Well-being and Churchgoing in an Urban Priority Area: How Worldview and Community Participation Affect Well-being in the North East of England

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Introduction

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In 1985 the Archbishop of Canterbury's Commission on Urban Priority Areas published the Faith in the City report. It was commissioned to address the high levels of inequality present in British society at a time of increasing poverty, and so the term 'urban priority area' came to designate communities with particularly high levels of socio-economic deprivation.[1] More than 30 years later, little has changed in socio-economic terms for some communities. The present report explores how those who regularly attend church and live in an urban priority area experience well-being today. Building on much research that has evidenced a strong relationship between religion and well-being,[2] it examines how religiosity shapes the way well-being is experienced in daily life. It does so for three main reasons. Firstly, the global financial crisis of 2008, and subsequent austerity measures introduced to the UK, have been linked to a decline in well-being, particularly in areas with pre-existing deprivation.[3] At a time when cuts in government spending has led to a reduction in well-being services,[4] religion is conceivably a useful source for fostering well-being, particularly given the disappearance of many alternative social networks in recent decades.[5] Secondly, much of the research in this area has been quantitative, assessing the relationship between religion and well-being in the abstract, rather than exploring it in real-life settings. If application of this research is to be as effective as possible for fostering well-being, then it is important to examine it in context so that implications are tailored to the needs of particular communities. Thirdly, current practices aimed at fostering higher levels of well-being recognise that this can be achieved through daily activities.[6] This means that a context-based study has the potential to help foster well-being by identifying areas in individuals' lives that are conducive to well-being and where actions for increasing it can be recommended.

The North East

The focus of this study is on the North East of England. Although a diverse region, there are substantial challenges affecting communities across County Durham, Tyne and Wear, and Northumberland where many areas in the region are amongst the most socio-economically deprived in the country,[7] something that has been compounded by the financial crisis and austerity.[8] Since 2010 the percentage of children in the North East living below the poverty line has been increasing, with the majority lacking at least two

basic 'child necessities'; in County Durham more than 36% of children live below the poverty line whilst the national average is 30%.[9]   There is also an increase of people below the retirement age being diagnosed with long-term chronic health conditions,[10] and Newcastle and the surrounding areas possess higher levels of death during the winter months, the result of 'fuel poverty', than elsewhere in England.[11]   The North East has the highest unemployment rate in England,[12] which is accompanied by a high suicide rate; in 2018 there were more suicides per person in the region than anywhere else in England, with County Durham possessing the highest overall number in the North East.[13]

Christianity remains the largest affiliated religion in the region with more than 56% identifying as Christian (of any denomination).[14] However, despite being the largest denomination in the region, Anglican church attendance in the Diocese of Durham is under 1.3% of the population and in the Newcastle Diocese it is at 1.6% of the population.[15]

Well-being and Religiosity

Well-being and Religiosity

Definitions

Well-being

Individuals possess a resource pool for obtaining well-being and responding to life's challenges. It consists of psychological, social and physical factors. When this pool can deal adequately with these challenges then well-being is obtained. As Fig. 1 shows, well-being is the result of this equilibrium. However, when the resource pool does not deal sufficiently with these challenges then an individual will experience a lack of well-being.[16]

Fig. 1 - Definition of Well-being. From Dodge, R., Daly, A. P., Huyton, J. and Sanders, L. D. (2012), p. 230

Whilst there are many types of psychological resources two are particularly relevant to this report because they were found in the data. These are locus of control and self-efficacy, both of which have been identified as useful psychological resources in previous research.[18] The former is the extent to which a person believes they can control the outcome of events in their lives.[19] The latter concerns how well a person can execute a course of action to deal with a perspective situation.[20] There are three types of social resources identified in the data, which possess affinities with previous research.[21] Firstly, perceived social support– the general perception that others are available and desire to offer assistance. Secondly, supportive relationships – dyadic social bonds that can offer

support. Thirdly, supportive networks– the combination of one's supportive relationships.[22] Collectively, psychological resources and social resources can enable a person to more adequately deal with life's challenges because they provide individuals with different types of resources to meet different needs.

However, this definition of well-being can only help us observe what resources people may have for fostering it. To understand how it is experienced, it is necessary to explore subjective well-being, a self-reported approach that focuses on an individual's perception of their own well-being. There are three types of subjective well-being: life evaluations (thoughts that people have about their lives), positive feelings, and negative feelings.[23] This report will focus on social and psychological dimensions of well-being because the subjective well-being of those contributing to this research was more consistently related to these dimensions.

Religiosity

There are five different conceptions of religiosity that are frequently employed in studies on religion and well-being,[24] none of which are mutually exclusive. All were present amongst the community contributing to this project:

1. Religious affiliation

The type of religion that one expresses belonging to.

2. Subjective religiosity

A person's attitudes towards religion and the role that it plays in their life.

3. Religious belief

The specific beliefs that one holds such as doctrine.

4. Religious group participation

Partaking in religious activities within a group of other devotees.

5. Religious personal participation

Religious behaviours that are done without a wider group.

Relevant Research

It is well established that higher levels of well-being typically accompany religious practice. Publications summarising these are numerous and do not need to be repeated here. Nevertheless, it is worth briefly signposting to previous findings that have an

affinity with those of this study in order to better understand the contribution it makes to knowledge on the relationship between religion and well-being. Specifically, these concern psychological resources related to notions of control and ability, as well as social resources related to supportive relationships and networks.

It has been argued that faith in God can improve a person's belief that they can exercise control over their surroundings, improving their ability to do so,[25] because religious people sometimes believe in 'collaborative control' where they work with others, including God, to jointly influence their environment.[26] Therefore, there is an association between religiosity and locus of control and self-efficacy. Both of these psychological resources can enhance well-being through fostering positive feelings.[27] Religious communities also offer social ties (something also associated with well-being) in a way that is often unavailable amongst the non-religious.[28] This may be because attending church services supports coping through the sense of constancy that this process provides through social connections.[29] Organisational religious involvement also mitigates the effects of stressful life situations which can impair well-being; joint activities where people are unified by shared beliefs facilitate a sense of solidarity, leading to shared meaning and purpose, which in turn promote positive feelings.[30] Church members can also offer assistance to members of the same congregation, including tangible (e.g. financial) and emotional support.[31]

Descriptions of how these are evident in the data collected for this study will be offered in the analysis section.

Methods

Methods

Participant Selection and Demographics

The decision was made to focus on a church community in East Durham because some of its villages are amongst the top five per cent of deprived communities in England. There were also 'gate keepers' in the area – people known to the researcher who could provide access to congregations, making the process of gathering data less time intensive whilst also increasing the likelihood of finding a sufficient number of participants. The decision was made to focus on Anglican churches because it is the largest affiliated religion in the region and so more representative of religiosity in the North East than other churches or religions.

Two villages were selected for a number of reasons. Firstly, they shared a vicar who was a gate keeper willing to commend the researcher to potential participants. Secondly, members of the congregations had relatively diverse backgrounds for the region, meaning that the study would be able to reflect something of the diversity that exists in villages in the North East, making the findings more reflective of everyday life there. Thirdly, the gatekeeper also confirmed that there were a number of congregants who had low levels of well-being, as well as those with higher levels, which would allow the study to offer representative findings by drawing data from a diverse cross-section. Finally, regular attendance across both churches amounted to around 45 persons, meaning that there was a sufficient number of potential participants to invite for interview. This also made the interview data more representative as the 12 congregants interviewed amounted to more than one-quarter of the regular worshippers.[32]

In total seven women and five men were interviewed and were between the ages of 30-90 reflecting the fact that there were more women than men in the congregations as well as the fact that the age range was diverse. However, in keeping with the demographics of the congregations, most participants were over the age of 50. Some had histories of poor mental health, whereas others had been healthy most of their lives. Six of them had been born in East Durham whereas the other six had either been born elsewhere in the North East or had moved there from other parts of the UK. Whilst most had been brought up in church, this did not always mean that their families were regular church-goers and some

came from different Christian traditions prior to attending Anglican churches. Whilst the two churches were historically distinct communities, they met together on a monthly basis and some of those living in one of the villages regularly attended the church in the other village meaning that the community boundaries were somewhat fluid.

Data Collection and Interpretation

Semi-structured interviews are designed to explore specific themes identified by the researcher with those being interviewed whilst also giving the participant room to steer the conversation as they deem appropriate and provide detailed answers to the researcher's questions. A total of 12 responded positively when invited to an interview. A further three interviews were conducted with ordained and lay ministers from the church community explored. This added depth to the data by gaining the perspectives of those involved in the churches through leadership and pastoral care, thus offering insight into the challenges that were faced by the congregations as a whole.

Participant observation involves taking part in the community activities of the group being researched. In this case it meant taking part in the midweek and Sunday communion services as well as the social time afterwards. This allowed the researcher to observe behaviour that is not immediately accessible through interviews. Results from the interviews were then compared with observations from the services in order to provide a more panoramic view of the church community.

In order to explore how participants experienced well-being and its relationship to religiosity, it was necessary to find common threads amongst the interview data in order to offer insights about the group as a whole. Therefore, the interviews were interpreted with thematic narrative analysis. Thematic analysis helps one to identify themes that occur across a data set and so allows them to see what experiences were common amongst participants.[33] Narrative analysis seeks to identify how people order their life experiences into a coherent whole (i.e. a narrative).[34] This allows one to identify links between events in participants' lives and the perceived impact these have had had on them. More specifically, it enabled the researcher to explore the relationship between people's religiosity and well-being in light of their life experiences. To do so the interview data was analysed using descriptive coding initially, where participants' statements were labelled using words from the data. Pattern coding, grouping different statements together if their descriptive codes were conceptually related, was then used. The themes emerged from the combined codes.

Analysis of the Themes

Analysis of the Themes

Five themes emerged that are relevant for discussion, most of which overlap to some extent, as illustrated in Fig. 2 below.
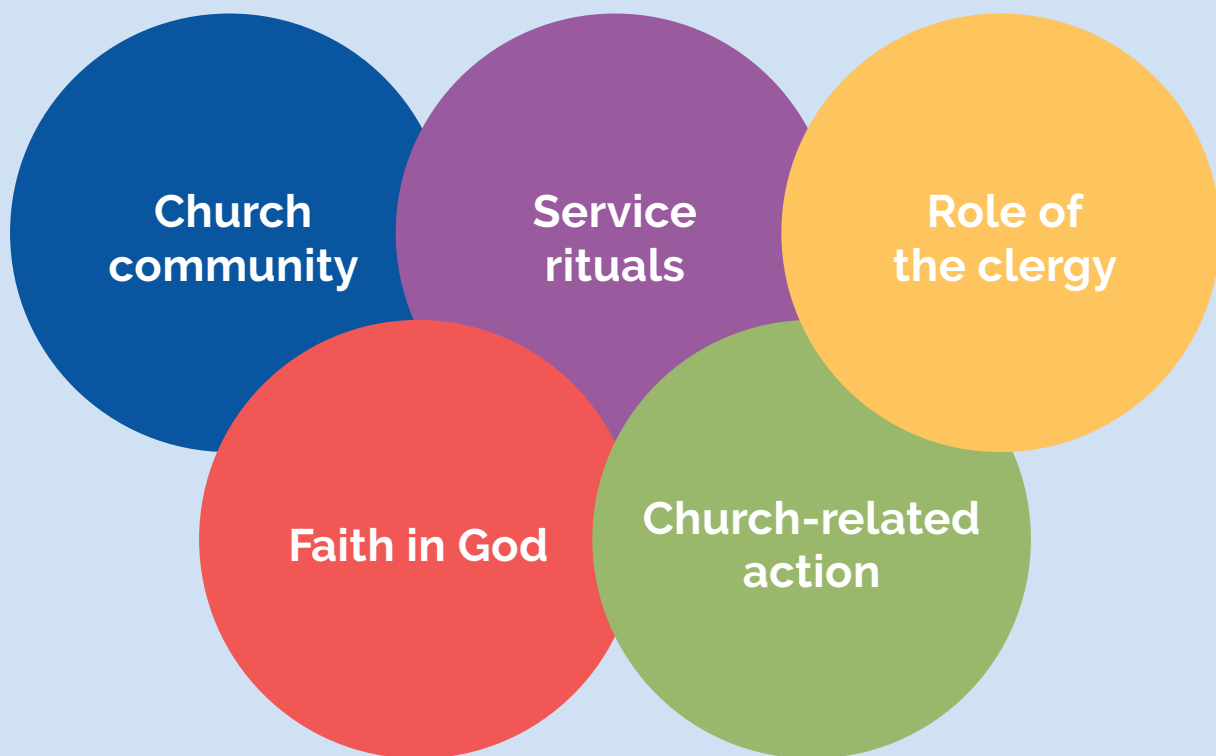
Church community

Service rituals

Role of the clergy

Faith in God

Church-related action

Fig. 2 - Emergent Themes

1. Church community

The first theme is 'Church community'. Participants spoke positively about their sense of belonging to one or both of the churches. For example, one person explained:

> *When you come into the church you feel warm and loved… and always welcomed…. If we have an illness, we're always there for each other. And we all know that we can call on each other for help – for prayers especially…. The peace is a lovely thing… I always hug … and [give] a kiss on the [cheek then].*

The peace is the event prior to communion when the congregation expresses sentiments of peace towards each other before they take the bread and the wine. Whilst this is traditionally done through shaking hands, several participants reported giving and/or receiving kisses and hugs. During the participant observations it became clear that this was a wide-spread practice at both churches. This participant had always lived in one of the villages explored but had only been attending church regularly for approximately five years. They spoke of their sense of being welcomed and loved, an experience articulated by other participants who had been newcomers to the churches, regardless of whether they were born locally. It was also repeated by those who had been coming to the church their whole lives. Statements like this show that being part of the church community offered important social resources for well-being: the fact that participants believed that others are "always there" for them¬ indicates perceived social support as does the fact that they believe they can "call on each other for help".

Evidence of social resources went beyond perception. Concrete examples of when this happened were evident throughout the interviews. For instance, one participant said:

> *Some people don't drive. We've got a few with cars and they help give lifts…. [I've] spoken about [my] OCD [with the curate and asked her] "If I stop [being anxious about making sure my front door is locked] will it be okay because God's looking after me?" She says, "Definitely".*

This evidences the presence of supportive relationships and networks. Those who were unable to drive could rely on a number of people to offer lifts to church activities. Such relationships existed not only between the laity but also with the clergy. Participants spoke of the supportive role that they felt their ministers had within the church community, particularly in terms of verbal affirmation. Importantly, these examples of social resources occurred alongside an experience of subjective well-being. The fact that participants felt "warm and loved" is an example of this because they discussed having positive feelings as a response to the community that they experienced at church. There are two facets related to participants' sense of well-being here. First, there is practical support (e.g. providing lifts). Second, there is emotional support (e.g. verbal affirmations).

Maintaining a sense of community did have its challenges, however. One church had its Sunday service at 9am whereas the other had it at 10.30am. This required the priest to go from the first church over to the second immediately after the 9am service was over. This means that they did not get to contribute as fully to the social life of the first church as they did to the second on a Sunday. A difficulty for maintaining community in the second

church lied in the fact that less people stayed behind for drinks after the service, which became apparent during the participant observations. One of the clergy– and some of the other participants– highlighted that people headed home to make Sunday lunches immediately after the end of the service.

2. Service rituals

The second theme is 'Service rituals'. Whilst the definition of ritual has been significantly debated within ritual studies, a broad definition is adopted here: rituals are fixed actions that are performed regularly as part of a ceremony.[35] Such a definition will allow discussion of the regular and formalised components of the services that participants spoke of.

The services at both churches were very structured. A benefit of this was that the congregations became familiar with the service rhythm, including times of reflection and meditation. Both, familiarity with its content, and the times of quiet reflection, provided an important space. One participant, who suffered from anxiety, explained the value of this:

> *Sitting and thinking about things and try[ing to] get some sort of perspective in my head, rather than [it being] manic and messy…. I feel really calm… It's as if a peace comes over me…. And my husband and my kids say I'm a lot calmer when I get back [home from church].*

Participants often referred to specific parts of the service that they found helpful. This regularly included the Bible readings and sermons. One person said, "I like the readings… I don't follow them in the book… I like to listen and think about what I'm hearing…. The readings… and sermons… make me think more about… how I go about my day to day life."

These comments evidence two aspects of subjective well-being, namely positive feelings and life evaluation. Having the space to order one's thoughts was accompanied by a sense of peace for those who do not normally feel it every day. Participants explained that the peace they sense in church reduced the amount of anxiety that they experienced there and for a time after the service. One of the clergy explained that they had seen a reduction in a number of people's anxiety since they had joined the church, and had heard the spouse of one individual remark that their partner appeared less anxious since they started coming to church on a regular basis. The language of "perspective" indicates that the service content allowed them to think more deeply about life in a way that was helpful to them. The words of the second participant show that the Bible readings and accompanying sermons allowed people to reflect on the role that their worldview has on their life. Both experiences indicate that participants arrived at a sense of meaning.

This is particularly helpful for creating coherence in one's life, which reduces feelings of uncertainty, a potential cause of anxiety.[36]

These experiences of subjective well-being were made possible by social resources, albeit it in a more indirect manner than is evidenced in some of the other themes. It is because there was a network of clergy and active members of the congregations facilitating the services that participants were given the space to experience well-being.

A minor challenge lied in the fact that the repetition could be ineffective for fostering positive feelings and life evaluations for some. Occasionally, participants explained that their minds wondered because they found repeating similar liturgy each week led to less concentration. However, this was true for a minority of those interviewed, and is not itself a challenge to well-being, but to fostering higher levels of it.

3. Role of the clergy

The above themes already evidence the role that other Christians played in fostering the well-being of those interviewed. However, there is more to be discussed in this regard. One person stated:

> *[The vicar] came to me and she started showing… an interest in me… saying that you are one of God's children… It was a strange feeling but it was a welcome feeling. And … my faith started off like a candle flame… And now it's grown bigger and bigger so it's more like a fire… Through the fire I can see the sunshine, and that's what God makes me think of, the sunshine and happiness and being loved and warm.*

The clergy were instrumental in nurturing people's faith. The impact of this was a reported increase in life evaluations involving a belief that one is accepted, and positive feelings. In the above example, the participant adopted a Christian worldview in response to the vicar's message of God's acceptance of them, but others who already considered themselves to be Christian reported similar experiences in light of their ministries. The language of experiencing "a welcome feeling" and the symbolic way in which they saw the "sunshine" evidences that life evaluations concerning faith were affirming experiences, especially as they were accompanied by positive feelings, such as "love" and "warmth".

Another member of the community stated, "[The vicar's husband] is an absolute joy… He comes to fill in [for other clergy]….. [He's] enormously humoured… [The vicar] is a great pastoral leader, as is [the curate]… it's a great blessing that we've got them." The vicar was not the only person who was spoken of positively by the participants. The vicar's husband

was a retired priest and undertook ministerial duties. Similarly, the curate was recognised as having "great" skills for their ministry. The clergy offered supportive relationships and a supportive network because, between them, they were able to ensure that services were led, sacraments administered, and pastoral support provided for the congregations. The fact that participants juxtaposed descriptions of these social resources with words such as "joy" and "blessing" suggests that they experienced these relationships (and overall network) in tandem with their subjective well-being through the positive feelings that they appear to have fostered.

4. Faith in God

The next theme is participants' 'Faith in God'. The previous theme has already offered insight into the positive role that faith was reported to play in participants' lives. However, those interviewed provided numerous instances of where faith appeared to support well-being, even without direct influence from other Christians. One person reported:

> *I like… being very honest in prayer because if Jesus knows me inside out [I can]… be honest about everything and… what I need help with and what I'm thankful for, and what I pray for around the world as well– it makes me feel like I'm doing something to help other people…. I think there must be some power… for people to feel like that because… God [is] powerful.*

This statement contains four different aspects of well-being. In terms of the resource pool, God was seen as a supportive relationship. Participants spoke of God in quite intimate terms. This participant understood that God knew them "inside out", implying that God knew them very well. It is this relationship that allowed them to feel that they could be honest with asking for God's help through prayer. This was closely associated with positive feelings because participants experienced gratitude for the way that they believed God helps them.

The above narrative also highlights that participants possessed a sense of collaborative control with God. In this case it was through prayer where asking God to do something is a way of experiencing agency as participants felt that they can do "something to help other people" because they were asking a "powerful" God to act. Collaborative control was therefore accompanied by the belief in a supportive relationship with God and positive feelings. Other participants explained that they experienced collaborative control with God in more direct ways. For example, one individual said that they had been given opportunities to contribute to the life of the church by using skills they never thought they had and attributed this learning curve to the Holy Spirit, whom they felt had led

them to discover or gain these new abilities.

These examples also evidence that participants' faith was accompanied by a sense of self-efficacy as those interviewed expressed a belief that they were able to achieve desired goals. Importantly, this was true for all participants, regardless of their well-being or religious histories. However, those who had more recently become church-goers expressed that their sense of ability and control had emerged with their new-found faith, particularly if they had mental health diagnoses, whereas others previously had a sense of self-efficacy and locus of control, but evidenced that their faith increased the resources of well-being on offer by providing opportunities to exercise agency, something that evidently had a positive impact upon participants.

5. Church-related action

Participants were regularly involved in their churches beyond service attendance. Two phenomena were common across the narratives: many experienced a sense of self-efficacy at the same time as experiencing negative feelings. For example, when I asked a participant if they were comfortable taking on different roles at church they responded:

> Yea. I don't know how good a job I do. I messed up. For some unknown reason I put [page] 68 up [on the board] when I should have put [page] 64 up… There's always one or two who don't know where to look so I felt bad about that.

At the front of the church was a board that had the page numbers for the Bible readings so that the congregation could find the appropriate part of the service book easily. On this occasion the participant indicated the incorrect page number, which they believed made it more difficult for some people to find the reading. This participant reported that they did feel comfortable taking on different roles. They took on several diverse roles in church, including ones that required them to organise and to work independently, suggesting that they had a level of self-efficacy. However, they also expressed uncertainty over how well they performed these tasks and reported feeling "bad" because of the small mistake they made in a recent service. In such cases participants were less likely to report positive feelings alongside their sense of self-efficacy. It could be that the negative feelings associated with self-doubt was stronger for participants than those that will have accompanied their sense of ability.

This tension between a sense of ability and a doubt over them was expressed across the data. Nevertheless, the fact that a sense of self-efficacy was experienced by those who had a history of mental health diagnoses indicates that their involvement in church

activities provided important resources for well-being that may not otherwise be on offer to them, particularly as self-efficacy can grow when embracing new goals or challenges.[37]

One participant who became involved in children's work at one of the churches stated, "you find yourself taking part [in things you haven't done before]. I would have said I'm not actually the best person to be dealing with young children." Yet this person came to enjoy being involved in such activities and believed they were able to do so effectively. This indicates that positive feelings were still entirely possible if participants moved from self-doubt to feeling that they had achieved something new. Moreover, the presence of negative feelings was not necessarily a significant threat to participants' well-being. The fact that they continued to feel self-efficacy, despite self-doubts, is suggestive of potential for achievement, given that perceived self-efficacy is associated with higher levels of achievement.[38]

Relatedly, those involved in church beyond service attendance also expressed varying levels of aspiration. One participant said:

> *Now that I'm on the PCC I'm trying to bring this up: … I was thinking of suggesting… one or two services in the year… and just put it as a children's service on, say, a Wednesday in half term.*

This participant wanted to arrange a series of services that are led by the children of the local primary school as a way of strengthening the link that the church has with it. Whilst they suggested up to two a year, they explained that this is because it could feel like a significant change for some in the congregations and so preferred to only gradually increase the number of them. This is indicative of a sense of self-efficacy because, in order to accomplish this, the participant will need to get the support of the rest of the parish church council (PCC) and, over time, build up enough support for it to offer more of these throughout the year. They were aware that this could be a challenge, and would take time to accomplish, yet still planned to act upon their aspiration.

Other participants reported similar aspirations and recognised the challenges they would need to overcome in order to achieve them. Nevertheless, this did not appear to dilute their enthusiasm for realising their goals. Most of those who expressed aspirations for their church had some form of formal training or much in the way of life experience that offered them skills relevant for achieving them. In the above example, the participant had training and previous employment in local government which has afforded them with leadership skills. Others had undertaken training courses through the diocese which

included pastoral skills and mentoring by a priest. Some, with pastoral responsibilities, had also experienced tragedy in their past which they felt made them more able to empathise with those who were suffering. Such phenomena can help foster self-efficacy because people are faced with challenges which they may overcome, potentially increasing their sense that they are able to achieve.[39]

One possible threat to aspiration, however, is age. One of the clergy explained that people's aspirations dwindle as they get older. This statement was supported by one participant , for example, who, despite being actively involved in church life, admitted that he and a friend of his did less voluntary work than when they were younger. Participant observations also revealed this. When speaking to a person (in their 90s), the researcher learned that they didn't undertake any voluntary work at the church. When combined with the adverse effects of aging, this risks reducing the well-being of some because possessing a sense of self-efficacy or locus of control will become more difficult as they age.

Reflections on the Themes

Reflections on the Themes

Participants' resources were closely related to their subjective well-being–different types of social support were accompanied by positive feelings. Equally, the fact that collaborative control and perceived self-efficacy were accompanied by positive feelings implies a relationship between participants' psychological resources and subjective well-being. Social and psychological resources were also related: supportive relationships were juxtaposed alongside collaborative control and perceptions of self-efficacy. This is unsurprising given that these psychological resources of well-being can be fostered by relationships with others,[40] meaning that social resources for well-being can foster psychological ones. This is illustrated by the fact that the activities facilitated by the church also bear a relationship with psychological resources (e.g. self-efficacy) (see Fig. 3).

Whilst this study cannot demonstrate what caused participants' experience of well-being, it has been able to show how participants understood their experiences of it. These narratives indicate that the various relationships and activities discussed above (for the most part) positively shaped how those interviewed experienced subjective well-being. Despite the fact that the different aspects of well-being explored in this report were connected in multiple ways, social resources, particularly supportive relationships/networks, were found to be the most dominant resource for participants' well-being because it occurred more frequently alongside experiences of subjective well-being (see Fig. 3 & Fig. 4) and appears to have fostered additional (psychological) resources. Thus, the role of social resources will be privileged in the discussion of this analysis' implications.
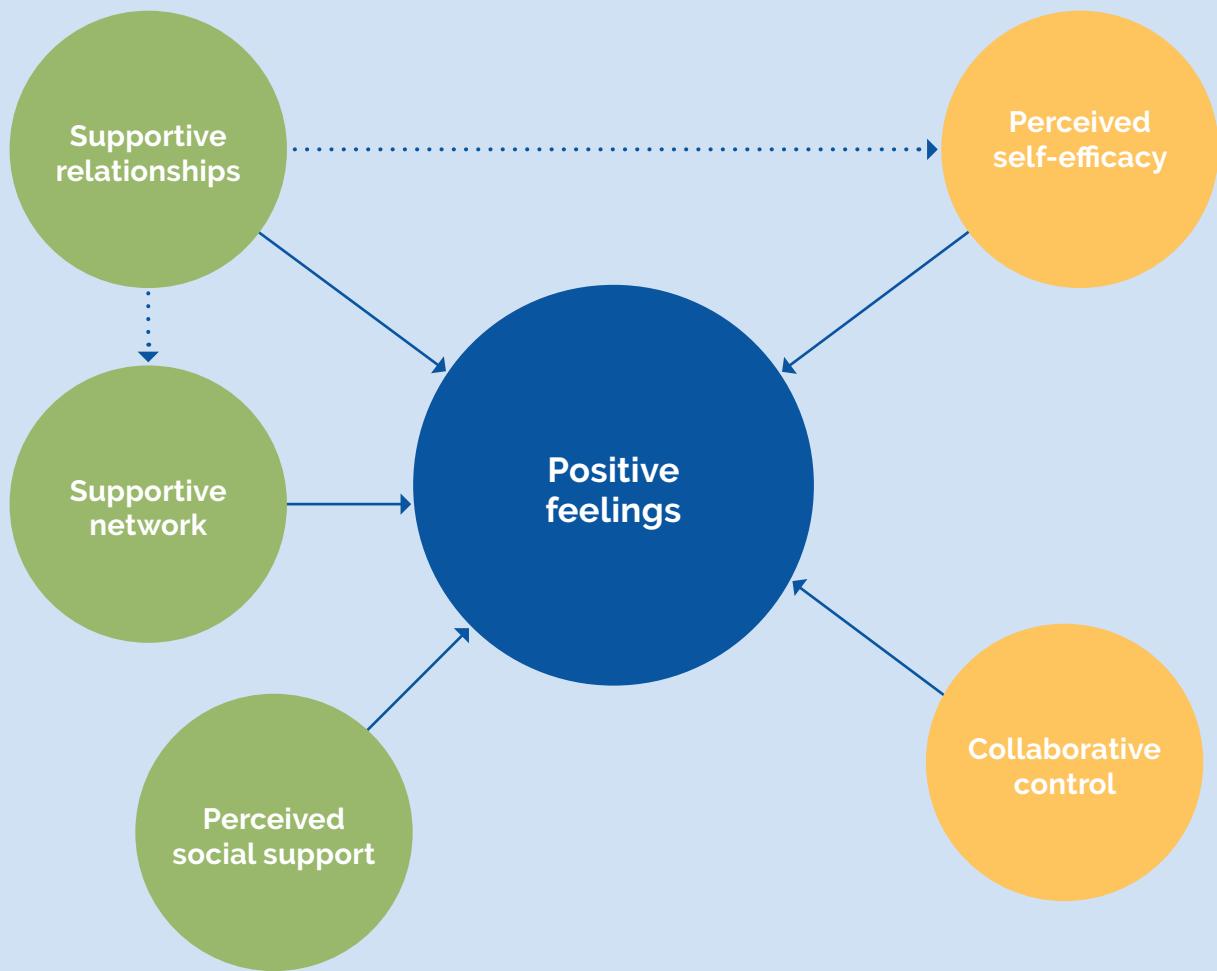
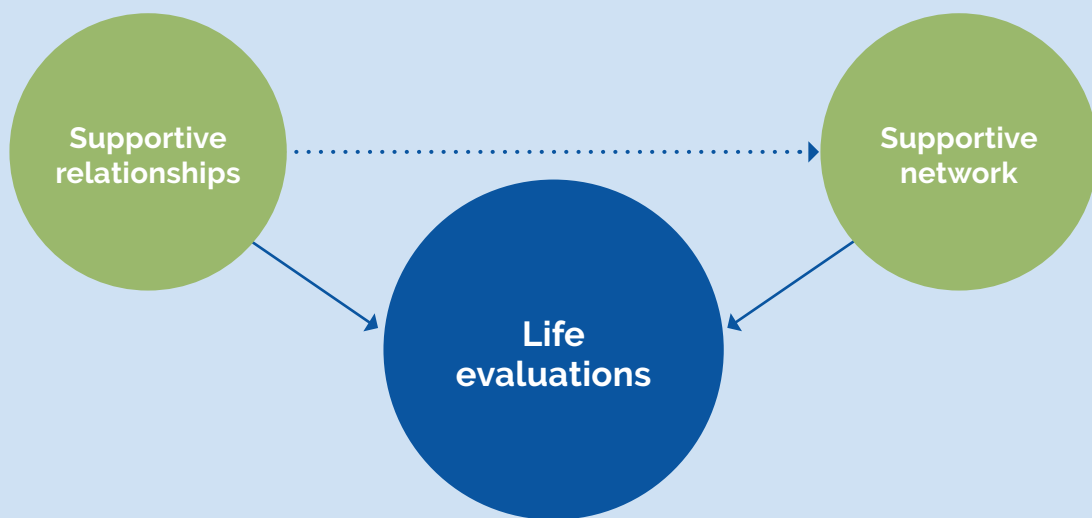Fig. 3 - Relationship between Social and Psychological Resources

Fig. 4 - Relationship between Social Resources and Experiences of Life Evaluations

Implications

Implications

Coping is an important aspect of well-being. The better one's resource pool for dealing with challenging events, the more likely they are to cope with these stressors and thus maintain equilibrium.[41] To do so effectively it is important to enable proactive coping, the building up of one's resource pool, particularly through personal growth and the achievement of goals.[42]

Social Learning

Social learning theory is well-evidenced and states that people can be encouraged to adopt behaviours through modelling the actions of others. This means that if behaviour which can lead to increased resources for, and experiences of, well-being is modelled to the congregation, they could be adopted (or adopted further) leading to an increase in the resource pool and of subjective well-being.

The presence of these resources amongst the congregations has already been evidenced and so it is now necessary to consider how they may be encouraged to grow. However, there are six conditions that need to be met for this to happen successfully through social learning:[43]

1. Models need to gain the attention of others.
2. Others need to see the models as similar to themselves.
3. There needs to be a perceived incentive or benefit to make adopting the behaviours worthwhile.
4. Others will need to believe that the benefits for adopting these behaviours outweighs the cost.
5. The behaviours need to be memorable.
6. Others will need to be able to adopt these behaviours.

This can be achieved through 'service spotlights' where members of the congregations take a few moments during a service to briefly discuss the positive impact that their faith, church community and voluntary work is having on them and the relationship between these three phenomena. Members can be briefed by ministers to respond to questions

related to the themes identified above to ensure that the resources and experiences of well-being discussed, and the behaviours accompanying them, are brought to the attention of the congregation. By conducting these during the services the congregations are likely to be attentive.

It is advisable that a wide cross-section of the congregations be encouraged to take part in this so that the likelihood of identifying with those who exhibit behaviours helpful for well-being is increased. These spotlights should make clear the personal benefit that their faith, community and voluntary work has had on them so that the incentive for embracing these behaviours is clear. They could include some of the challenges they have faced and how these have been overcome so that those listening are able to identify the cost and appreciate how these can be minimised. If spotlights happened on a regular basis then the behaviours associated with well-being are more likely to be remembered. However, because not everyone in the congregations will be as able to adopt some of these behaviours (for example, due to age or health), it is important that each spotlight reports a range of behaviours, including those accessible to all.

A benefit of this approach to fostering well-being lies in the fact that it does not require the congregations to attend additional activities and so all members can benefit. Another is that asking church members to speak publically is not without precedent. Members of the congregations already contribute to notices, either by coming to the front of the church or from the pews. During the participant observations this was evidenced by those who do not normally perform the reading of scripture or the intercessions. The act of listening to how someone's faith has enhanced their life also has a precedent. Churches across the region meet on a semi-regular basis for an event called Filling Station where they hear the testimonies of other Christians. However, those speaking tend to be unknown to the congregations and take place in multiple locations in County Durham outside of regular church services. This means that those who attend are less likely to identify with those giving testimonies and that church members attend these less often than they do church services, suggesting that the behaviours will be less memorable. Also, the goal of these meetings is not to model behaviours that specifically foster well-being. Nevertheless, the affinities that service spotlights share with existing activities indicates that the format will be familiar to them.

Supplementary Actions

There are two supplementary actions that can help the congregations increase their resources for, and experiences of, well-being.

Firstly, reflections can be built into the services immediately after the spotlight so that the congregations have time to consider what they can learn from it and how they can incorporate that into their own lives. Participants valued the time for reflection in church and found that it increased their subjective well-being by offering space for life evaluations, which were accompanied by positive feelings. The reflections could include reading verses from the Bible that encourage consideration of God's plan for people's lives, especially those concerning human action alongside that of God. Participants described an appreciation for hearing the Bible being read and applied to their lives whilst evidencing life evaluations. An advantage of this approach to fostering well-being, therefore, is that it is similar to activities that are already appreciated by the congregations.

Secondly, ministers can help those already involved in voluntary work to achieve specific goals, not least because people are more likely to achieve a greater sense of self-efficacy when they are supported to do so.[44] This is particularly important given that participants experienced negative feelings alongside their involvement in church. The ministers can help volunteers review their involvement and identify the areas of their work that they find more challenging and develop an action plan for overcoming them. It is advisable that these include a breakdown of smaller, more focused actions and be followed up by an appraisal with one of the ministers (who emphasises the improvements that individuals make as they set out to achieve their goals) because these make them more readily achievable.[45]

Relatively modest though some of these challenges may be, they will offer a sense of achievement and therefore increased self-efficacy because people will see themselves meet the goals identified, thereby overcoming the challenges that they face. This will also provide an increase in locus of control because when challenges are repeatedly overcome, individuals more readily realise their ability to control their environment.[46] It is important, though, that they are given realistic goals to achieve (these will vary from one person to the next) and that they receive positive feedback when challenges are met, otherwise their sense of achievement could be undermined through failure or lack of positive reinforcement.[47] Equally, it is important that the goals are not only realistic, but also not too easy for individuals or else their sense of ability risks being undermined in the long-term when they are confronted with a more difficult challenge and are less equipped to handle it.[48]

These actions will have greater effect if done repeatedly. As individuals build up a greater resource pool for well-being, and experience greater levels of subjective well-being, the level of challenge that is met can be heightened. Doing so will increase the resource

pool further. The Bible passages used in the reflections and the particular questions that 'spotlighted' individuals are asked to answer will need to vary in order to keep these activities fresh given that some participants explained that their attention dwindles when there is too much repetition. Equally, the specific challenges to well-being that members of the congregations experience may vary over time meaning that different experiences or readings will need to be highlighted to meet those needs. Indeed, if the congregations are growing in their resource pools then it is conceivable that these will need to change in order to better communicate these experiences to the congregations.

Conclusion

Conclusion

Well-being can be experienced and fostered in a number of ways. This report adds to the evidence of other studies: religiosity and well-being are intimately related. The present study, however, has also provided a detailed description of how subjective well-being and its resource pool manifests in people's everyday lives. In doing so, it has been able to recommend a tailor-made course of action for deepening them for those who live in some of the most socio-economically deprived communities in the country. These suggestions are not suitable replacements for assistance from mental health professionals when these services are required and so will not solve the fall-out from cuts to NHS services. Nonetheless, well-being can be nurtured through everyday activities, not least those that accompany religious practices. Whilst the methods listed here for doing so are not exhaustive, they offer a framework that is underpinned by psychological research and evidenced from those whom this report is intended to help. They are given, therefore, to assist those who have pastoral responsibility for individuals living in similar communities in order that they might enhance pastoral care within them. Naturally, each community is distinct and changes over time. Those who live and work in these places are thus well placed to reflect on how best to apply this framework as these communities change.

End Notes

End Notes

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