

The Psychological Landscape of the Seminary Formation: An Exploration on the Mental Health Vulnerabilities of the Seminarians

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ABSTRACT

Seminary formation is a complex journey that shapes not only spiritual and pastoral development but also deeply affects the emotional and psychological well-being of those in training. Despite this, conversations and interventions around mental health within the seminary context remain limited, often overshadowed by academic and spiritual priorities. Using carefully selected psychological tools and involving all college seminarians, the study gathered data on the mental health vulnerabilities of seminarians. The results highlight the emotional struggles and high risk for depression among seminarians, compounded by low levels of mental health literacy and limited intention to seek help. These findings emphasize the importance of creating supportive formation environments that foster emotional openness and identity development. The results suggest that seminary formation could consider the psychological vulnerabilities of seminarians to ensure a more balanced and human-centered approach to their overall development.

INTRODUCTION

Mental health plays a vital role in shaping the formation of seminarians, as it influences their growth in self-awareness, emotional maturity, and interpersonal relationships (McShane, 2024). The seminary is not only a place of academic and spiritual training but also a space where individuals undergo personal transformation. This journey requires a stable mental and emotional foundation, as challenges in formation often bring unresolved personal issues or emotional struggles to the surface (McCormack, 2020). When mental health is nurtured alongside other areas of formation, seminarians are more likely to develop the resilience and clarity needed for a life of service.

Despite the importance of mental well-being, many seminarians quietly experience emotional struggles that are often left unspoken or unaddressed. Mental health vulnerabilities, if not adequately addressed, can significantly impact their formation and overall readiness for ministry. In many cases, mental instability is seen not just as a concern but as grounds for dismissal, placing significant pressure on seminarians to conceal their struggles (Porter et al., 2019; Amadasu, 2021). Psychological evaluations are also used as bases for decisions about whether a seminarian may continue in formation or be asked to leave, which can create an atmosphere of fear rather than healing (McCormack, 2020; McGlone & Sperry, 2020). This reality highlights the need to understand how seminarians deal with their mental health and what support systems are in place or lacking during their journey.

Most existing literature on seminary formation focuses on spiritual, pastoral, or academic development, often overlooking the psychological dimension of human formation. Moreover, studies that examine human formation typically focus on general personal growth, often without giving sufficient attention to the emotional and psychological challenges that seminarians face (Daboh, 2020; Amadasu, 2021; Harty & Sweeney, 2023). This creates a gap in understanding how mental health affects the overall formation process. Addressing this gap is essential to offer a more

complete and compassionate approach to forming future clergy, particularly in recognizing their mental well-being as integral to their vocation (Taja-on & Vergara, 2025).

This study is relevant because it brings attention to the quiet struggles that seminarians may be enduring behind their roles and responsibilities. Formation programs can become more responsive and supportive by understanding their participants' mental health vulnerabilities, creating healthier environments for growth. The study also gives voice to seminarians whose emotional needs have often been overlooked. In doing so, this research may help institutions reflect on their practices and provide more holistic formation that values psychological health as much as other aspects of formation.

The study aims to gain a deeper understanding of the mental health challenges that seminarians face during their formation period. It explores their emotional experiences, psychological risk factors, and attitudes toward seeking help in order to gain insight into how mental health influences their growth. The study aims to contribute to the development of a more supportive and responsive formation process that fully recognizes the humanity of each seminarian by examining these dimensions.

LITERATURE REVIEW

Psychological Well-Being in the Seminary

Psychological well-being is a crucial component of personal growth, particularly in environments that aim to cultivate individuals for a life of service and leadership. In seminary formation, efforts to support mental health are often seen through structured programs such as the individual colloquium, where a seminarian regularly meets with a designated priest, nun, or trained individual to discuss personal experiences and challenges (McCormack, 2020; McShane, 2024; Julia, 2025). This space enables guided reflection, helping seminarians process their human formation in a supportive and confidential setting. Such practices are intended to foster emotional maturity, self-awareness, and psychological resilience (Duggan, 2020; Sumampong et al., 2024). However, while

these programs are in place, their consistency and effectiveness vary across institutions. Literature suggests that the success of these efforts depends mainly on the quality of the mentoring relationship and the openness of the seminarian. Moreover, mental health programs in seminaries are still developing and often focus more on spiritual and moral concerns than on addressing psychological struggles directly (Daboh, 2020; Amadasu, 2021; Nganyu & Ojuade, 2022; Harty & Sweeney, 2023). This highlights the need for a more intentional and integrated approach to psychological well-being within the formation process.

Mental Health Vulnerabilities in the Seminary

Mental health vulnerabilities are often present in the seminary due to the demanding nature of the formation, which challenges seminarians emotionally, spiritually, and psychologically (Olvera, 2024). Many seminarians carry silent struggles, such as anxiety, self-doubt, loneliness, or unresolved personal issues, yet feel unable to express them freely. This is partly due to the fear that being open about their difficulties might be seen as a sign of psychological instability (Porter et al., 2019; McCormack, 2020; McGlone & Sperry, 2020; Amadasu, 2021). In many formation settings, this fear is not unfounded, as mental health concerns can sometimes be considered grounds for dismissal. As a result, seminarians may choose to remain silent rather than risk being misunderstood or removed from the formation, even when they genuinely need support and care (Blea, 2022; Fernandez, 2024).

The individual colloquium is designed to provide seminarians with a safe space to reflect on and process their experiences, but its effectiveness depends on the level of trust and openness between the seminarian and the guide (Daling, 2024; Julia, 2025). While some seminarians approach these sessions with sincerity, others may hold back, unsure of how their honesty will be received or interpreted. This hesitation can be influenced not just by personal fear but also by the culture of the community around them. The seminary community plays a significant role in either supporting or discouraging openness

about mental health (Captari et al., 2021; Vergara et al., 2025). When a supportive, non-judgmental environment is present, seminarians are more likely to share and seek help. However, when the culture emphasizes perfection, silence, or fear of evaluation, even well-meaning structures like the colloquium and community may fall short (Lumpkins, 2022; Carnes, 2024). These tensions underscore the need for a culture of formation that genuinely values emotional well-being and recognizes vulnerability as a natural part of growth.

Mental Health and the Seminary Formation

Mental health interventions play a vital role in the overall formation of seminarians, as they support their emotional stability, self-awareness, and capacity to face the demands of priestly life (McShane, 2024; Riddick, 2024). Seminary formation is not only a time of academic and spiritual training but also a period of personal transformation, during which unresolved psychological issues can emerge (McCormack, 2020). The literature emphasizes the importance of addressing these concerns early through accessible mental health programs and regular emotional check-ins (Amadasu, 2021; Daling, 2024; Olvera, 2024; Julia, 2025). A holistic approach to formation, one that integrates the psychological, spiritual, intellectual, and pastoral dimensions, is necessary to help seminarians grow into well-rounded and emotionally healthy individuals (Duggan, 2020; Blea, 2022; Carnes, 2024). When mental health is treated as an essential part of formation—not separate from or secondary to other areas—it creates a more supportive and humane environment that values the full development of each person (Taja-on & Vergara, 2025).

Theoretical Framework

The study is grounded in Marcia's Identity Statuses (Mercadal, 2019), which provide a valuable lens for understanding how seminarians navigate personal development during formation. This framework outlines four identity statuses—identity diffusion, foreclosure, moratorium, and identity achievement—each representing different stages in the process of identity formation. In the context of seminary life, seminarians may move through these

stages as they face questions about their vocation, personal values, and psychological challenges. The theory offers a guiding principle for examining how unresolved identity issues and emotional struggles can impact one's readiness for priesthood. By grounding the study in this framework, it becomes possible to better understand the seminarians' mental health vulnerabilities as part of their ongoing identity formation rather than isolated personal issues.

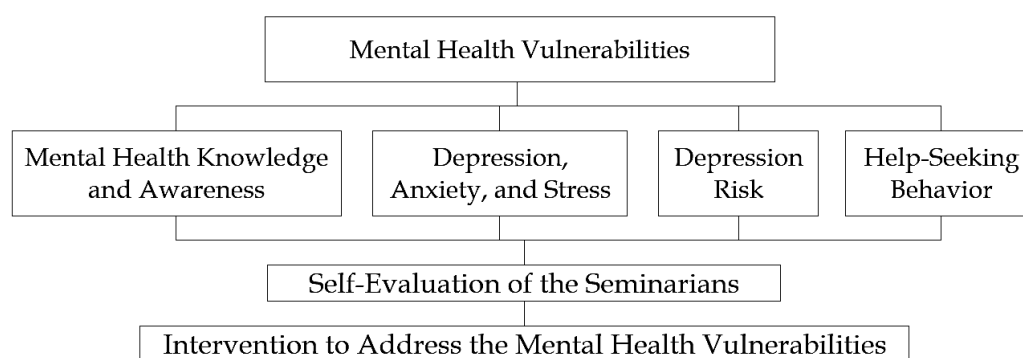


Figure 1. Schematic Diagram of the Study

Figure 1 presents the schematic diagram of the study, showing how the exploration of seminarians' mental health vulnerabilities serves as a foundation for designing possible interventions. The diagram illustrates the study's flow from identifying psychological challenges to using those findings to support a more informed response to formation needs. This framework provides structure to the study, ensuring that the focus remains on growth and support rather than simply identifying problems.

METHODS

Research Design

The research used a descriptive, cross-sectional survey design (Wang & Cheng, 2020) to capture a clear picture of the seminarians' mental health experiences at a specific point in time. This design enabled the study to describe and analyze patterns of psychological well-being, risk indicators, and help-seeking behavior based on the actual conditions during the data collection period. It is instrumental in understanding existing vulnerabilities without manipulating any variables, making it suitable for a setting that values observation over intervention.

Through this approach, the study was able to draw meaningful insights from the seminarians' responses and present them in a way that reflects their current formation context.

Participants and Sampling Method

The participants of the study were twenty-six college seminarians from the Diocese of Malaybalay, ranging from first to fourth year and aged eighteen and older. A total population sampling (Omair, 2025) was used, meaning all seminarians within the college seminary were invited and included in the study. This approach ensured that the results reflected the full range of experiences within the seminary and avoided bias that may come from selecting only a portion of the population. By capturing the views of all eligible participants, the findings provide a more complete and grounded understanding of the mental health realities within the formation house.

Research Instrument

The study utilized four standardized questionnaires that assessed different aspects of mental health. The Mental Health Literacy questionnaire, developed by Siddique et al. (2022), was used to assess knowledge, awareness, and beliefs about mental health. The DASS-42 by Lovibond and Lovibond (1995a) assessed the levels of depression, anxiety, and stress. To evaluate depression risk specifically among males, the study employed the Male Depression Risk Scale by Rice et al. (2015). Lastly, the Help-Seeking Behavior Questionnaire developed by Hammer et al. (2018) and Hammer and Spiker (2018) was used to understand attitudes and intentions toward seeking help. These tools provided a comprehensive look into the emotional and psychological conditions of the seminarians.

Data Gathering Procedure

The data for the study was gathered through an online survey, which was administered by the Office of Student Affairs of a private institution. The survey was made available for one month, specifically from April to May 2025, allowing the seminarians ample time to respond at their convenience. Clear instructions were provided, ensuring that their participation was voluntary. Informed consent was obtained from all participants, and the survey strictly adhered to data privacy guidelines to ensure that confidentiality and ethical standards were upheld. All responses were anonymized to protect the participants' identities and to encourage honest and accurate answers.

Once the data collection period ended, the responses were turned over to a licensed psychometrician for proper treatment and interpretation. Descriptive statistics were used to consolidate the results and highlight key patterns in the data. This statistical summary served as the basis for understanding the psychological trends among the seminarians. The researcher then worked closely with the psychometrician to interpret the data meaningfully, ensuring that the findings were not

only accurate but also relevant to the context of seminary formation.

RESEARCH RESULTS

The results of the study provide a clear overview of the mental health condition of the seminarians, highlighting several areas of concern. Through an analysis of their mental health literacy, emotional states, depression risk factors, and help-seeking behaviors, a comprehensive picture emerges of their psychological experiences within the formation process. The findings are organized into key domains to understand better the underlying issues affecting their well-being and to guide meaningful discussion and reflection in the subsequent sections.

Mental Health Literacy

Table 1 presents the various aspects of the seminarians' mental health literacy, focusing on their level of knowledge, awareness, and beliefs regarding mental health. These components are essential in understanding how well-equipped they are to recognize mental health issues and engage with related concepts and practices.

Table 1. Summary of the mental health literacies of the seminarians.

Facets	\bar{X}	σ_x	Q.I.
Knowledge	2.39	0.993	Low Level
Awareness	2.52	1.032	Low Level
Belief	2.50	1.072	Low Level
Mental Health Literacy	2.44	0.996	Low Level

The data in Table 1 indicate that the seminarians generally demonstrated a low level of mental health literacy. Specifically, the seminarian's knowledge of mental health indicates a limited understanding of basic concepts related to mental well-being. The seminarian's awareness suggests that they are not fully mindful of mental health issues, symptoms, or resources. Similarly, the seminarian's beliefs about mental health reflect limited acceptance or support of mental health as an important aspect of overall formation. The overall findings point to a low level

of mental health literacy among the seminarians. These results highlight a significant gap in their preparation to manage or recognize mental health concerns, both personally and within their communities. The result underscores the importance of integrating mental health education into formation programs to help seminarians become more informed, aware, and supportive of mental well-being in their future pastoral roles.

Depression, Anxiety, and Stress Scale

Table 2 presents the results of the Depression, Anxiety, and Stress Scale, which measures the emotional and psychological state of the seminarians. The scale provides insight into their current experiences of mental strain and highlights the intensity of emotional challenges faced during their formation.

Table 2. Summary of the depression, anxiety, and stress scale of the seminarians.

Facets	\bar{x}	σ_x	Q.I.
Depression	16.04	12.805	Moderate
Anxiety	12.81	12.335	Moderate
Stress	16.50	13.333	Mild

Table 2 presents the psychological states of the seminarians based on the Depression, Anxiety, and Stress Scale (DASS), revealing notable levels of emotional distress. The results show that depression

has a mean score of 16.04, anxiety at 12.81, and stress at 16.50—each falling within the "*Moderate*" range for depression and anxiety and "*Mild*" for stress. These findings indicate that seminarians are not exempt from experiencing significant emotional and psychological burdens during their formation. The moderate levels of depression and anxiety reflect a tendency among participants to struggle with feelings of sadness, fear, or unease that may affect their mental stability. Meanwhile, the mild level of stress, though comparatively lower, still suggests ongoing pressures and possible challenges in managing daily expectations. When considered alongside their low mental health literacy, the results further emphasize the seminarians' vulnerability to mental health concerns. The result points to the urgent need for a more responsive and supportive environment that addresses their emotional well-being as an integral part of their formation journey.

Male Depression Risk Scale

Table 3 presents the scores from the Male Depression Risk Scale, identifying specific risk factors commonly associated with male depression. These include emotional suppression, substance use, aggression, somatic symptoms, and risk-taking behaviors, which together paint a deeper picture of their internal struggles.

Table 3. Summary of the male depression risk scale of the seminarians.

Facets	\bar{x}	σ_x	Q.I.
Emotional Suppression	6.21	0.582	Very High-Risk Indicator
Drug Use	1.35	1.056	No Risk Indicator
Alcohol Use	3.52	1.020	Low Risk Indicator
Anger and Aggression	2.56	1.209	Very Low Risk Indicator
Somatic Symptoms	4.47	0.996	Moderately High-Risk Indicator
Risk-Taking	3.87	1.185	Moderate Risk Indicator
Male Depression Risk	3.76	0.601	High Depression Risk

Table 3 presents a detailed look into the specific risk indicators associated with depression among seminarians. The data shows that emotional suppression stands out with a very high mean score, indicating a strong tendency among seminarians to hide or control their emotional responses. This finding is significant, as the inability or unwillingness to express emotions can contribute to internal distress and unresolved psychological tension. In contrast, indicators such as drug use and alcohol use fall under “*No Risk*” and “*Low Risk*,” respectively, suggesting that substance use is not a prominent coping mechanism within the seminary context. Anger and aggression are also classified as “*Very Low Risk*,” indicating that the participants do not exhibit these behaviors strongly.

However, the presence of other risk indicators, such as somatic symptoms and risk-taking behaviors, reveals deeper concerns. Physical manifestations of psychological distress suggest that seminarians may be experiencing emotional struggles that are expressed through the body. Risk-taking behavior

also adds another layer to their vulnerability, possibly reflecting attempts to cope with internal pressure or to break from rigid expectations. Overall, the combined mean score categorizes the seminarians as having a “*High Depression Risk*.” The result highlights the importance of recognizing hidden or non-traditional signs of male depression, especially in environments where emotional expression may be constrained. The findings suggest that formation programs should adopt more inclusive and responsive approaches that promote mental health and emotional openness.

Help-Seeking Behavior

Table 4 presents the seminarians’ help-seeking behavior, specifically examining their attitudes toward getting help and their likelihood of actually doing so. These indicators reveal how mental health needs are taken within the seminary context, providing valuable information about possible barriers to support.

Table 4. Summary of the help-seeking behavior of the seminarians.

Facets	\bar{X}	σ_x	Q.I.
Help-Seeking Attitude	2.88	0.742	Moderately Negative Attitude
Help-Seeking Intention	2.18	0.552	Very Unlikely
Help-Seeking Behavior	2.71	0.636	Very Low Intention

Table 4 highlights the seminarians’ help-seeking behavior, revealing a pattern of reluctance when it comes to reaching out for mental health support. The results indicate a moderately negative attitude toward help-seeking, suggesting that while some individuals recognize the need for help, they may still harbor doubts or discomfort about actually seeking it. Even more concerning is the very low intention to seek help, suggesting that most seminarians are unlikely to take action even when facing emotional or psychological struggles. Overall, the help-seeking behavior is rated as having a very low intention to seek help. This finding is crucial, especially when viewed alongside their high depression risk and low mental health literacy. It shows an apparent disconnect between experiencing

mental health concerns and the willingness to seek support. These results point to a deeper need for promoting a more open and accepting environment within formation settings—one that normalizes mental health struggles and encourages seeking help as a sign of strength rather than weakness.

The overall results present a concerning picture of the mental health state of the seminarians, showing patterns that are interrelated and reflective of deeper emotional struggles. The low levels of mental health literacy, combined with signs of emotional distress and high risk for depression, reveal that seminarians may be silently dealing with psychological burdens that are not being adequately addressed or acknowledged. The result is further compounded by their low intention and negative

attitude toward seeking help, suggesting a culture where emotional expression and support-seeking may not be strongly encouraged or normalized. Concurrently, the findings suggest a quiet vulnerability within the seminary environment, where emotional difficulties exist but are not openly discussed or addressed. These results suggest a need for a deeper exploration into how formation processes may be overlooking critical aspects of emotional and psychological well-being. The following discussion will further unpack these insights and examine how these patterns impact the overall experience and formation of seminarians, leading to practical reflections on how their mental health can be better supported.

DISCUSSION

Mental Health Vulnerabilities among the Seminarians

The findings reflect a clear presence of mental health vulnerabilities among the seminarians, marked by limited knowledge, awareness, and acceptance of mental health as part of their formation. Signs of emotional distress and internal struggles, including moderate levels of depression and anxiety, emotional suppression, and physical manifestations of psychological burden, further support these vulnerabilities. The low willingness to seek support adds another layer to this challenge, suggesting an internal conflict between acknowledging one's needs and the fear of how these needs may be perceived. When viewed collectively, the results suggest an ongoing identity process in which seminarians may be navigating unresolved emotional concerns while simultaneously attempting to fulfill formation expectations. This aligns with the notion that individuals in the moratorium status may be experiencing active exploration but without clear resolution, making them more vulnerable to psychological strain (Mercadal, 2019).

Within the seminary environment, these results highlight a complex dynamic between the demands of formation and emotional health. The pressures of conforming to expected roles, maintaining composure, and meeting academic and spiritual standards may contribute to emotional suppression, limiting opportunities for healthy self-expression (Tillett, 2021; Nganyu & Ojuade, 2022; Olvera, 2024). The presence of risk indicators like somatic symptoms and internalized distress may also indicate that seminarians are trying to manage unresolved emotional experiences without adequate support systems. The result suggests that while formation aims to shape well-rounded individuals, there may be insufficient space for seminarians to process their emotional development. Without safe and supportive avenues to explore and reflect on their mental health, seminarians may remain stuck in a state of identity uncertainty or fear-driven silence, which can hinder their growth and readiness for future pastoral responsibilities (Duggan, 2020; McCormack, 2020; Blea, 2022; Carnes, 2024).

These insights call for a more intentional integration of mental health support into the formation program. Addressing the emotional dimensions of seminarians through well-structured interventions can help them navigate their identity development more fully and reduce the risks of internalizing psychological difficulties (McShane, 2024; Cruse, 2025). Programs such as regular mental health education, access to professional counseling, and enhancement of the individual colloquium process can provide opportunities for seminarians to gain a deeper understanding of themselves and their responses to formation pressures (Evans, 2025; Tajaon & Vergara, 2025). Formation programs can adopt a more holistic approach that values emotional well-being as foundational to personal and pastoral maturity by aligning formation practices with a deeper understanding of identity development and psychological needs.

Help-Seeking Behaviors among the Seminarians

The results point to a clear pattern of hesitancy among seminarians when it comes to seeking help for mental health concerns. Despite the presence of emotional distress and indicators of depression risk, their overall help-seeking behavior remains notably low, marked by a generally negative attitude and limited intention to reach out for support. This gap between internal struggles and external action may stem from a range of personal and cultural factors, including discomfort, fear of judgment, or lack of trust in available systems. Such behavior aligns with the idea that many individuals in identity moratorium may be exploring their inner experiences but remain undecided or hesitant in their response, which, in this context, reflects a reluctance to actively pursue support (Mercadal, 2019).

In the context of seminary formation, this reluctance raises important concerns. Formation environments are designed to support the development of the whole person; however, the apparent disconnect between emotional needs and help-seeking behavior suggests that current practices may not be creating sufficient space for open emotional expression (Blea, 2022; Evans, 2024; McShane, 2024). While seminarians may have access to structures like the individual colloquium, these systems may not be perceived as safe or effective outlets for sharing mental health concerns. These dynamic fosters a culture of silence, where internal struggles are privately managed rather than being addressed through healthy, supportive dialogue. As formation continues to shape future pastoral workers, this silence can affect not only their personal development but also their readiness to support others facing similar struggles in ministry (Lumpkins, 2022; Carnes, 2024; Olvera, 2024; Cruse, 2025).

The findings suggest a strong need to develop formation programs that actively foster a supportive environment where help-seeking is normalized and encouraged. Interventions must go beyond offering services they must reshape attitudes and create a culture that recognizes seeking help as a part of maturity and self-awareness (Wang & Cheng, 2020; Captari et al., 2021; Riddick, 2024). Guided by the framework of identity development, such interventions can help seminarians move from states of uncertainty and suppression toward greater self-acceptance and proactive growth. Practical steps may include regular mental health literacy sessions, peer support programs, and confidential, trusted mental health consultations (Nganyu & Ojuade, 2022; Tajaron & Vergara, 2025; Vergara et al., 2025). These initiatives can help bridge the gap between mental health vulnerability and help-seeking behavior, making the formation process more responsive to the emotional and psychological needs of those preparing for ministry.

Mental Health towards the Seminary Formation

The results point to a range of mental health vulnerabilities that highlight gaps in the emotional and psychological preparedness of seminarians in formation. With a limited understanding of mental health concepts, persistent emotional struggles, and a tendency to suppress emotions, seminarians appear to be navigating their formative years with insufficient tools for psychological resilience. These challenges suggest that their internal experiences may not be fully processed or supported, creating a quiet tension between personal formation and unacknowledged emotional needs. Such tendencies may reflect identity statuses where individuals remain in a state of moratorium uncertain about their emotional landscape yet expected to embody clarity, strength, and stability (Mercadal, 2019). This internal conflict can hinder the holistic development needed for pastoral maturity.

When examined within the context of seminary life, these patterns reveal a complex interplay between expectations of strength and actual emotional vulnerability. The formation is designed to shape individuals in all aspects of life, but these results suggest that mental health may not be receiving the same structured attention as spiritual, academic, or pastoral dimensions (Porter et al., 2019; McCormack, 2020; Amadasu, 2021). Seminarians who suppress emotional expression, lack literacy in mental well-being and hesitate to seek help may find it difficult to integrate their human experience into their priestly identity fully. This disconnect could limit their ability to relate empathetically to others or to manage future pastoral responsibilities effectively. Moreover, the seminary environment, although structured, may inadvertently foster a culture where emotional concerns are sidelined in favor of outward discipline or conformity (Duggan, 2020; Tillett, 2021; Blea, 2022; Carnes, 2024; Daling, 2024; Olvera, 2024).

These findings underscore the need for seminary formation to adopt more intentional mental health interventions that support seminarians as they navigate their identity and vocation. Programs should include opportunities for reflection, mental health education, and psychological support that align with the stages of identity development (McShane, 2024; Riddick, 2024; Cruse, 2025; Tajan & Vergara, 2025). By doing so, the formation can help seminarians progress from indecision or emotional suppression toward a more stable, integrated sense of self. Interventions rooted in human formation that encourage openness, emotional processing, and personal insight can ensure that seminarians not only mature spiritually and intellectually but also gain the psychological readiness essential for the demands of pastoral life.

CONCLUSION

The overall summary of the findings reveals a layered understanding of the seminarians' emotional and psychological state during their formation. The results reflect a pattern of internalized struggles, where signs of emotional distress are evident, yet the willingness to acknowledge or seek help remains limited. The tendency to suppress emotions, combined with a low inclination toward seeking mental health support, suggests that many seminarians may be navigating their formation from a position of quiet vulnerability. Anchored on Marcia's Identity Statuses, these patterns can be associated with seminarians who are still exploring their identities while experiencing uncertainty in how to manage or express their internal challenges. The presence of moderate emotional distress and high risk for depression underscores the importance of considering mental health as a critical component in the development of identity during formation.

This dynamic points to a broader formation environment that may not fully support the emotional development necessary for seminarians to thrive. Although structures like the individual colloquium exist, the results suggest that these are not always perceived as safe or helpful spaces for processing psychological concerns. The limited engagement in help-seeking behaviors further reflects a culture where emotional expression might be subdued in favor of outward conformity. These findings underscore the importance of creating a seminary context that fosters seminarians' emotional development with openness, guiding them from moratorium toward more integrated statuses through honest reflection and supportive structures. Such efforts could serve not only the well-being of the seminarians but also their readiness to accompany others in pastoral care with empathy and psychological insight.

The study's findings offer new insights into the complex emotional landscape faced by seminarians in formation. It reveals that beyond academic and spiritual growth, psychological development requires more attention, especially in recognizing emotional suppression, distress, and limited help-seeking as key areas that influence personal formation. The study provides a nuanced understanding of how seminarians form their sense of self under internal and communal pressures, situating these patterns within the framework of identity development. These findings urge formation programs to become more sensitive and proactive in responding to the mental health needs of their members not as problems to be corrected but as essential aspects of human maturity to be supported.

Limitation of the Study

One of the acknowledged limitations of this study lies in its focus on a single seminary community, which may not fully reflect the broader experiences of seminarians from other institutions or cultural backgrounds. The use of self-reported questionnaires may also introduce response biases, especially in topics involving emotional vulnerability and mental health concerns. Additionally, the study relied solely on quantitative methods, which may not have captured the deeper context behind the participants' attitudes and behaviors. These limitations underscore the importance of interpreting the results within the specific scope and context of the study.

CONCLUSION

Based on the results, it is recommended that seminary formation programs integrate structured mental health education and awareness activities as part of their human formation. Programs could also foster safe, confidential, and non-judgmental spaces where seminarians can process emotional challenges without fear of stigma or consequences. Institutional efforts could promote more open attitudes toward seeking help, ensuring that mental well-being is treated with equal importance as spiritual and academic development. These approaches help

create a culture that supports identity development and emotional resilience throughout the formation journey.

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