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Religious and Spiritual Struggles among Satanists

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By

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A thesis submitted in partial fulfillment of the requirements for the degree of

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In

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Abstract

As Satanism represents a unique religious demographic, the present study sought to determine the prevalence of religious and spiritual struggles among modern Satanists and resulting anxiety or depressive symptoms. A sample of 693 self-identified Satanists were surveyed about their experiences of religious and spiritual struggles, perceptions of their Satanist identity, and anxiety and depressive symptoms. Results indicated that Satanists predominantly struggle with interpersonal and ultimate meaning struggles. Ultimate meaning and moral struggles were predictive of both anxiety and depressive symptoms. Interpersonal struggles also predicted anxiety symptoms. Individual perceptions of Satanist identity did not have a significant influence on the relationship between R/S struggles and mental health outcomes. Future research directions on Satanism and mental health are discussed.

Introduction

Religious and Spiritual Struggles among Satanists

Religion and spirituality are often thought of for the positive benefits they may have in an individual's life, including increased positive affect, improved self-esteem, and access to effective stress coping strategies (Ano & Vasconcelles, 2005; Ellison & Fan, 2008; Pargament et al., 1998). However, a growing body of research shows that these factors can also have negative effects on mental health (e.g., Exline & Rose, 2013). While many studies have examined how religious and spiritual (R/S) struggles affect mental health in religious groups with theistic backgrounds, less research has considered how these struggles may impact non-theistic communities such as agnostics, atheists, and non-theistic Satanists. To fill this gap, this study aims to explore the presence and impact of religious and spiritual struggles within the Satanist community, specifically looking at how these struggles may be linked to symptoms of depression and anxiety.

Religious and Spiritual Struggles

Defined as tension, strain, or conflict regarding sacred matters (Exline, 2013; Pargament et al., 2005), R/S struggles may take many forms. Broadly, these struggles have been separated into categories of supernatural, interpersonal, and intrapersonal struggles (Exline, 2013; Pargament et al., 2005). Supernatural struggles involve tensions or conflicts with supernatural agents. These agents are typically described as higher powers, divine beings, or God. More specifically, supernatural struggles can be separated between divine struggles, (concerns or conflicts about one's beliefs or relationship with God), and demonic struggles (concerns or conflicts involving evil spirits or the "Devil"). Interpersonal struggles refer to the difficulties and conflicts an individual may have with others regarding religious or spiritual issues and include

people both within or outside the religious or spiritual community. In contrast, intrapersonal struggles involve R/S struggles an individual may have within themselves over religious or spiritual content. This content may be further broken down into concerns regarding one's moral principles, doubts about religious or spiritual beliefs, and perceptions of life's ultimate meaning (Exline et al., 2014).

Undoubtedly, the prevalence of any R/S struggle is likely to vary between individuals within the same religious or spiritual community and between the different communities themselves. However, most of the previous literature has generally focused on divine struggles and given little attention to the other types of struggles (Abu-Raiya et al., 2015). Furthermore, these struggles have largely been limited to convenience samples of college students or religious groups who believe in god(s) (Sedlar, 2018; Wilt et al., 2022). Given the lack of information on these domains, there exists a need to better understand what R/S struggles look like in other R/S communities, especially regarding their ability to impact an individual's mental health.

Religious and Spiritual Struggles and Health

All R/S struggles share the potential to undermine an individual's sense of self and worldview leading to emotional distress, poorer well-being, and poorer overall mental health ratings (Ano & Vasconcelles, 2005; Exline & Rose, 2013, Pargament, 2007). Declines in mental health can be seen following the immediate onset of these struggles which may lead to further long-term mental health difficulties and consequences which further diminish one's overall mental health status (For reviews see: Exline, 2013; Stauner et al., 2016b; Wilt et al., 2016). These struggles have also been linked to poorer physical health (e.g., Bryant & Astin, 2008, Trevino et al., 2010) and increased mortality rates in older adults (Pargament et al., 2001), making their presence even more problematic. Given the possible implications that R/S struggles

may have on both physical and mental health, further delineation of the struggles' initial consequences has been well-explored in previous literature.

Emotional distress has been identified as a common occurrence following the onset of R/S struggles, regardless of religious affiliation (Ellison & Lee, 2010; Exline et al., 2000). This distress may consist of feelings of being overwhelmed, angry, stressed, or lonely (Ano & Vasconcelles, 2005; Bryant & Astin, 2008; Exline & Rose, 2013) and is often associated with increased reports of generalized anxiety and depression levels (e.g., Galek et al., 2007; Harris et al., 2014; Park et al., 2009). Generally, this distress has been noted for its negative association with life satisfaction, quality of life, and overall ratings of happiness (Abu-Raiya et al., 2015; Trevino et al., 2010). Occasionally emotional distress may also begin to manifest further psychopathological symptom development such as phobic anxiety, paranoid ideation, obsessive-compulsiveness, and somatization (Galek et al., 2007; McConnell et al., 2006). In the most severe cases, the emotional distress caused by R/S struggles has been linked to increased suicidality (Exline et al., 2000; Rosmarin et al., 2013).

Religious and Spiritual Struggles among Atheists

While R/S struggles have a positive correlation with emotional distress, this distress may not necessarily be a consequence of an individual's strong involvement or affiliation with a religious or spiritual group. Previous research suggests that weak or loose affiliation, a lack of affiliation, or even anti-affiliation may lead to R/S struggles and emotional distress (Exline et al., 2000; Exline et al., 2011). For example, atheists have been measured as exhibiting varying degrees of R/S struggles and related emotional distress (e.g. Sedlar, 2018) despite having separated themselves from traditional religious and spiritual beliefs and practices in favor of a secular worldview (Zuckerman, 2009).

Though atheists report less overall R/S struggles than theists largely due to diminished concern with supernatural struggles (, atheists have been shown to struggle with morality, doubts about their own existential beliefs, and concerns regarding the ultimate meaning of life (Exline, 2014; Sedlar et al., 2018). Consistent with the research on R/S struggles, these subtypes of R/S struggle have been linked to increased levels of reported emotional distress, symptoms of anxiety and depression, and lower overall levels of well-being (Sedlar et al. 2018). These intrapersonal challenges are not the only concern of atheists, however. Given the radical differences between atheistic and theistic belief structures, atheists are likely to face many interpersonal difficulties with traditional religious groups (Edgell et al., 2016; Sedlar et al., 2018).

Prior research has indicated that the presence of social support and acceptance can serve as a protective factor against conflict and strain caused by stressful events (Thoits, 1995), including those connected to R/S struggles (Ano & Vasconcelles., 2005; McConnell et al., 2006). However, by being a minority "religious" group, atheists may experience interpersonal difficulties, not from the atheist identity itself, but from the distal and proximal stressors associated with the identity as originally suggested by Meyer's (2003) minority stress model. Though originally intended to explain health disparities amongst and between sexual orientations, this model has since been used to explain the mental health struggles of minority religious groups, including Muslims (Every & Perry, 2014), atheists (Brewster et al., 2020), and Satanists (Sprankle et al., 2020).

In this case, atheist distal stressors (external prejudicial events directed towards an individual) include the anti-atheistic prejudice and discrimination often reported by atheists (Brewster et al., 2016; Edgell et al., 2006; Sedlar, 2018), commonly resulting in feelings of misjudgment, social isolation, and exclusion (Marks et al., 2019). Additionally, atheists are likely

to experience the proximal stressors (internal or subjective experiences and responses) of expectations of social rejection, internalized identity disapproval, and a desire to hide their atheist identity due to the stigma associated with it (Brewster et al., 2020; Exline et al., 2021; Gervais et al., 2018). Thus, atheists may find themselves missing out on developing the full potential of their atheist social support systems which may mediate R/S struggles, improve the emotional distress associated with them (Harris et al., 2014; Siedlecki et al., 2014), and promote recovery from mental illness (Webb et al., 2011).

Considering the mental health outcomes that may arise from R/S struggles, research regarding atheistic R/S struggles has started to develop momentum (e.g., Sedlar 2018). Modern Satanism shares many commonalities with atheism while also possessing additional beliefs and social factors that likely influence Satanist experiences and outcomes of R/S struggles. However, given the dearth of information surrounding modern Satanism, little is known about what these R/S struggles may be or how these struggles may be connected to mental health struggles among their religious community.

Modern Satanism

Though tracing its influences through a history of folklore, symbolism, and religious and philosophical discourse, modern Satanism is best understood as a decentralized movement of atheistic communities that share common ideological themes of intellectualism, individualism, and nonconformity (Dyrendal et al., 2016; White & Gregorius, 2019; Laycock 2020; van Lujik, 2016). The Church of Satan (COS) was the first of these modern Satanist communities to formalize. Established in 1966 in San Francisco, California by Anton LaVey, the COS anchored itself on the premises of using Satan as a symbol for human nature, individualism, self-indulgence, and secular rationality. LaVey's (1969) codification of these tenets in his work *The*

Satanic Bible was and continues to be successful in further organizing his newfound community and spreading the Satanic message in this non-theistic religion. However, despite the COS's initial success, during the 1970s the COS would experience a series of schisms regarding what should be considered proper Satanic belief (Foertsch 2021; Lewis, 2002), resulting in the undermining of COS authority over Satanic belief and the eventual diminishment of the majority of its already minute relevance towards the late 1990s. Though disagreement over religious tenants would hinder modern Satanism's initial development, it would not be the only source of strain for the upstart religion.

While the COS experienced its schisms of the 1970s, the beginnings of what would be referred to as the "Satanic Panic" were also underway in the United States (van Lujik, 2016). Defined by a period of false accusations, witch hunts, and sensationalized media coverage, the Satanic Panic would place Satanism under intense scrutiny for numerous supposed abominable acts. These purported acts included, but were not limited to, demonic worship, sex crimes, and ritualistic violence, all of which were engendered by the fearmongering of a culture already concerned with an increasing emergence of religious cults during the 1960s (Dyrendal et al., 2016; van Lujik, 2016). Despite the prolific gossip, paranoia, and accusations of Satanic evil, the COS and its splinter groups would largely remain unscathed by the affair, likely due to the discrepancy between public expectation and the reality of the beliefs and practices of Satanist communities.

Lasting through the 1980s and '90s, the Satanic Panic severely mischaracterized Satanist communities not only in public perception, but within psychological research as well (Dyrendal et al., 2016; Lewis, 2010). Many psychologists and psychiatrists who studied Satanism during this time often did so with a seeming ignorance of Satanism's atheistic roots, frequently touting

an unfounded connection between Satanic conspiracies and deviant adolescents (e.g., Clark, 1994; Moriarty, A., 1992; Ottens & Myer, 1998). It should be noted, however, that not all researchers shared in these misconceptions (e.g., Mulhern, 1991). Upon review, only a handful of cases were identified in which public and academic fears of a theistic Satanic conspirator or follower were justified. However, even these incidents were often isolated to individuals unaffiliated with any organized Satanic community whose behavior is likely better explained by individual psychopathology (Andrade & Redondo, 2019).

As public concern for Satanist conspiracies began to wane during the late 1990s, Satanism itself would begin to see a new surge in interest. The availability of the internet would allow Satanic discussion and material to be accessed with far greater ease (van Lujik et al., 2016). Satanist communities would largely shift towards engaging with each other online (Lewis, 2001) where discussion of Satanic philosophy would lead to further deviations of Satanic belief from its roots in the COS (Dyrendal et al, 2016; Lewis 2010). The Satanic Temple (TST) would be one emergent community which, though only loosely inspired by the COS, may be considered the most influential modern Satanic group.

Founded in 2013 to meet the requirements of the White House Office of Faith-Based and Community Initiatives, TST was intended to serve as an antithetical religious organization to oppose the influence and legal privileges that Christian groups and outreach organizations have had in the United States. By incorporating Satanic imagery and symbolism into their religious practices and online presence, TST has been successful at portraying and encouraging enlightenment values and acting as a religious and social counter movement against what they consider to be traditional religious oppression and violations of the separation of church and state (White & Gregorious, 2019). While TST shares the same atheistic founding spirit in which the

COS was also established, its religious practices and social emphases notably differentiate the two Satanic groups, with both groups outwardly denouncing the philosophical leanings and practices of the other.

In contrast to the COS, TST does not incorporate self-deification and the use of magic ceremonies or rituals to facilitate self-reflection, emotional release, and the realization of personal goals. Rather, TST primarily engages in promoting rationalism, secularism, and social justice throughout society and government policy making. Furthermore, TST's philosophical framework focuses on ideals of compassion, empathy, justice, and scientific understanding while the COS emphasizes individualism, self-indulgence, personal responsibility, and the pursuit of one's desires. TST also does not have a rigid expectation of what its members believe. This acceptance of diversity and inclusion among its members has attracted typical atheists, as well as individuals looking for a community that is accepting of their non-theistic spirituality (Zwissler, 2023). Overall, TST's focus on community engagement, political activism, and diversity and inclusion have both largely differentiated it from the practices of previous Satanic organizations and have likely been the significant factors in generating TST's rise in popularity among modern-day Satanic organizations.

Why Study Religious and Spiritual Struggles in Satanists?

Determining the number of Satanists is rather difficult, though crucial for understanding its relevance in current psychological literature. The Satanic Temple has estimated having at least 700,000 official members (Seales, 2023), but the next most prominent groups, including The Church of Satan and The Temple of Set, having either been estimated at or reported membership numbers ranging from a few hundred to no greater than one or two thousand (Introvigne, 2016). Given past indications of Satanists preferring to engage with Satanic content online (Lewis,

2001), it is likely that the majority of Satanists are not officially affiliated with any community and simply follow either one of the established communities' beliefs, or their own deviations of them, privately or in small social circles. However, as Satanists tend to be atheistic in their beliefs, examining estimates of the number of self-identified atheists may some insight into Satanism's growth trend.

Following surveys conducted by the Pew Research Center (2015) on religious trends in the United States, it was estimated that approximately 3.1% of Americans were atheists as of 2014. A small upward trend of approximately 4% was noted in a follow-up survey (Pew Research Center, 2021). More importantly, these surveys identified a large shift from 16.1% to 29% of the population claiming to be religious unaffiliated (atheists, agnostics, and "nothing in particular") between the years 2007 and 2021. Considering the concerns atheists may have regarding their social identity, it is likely that many refrain from disclosing this identity (Abbott & Mollen, 2018), as suggested by recent estimations of actual atheist numbers (Gervais et al., 2018). Therefore, it is probable that the total number of atheists or those with atheistic beliefs will continue to increase as stigma and discrimination towards the identity lessens and more individuals choose to reveal their atheist identity or adopt atheistic beliefs. As Satanism is a primarily atheistic religious group, increases in reported membership numbers are likely to continue to rise as well.

Though the total number of self-identified Satanists is not remarkably high in proportion to the overall population, mental health practitioners and researchers still possess a responsibility in being culturally competent when providing mental health services to Satanists. Past research has shown that minority religions are often incorrectly perceived and understood by the average person (Prothero, 2009), including by clinicians who are more likely to label beliefs not

belonging to a mainstream religion as being pathological (O'Connor & Vandenberg, 2005). As such, providing additional empirical evidence regarding the relationship between Satanic beliefs and mental health would aid mental health practitioners in understanding the causes of distress, risk factors, and protective factors of Satanic belief (Captari et al., 2018) while diminishing the negative impact that incompetency and stigma would cause for Satanist patients.

Furthermore, mental health patients often desire their care providers to be competent of their religious or spiritual beliefs (Yamada et al., 2020), even if they do not always want it integrated into their treatment (Currier et al., 2020). The more importance that a patient gives to their religious or spiritual identity, the more likely they will desire its incorporation into treatment (Rose et al., 2001; Vieten et al., 2013). When desired by patients, religious- or spiritually-informed psychological treatment have shown to produce greater mental health outcomes in comparison to other forms of psychotherapy (Captari et al., 2018). Thus, if Satanists have a desire to integrate their beliefs into psychotherapy and if their treatment outcomes would improve by doing so, then mental health practitioners and researchers have further reason for investigating the role that Satanic belief may play in mental health outcomes.

The psychological literature regarding modern Satanism is significantly lacking, though prior research by Sprankle et al. (2020) has provided insight into the relationship Satanism has with mental health outcomes. Their results suggested that the Satanist identity itself is not directly correlated with depressive symptoms. Furthermore, Satanic identity may act as a protective factor against experiences of anticipatory discrimination and depressive symptoms, particularly when Satanists report stronger ties with other Satanists and have stronger positive emotions towards their Satanist identity. The authors additionally concluded that psychological perceptions of Satanism as a cause of negative mental health outcomes during the Satanic Panic

were misinformed given their opposing results. Therefore, renewed exploration of Satanism and its relationship to mental health outcomes is warranted to continue correcting psychological misconceptions and treatment recommendations of the religious group.

Research Questions

To further expand on prior research, this study aimed to analyze Satanist experiences of R/S struggles and their possible connections to anxiety or depressive symptoms. Consistent with previous work from Sprankle et al. (2020) and previous research with atheists, it was hypothesized that Satanists would primarily report experiencing R/S struggles concerning interpersonal relationships, morality, ultimate meaning, and doubts regarding their own beliefs, all correlating with higher reported levels of both anxiety and depressive symptoms. Additionally, it was hypothesized that these reported symptoms would decrease in intensity if Satanist identity was highly salient and if Satanists felt strongly connected to the Satanist community.

Method

Participants

Participants included a sample of 693 self-identified Satanists. The demographic breakdown (see Table 1) indicated an average age of 33.33 ($SD = 9.80$) with an age range of 18 – 80. Participants were predominantly white (84.26%) and lived in the United States (74.90%). The gender composition of the sample was 38.82% male, 40.12% female, and 21.06% other gender diverse individuals (transgender, agender, non-binary, questioning, etc.). Sexual orientation was similarly diverse with 47.69% of participants reporting as bisexual/pansexual, 33.04% heterosexual, and 19.34% other sexually diverse individuals (gay/lesbian, asexual, questioning, etc.).

Regarding religious demographics (see Table 2), participants largely indicated Christianity as their dominant household religion (Birth to Age 12) at 75.47%, followed by non-religious at 17.60%. The majority of participants indicated having no belief in any god(s) (71.43%) or were uncertain as to whether any god(s) existed (18.76%). Additionally, the majority of participants indicated they followed an atheistic / non-theistic form of Satanism (84.70%) and were either affiliated with The Satanic Temple (63.35%) or did not have any official membership to a Satanic community or organization (27.13%).

Table 1

Demographics

Variable	*n*	%
Age		
18 – 24	110	15.87
25 – 34	248	35.79
35 – 44	213	30.74
45 – 54	67	9.67
55 – 64	19	2.74
65 +	5	.72
Not Reported	31	4.47
Gender		
Male	269	38.82
Female	278	40.12
Transgender	33	4.76
Agender	12	1.73
Genderqueer, gender fluid, or non-binary	82	11.83
Questioning or Unsure	8	1.15
Other	8	1.15
Not Reported	3	.43

Race

White / Caucasian	578	83.41
Black / African American	13	1.88
Hispanic	59	8.51
Asian / Asian Indian	10	1.44
Middle Eastern / North African	3	0.43
Native Hawaiian / Pacific Islander	3	0.43
Other	20	1.01
Not Reported	7	1.01

Sexual Orientation

Heterosexual	229	33.04
Homosexual	53	7.65
Bisexual / Pansexual	330	47.62
Asexual	41	5.92
Questioning / Unsure	21	3.03
Other	18	2.60
Not Reported	1	.14

U.S. Residence

Yes	519	74.90
No	172	24.82
Not Reported	2	.29

Continent

North America	570	82.25
South America	9	1.30
Europe	87	12.55
Africa	5	.72
Asia	7	1.01
Australia / Oceania	14	2.02
Not Reported	1	.14

Table 2

Religious Demographics

Variable	*n*	%
Dominant Household Religion (Birth – Age 12)		
Christianity	523	75.47
Judaism	13	1.88
Islam	5	.72
Paganism	3	.43
Hinduism	1	.14
Buddhism	1	.14
No Religion	122	17.60
Other	0	0
Not Reported	25	3.61
Belief in god(s)		
No Belief	495	71.43
Uncertain	130	18.76
At Least One	68	9.81
Type of Satanism		
Atheistic / Non-Theistic	587	84.70
Theistic	60	8.66
Other	44	6.35
Not Reported	2	.29
Satanic Organization		
The Satanic Temple	439	63.35
Church of Satan	16	2.31
Other	50	7.22
No Membership	188	27.13

Measures

Religious and Spiritual Struggles Scale

The Religious and Spiritual Struggles (RSS) Scale is a 26-item measure developed by Exline et al., (2014) to assess six domains of religious and spiritual struggles. These domains include: Divine Struggle, including negative emotions or conflict centered on beliefs about a deity; Demonic Struggle, indicating concerns about evil forces affecting an individual; Interpersonal Struggle, representing conflicts or negative experiences with religious individuals or institutions; Moral Struggle, denoting internal conflict regarding moral principles or guilt over perceived transgressions; Doubt-Related Struggle, capturing doubts or questions about one's religious or spiritual beliefs; and Ultimate Meaning Struggle, expressing concerns about a lack of perceived deep meaning in life.

The RSS Scale has demonstrated reliability and validity in correlation with measures of religiousness, mental health, and other forms of religious and spiritual struggle, including in use with nonreligious participants (Sedlar et al., 2018; Stauner et al., 2016a). Items are rated on a 5-point Likert scale regarding the extent in which the participant has experienced each of the items, ranging from *not at all/does not apply* to *a great deal*. A higher subscale score indicates increased prevalence of struggle with the respecting dimension and a higher full-scale score indicates a higher overall prevalence of R/S struggles. Examples of items presented on the RSS Scale include, in the past six months I have… "Wrestled with attempts to follow my moral principles" and "Felt hurt, mistreated, or offended by religious/spiritual people". See Appendix A for all items.

Three-Dimensional Strength of Group Identification Scale

The Three-Factor Model of Social Identity, introduced by Cameron (2004), measures the strength of social identity along three dimensions: Centrality, Ingroup Affect, and Ingroup Ties. Centrality refers to the cognitive prominence and subjective importance of the social identity within an individual's self-concept. Ingroup affect represents the emotional valence associated with group membership, capturing the specific emotions elicited by being part of the group. Lastly, ingroup ties denote the psychological connections that bind the individual to the group, reflecting a sense of belonging and shared bonds with other group members.

Overall, this model offers a comprehensive representation of social identity. Having originally been developed for use with any social identity, this measure and has since been adapted for use with Satanists (Sprankle et al., 2020). A total of twelve items, four questions per dimension, are presented to participants with a 7-point Likert scale, ranging from *strongly disagree* to *strongly agree*. Examples of items presented on the scale include, "I often think about being an (ingroup member)" and "I have a lot in common with other (ingroup members)." See Appendix B for all items.

Patient Health Questionnaire

The PHQ-9, or Patient Health Questionnaire-9, serves as a widely recognized instrument for gauging the severity of depressive symptoms. Developed by Kroenke et al. (2001), the scale consists of nine items, each representing a different symptom of depression based on the diagnostic criteria for major depressive disorder in the *DSM-IV* (American Psychiatric Association, 1994). Participants are asked to rate the frequency of these symptoms over the preceding two weeks using a 4-point Likert scale, with options ranging from *not at all* to *nearly every day*. Higher cumulative scores indicate more severe experiences of depression symptoms. Examples of the items asked on the PHQ-9 include, "Little interest or pleasure in doing things"

and "Feeling bad about yourself or that you are a failure or have let yourself or your family down." See Appendix C for all items.

General Anxiety Disorder Scale

The GAD-7, or Generalized Anxiety Disorder 7-item scale, is a self-administered questionnaire designed to detect symptoms of Generalized Anxiety Disorder. Created by Spitzer et al. (2006), this scale features seven items, each representing a symptom of generalized anxiety as outlined in the *DSM-IV* criteria (American Psychiatric Association, 1994). Participants report how often they have encountered each symptom in the preceding two weeks on a 4-point Likert scale, with options ranging from *not at all* to *nearly every day*. Higher cumulative scores indicate more severe experiences of general anxiety symptoms. Examples of the items asked on the GAD-7 include, "Not being able to stop or control worrying" and "Feeling afraid as if something awful might happen". See Appendix D for all items.

Procedure

Participants were recruited on social media via Twitter using the recruitment script, "Are you a Satanist? Are you 18+? Do you want to share your experiences as a Satanist to better train therapists to be knowledgeable about your religion? If yes to all, feel free to take my new 15-minute research survey and share with others!". Participants were then provided with a link to a survey hosted on Qualtrics. Upon clicking the link, participants were presented with an informed consent sheet (see Appendix E) and inclusion criteria questions. Regarding the exclusion criteria, no specification was given as to what constitutes a Satanist. One simply needed to self-identify as a Satanist to participate in the study. Given the aforementioned diversity of beliefs within modern Satanism, this selection criteria would allow for the greatest potential number of responses from Satanists while also allowing for a collection of demographic information

regarding the beliefs of the Satanists participating in the study. Assuming participants met all study inclusion criteria, they proceeded to the survey's study measures.

Results

To determine the prevalence of R/S struggles, depressive symptoms, and anxiety symptoms among the sampled Satanists, the means of RSS subscales and total scores were calculated (see Table 3). Results indicated that Satanists predominantly experienced interpersonal struggles, followed by ultimate meaning, moral, divine, doubt, and demonic struggles. On average, participants also reported mild severity levels of both anxiety symptoms ($M = 7.57$, $SD = 5.88$) and depression symptoms ($M = 7.99$, $SD = 6.44$). To better understand the relationship between the RSS subscales and the outcome variables, a series of Pearson's correlations were performed (see Table 4). All RSS subscales, as well as the total RSS score, were significantly and positively correlated with both anxiety and depression symptoms.

Table 3

Descriptive Statistics

	Mean (SD)	Skew	Kurtosis
RSS Scale			
Divine	1.46 (1.09)	2.30	6.83
Demonic	1.04 (.22)	7.11	57.96
Interpersonal	3.25 (1.10)	-0.20	2.12
Moral	1.56 (.84)	1.87	6.21
Ultimate Meaning	2.33 (1.27)	0.70	2.28
Doubt	1.37 (.78)	2.73	10.66
Total	1.87 (.59)	1.29	4.89
3D-Scale			
Centrality	3.60 (1.27)	-0.06	2.27
Ingroup Affect	5.65 (0.52)	-2.02	8.58

Ingroup Ties	4.27 (1.13)	-0.27	2.38
3D-Total	4.51 (.70)	-0.06	2.47
GAD-7	7.57 (5.88)	0.66	2.48
PHQ-9	7.99 (6.44)	0.80	2.99

Table 4

Correlation Analyses Between Predictor and Outcome Variables

Variable	GAD-7	PHQ-9
Divine	.23***	.25***
Demonic	.13**	.12***
Interpersonal	.26***	.19***
Moral	.34***	.36***
Ultimate Meaning	.49***	.54***
Doubt	.23***	.23***
RSS Total	.46***	.47***
Centrality	.12***	.11**
Ingroup Affect	-.10*	-.08*
Ingroup Ties	.01	.01

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

Multiple regression analyses were performed to determine if Satanist experiences of R/S struggles were predictive of experiences of anxiety and depressive symptoms (see Table 5). Results indicated that interpersonal, moral, and ultimate meaning struggles were significant predictors of anxiety symptoms ($F(6, 686) = 45.01$, $p < .001$, $R^2 = .28$). In contrast, divine, moral, ultimate meaning, and doubt struggles were significant predictors of depressive symptoms ($F(6, 686) = 55.13$, $p < .001$, $R^2 = .32$). Further analysis revealed a suppression effect within the model, whereby doubt-related struggles appeared to have a negative relationship with anxiety (β

= -.07, $p > .05$) and depressive ($\beta = -.10$, $p < .05$) symptom scores. However, upon the exclusion

of ultimate meaning struggles from the model, doubt-related struggles were positively associated

with anxiety ($\beta = .03$, $p > .05$) and depressive ($\beta = .01$, $p > .05$) symptom scores. Overall, the

models for anxiety ($F(5, 687) = 53.32$, $p < .001$, $R^2 = .27$) and depressive scores ($F(5, 687) =$

64.32, $p < .001$, $R^2 = .31$) with doubt-related struggle excluded indicated this variable contributes

little to prediction.

Table 5

Multiple Regressions Between RSS Variables and Anxiety and Depression Symptoms

Variable	GAD-7	PHQ-9
Divine	.04	.08*
Demonic	.04	.02
Interpersonal	.13***	.03
Moral	.16***	.18***
Ultimate Meaning	.40***	.47***
Doubt	-.07	-.1*

*$p < .05$ ***$p < .001$

Regarding participant perceptions of their Satanist social identity, a series of Pearson's

correlations were conducted to determine how the Satanist identity related to experiences of R/S

struggles (see Table 6). Results indicated a positive correlation between the centrality subscale

and experiences of interpersonal and moral struggles. The more important being a Satanist was to

a participant, the more likely they were to report religious or spiritually-based interpersonal

conflicts as well as intrapersonal struggles with morals. Similarly, interpersonal struggles were

also positively correlated with the ingroup ties subscale, indicating that participants who felt

more connected to other Satanists were more likely to experience religious or spiritual

interpersonal conflicts. In contrast, the ingroup ties subscale was negatively correlated with

moral, ultimate meaning, and doubt struggles. This finding suggests that the more participants felt connected to other Satanists, the less likely they were to experience intrapersonal concerns regarding their morals, perceived meaning of life, and doubts about their religious or spiritual beliefs.

Table 6

Correlation Analyses Between Predictor Variables

Variable	1	2	3	4	5	6	7	8	9	10
1. Divine	(.96)									
2. Demonic	.29***	(.87)								
3. Interpersonal	.28***	.11**	(.83)							
4. Moral	.26***	.22***	.22***	(.86)						
5. Ultimate Meaning	.31***	.13***	.25***	.41***	(.89)					
6. Doubt	.37***	.28***	.20***	.48***	.41***	(.92)				
7. RSS Total	.71***	.35***	.63***	.63***	.71***	.66***	(.90)			
8. Centrality	.06	.05	.11**	.08*	.07	.07	.12**	(.77)		
9. Ingroup Affect	-.04	-.14***	.08*	-.23***	-.08*	-.20***	-.11**	.24***	(.62)	
10. Ingroup Ties	.1	-.05	.11**	-.09*	-.09*	-.15***	-.01	.21***	.28***	(.83)

$^*p < .05.$ $^{**}p < .01.$ $^{***}p < .001$

Finally, moderation analyses were performed to examine whether the relationship between R/S struggles with anxiety and depressive symptoms was influenced by the strength of Satanist identity. In a series of six moderated regression analyses examining the effects of R/S struggles on both anxiety and depressive symptoms, with the strength of identity sub-constructs serving as moderators, all models were indicated as significant. A Bonferroni correction was applied to account for the number of regression models tested, resulting in a new significance value cutoff of .008. Following this adjustment, identity centrality ($F(11, 681) = 24.67$, $p < .008$,

$R^2 = .27$), in-group affect ($F(11, 681) = 24.48$, $p < .008$, $R^2 = .28$), and in-group ties ($F(11, 681) =$ 21.68, $p < .008$, $R^2 = .28$) indicated overall model significance without significant interaction effects for anxiety symptom scores. These results suggest that while R/S struggles are predictive anxiety symptoms, the strength of identity sub-constructs did not moderate the relationship. Likewise, for depressive symptoms, identity centrality ($F(11, 681) = 29.54$, $p < .008$, $R^2 = .31$) in-group affect ($F(11, 681) = 29.82$, $p < .008$, $R^2 = .32$), and in-group ties ($F(11, 681) = 30.39$, $p < .008$, $R^2 = .32$) indicated overall model significance without significant interaction effects, indicating that identity centrality and perceptions of ingroup-ties do not moderate the relationship between R/S struggles and depressive symptoms.

Discussion

As Satanists have commonly been misunderstood and overlooked in psychological research, this study's findings provide insight into the unique R/S experiences of Satanists and their relationship with mental health outcomes. It was hypothesized that Satanists would predominantly experience difficulties with interpersonal relationships, followed by more existentially related concerns, all of which would be positively correlated with anxiety and depressive symptoms. Additionally, it was hypothesized that stronger connections to the Satanist identity would be related to better mental health outcomes despite the presence of R/S struggles. Results largely supported the expected presence of R/S struggles and experiences of anxiety and depressive symptoms, however, there was not enough evidence to suggest that the Satanist identity moderated this relationship.

Upon analysis, results indicated that Satanists are most likely to experience interpersonal struggles. As previous research has suggested that atheists are more likely to experience interpersonal difficulties concerning their religious or spiritual beliefs (Brewster et al., 2016;

Edgell et al., 2016; Sedlar et al., 2018), it may be suggested that Satanists experience similar challenges. Prior research has indicated that Satanists are likely to anticipate experiencing stigma and discrimination in their day-to-day lives due to their cultural identity (Sprankle et al., 2020). As such, it may be theorized that a portion of this expected stigma and discrimination may arise from negative interpersonal experiences concerning religious or spiritual content.

Additionally, Satanists also indicated heightened levels of ultimate meaning struggles. Past investigations into the prevalence of ultimate meaning struggles have indicated that atheists and nontheists often report higher levels of ultimate meaning struggles (Exline et al., 2014; Sedler et al., 2018; Stauner et al., 2016b). Given that the majority of Satanists express atheistic or nontheistic beliefs, Satanist concerns regarding ultimate meaning in life or greater life purpose are likely similar to those expressed by atheists or nonreligious individuals. However, given that Satanism has often acted as a countercultural force against Western, majority religious groups and institutions, the degree of ultimate meaning struggles expressed by Satanists may not be equal to those expressed by atheists or nonreligious groups. Satanists may be more certain of their beliefs, spurring their counter-religious sentiments and decreasing the prevalence of other types of R/S struggles, including doubt, moral, divine, and demonic struggles. How Satanist experiences of ultimate meaning struggles compare to other atheists or nontheistic groups could be evaluated in future studies to determine the content of these ultimate meaning struggles and how prevalent these struggles are in comparison.

The emotional distress that typically occurs alongside R/S struggles was also present in Satanist experiences of those struggles. Satanists who reported greater levels of any R/S struggles were also more likely to report increased levels of anxiety and depressive symptoms. This finding is consistent with prior research regarding R/S struggles (Exline & Rose, 2013),

including atheists (Sedler et al., 2018; Stauner et al., 2016b). Specifically, ultimate meaning struggles were the most notable predictor of both anxiety and depressive symptoms, followed by concerns with morality. As Satanists are generally atheistic, the lack of a traditional religious or spiritual framework to provide guidance and answers to questions concerning ultimate meaning or morality may engender emotional distress, leading to anxiousness or depressive symptoms.

Furthermore, the interpersonal R/S struggles reported by Satanists were also a significant predictor of anxiety symptoms. If Satanists are likely to report interpersonal R/S struggles and if they are likely to expect daily experiences of stigma and discrimination due to their cultural identity (Sprankle et al., 2020), then, consistent with Meyer's (2003) minority stress model, Satanists are at greater risk for increased anxiety symptoms. Given Satanism's countercultural or reactive nature to many traditional religious groups or cultures, there may be anxiety tied to the anticipation of future negative interactions with these groups. Consistent negative interactions or expectations of them could leave Satanists in a more heightened state of vigilance to detect these encounters or fear the consequences of those interactions. While anxiety symptoms were predicted by R/S interpersonal struggles, this study's findings suggest that depressive symptoms are not predicted by R/S interpersonal struggles. Though anxiety symptoms may lead to depressive symptoms over time, there was no direct relationship between interpersonal struggles and depressive symptoms.

When considering how an individual's Satanist identity influences the relationship between their R/S struggles and their experiences of anxiety or depressive symptoms, it was found that the Satanist identity did not influence mental health outcomes. This finding differs from previous work on atheists (Abbott & Mollen, 2018), Satanists (Sprankle et al., 2020), and Meyer's (2003) minority stress model, which states that social support and identity valance may

buffer minority group members from distal and proximal stressors and resulting negative mental health outcomes. While Satanism as a social identity did not moderate the relationship between R/S struggles and mental health outcomes, it should be considered that this dynamic may be unique to this study's Satanist sample rather than representative of all Satanists or those with similar beliefs or ideologies .

Limitations

Considering the underrepresentation and historical misrepresentation of Satanists within psychology, this study offers valuable insights into the struggles of modern Satanists and consequential mental health outcomes. However, some reservations about its conclusions are warranted. Given that Satanists are a diverse and decentralized group, participant recruitment occurred via non-random, convenience sampling via social media. This method resulted in a sample of Satanists primarily from within the United States who are affiliated with The Satanic Temple. Study results are more likely to be representative of this group of Satanists, potentially omitting a diverse range of viewpoints from other regions and affiliations, as well as from Satanists who do not engage with social media.

Furthermore, the study inclusion criteria confined participants to those who openly identify as Satanists, inadvertently leaving out those who may share Satanist beliefs yet choose not to publicly declare their affiliation or those who have largely similar beliefs, but identify with another similar ideology (e.g., Luciferian). This approach also permitted participation from individuals claiming to be Satanists without determining the degree to which they engage with Satanic practices or beliefs, leading to responses that might reflect personal identity more than those predicated on Satanism.

When study data was being collected, an error in measurement administration occurred which affected the data collected. The Three-Dimensional Strength of Group Identification Scale is meant to be administered on a 7-point Likert scale (*Strongly disagree – Strongly agree*), however, data was only collected on a 6-point Likert scale. This change in the scale structure forced participants to either agree or disagree with the content of an item rather than possibly selecting a neutral response, potentially biasing or misrepresenting participant opinion. Additionally, this study's results may have lost comparability to studies utilizing this measure due to the changes in the measure's psychometric properties and the lack of equivalent response options.

It should be noted that while this study's results indicate a positive correlation between R/S struggles and negative mental health outcomes among Satanists, the exact direction of this relationship is not known. While R/S struggles may lead to an increase in negative mental health outcomes, it may inversely be that negative mental health outcomes lead to increased experiences of R/S struggles. In addition, the direction or strength of this relationship may be significantly influenced by an unknown variable which ought to be identified before further conclusions are drawn from this study's results.

Future Directions and Conclusion

Given the demographic diversity within Satanism, future studies should investigate the differences between various demographic groups such as race, gender, and sexual orientation, as well as the differences between Satanists belonging to various sects like The Satanic Temple and The Church of Satan. Identifying and delineating these differences will aid in addressing the stigma surrounding Satanism for both academics and mental health professionals. Further investigations may continue to explore the dynamics of Satanist identity and the specific

adversities encountered, including discrimination and mental health struggles. These efforts would help to equip mental health practitioners with the insights needed to offer more empathetic and effective support to the Satanist population.

Regarding religious and spiritual struggles, future research should delve into the nuanced dynamics of Satanist interpersonal struggles and their impact on mental health. Such investigations could reveal more about the interpersonal conflicts Satanists face due to their R/S beliefs and the coping strategies commonly utilized for them. Other studies could be conducted to assess the distinct nature of the ultimate meaning struggles of Satanists in comparison to those experienced by atheists, agnostics, and other nontheistic groups. This approach would not only contribute to a deeper understanding of the unique intrapersonal or existential challenges faced within the Satanist community, but also offer insights into the broader spectrum of R/S struggles across different belief systems.

This study sought to identify the R/S struggles and resulting mental health consequences within the Satanist community, a group with very little accurate representation in psychological literature. By examining the influence that the Satanist identity had on this relationship, this study also aimed to add to the existing literature on the interplay between minority religious identities and mental health outcomes. R/S struggles were confirmed to be associated with emotional distress among Satanists, leading to increased levels of anxiety and depressive symptoms. This finding additionally highlights the nuanced role of identity in the context of R/S struggles and mental health, suggesting that identification with a stigmatized religious group may or may not have have complex effects on individual well-being. Overall, this study not only contributes to a broader understanding of the psychological implications of R/S struggles across

diverse groups but also underscores the importance of considering the unique contexts and

identities that shape these experiences.

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Appendix A

Religious and Spiritual Struggles Scale

Over the past month, I have…

Felt as though God had let me down.

| Not at all / Not applicable (1) | 2 | 3 | 4 | A great deal (5) |

Felt angry at God.

| Not at all / Not applicable (1) | 2 | 3 | 4 | A great deal (5) |

Felt as though God had abandoned me.

| Not at all / Not applicable (1) | 2 | 3 | 4 | A great deal (5) |

Felt as though God was punishing me.

| Not at all / Not applicable (1) | 2 | 3 | 4 | A great deal (5) |

Questioned God's love for me.

| Not at all / Not applicable (1) | 2 | 3 | 4 | A great deal (5) |

Felt tormented by the devil or evil spirits.

| Not at all / Not applicable (1) | 2 | 3 | 4 | A great deal (5) |

Worried that the problems I was facing were the work of the devil or evil spirits.

| Not at all / Not applicable (1) | 2 | 3 | 4 | A great deal (5) |

Felt attacked by the devil or by evil spirits.

Not at all / Not applicable (1) 2 3 4 A great deal (5)

Felt as though the devil (or an evil spirit) was trying to turn me away from what was good.

Not at all / Not applicable (1) 2 3 4 A great deal (5)

Felt hurt, mistreated, or offended by religious / spiritual people.

Not at all / Not applicable (1) 2 3 4 A great deal (5)

Felt rejected or misunderstood by religious / spiritual people.

Not at all / Not applicable (1) 2 3 4 A great deal (5)

Felt as though others were looking down on me because of my religious / spiritual beliefs.

Not at all / Not applicable (1) 2 3 4 A great deal (5)

Had conflicts with other people about religious / spiritual matters.

Not at all / Not applicable (1) 2 3 4 A great deal (5)

Felt angry at organized religion.

Not at all / Not applicable (1) 2 3 4 A great deal (5)

Wrestled with attempts to follow my moral principles.

Not at all / Not applicable (1) 2 3 4 A great deal (5)

Worried that my actions were morally or spiritually wrong.

Not at all / Not applicable (1)	2	3	4	A great deal (5)

Felt torn between what I wanted and what I knew was morally right.

Not at all / Not applicable (1)	2	3	4	A great deal (5)

Felt guilty for not living up to my moral standards.

Not at all / Not applicable (1)	2	3	4	A great deal (5)

Questioned whether life really matters.

Not at all / Not applicable (1)	2	3	4	A great deal (5)

Felt as though my life had no deeper meaning.

Not at all / Not applicable (1)	2	3	4	A great deal (5)

Questioned whether my life will really make any difference in the world.

Not at all / Not applicable (1)	2	3	4	A great deal (5)

Had concerns about whether there is any ultimate purpose to life or existence.

Not at all / Not applicable (1)	2	3	4	A great deal (5)

Struggled to figure out what I really believe about religion / spirituality.

Not at all / Not applicable (1)	2	3	4	A great deal (5)

Felt confused about my religious / spiritual beliefs.

Not at all / Not applicable (1)	2	3	4	A great deal (5)

Felt troubled by doubts or questions about religion or spirituality.

Not at all / Not applicable (1)	2	3	4	A great deal (5)

Worried about whether my beliefs about religion / spirituality were correct.

Not at all / Not applicable (1)	2	3	4	A great deal (5)

Appendix B

Three-Dimensional Strength of Group Identification Scale

I often think about being a Satanist.

| Strongly Disagree (1) | 2 | 3 | 4 | 5 | Strongly Agree (6) |

Being a Satanist has little to do with how I feel about myself in general.

| Strongly Disagree (1) | 2 | 3 | 4 | 5 | Strongly Agree (6) |

Being a Satanist is an important part of my self-image.

| Strongly Disagree (1) | 2 | 3 | 4 | 5 | Strongly Agree (6) |

The fact I am a Satanist rarely enters my mind.

| Strongly Disagree (1) | 2 | 3 | 4 | 5 | Strongly Agree (6) |

In general, I'm glad to be a Satanist.

| Strongly Disagree (1) | 2 | 3 | 4 | 5 | Strongly Agree (6) |

I often regret being a Satanist.

| Strongly Disagree (1) | 2 | 3 | 4 | 5 | Strongly Agree (6) |

Generally, I feel good about myself when I think about being a Satanist.

| Strongly Disagree (1) | 2 | 3 | 4 | 5 | Strongly Agree (6) |

I don't feel good about being a Satanist.

| Strongly Disagree (1) | 2 | 3 | 4 | 5 | Strongly Agree (6) |

I have a lot in common with other Satanists.

| Strongly Disagree (1) | 2 | 3 | 4 | 5 | Strongly Agree (6) |

I feel strong ties to other Satanists.

| Strongly Disagree (1) | 2 | 3 | 4 | 5 | Strongly Agree (6) |

I find it difficult to form a bond with other Satanists.

| Strongly Disagree (1) | 2 | 3 | 4 | 5 | Strongly Agree (6) |

I don't feel a strong sense of being connected to Satanists.

| Strongly Disagree (1) | 2 | 3 | 4 | 5 | Strongly Agree (6) |

Appendix C

Generalized Anxiety Disorder – 7

Over the last two weeks, how often have you been bothered by the following problems?

Feeling nervous, anxious or on edge.

Not at all (0)   Several Days (1)   More than half the   Nearly every day (3)
                                            days (2)

Not being able to stop or control worrying.

Not at all (0)   Several Days (1)   More than half the   Nearly every day (3)
                                            days (2)

Worrying too much about different things.

Not at all (0)   Several Days (1)   More than half the   Nearly every day (3)
                                            days (2)

Trouble relaxing.

Not at all (0)   Several Days (1)   More than half the   Nearly every day (3)
                                            days (2)

Being so restless that it is hard to sit still.

Not at all (0)   Several Days (1)   More than half the   Nearly every day (3)
                                            days (2)

Becoming easily annoyed or irritable.

Not at all (0)   Several Days (1)   More than half the   Nearly every day (3)
                                            days (2)

Feeling afraid, as if something awful might happen.

Not at all (0)   Several Days (1)   More than half the   Nearly every day (3)
                                            days (2)

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all   Somewhat difficult   Very difficult   Extremely difficult

Appendix D

Patient Health Questionnaire – 9

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things.

    Not at all (0)   Several Days (1)   More than half the   Nearly every day (3)
                                                days (2)

Feeling down, depressed, or hopeless.

    Not at all (0)   Several Days (1)   More than half the   Nearly every day (3)
                                                days (2)

Trouble falling or staying asleep, or sleeping too much.

    Not at all (0)   Several Days (1)   More than half the   Nearly every day (3)
                                                days (2)

Feeling tired or having little energy.

    Not at all (0)   Several Days (1)   More than half the   Nearly every day (3)
                                              days (2)

Poor appetite or overeating.

    Not at all (0)   Several Days (1)   More than half the   Nearly every day (3)
                                              days (2)

Feeling bad about yourself — or that you are a failure or have let yourself or your family down.

    Not at all (0)   Several Days (1)   More than half the   Nearly every day (3)
                                              days (2)

Trouble concentrating on things, such as reading the newspaper or watching television.

    Not at all (0)   Several Days (1)   More than half the   Nearly every day (3)
                                              days (2)

Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual.

    Not at all (0)   Several Days (1)   More than half the   Nearly every day (3)
                                              days (2)

Thoughts that you would be better off dead or of hurting yourself in some way.

    Not at all (0)   Several Days (1)   More than half the   Nearly every day (3)

                                                days (2)

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

    Not at all (0)   Several Days (1)   More than half the   Nearly every day (3)

                                                days (2)