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Christianity and Coping: a Narrative Account of how Middle-Aged Men use  
Christianity to Cope with Major Life Events.

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## **ABSTRACT**

This research explored how men over the age of 40 narrate the use of Christianity as a coping mechanism throughout major life events. A qualitative approach was foretaken; using the biographic narrative interpretive interview method, five Christian men aged over 40 were interviewed. The research objectives were to understand; how males over the age of 40 story how they use religion throughout life with regards to major life events and experiences, and how these narratives are related to their ability to cope. The developmental approach to narrative analysis was conducted on the data: where the tone throughout was analysed to be optimistic. Three narrative themes derived from analysis also; (1) The need of individualised hope, (2) 'No man is an island' the sense of belonging to the community and (3) Embodying the values of Christianity. The overall analysis suggests that utilising the narrative of the bible to cope with major life events is beneficial for mental health of men aged over 40. Implications are discussed.

<b>KEY WORDS:</b>	<b>NARRATIVE ANALYSIS</b>	<b>CHRISTIANITY</b>	<b>COPING MECHANISMS</b>	<b>MIDDLE AGED MALES</b>	<b>BIOGRAPHIC NARATIVE INTERPRETIVE METHOD</b>
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## **Introduction**

### **Christian faith and society**

Religion can be defines as:

‘Beliefs, practices, and rituals related to the sacred [...] [with] beliefs about life after death and rules about conduct that guide life within a social group. [...]

Central to its definition is that religion is rooted in an established tradition that arises out of a group of people with common beliefs and practices concerning the sacred.’ (Koenig, 2004:284)

Christianity is the following of Jesus Christ, and for many years has been grounded as the main religious practice within the UK, with evidence of Christianity routing back to the fourth century AD (Stark, 1996). It is a vital aspect of Britain’s identity engrained within many aspects of society, with many of the UK’s public holidays being formed around holy days within the bible, as well as Christian values shaping the law within the UK (Gray, 1991).

Christianity can be practiced in a variety of ways, such as; attending worship, reading the bible and praying. These practices can be seen as a source of social capital, where those affiliated with the church have shared norms and increase their social networks through participating within the community (Smidt, 2003). For many, this provides a sense of belongingness to a group and with so a sense of purpose (Smith, 2007), which Maslow (1943) states is a vital aspect of normal human functioning.

Not only does Christianity provide a sense of belonging, but also Christian practices have been found to be beneficial for mental health. With multiple scholars (Boelens

et.al, 2012; Corwin, 2014; Johnson, 2018) finding prayer to be advantageous at reducing anxiety and depression, due to the relaxing values of prayer aligning the mental state of mind. Also, research by Ai et al., (2003) illustrates that people pray more throughout stressful life events as a means of coping, which in turn has a beneficial effect on health.

Furthermore, Thotis (2013) found the impact of these stressors can be reduced through social support, stating how emotional support can be gained from others in order to alleviate symptoms of depression. This form of social support has been found to increase health in older individuals who attend church, finding cohesion with other congregation members to increase optimism and have other health related benefits (Krause, 2002). Optimism is said to benefit health as optimistic individuals cope better with life stressors, and the hope this provides gives life a deep sense of meaning (Lazarus, 1999).

### **Current Christianity in the UK**

However, religious belief within the UK is decreasing with only 59.3% of the population identifying themselves as a Christian, which when in comparison to merely a decade previous, is a 12.4% decrease. Moreover, there has been an increase in atheism over the past ten years, as over 25% of the population state to have no religious affiliation (Office national statistics, 2012). These figures display how following of the Christian faith is weakening within the UK's population; as a result of this, the identity of British citizens is changing as more people are choosing to adopt secular views (Cox, 2013). Secularization theory states that advances in science are beginning to undermine the spiritual and paranormal aspects of religiosity, transforming society from having a close affiliation with religiosity and

closely identifying with religious values, to having non-religious values and secular institutions being formed (Cox, 2013). Stack (2000) illustrates that this shift is beginning to cause issues with social identity as we no longer feel as though we belong within society, as materialism becomes favoured over social connectedness, which is accompanied by the promotion of questioning religiosity.

Detailed research by DeWall et al. (2011) demonstrates belongingness to be a key component of human functioning, and if absent has a detrimental effect on mental illness. As Christianity is decreasing, is it that we no longer feel as though we belong, and with so begin to develop mental health problems? Davie (1990) suggests as Christianity is beginning to diminish within the UK, that people are losing their sense of belongingness, with Silva et al. (2015) illustrating that when the sense of belongingness is absent, mental health and suicide risk increases.

Religion has long been identified as linked to mental health and suicide, Durkheim (1897), believed that the 'falling apart' of society was caused by the division of labour: where the absence of norms from previous affiliation with religiosity affects integration in to society, and for this to be a factor of suicide. Durkheim theorised that different levels of social integration, social control and social cohesion affect suicide risk; at the optimal level of integration, a person feels they belong and are connected to society, and that their life makes sense within the social context. However, if these levels become unbalanced the risk of suicide increases. Duberstein et al. (2004) found this to be true, stating that those who had higher levels of social interaction, such as those who engage in religious practice, were less likely to commit suicide than those who did not.

## **Mental health within the UK**

Mental illness in the UK is the single largest cause of disability, with a yearly cost to the economy of around £100 billion per year (Davies, 2014). With anxiety and depression disorders having the highest prevalence rates, being suffered by 8.2% of the population at any one time.

Through the development of cognitive behavioural theory, Beck (1976) identified that triggers within the environment activate the onset of depression. Stating that these triggers are mostly in the form of major life events such as divorce or dismissal from a profession, causing depression and other mental health problems to arise. Fiske et al. (2003) state that these stressors accumulate over the life course and are related to ill mental health in old age; those who score highly on the social readjustment rating scale, a measurement of key life events, are more likely to suffer from poor physical and mental health.

McManus et al. (2016) illustrate how issues in regards to mental health in the UK are rising, as adverse methods of coping with mental health are continuing to grow: through increased rates of self-harm and suicidal thoughts. Demonstrating that beneficial means of coping need to be established and taught to those suffering from ill mental health as, if left to foster, depression can assume the mind as suicidal thoughts arise as a means of escaping the depressive state (Whiteford et al., 2013). In 2016 alone, there was 5668 registered suicides in the UK, with around three quarters of these being males (Office of national statistics, 2017).

### **The masculinity crisis**

The high rate of suicide in males may be due to masculinity crisis (Clare, 2010), as males struggle to cope with their mental health needs. Traditionally, men are expected to behave in a patriarchal manor, to suppress their vulnerable side by

discarding emotions that society label to be feminine (Leung and Chan, 2012). This suppression can become a precedent to ill mental health, with males developing disorders such as depression and anxiety, yet are reluctant to seek help as to not be seen as 'weak' by society. In extreme cases, the suppression caused by the masculinity crisis, can lead to an increased risk of suicide (Vos, 2013), with statistics illustrating that the prevalence of suicide in males within the UK, is highest in the age bracket of those who are 40-44 (Office of National statistics, 2017).

Shiner et al. (2009) reasoned that the high rate of suicide within middle-aged men is due to the neglect of society, as mental health focuses are predominantly on those of young age, due to the need of 'fixing future generations'. However, those of middle age are both vulnerable and mature, as major life events in the form of family and relationship problems as well as, issues in regard to occupation and finance are apparent at this age and have been illustrated by Shiner et al. as triggers of suicide.

### **Current study**

As Christianity still has the largest religious following within the UK, it is still of interest to discover how Christian practices are used as a means of coping throughout major life events, especially for those who are most vulnerable to risk of mental health and suicide.

Therefore, drawing on the literature, this research aims to discover how Christian males over the age of 40 narrate their use of Christianity as a coping mechanism throughout major life events. Specifically the research objectives are to understand:

- How males over the age of 40 story how they use religion throughout life with regards to major life events and experiences.

- How these narratives are related to their ability to cope.

## **Methodology**

### **Philosophical underpinnings**

Epistemology is the theoretical study and justification knowledge and how we, as people construct such knowledge (Sosa, 2017). This study adopted a social constructivist approach as to avoid individual bias, as each person constructs their own account of how they use religion to cope, meaning that different truths and different stories are derived from within each narrative (Burr, 2003). These accounts must be taken seriously as they reveal important experiential and conceptual divisions of the concept at hand (Kukla, 2000).

Ontology is the philosophical study of the nature of existence or reality: the basic categories of being, the conditions of their existence and the relationships between these (Scotland, 2012). Realism and relativism take the opposing views in regards of the nature of reality, realists are objective in accepting that facts are real and are independent of the human mind. Whereas, relativists take a subjective stance on the social construction of scientific knowledge where personal meaning is applied (Nightingale and Cromby, 2002). With this taken in to account, this research took a critical realist ontological stance, whilst investigating the use of Christianity as a coping mechanism.

### **Biographic narrative interpretative interviewing**

The biographic narrative interpretative method (BNIM) of interviewing was used for this study as it allows for a coherent 'whole story' to be collected through eliciting narratives through biography-based research (Wengraf, 2001). Allowing for a

psycho-societal understanding of the researched phenomenon, of religion as a coping mechanism, to be gathered.

Due to the ontological and epistemological approach adopted by the study a semi-structured interview style was employed. The subjective experiences conveyed through each individual's narrative, of how they use religion as a coping mechanism, was more deeply understood by the researcher as rich data was obtained.

Data collection followed the BNIM guidelines for conducting interviews (Wengraf, 2001). The interviewer asked only a '*single question aimed at inducting narrative*' (SQUIN) to the participant allowing them free reign of the interview; producing their own narrative of how they use religion as a coping mechanism. This free-form narration allows the participant to determine the content of the interview and sequence it in a logical storied formation relative to their experience, and interaction with the world and religion.

It was imperative that the researcher did not interrupt the participant's narrative as this would 'destroy' the interview and so, further questions were only asked once the participant declared, unprompted, that the narrative had stopped. This ensured that there was minimal researcher influence on how the interview was shaped and the data that was collected.

### **Taking a narrative approach**

Although BNIM was used as a means of interviewing participants, narrative analysis deemed a more suitable approach to analysing the data as it fit better with the accounts collected from the participants. This was also due to the familiarity of the style of analysis and the appropriate level of understanding of the researcher.

Central to the definition of a narrative is that it contains a sequence of events, ordered specifically by the narrator (Cortazzi et al., 2001). Ricoeur (2012) states that the ordering of events within a narrative do not occur randomly, each is interconnected through a common theme in order to give the narrative shape, of which he termed 'emplotment'.

The production of a narrative involves the translation of knowing to telling, it is how we as individuals construct the world around us in to a storied event. How we tell our stories is what makes us individual, with McAdams (1985:11) stating 'we are all tellers of tales. We each seek to provide our scattered and often confusing experiences with a sense of coherence by arranging the episodes of our lives into stories.' By challenging disruptions to our everyday routines we bring order to disorder (Becker, 1997). In this case, the construction of narrative accounts to see how religion has been used by middle aged men throughout their life as a means of coping.

## **Recruitment**

Participants for the study were recruited via opportunity sampling, as well as the snowballing method. In total, the researcher recruited five male participants over the age of 40 from around the areas of greater Manchester and South Yorkshire.

Jake, aged 50, spoke in a positively and enthusiastically about Christianity. Christian values were incorporated deeply in his sense of self and expressed in all aspects of life. Liam, aged 53, embodied Christianity fully, lessons he learned from the following of faith stayed with him throughout his life, which he expressed with gratitude throughout the narrative. The third participant, aged 57, was Sam, his narrative was different in respects of the other accounts gathered, as he did not wish to be

associated with religion in the wider context, although he greatly expressed the positive influence Christianity had on his life, juxtaposing his wish to be disconnected from religiosity. Lewis, aged 40, took a more traditionally masculine approach whilst constructing his narrative, he appeared closed whilst speaking and showed little emotion throughout. Harry was the oldest participant at 70 years of age, he spoke with wisdom and highly praised the influence of Catholicism on his life and the positivity that this brought to him.

### **Ethical considerations**

Ethical issues of the study were first highlighted in the Application of Ethical Approval Form (see appendix 1). Approval was gained from the university's board of ethics committee recognising the main guidelines that need to be addressed before the study commenced.

Participants were invited to take part in the study via the use of an emailed invitation letter (see appendix 2) stating the project topic and why they had been selected for participation, due to their age, gender and faith. Also clearly stated on the information sheet, was that the participant was not to be involved within the study if they had been diagnosed with mental health problems within the past year. Attached along with this, was the participant information sheet (see appendix 3), this fully explained the content and aims of the study, making sure no participant was harmed or deceived, and that they had the right to withdraw their data, up until analysis had commenced, without giving reason as to why. This ensured the study adhered to the British Psychological Society's code of ethical conduct of respect, competence, responsibility and integrity (The British Psychological Society, 2009).

Interviews were arranged between the participants and the researcher via email. In order to protect both the interviewee and the researcher, all interviews took place in public places such as cafes or church community halls. Before the interviews took place, each participant read and signed the study consent form (see appendix 4) indicating the participant's willingness to take part, their permission of audio recording the interview via Dictaphone, and for their data to be used. Within the consent form, the right to withdraw was also highlighted.

The BNIM interview style was endorsed as it permitted participants to shape their own story without the input from the researcher, allowing the narrative to be in sole control of the participant. Meaning the participant could decide whether they wanted to arise sensitive topics of their own accord, in doing so minimalizing potential distress encountered by the participant.

Once the interviews were complete each participant received a debrief sheet (see appendix 5) containing the interviewers contact details, for if they had any further questions or required more details about the study, as well as useful websites and phone numbers for if they felt distressed after taking part in the study. The audio recordings were then transcribed for analysis, with each participant being given a pseudonym in order to protect their identity. After this procedure, all audio recordings were deleted, assuring confidentiality of the participants.

### **Approach to analysis**

Crucial to the analysis is the understanding of the content of the interviews collected, as soon as all data was transcribed analysis began. This involved reading and re-reading the transcripts with detailed notes added in order for the researcher to familiarize themselves with the data obtained (see appendix 6).

Analysis, of how males over the age of 40 use Christianity as a coping mechanism, was centred on the developmental approach to the study of narrative accounts (McAdams, 1985). This states that themes, narrative tone and imagery are fundamental to all personal narratives. This approach was adapted as the optimistic tone maintained throughout the narratives struck the researcher.

Themes within the transcript were analysed highlighting the beliefs and values of the participant, in order to investigate which aspects of religion were deemed most important for males to cope.

Previously, Fryer (1957) stated that narratives can fit within one of four forms; a comedy, in which there is progression and the story ends happily; a romance, where the protagonist overcomes adversity to reach their goals; a tragedy, where the character fails to overcome adversity; and satire where the narrative is stable throughout. McAdams (1985) developed this further to produce *narrative tones* combining the characteristics of comic and romantic narratives to form an optimistic tone, whereas satire and tragedy combine to form a pessimistic tone. Each narrative of how religion is used as a coping mechanism was analysed in terms of the tone in which the story was told.

Within a narrative imagery is used to construct meaning of the self. Metaphors are often used within narratives to analogously represent a likeness of an action or object to another thing which has no literal applicability (Donoghue, 2014).

## **Analysis**

Three dominant themes were derived through the analysis of how participants narrate the use of Christianity as a coping mechanism.

## **Theme 1: The need of individualised hope**

As the narrative commenced the individuals began to pick out key points within their lives that religion had helped them to cope. A major over-arching theme arisen early in the narratives and maintained throughout was that of hope. The sense of hope provided by Christianity was overwhelming; it gave the men the strength to carry on through 'tough times' and it was this emphasis on hope that was valued within every story that brought the narratives together.

*'So, I think for me Christianity gives me hope. And how I would sort of define hope is singular motivation in a person's life that can't be lived without.'*

(Lewis, 7-9)

This hope was derived from a variety of sources of which each of the individuals drew up on when in life they felt was necessary. For most, the first port of call was prayer. This was said to be used by the participants to communicate with God, especially through times of desperation.

*'And this is what I believe that your word says about me having children and I want to take those blessings for myself.'* (Jake, 246-247)

During these parts of the narrative, the tone was optimistic, yet as described by Fryer (1957) a more romantic tale was portrayed, as the participants storied the struggles that they had encountered throughout life and how they used prayer as a means to overcome this. Research by Beolens et.al (2012) has shown prayer to have significant longitudinal effects on the decrease of depression and anxiety, as well as increasing optimism, which may be reason for the optimistic tone adopted by Jake

whilst narrating the struggle of conceiving a child. This was also portrayed by Sam throughout his narrative of how he uses religion to cope:

*'...and its times like that when you're really low and you think wow, it's so comforting. This warm comfort just comes in to you and like it just protects you.'* (Sam, 145-148)

This provides a strong image of the physicality of religion to Sam. The use of the word 'comforting' implies Christianity becomes manifested as a physical entity, an object that is brought to life. As though it surrounds him bringing warmth and comfort, like a blanket to a child. This fundamental experience is maintained throughout Sam's narrative as he compares God to being *'like a parent'*, providing love and care throughout times of need, as though he uses the blanket of religion as a transitional object protecting him throughout life. This provides the sense that God is of high power in the narrative, of someone Sam uses as a role model, where he accepts the parental power and authority of God, as he characterises himself as a child of the lord.

The romantic tone persisted as participants went on to express how, at times, this hope in God was challenged as they did not believe their prayers were being answered, and how it can be a struggle communicating with a non-physical entity. Although at times the participants found it difficult to remain hopeful of their prayers being answered, they still believed that God would prevail, even in ways they may not have initially expected.

*'God answers the prayer in what he feels is right because he has all the choices.'* (Liam 168-179)

The men saw this as a test from God and a life lesson to learn from, as their narrative tone remained optimistic. They then went on to explain how they seek the answers they are searching for through other religious dimensions, as an alternative to when their hope in their prayers being answered is questioned. Participants explained how they would seek guidance from Holy Scriptures, which they used as a 'guide' or 'life handbook' in order to cope with major life events.

*'The bible has pretty much everything for a way of living written, the coping mechanism is to constantly reinforce the values that the bible is teaching.'*

(Liam, 129-130)

They described how they used the narrative of the bible to assist them whenever they required guidance in life and used the teachings of Jesus as lessons to learn from and draw up on as a source of hope. This narrative of the bible informed the construction of their own narratives of their lives.

Similarly, research has demonstrated how individuals encountering major life events have used the bible as a means of coping. Beuscher and Grando (2009) and Fakoya et al. (2012) display how individuals turn to scriptures as a guide whilst coping with Alzheimer's disease and HIV, and how this has a positive impact on their ability to cope with long term illnesses.

Another influence of hope for these men was the belief in life after death. For many, this was one of the most important methods of coping, especially after suffering bereavement in the hopes that their love ones had '*passed on to a better place*'.

Imagery was largely drew upon whilst constructing this part of the interview, Lewis stated how he believed '*there is more than this world, it's dead, it's decaying*' and

that his belief in 'eternal paradise' provides a huge sense of hope. The juxtaposition of this world being 'dead' and 'decaying' appose to the 'paradise' of heaven illustrates how influential this sense of hope heaven provides to the men, as this continued the optimistic narrative tone.

Jake stated how this belief in the afterlife prevented him from suffering from mental illnesses during times of bereavement:

*'That hope keeps you from actually going in to despair, where you just sink in to a black hole or you become depressed because you have lost a great friend.'* (Jake, 106-108)

Showing that the sense of hope provided by Christianity is not only a method of coping with major life events, but it also provides a means of protection throughout life as a way of preventing mental illness occurring, it is the hero within the story of these men's lives.

The hope created by a belief in the afterlife has been research by Cohen et al. (2005), demonstrating that life satisfaction positively correlates with afterlife belief, and negatively correlates with death anxiety. Showing how a belief in afterlife can positively affect individual's levels of anxiety around death.

## **Theme 2: 'No man is an island' the sense of belonging to the community**

Within the narratives the men expressed how they found a sense of belongingness to the church community as a helpful means of coping. This belongingness, through surrounding one's self with others that have the same values and beliefs, a source of hope.

*'No man is an island'. i.e. you're not here just to be on your own, you have to depend on other people because that's who we are.'* (Jake, 168-169)

*'...if you have one match stick on its own you can break it quite easily. But if you've got a bunch of match sticks it's not broken so easily. And so, I suppose the feeling of community comes from being together...'* (Jake, 210-213)

Jake produces his narrative in a biblical form, which demonstrates how deeply the narrative of the bible is infused within him. The use of metaphors within his narrative reveals how physical Christianity is to cope for him, this sense of belongingness to the Christian community is a crucial requirement to heal, of which would not be possible if the community sense was absent.

DeWall et al., 2011 have demonstrated the benefits of belonging to a social group highlighting the positive effects on mental health, such as the ability to cope better with anxiety and depression. Not only this, Krause (2002) illustrates how being part of the religious community helps to increase physical health due to high levels of optimism, as those who are more optimistic are more likely to take active steps to overcome health related issues caused by stressful life events (Lazarus, 1999).

Lewis narrated how he believed the sense of community between Christians is unique, it is a strong bond of which he attains high value. He demonstrated how he truly believes he belongs to the Christian community, as he stated how he provides support to others and in turn, they support him:

*'The difference between a Christian and non-Christian is that we take the bible literally. If it says god will provide you strength in times of sorrow or*

*heartbreak, you constantly remind yourself of that and others remind you of that.'* (232-235)

This process of actively learning through participation within a social group has been termed 'community of practice' where groups of people sharing a common passion interact on a regular basis in order to improve knowledge (Wenger, 2000).

The community value also derives from having a shared sense of connectedness with others, which provides a communal sense of hope. Through the feeling of belonging the men storied how they valued being able to surround themselves with others who had a likeness to them, and how they used communication as a way of coping.

*'I joined the RAF there I saw a few things that were troubling and not very pleasant. I started to go to church and [...] [to] chat with the priest was a useful escape from that.'* (Harry, 176-179).

This shows how the men utilise the aspect of belongingness to a community that they gain from being involved within the Christian society, as a way of healing through communication. Durkheim (1896) theorised how feeling as though one belongs within society has a positive effect of decreasing the risk of suicide, as life makes sense within the social context. Illustrating the positive effect of belongingness Christianity provides.

Within Sam's narrative he drew a link between psychological therapies and religion, seeing them to have beneficial complimentary values to one and other whilst coping with mental illness throughout his life. Talking therapies such as CBT are of high demand within the UK, with waiting lists being months long before treatment takes

place. Talking with friends or those affiliated with the church has been storied by the men to have healing values:

*'The healing I get from it as well, I wouldn't have healed. No way.'* (Sam, 148)

This could be suggested as an alternative whilst those suffering with mental health problems wait to be seen by a professional. As research shows how leaving mental health problems to fester can be detrimental to an individual's health, and in extreme cases lead to suicide (Vos, 2013).

The optimistic tone in regards of the community as a means to cope was maintained within the narratives as the men storied how the church also provides a means of escape from the hassles of life.

*'That little place of refuge and escape having a friendship group that has similar sort of values as you.'* (Liam, 157-158)

The men storied how the community aspect can also be provided by non-verbal communication. By surrounding themselves in a place where they felt they belonged with those who share their values, especially whilst praying, gives them a break from problems they are facing at that time, preventing them from feeling 'cocooned' within a situation.

### **Theme 3: Embodying the values of Christianity**

Throughout the process of storytelling, it was made clear that the individuals did not only practice Christianity but it was part of who they are. Christian values shaped their thoughts and ways in which they approached life. The value of being Christian is of high importance and grows with the individuals throughout their lives. Values

are learnt yet, have to be constantly reinforced, with Liam stating: *'it's like revising to reinforce how to live aspects of your life'*. Showing how the men actively engage with religiosity to construct their sense of being.

The men storied how they have learnt the value of being humble from within the bible and how they have adapted this to cope. Liam explained how there are cultural differences between Jamaica and the UK; stating how people did not seem to struggle with mental health, even though *'didn't really have that much stuff there'*. This highlights the issues raised around secularization, as the UK is becoming more materialistic, and so the pressure to succeed and exhibit this success is much greater (Stack, 2011). This pressure has been illustrated by Fernando (2010) as a factor of the deteriorating mental health within the UK. However, Liam progressed within his narrative to demonstrate how he used Christian values, to not fall in to this materialistic way of thinking:

*'In relation to faith that was it wasn't often just about the money that you earned it was about making sure you looked after yourself and the people around you.'* (Liam, 84-85)

Indicating how the value of caring for his family, was to be a priority over money and possessions, as an alternative narrative is created, based on the teachings of the bible. Jake also demonstrates how he uses the teachings in the bible to cope and how he utilises these to prevent ill mental health:

*'So, if you're depressed it's because you're thinking negatively. So, for me the resolution is to think positively.'* (Jake, 122-123)

This method of recognising negative thoughts and addressing them has been found to be a useful tool in treatment of depression in CBT (Beck, 1976). Where addressing negative thoughts prevents the feeling of being depressed, and so depressive behaviour decreases. Demonstrating how incorporating the teachings of the bible are a useful means of coping.

The men storied how Christian values also shaped their individuals sense of personhood. For some of the men it was highlighted how they struggled with the oppression of race. In Sam's narrative the tone began pessimistically as he explained how he *'hated'* being of a mixed heritage, he did not feel accepted by either sides of his family, or the community of which they belonged.

*'It was difficult but I always felt when I prayed I had that feeling of Jesus. He helped me through.'* (Sam, 40-41).

Nevertheless, as the narrative began to unfold the tone altered to become more optimistic, as he stated how he used Christianity as a means of coping, which provided him with a sense of belonging. This optimistic tone is continued throughout the men's narratives as they similarly state how they incorporate Christian values as a means of coping with racial prejudice. However, their narrative accounts vary in the way they story their beliefs toward racism in current society, Sam states:

*'...the racism and the phobias are just becoming worse. More now than they ever was before, it's strange. And so we're regressing as a society.'* (120-121)

He strongly believes racism is still an issue that needs resolving within the country that is not progressing but in fact, getting worse. However, Jake constructs this same issue in an alternative manner:

*'It's getting better throughout life, not that we are seen as equals as such, but it's getting better.'* (Jake, 154-155)

The repetition of *'it's getting better'* implies that he does not truly believe in what he is saying, and in-fact he struggles with racism. Nonetheless, the optimistic outlook he chooses to narrate with demonstrates the positive values of Christian teachings, which he embodies as a means of coping with this.

Not only are there contrasts in the way the men construct important social problems they face, there are also differences in the way they create their overall value base of which they live their life. The majority of the men abide by the teachings in the bible sticking closely to the *'rules'* of how a Christian life must be led. However, the men recognise that they are not *'perfect'* and do *'slip up'*, still, religiosity remains as part of the men's identity.

*'So one of the things that the bible teaches you about life is that it's like vapour...'*(Lewis, 72)

The use of this simile provides strong imagery of how Christianity is truly part of these men, a Christian is not something that they suddenly stop being, it surrounds them in all aspects of life. They storied how at times, they have found themselves to *'slip away'* from it, but throughout the narratives the men demonstrate how they cope much better throughout life when following Christianity.

However, for Sam the way he interprets Christianity is not through the following of the *'rules'*, but about the love of which Christianity provides, as for him the spiritualist aspect is of much more importance to cope with life and what helps him to *'get through'*.

*'I so love this routine, I love not being depressed, I love not being anxious'*

(Sam, 297-298)

This was an empirical turning point in Sam's narrative, where the tone truly became optimistic, as he explained how, when he began to fully engage with the values of Christianity, his life changed for the better; relieving him from the struggles he endured with mental health.

## **Summary**

The overall findings of the study demonstrated how the men use the narrative within the bible as a resource of guidance throughout the narrative of their lives. To them it is not just a book, it has a sense of physicality as it is brought to life through practice and surrounds them in all aspects. The hope that Christianity provides them through the sense of belonging within society, is something of which they attain high value to and so do not acquire this from other sources. They freely expressed throughout their narratives, how they felt the need for Christianity in their lives and were not ashamed to admit that they do struggle. How they chose to overcome this struggle is through utilising the multifaceted dynamics of Christianity to cope.

## **Discussion**

From the narrative accounts given by the men, the benefit of being part of the Christian faith is immense, as they use it to not only cope with major life events, but also as a preventative measure for ill mental health. Taking from this it could be suggested that the practices, which provide a sense of hope such as prayer, could be adapted and implemented in schools, to be reinforced and taught throughout life. In turn, the sense of hope provided by these could prevent mental illness occurring,

as the tools are already in place to cope with major life events, and so the burden of ill mental health, which is currently an issue within the UK to be reduced.

Research on mindfulness practice has illustrated the similarities to prayer: finding that symptoms of anxiety and depression are reduced after the teaching of mindful practices, such as meditation (Knabb, 2012). It could be suggested that this practice is taught to non-Christians as a way of coping with major life events.

From conducting this research it has raised the question of how can the sense of hope gained from Christian belief in the afterlife, be acquired for non-Christians? As to the men this was a crucial element to cope with bereavement, yet not all religions teach this, and so it would be of interest to discover what other methods are employed to cope with bereavement.

### **Reflexivity**

Using the BNIM of interviewing was daunting at first as I had never used this method before and was worried that participants would struggle to answer the 'SQUIN' in detail. However, I still managed to gather the information required from each participant due to building a rapport, through meeting and chatting with participants over a coffee prior to the interview-taking place, and so rich data was obtained. I believe that using the BNIM style of interviewing was the most appropriate method as participants remained relaxed throughout the interviews and arisen sensitive data of their own accord, if alternative interviewing techniques had been employed distress may have occurred for the participants. Nevertheless, feedback from the participants was that they enjoyed the interview style and even found it therapeutic in parts.

## Reference list.

Ai, A., Peterson, C., Bolling, S. and Rodgers, W. (2006) 'Depression, faith-based coping, and short-term postoperative global functioning in adult and older patients undergoing cardiac surgery.' *Journal of Psychosomatic Research*, 60(1) pp. 21-28.

Beck, A. T. (1976) *Cognitive Therapy and the Emotional Disorders*. New York: Penguin.

Becker, G. (1997) *Disrupted Lives: How People Create Meaning in a Chaotic World*. California: University of California Press.

Beuscher, L. and Grando, V. (2009) 'Using Spirituality to Cope With Early-Stage Alzheimer's Disease.' *Western Journal of Nursing Research*, 31(5) pp. 583-598.

Boelens, P., Reeves, R., Replogle, W. and Koenig, H. (2012) 'The Effect of Prayer on Depression and Anxiety: Maintenance of Positive Influence One Year after Prayer Intervention.' *The International Journal of Psychiatry in Medicine*, 43(1) pp. 85-98.

Burr, V. (2003). *Social Constructionism* (2nd Ed). London: Routledge.

Clare. A. (2010) *On Men: Masculinity in Crisis*. London: Arrow Books.

Cohen, A.B., Pierce, J.D., Chambers, J., Meade, R., Gorvine, J. and Koenig, H.G. (2005) 'Intrinsic and extrinsic religiosity, belief in the afterlife, death anxiety, and life satisfaction in young Catholics and Protestants.' *Journal of Research in Personality*, 39(3) pp. 307-324.

Cortazzi, M., Jin, L., Wall, D. and Cavendish, S. (2001) 'Sharing Learning Through Narrative Communication.' *International Journal of Language & Communication Disorders*, 36(1) pp. 252-257.

Corwin, A. (2014) 'Lord, hear our prayer: Prayer, Social Support, and Well-Being in a Catholic Convent.' *Journal of Linguistic Anthropology*, 24(2) pp. 174-192.

Cox, H. (2013) *The Secular City: Secularization and Urbanization in Theological Perspective*. Oxfordshire: Princeton University Press.

Davie, G. (1990) 'Believing without Belonging: Is This the Future of Religion in Britain?' *Social Compass*, 37(4) pp. 455-469.

Davies, S. (2014) *Annual Report of the Chief Medical Officer 2013, Public Mental Health Priorities: Investing in the Evidence*. [Online] [Accessed on 24<sup>th</sup> October 2017] [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/413196/CMO\\_web\\_doc.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413196/CMO_web_doc.pdf)

DeWall, C.N., Deckman, T., Pond, R.S. and Bonser, I. (2011) 'Belongingness as a Core Personality Trait: How Social Exclusion Influences Social Functioning and Personality Expression.' *Journal of Personality*, 79(6) pp. 979-1012.

Donoghue, D. (2014) *Metaphor*. Cambridge: Harvard University Press.

Duberstein, P.R., Conwell, Y., Conner, K.R., Eberly, S., Evinger, J.S. and Caine, E.D. (2004) 'Poor social integration and suicide: fact or artefact? A case-control study.' *Psychological Medicine*, 34(7) pp. 1331-1337.

Durkheim, E. (1897) *Suicide: A study in sociology*. New York: The Free Press.

Fakoya, I., Johnson, A., Fenton, K., Anderson, J., Nwokolo, N., Sullivan, A., Munday, P. and Burns, F. (2012) 'Religion and HIV diagnosis among Africans living in London.' *HIV Medicine*, 13(10) pp. 617-622.

Fernando, S. (2010) *Mental health, race and culture*. 3<sup>rd</sup> ed., Hampshire: Palgrave Macmillan.

Fiske, A., Gatz, M. and Pedersen, N.L. (2003) 'Depressive Symptoms and Aging: The Effects of Illness and Non-Health-Related Events.' *The Journals of Gerontology*, 58(6) pp.320-328.

Gray, A. (1991) *The origin and early history of Christianity in Britain*. California: Artisan Sales.

Johnson, K. (2018) 'Prayer: A Helpful Aid in Recovery from Depression.' *Journal of Religion and Health*, 10(1) pp. 1-11.

Knabb, J.J. (2012) 'Centering Prayer as an Alternative to Mindfulness-Based Cognitive Therapy for Depression Relapse Prevention.' *Journal of Religion and Health*, 51(3) pp. 908-924.

Koenig, H. (2009) 'Research on Religion, Spirituality, and Mental Health: A Review.' *The Canadian Journal of Psychiatry*, 54(5) pp. 283-291.

Krause, N. (2002) 'Church-Based Social Support and Health in Old Age: Exploring Variations by Race.' *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 57(6) pp. S332-S347.

Kukla, A. (2000) *Social Constructivism and the Philosophy of Science*. London: Routledge.

Lazarus, R.S. (1999) 'Hope: An Emotion and a Vital Coping Resource Against Despair.' *Social Research*, 66(2) pp. 653-678.

Leung, L. and Chan K. (2014) 'Understanding the Masculinity Crisis: Implications for Men's Services in Hong Kong'. *The British Journal of Social Work*, 44(2) pp. 214-233.

Maslow, A.H. (1943) 'A theory of human motivation.' *Psychological Review*, 50(4) pp.370-396.

McAdams, D. (1985) *Power, Intimacy, and the Life Story: Personological Inquiries into Identity*. New York: Guilford.

McManus, S., Hassiotis, A., Jenkins, R., Dennis, M., Aznar, C. and Appleby, L. (2016) *Suicidal thoughts, suicide attempts, and self-harm*. Leeds: NHS Digital. [Online] [28<sup>th</sup> November 2017] <http://digital.nhs.uk/catalogue/PUB21748>

Nightingale, D.J. and Cromby, J. (2002) 'Social Constructionism as Ontology.' *Theory & Psychology*, 12(5) pp. 701-713.

Office of National statistics (2012) *Religion in England and Wales 2011*. [Online] [Accessed on 30<sup>th</sup> October 2017] <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/religioninenglandandwales2011/2012-12-11>

Office of National statistics. (2017) *Suicides in Great Britain: 2016 registrations*. [Online] [Accessed on 25<sup>th</sup> October 2017] <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2016registration>

Ricoeur, P., McLaughlin, K. and Pellauer, D. (2012). *Time and Narrative*. Chicago: University of Chicago Press.

Scotland, J. (2012) 'Exploring the Philosophical Underpinnings of Research: Relating Ontology and Epistemology to the Methodology and Methods of the Scientific, Interpretive, and Critical Research Paradigms.' *English Language Teaching*, 5(9) pp. 9-16.

Shiner, M., Scourfield, J., Fincham, B. and Langer, S. (2009) 'When things fall apart: Gender and suicide across the life-course.' *Social Science & Medicine*, 69(5) pp. 738-746.

Silva, C., Ribeiro, J.D. and Joiner, T.E. (2015) 'Mental disorders and thwarted belongingness, perceived burdensomeness, and acquired capability for suicide.' *Psychiatry Research*, 226(1) pp. 316-372.

Smidt, C. (2003) *Religion as Social Capital*. Texas: Baylor University Press.

Smith, C. (2007) 'Why Christianity Works: An Emotions-Focused Phenomenological Account.' *Sociology of Religion*, 68(2) pp.165-178.

Sosa, E. (2017) *Epistemology*. Oxfordshire: Princeton University Pres.

Stack, S. (2000) 'Suicide: A 15-Year Review of the Sociological Literature Part II: Modernization and Social Integration Perspectives.' *Suicide and Life-Threatening Behaviour*, 30(2) pp. 163-176.

Stark, R. (1996) *The Rise of Christianity: A Sociologist Reconsiders History*. West Sussex: Princeton University Pres.

The British Psychology Society, (2009). *Code of Ethics and Conduct*. Leicester: The British Psychological Society. [Online] [Accessed on 23<sup>rd</sup> February 2018].  
<https://www.bps.org.uk/news-and-policy/bps-code-ethics-and-conduct>

Thotis, P.A. (2010) 'Stress and Health: Major Findings and Policy Implications.' *Journal of Health and Social Behaviour*, 51(1) pp. 41-53.

Vos, T. (2013) 'Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries,

1990–2013: a systematic analysis for the Global Burden of Disease Study'. *The Lancet*, 386(9995) pp. 743-800.

Wenger, E. (2000) 'Communities of Practice and Social Learning Systems.' *Organization*, 7(2) pp.225-246.

Wengraf, T. (2001) *Qualitative Research Interviewing*. London: SAGE Publications.

Whiteford, H.A., Degenhardt, L., Rehm, J., Baxter, A.J., Ferrari, A.J., Erskine, H.E., Charlson, F.J., Norman, R.E., Flaxman, A.D., Johns, N., Burstein, R., Murray, C.J. and Vos, T. (2013) 'Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010'. *The Lancet*, 382 (9904) pp. 1575-1586.