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Mapping Stories of Cause and Cure Using Story Stem Completion: Mental Distress in the Evangelical Christian Community. A Study Protocol

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Abstract: *Background:* Recent qualitative evidence suggests Christian communities can hold specific religious and cultural beliefs regarding mental illness, which can influence how psychological illness is experienced, perceived and managed on both an idiographic and community level. There are, however, no studies which explore the implicit wider social discourses and narratives Christians may draw upon when making sense of mental illness. *Objective:* This study protocol paper presents a novel pilot study, which aims to collect qualitative data using story completion. *Study design:* Story completion is an innovative qualitative method which presents participants with a fictional story stem, or cue, and asks participants to continue the story in their own words. This study will explore evangelical Christians perceptions, representations and views of depression (story stem 1) and self-harm (story stem 2), as well as, the wider social, religious and cultural narratives they utilise. *Analysis:* A critical realist informed thematic analysis will be carried out on the data. Ethical considerations and dissemination plans are examined, with specific cognisance towards characteristics of the target sample.

Keywords: Protocol; qualitative; story completion; Christianity; religious beliefs; stigma; aetiology; mental health; help-seeking

Introduction

Empirical literature suggests that religious beliefs and practices may not only support both physical and psychological wellbeing but may also function as a buffer against illness or disease onset (Koenig, 2012; Pargament, 1997). Religious beliefs and related practices, however, can also have a negative impact upon mental health, particularly if contributing to social exclusion or marginalisation (Lloyd, 2021). Pertinent examples include where religious beliefs may deviate from lived experience, or where they may delay help seeking behaviours, or cause individuals to stigmatise or discriminate other groups.

One significant illustration of this can be seen with various social, cultural, and religious conceptualisations of mental health or illness amongst Christian communities (Scrutton, 2020). In theological terms, Christian communities often regard mental health as vertically representative, in that the psychological health of the individual is taken to signify the inner spiritual life (Cook & Hamley, 2020; Webb, 2017). This is especially true for more fundamentalist Christian groups, such as evangelical Christianity, which is defined as a transdenominational movement emphasising personal conversion, biblical inerrancy, a focus on Jesus's death and resurrection, and the significance of Evangelism for all Christians (Bebbington, 2003). Lloyd (2020), for instance, argues that religious beliefs may carry ontological essences or 'seedling psychologies', in that they provide particular conceptualisations or frameworks for making sense of illness, suffering and, life more broadly. These frameworks can also extend to impact how illness is viewed, treated and managed (Hartog & Gow, 2005). For example, as to whether it may be theologically sanctioned for an individual to seek help from a psychologist for their mental health, or whether prayer (or other spiritual intervention) alone is advocated. These questions are significant as religious beliefs regarding mental illness may predict not only attitudes to help seeking but may also correlate with psychological distress (Lloyd & Kotera, 2021).

In a study by Webb et al. (2008) exploring social representations of depression in contemporary Christian self-help literature, demonic influence was the most commonly cited cause of depression. In another study, with 126 Protestant Christians, 38% of participants endorsed a demonic aetiology for major depression, and 37% for schizophrenia respectively (Hartog & Gow, 2005). Moreover, in a more recent interpretative phenomenological analysis of interview data with evangelical Christians in the UK, Lloyd (2021) discussed the concept of "spiritual reductionism" (p.7). Lloyd (2021) refer to this as the belief amongst some Christian groups that all mental illness can be connected to, or conceptualised exclusively through a spiritual aetiological framework. In the paper, Lloyd (2021) explored participants responses and associated meanings to these wider experiences from their church community. Findings suggested that the spiritualisation of mental illness was felt to be unhelpful if it led to experiences of stigmatisation, or delayed help seeking, which in turn exacerbated mental health symptomatology. Whilst

this research was novel in its use of inductive qualitative methods, which sought participants experiences first hand, there is a need for further qualitative research to explore wider social perceptions and representations connected with mental illness in Christian groups.

Aims and Objectives

Drawing upon the concept of “spiritual reductionism” proposed by Lloyd (2021, p.7) and other existing research in this area (Lloyd & Waller, 2020; Lloyd & Hutchinson, in press), this study aims to qualitatively explore how evangelical Christians in the UK construct, make sense of, and understand mental distress. Specifically, their perceptions, representations and views of depression (stem 1) and self-harm (stem 2), as well, as wider social, cultural and religious discourses drawn upon to find meaning in mental distress. As the literature suggests that evangelical Christians maybe more likely to adhere to religious and socio-cultural understandings of mental distress, which are more likely to equate psychological suffering as singularly caused by spiritual causes (demons, sin, lack of personal faith, general curses), this study will focus on evangelical participants.

Method

Study Design and Procedure

A qualitative and exploratory design will be used, which will focus on participant meaning making. All data will be collected online via Microsoft Forms. Participants will initially provide background demographics variables, such as age, gender, frequency of church attendance, and evangelical identification, before being presented with two short qualitative fictional story stems, which have been created for this study, based upon a critical exposition of the literature (e.g., Lloyd & Waller, 2020; Lloyd, 2021; Lloyd & Hutchinson, in press). Participants will only respond to one story stem. Commensurate with guidance from the literature, third-person story stems will be utilised, rather than first-person, as the former may have the advantage of accessing less socially acceptable responses, which might otherwise not be available through first-person accounts.

Participants will be instructed to write about whatever first comes to mind in response to one story cue, with the aim of capturing readily available meaning (Braun et al., 2019). Participants will be asked to write at least 10 lines or 200 words per story to ensure adequate richness of data suitable for qualitative analysis. Following completion, all responses will be downloaded and qualitatively analysed using a critical realist informed thematic analysis (Braun & Clarke, 2006) and story mapping techniques outlined by Braun et al. (2019).

The story stems, which will be provided to participants are as follows:
Story Stem One: Tom had been extremely depressed and life had felt hopeless for a few years. Tom visited his local church where...

Story Stem Two: Summer, a devout Christian, would sometimes self-harm. She...

Ontological and Epistemological Assumptions

Morrow (2005) suggests that qualitative researchers should explicitly outline their philosophical assumptions or paradigms that motivate their research. Story completion can be positioned in diverse a range of epistemological frameworks, ranging from essentialist (or “realist”), where the emphasis rests on determining psychological meanings supposed to lie behind stories, however, this necessitates an interpretative leap that personal feelings and motivations (of the story writer) emerge from story completion. Counter to this, story completion can be understood through a social constructionist lens (Burr, 2015). Here then, the stories are not asserted to capture any singular psychological reality but rather are understood as constructing that reality through language itself (Clarke & Braun, 2019). A third epistemological framework option for story completion, outlined by Moller et al. (2021), sits somewhere between essentialist and social constructionist – being both concerned both with individual and social perceptions, but also how these are socially mediated and maintained. This third approach is known as contextualist. This is the approach that will be taken in this study.

Recruitment and Participants

Recruitment will take place using self-selected sampling by having participants click on the link to the story stems created on Microsoft Forms. Sampling has long been debated in qualitative research and within the story stem literature no specific required sample numbers are provided (Clarke et al., 2019). This study, however, will aim for a minimum of 100 completed story stems suitable for analysis. Following the guidance of Clarke et al. (2019), those story stems with insufficient data (i.e. less than 25 words) will not be analysed.

Eligibility Criteria

To be eligible for inclusion, participants need to self-identify as both Christian and Evangelical, be aged 18 years of age or older and be residing in the UK.

Ethical Considerations

Informed Consent

A consent form will be provided to participants through Microsoft Forms, which will clearly detail the study aims and objectives and ensure informed consent is obtained. It will be made clear to all participants that they can withdraw their data from the study up to one week following study completion.

Participants must tick all boxes prior to answering the questionnaires, to confirm that they have read and understood the participant information sheet, that they are participating voluntarily, that they understand the withdrawal process and to confirm that they are satisfied with the procedures which are in place to protect their personal information. These procedures include:

- The researchers will not seek personally identifiable information.
- Participants' anonymity will be protected using self-generated ID codes.
- Data collected during the study will only be used for study purposes and any relevant publications that arise from it.
- Data will be stored in password protected databases for up to 7 years and will be securely destroyed following this.

Debriefing

All participants will be debriefed following their engagement in the story completion task. This will include a reminder of the study aims, thanking participants for their time, asking for study referral to friends or colleagues who might be interested, as well as providing details on their right to withdraw from the study up to one week following study completion. Participants will also be offered contact details of relevant support agencies, should any of the participants experience any distress, during or after the completion of the study. The debrief form will also outline the researchers ethical and legal requirements in collecting and storing their data so they are fully aware of the guidelines in place.

Risk Assessment

The study will be distributed to the Christian community broadly and does not specifically seek the views of those considered clinically vulnerable. As the study provides fictional story prompts in third person, study involvement is not expected to trigger distress. However, as the absence of distress can never be guaranteed, all participants will be provided with full details of relevant mental health agencies following study completion.

Remuneration

No financial remuneration will be offered for taking part in the study.

Data Protection

All consent forms and procedures will be in line with the British Psychological Society (BPS) Code of Human Research Ethics (2014). No personally identifiable information will be collected from participants. All data handling will meet the General Data Protection Regulations (Carey, 2018) and will be stored securely with the University of Derby server. This will only be available to the researchers.

Confidentiality and Deception

Each participant will be asked to self-generate a unique identifier, which will contain the last three letters of their surname and the last three numbers of their mobile number. This will be used to identify their responses should they wish to discuss these with the researcher and/or withdraw their data from the study. Following study closure, all data will be downloaded onto the secure network of the University of Derby, after which data collected within Microsoft Forms will be destroyed.

Outcomes and Dissemination

The findings of this study will be published in peer reviewed academic journal articles that sit at the nexus between mental health, psychology, sociology and theology. The published work is likely to be of particular significance to Christian communities, academics working in the field of transcultural psychology, psychotherapy, theology, and other interdisciplinary subjects. Moreover, it is anticipated that the completed project will be disseminated through Christian mental health charities, such as, Think Twice (n.d.) and the Mind and Soul Foundation (n.d.).

The findings from this study will help to:

- Increase our understanding of the socially mediated representations of core mental health concerns (e.g., depression and self-harm) held within Christian communities.
- Provide insight for psychotherapeutic practitioners regarding developing culturally and religiously syntonetic mental health interventions.
- Act as a wider psychoeducational resource for religious communities interested in developing mental health literacy in their congregations.

Study Reflections

A core limitation from the study arises from the use of the story completion task. Whilst this method has a number of strengths in that it allows researchers to examine wider, socially embedded representations of particular phenomena (e.g., mental health), it can also be problematic to make claims that the stories themselves represent the inner psychological truths, or experiences of participants. To counter this, the current study will explicitly outline the epistemological assumptions adopted. In sum, it is anticipated that the findings of the present study will act as a foundation for further research in this area, including further qualitative and quantitative projects.

Conflict of Interest

There is no conflict of interest.

Funding source

None.

References

- British Psychological Society. (2014). *Code of Human Research Ethics*. The British Psychological Society
- Bebbington, D. W. (2003). *Evangelicalism in modern Britain: A history from the 1730s to the 1980s*. Routledge. <https://doi.org/10.4324/9780203359907>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Braun, V., Clarke, V., Hayfield, N., Frith, H., Malson, H., Moller, N., & Shah-Beckley, I. (2019). Qualitative story completion: Possibilities and potential pitfalls. *Qualitative Research in Psychology*, 16(1), 136-155.
- Burr, V. (2015). *Social constructionism*. Routledge.
- Clarke, V., Braun, V., Frith, H., & Moller, N. (2019). Editorial introduction to the special issue: using story completion methods in qualitative research. *Qualitative Research in Psychology* 16(1)1-20.
- Carey, P. (2018). *Data protection: a practical guide to UK and EU law*. Oxford University Press
- Cook, C. C., & Hamley, I. (Eds.). (2020). *The Bible and Mental Health: Towards a Biblical Theology of Mental Health*. SCM Press
- Hartog, K., & Gow, K. M. (2005). Religious attributions pertaining to the causes and cures of mental illness. *Mental Health, Religion & Culture*, 8(4), 263–276. <https://doi.org/10.1080/13674670412331304339>
- Koenig H. G. (2012). Religion, spirituality, and health: the research and clinical implications. *ISRN psychiatry*, 2012, 278730. <https://doi.org/10.5402/2012/278730>.
- Lloyd, C. E. M. (2021). Contending with Spiritual Reductionism: Demons, Shame, and Dividualising Experiences Amongst Evangelical Christians with Mental Distress. *Journal of Religion and Health*. <https://doi.org/10.1007/s10943-021-01268-9>
- Lloyd, C. E. M., & Hutchinson, J. (in press). “It's easy to dismiss it as simply a spiritual problem.” Experiences of Mental Distress Within Evangelical Christian Communities: A Qualitative Survey. *Transcultural Psychiatry*
- Lloyd, C. E. M., & Kotera, Y. (2021). Mental Distress, Stigma and Help-Seeking in the Evangelical Christian Church: Study Protocol. *Journal of Concurrent Disorders*. <http://hdl.handle.net/10545/625791>
- Lloyd, C. E. M., & Waller, R. M. (2020). Demon? Disorder? Or none of the above? A survey of the attitudes and experiences of evangelical Christians with mental distress. *Mental Health, Religion & Culture*, 23(8), 679-690. <https://doi.org/10.1080/13674676.2019.1675148>
- Mind and Soul Foundation (n.d.). <https://www.mindandsoulfoundation.org/>
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52(2), 250-260. <https://doi.org/10.1037/0022-0167.52.2.250>
- Moller, N. P., Clarke, V., Braun, V., Tischner, I., & Vossler, A. (2021). Qualitative story completion for counseling psychology research: A creative method to interrogate dominant discourses. *Journal of Counseling Psychology*, 68(3), 286.
- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. Guilford Press
- Scrutton, T. (2020). *Christianity and Depression*. SCM Press

Think Twice. (n.d.). <https://thinktwiceinfo.org/>

Webb, M. (2017). *Towards a theology of psychological disorder*. Cascade Books

Webb, M., Stetz, K., & Hedden, K. (2008). Representation of mental illness in Christian self-help bestsellers. *Mental Health, Religion and Culture*, 11(7), 697-717.