that for students raised in highly religious households, turning to their faith in the midst of R/S struggles could be counterproductive, and helping these students build stronger identities beyond their faith might be particularly helpful.

Overall, this study adds to existing research linking graduate education with mental health outcomes (e.g., Evans et al., 2018; Kundu et al., 2021) while focusing on the often-overlooked group of seminary students. Gaining insight into the mental health challenges faced by seminary students, along with the factors that may contribute to these difficulties, is essential for designing effective interventions, adapting curricula, and creating supportive resources tailored to their needs. Given the high degree of commitment to faith in this sample, we have shown that R/S struggles might be especially detrimental to well-being, especially for those with a history of stronger childhood religiosity. More careful attention to the life course antecedents of faith development, especially for seminary students experiencing greater difficulties in their faith, is clearly warranted to more fully understand the challenges faced by this unique group of students who have made the commitment to dedicate their lives to God and the church.

Author Contribution L.U. conducted all analyses and wrote the main manuscript text. D.E. reviewed the manuscript and contributed to the writing of the text.

Declarations

Competing interests The authors declare no competing interests.

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