

**Religion and Mental Health: Investigating the perceptions of people with chronic illness
and the influence of their religious beliefs and spiritual activities on their emotional
condition**

by

CHAN, Chun Hung Andy

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Statement of Originality

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Abstract

In my daily work, I see many people who are suffering from chronic illnesses, such as strokes, heart disease, and cancer. Their health problems make it impossible for them to do everything they might want to do in their lives and often increase their depressive symptoms, including feelings of unhappiness and worry. Religious chronic disease sufferers often believe that their religion helps them think positively and gives them the strength to overcome their adverse situation. In this study, I investigate the perceptions of people with chronic illnesses and the influence of their religious beliefs and spiritual activities on their emotional condition.

A qualitative research method was used for this investigation. In-depth interviews were conducted with 12 religious chronic illness sufferers to understand their experiences through narrative inquiry, a worksheet of their autobiographical timeline, and a written letter.

The main finding of this study is that after attending church, many of the participants noticed a reduction in the feelings of unhappiness and worry arising from their chronic illnesses and developed a positive attitude to face their health problems. The support and concern expressed by the church congregation was very important for them because it made them feel that they were not facing their adversity alone. Many of the participants also expressed that prayer is the most helpful in relieving their unhappiness or stress. They also reported that Bible teachings are helpful for them to alleviate complaints and feelings of stress because of the many positive messages and guidelines for a good life that the Bible provides. Another important aspect of the participants' religious activities was that they compared themselves with other church members through witness and with the experiences of characters from the Bible, especially Job. Doing so made them feel that their own suffering was minor, thus alleviating their worries and increasing their confidence in facing their illness. The participants' also indicated that their religious beliefs helped them build meaning

in their lives because of the hope promoted by their religion, such as through the promise of eternal life and following God's words to love and serve others. Listening to hymns, watching videos about other church members' witness in church, and writing a letter to God were other helpful spiritual activities that improved the participants' emotional state.

Although all of the participants expressed that they began to suffer from chronic illness while believing in God, this did not affect their religious beliefs and religion still helped them reduce their feelings of unhappiness and worry. When their health condition becomes worse or does not improve, they might become disappointed with God and even think that He has forgotten them. Nevertheless, with the continuous support of their brothers and sisters in the Church, they sense God's love and help again when their health conditions improve or stabilize. Therefore, although many of the participants reported that their journeys through chronic illness with religious beliefs have not always been smooth, their religious beliefs generally helped them improve their emotions related to the experience of chronic illness.

Keywords: chronic illness, religious belief, unhappiness, mental health, spiritual activities.

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List of Abbreviations

EdB	Education Bureau
GS	Graduate School
EdUHK	The Education University of Hong Kong
EdD	Doctor of Education



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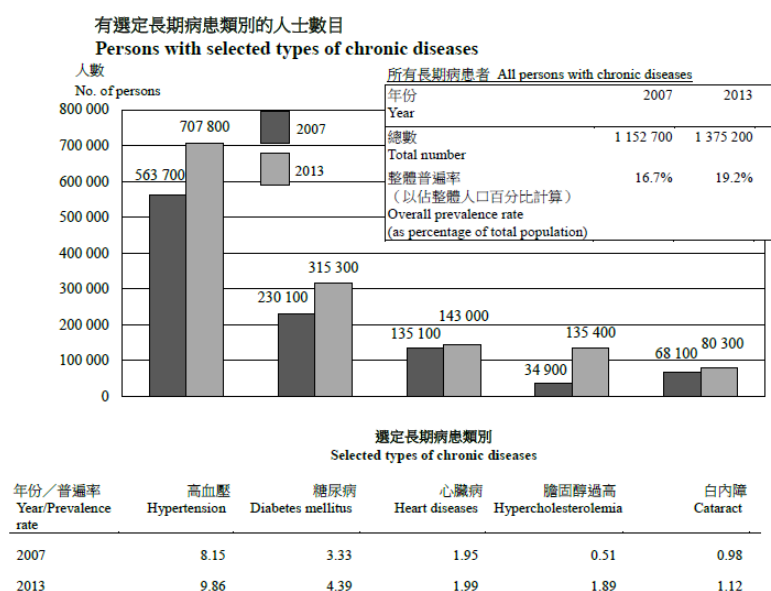


Chapter 1: Introduction

After graduation, many people seek the job that they want and then get married.

Although sometimes they may have setbacks in their life, in the end they can usually resolve their problems, either on their own or with the help of others. However, some people suffer from chronic illnesses, such as stroke, heart disease, cancer, and kidney disease, and have health problems that prevent them from doing everything they may want to in life. According to the Census and Statistics Department of Hong Kong, there were more than 1.3 million people with chronic illnesses in Hong Kong in 2013, making up 19.2% of the overall population (see Figure 1).

Figure 1. *Number of people in Hong Kong with selected types of chronic illness in 2013*



Source: The Census and Statistics Department 2015

Moreover, a survey sponsored by the U.S. Department of Labor's Office of Disability Employment Policy (2012) reported that only about 18.2% of people with disabilities were

employed in 2012. This was well below the employment rate of 64.3% for non-disabled people. According to this report, people with disabilities were not working due to barriers that included a lack of transportation support, a need for special assistance tools on the job, and an inability to complete their duties because of their disability. In my experience, many Hong Kong employers are not willing to employ people with disabilities due to doubts regarding their working ability and fears that they will request too much sick leave. Many people with disabilities, particularly those who suffer from physical problems and are in a wheelchair, are always idle at home and lack social networks and support. Some have told me that their need to receive long-term treatment meant that employers were unwilling to hire them, making them feel defeated and worthless. As a social worker, I want to help such people eliminate these feelings of unhappiness and anxiety and build a meaningful life through religious and spiritual activity.

The value of religious beliefs and spiritual activities

Harold (2017) stated that the Christian faith, across its Catholic, Protestant, and Eastern Orthodox factions, has a long and very rich tradition in relation to many aspects of mental health. Many researchers have identified that the experience of spiritual support in church and engagement in spiritual activities can help people with disabilities reduce their negative thoughts and improve their mental health. Sloan, Bagiella, and Powell (1999) stated that many people believe that religion and spiritual activity give them comfort when facing

illness, pointing to a poll of 1,000 adults in the United States in which 79% of the respondents agreed that religious belief could help people recover from illness. In an analysis of the literature, Aukst-Margetic and Margetic (2005) found positive associations between religion and spiritual beliefs and practices and psychological and physical well-being. Koenig (2004) pointed out that patients in many studies of religion and mental health had commonly stated that religious belief and spiritual practices were important sources of hope, comfort, and meaning that could be particularly helpful in alleviating the depressive thoughts associated with serious illness. Brown (2008) proposed that when people who suffer from depression or anxiety are willing to participate in spiritual activities, they have more ability to cope with their depressive symptoms and improve their physical fitness. In Robertson's (2009) qualitative study, one participant expressed that spirituality had helped him deal with depression because he sensed God's existence and love. These ideas are also supported by the findings of Mangolian, Kazemi, and Ahmadib (2017), who discovered that religious belief and spirituality can be helpful for patients dealing with heart failure. They suggested that patients could benefit from participating in spiritual activities and learning how to use spiritual coping skills to accept the reality of their illnesses. Many studies have proposed that religious belief is a very useful alternative to medical treatment to help people improve their mood. As a social worker and a Catholic, I have a great interest in understanding whether and

how Christian beliefs and spiritual activities can be used to improve the mental health of my service users in the Hong Kong cultural context.

Little (2013) stated, “Religion, in one form or another, has been found in all human societies since human societies first appeared,” adding that much social conflict and even wars have resulted from religious disputes. Therefore, to understand a culture, sociologists must study religion, and an understanding of how societies and individuals experience religion can provide rich material for sociological study. The disciplinary knowledge for this research project is taken from the fields of psychosocial, cultural, and spiritual health studies. I also review how religious education can teach religious people have spiritual coping skills.

Chronic illness sufferers and religious belief

According to Doctors and Society (2002), the epidemiological situation of illness is that since 1960, the types of illnesses found in developed countries have shifted from acute illnesses to those that are more chronic. The organization predicted that people with chronic illnesses would comprise the majority of those with major illnesses in 2020 and that heart disease, depression, road traffic accidents, cerebrovascular disease, and chronic obstructive and pulmonary disease would be the main factors causing people worldwide to lead disability-adjusted lives (Figure 2).

Figure 2. *Epidemiological transition of illness*

Five leading causes of death in Hong Kong		Five leading causes of disability-adjusted life years worldwide ¹	
1947	1999	1990	2020
Pneumonia Tuberculosis Perinatal/neonatal conditions Enteritis and diarrhoea Violence	Malignant neoplasms Heart diseases Cerebrovascular disease Pneumonia Injury and poisoning	Lower respiratory tract infections Diarrhoeal diseases Perinatal conditions Unipolar major depression Ischaemic heart disease	Ischaemic heart disease Unipolar major depression Road traffic accidents Cerebrovascular disease Chronic obstructive pulmonary disease

Source: Doctors and Society (2002)

They also expected that acute illnesses, which mainly affect children in developing countries, would decrease significantly through immunization. Therefore, they predicted that chronic illnesses worldwide would be the primary causes of morbidity and mortality in the years to come.

At the Vocational Rehabilitation Centre in Hong Kong, we assisted 211 service users through our Supported Employment and Sunnyway Employment service units from April 2016 to March 2017. The majority of our service users, numbering 180, were suffering from chronic illnesses, mainly including heart disease, kidney disease, stroke, cancer, arthritis, depression, diabetes, lung disease, and brain atrophy. As people with chronic illness must endure body pain and feelings of depression, service users with such illnesses were selected for this study to understand both how their adverse situations influence their religious beliefs and how their religious beliefs influence their emotions, as well as what kind of spiritual activities help them think positively. An understanding of these relationships is very

important for improving the emotions of people who suffer from chronic illness and relieving their unhappiness.

My pathway from personal experience to research

I grew up in a problem family. I did not attend school from the age of 6 to 16, when I was finally forced by the social welfare department to enter school in Primary 4. If they had not discovered that I had not attended school until 1 year later, they could not have forced me to attend school because the law only requires compulsory education for people under 17 years old.

At the time, I was very angry with my family and the social welfare department and I did not trust others. I was a wrathful youth with an anti-social mentality and had no meaning and direction in life. However, when I was 24 years old, I found God, which helped me change my life completely. I then had the experience of reconstructing the meaning of my life that I had developed when I was an adolescent. The turning point for me was when I learned what Jesus said on the cross: “Father, forgive them, they know not what they do” (Luke 23:34). My anger melted away. This Bible extract inserted itself directly into my heart and I found it very touching. I think that Jesus was innocent but he was willing to endure great suffering to save people, and before he died he prayed to God to forgive the people who would kill him. In my view, this episode is the central point of the Bible. It helped me

alleviate my anger and changed my life completely by teaching me how to respect and love others.

I was very impressed that although Jesus suffered great pain to save us, he could forgive the people who killed him. Therefore, why could I not forgive people for what had happened to me? This process of faith allowed me to totally reconstruct the meaning of my life. I was loved by God and should imitate Jesus and be compassionate toward others and forgive people. My love of God taught me how to love and trust other people. The support of church members was also very important, as I felt their warmth and knew that I was not alone. I could also pray to God to become more courageous in facing any adverse situation, and I felt that God responded to my prayers.

I now work at the Vocational Rehabilitation Centre in Hong Kong as a social worker, where most of my service users are people with chronic illnesses who are referred to the center from hospitals and other non-government organizations. Some of them are former bus drivers who are suffering from heart disease and are thus unable to continue their original employment. Some service users have suffered strokes that have resulted in physical health problems and also mental health problems, such as depression, associated with the negative thoughts arising from their illness. Most of them also have associated problems, such as sleeping difficulties, behavioral changes or anxiety due to losing their jobs, long-term

medication, feelings of depression due to the lack of a social network and a sense of helplessness, suffering from discrimination, and on-going economic problems.

As the problems related to their health condition are difficult to solve, either on their own or with the help of others, these service users often look to the government to make policies that can help them deal with their problems, such as improvements to the healthcare system and social security and the provision of employment opportunities. However, the government does not always support these people effectively through policy, and their health problems often bring on depressive symptoms, such as feelings of worthlessness, indecisiveness, unhappiness, negative thinking, and a poor lifestyle.

In my daily work, I use forms of spiritual support, such as Bible teaching and prayer, in the counseling process to help those with Christian beliefs alleviate their negative thinking and sadness, drawing on my own successful experience. I have observed improvement in my service users' emotional condition after receiving this type of spiritual support. They become better at positive thinking, complain less, and develop more consideration for other people.

Therefore, I believe that religion and spiritual support can overcome some emotional problems for those of my rehabilitation center service users who are of the Christian faith.

However, I do not know what their perceptions are of receiving the message from Bible teaching, prayer, and the name of God, or how the process of spiritual support helps them

shift from negative thinking and sadness to positive thinking. My great interest in finding the answers to these questions inspired me to conduct this research.

Research gap on the relationship between religious belief and adversity

There has been a surge of studies on religion and mental health issues conducted in culturally Christian or Christian-majority societies by theology and seminary colleges and the religious studies departments of Western universities. Few of these studies have been conducted in Asian countries that are not culturally Christian. This study was conducted in the culturally non-Christian setting of Hong Kong, where the overall level of religious support is lower than in Christian societies. Therefore, the results of this study can help us understand the differences in the experience of religion in Western and Asian countries.

Over the years, many studies have been conducted in Western countries on the application of spiritual and/or religious support to the improvement of mental health. However, fewer studies exploring the Christian religious experiences of local people with chronic illnesses in Hong Kong have been conducted. Moreover, most previous investigations of spiritual support have been focused on people without disabilities or chronic illnesses, including adolescents, university students, or the elderly. This is an important oversight, as many people with disabilities or chronic illnesses have very poor psychological well-being and functioning and there is a need for more non-drug treatments to help them in this respect. Religious support is a very useful resource to be drawn on for the improvement

of mental health. Furthermore, much of the related research has been conducted using quantitative research methods, with participants asked only to fill in a questionnaire. Such methods cannot elicit a deep understanding of participants' perceptions of their spiritual support experience when they receive this form of support to improve their mental health. Such studies have not given participants an opportunity to express their feelings about their health problems and their perceptions of their spiritual experience and of what influences their emotional condition. Eliciting this information can help researchers understand how religious beliefs and practices influence people's emotions and affect their mental health.

Research question

Despite the abundant research related to religion and mental health, it is unclear from these studies how religion and spiritual activities help people improve their emotional state. The literature has not clarified how people facing an adverse situation perceive religious meanings or what they experience from their religion as helpful for them to overcome adversity. Therefore, the research question guiding this study is as follows: how do Christians with chronic illnesses integrate their religious beliefs, practices, and experiences into their coping strategies? I explored this question by interviewing Christians suffering from chronic illness.

Purposes of the study

People with chronic illness face many difficulties in their lives, which can give rise to feelings of depression or unhappiness and lead to the use of drugs prescribed for psychiatric conditions. In this dissertation, I explore how religious support may help such people overcome their depressive feelings and improve their mental health without medication.

Accordingly, the specific objectives of this study are outlined below:

- (1) To identify whether, how, and why the participants believe that religion benefits their mental health.
- (2) To understand the participants' use of religious education, resources, and activities.
- (3) To understand the participants' transformation of religious views.
- (4) To understand the mental health outcomes of religious belief and spiritual activity.

Significance of the study

The significance of this research is to fill the abovementioned gaps in the literature on religion and adversity. The research findings may contribute to the evidence-based practice of spiritual intervention for social workers and counseling professionals. They can also help these practitioners use spirituality or religious support as an intervention to help their clients reduce and prevent feelings of depression. Finally, the findings can advocate the planning and implementation of spiritual education in Hong Kong as a diversification of the counseling services available to address mental health issues among people with disabilities.

Chapter 2: Literature Review and Theoretical Framework

People with Christian beliefs often attend church to join the congregation in religious activities, such as worship, fellowship, prayer meetings, Bible study, and witness sharing. Reading the Bible, praying to God, providing love and support to others, and following the Church's guidelines for living are very important activities for a Christian and reflect the core of Christian beliefs. Many Christians are joyful and peaceful, and Christian beliefs and religious activities may help people construct meaning and lead better lives. In this section, I review the literature on church-based social support, social support as a protective factor, the power of prayer to God, Bible teaching, the relation of religious affiliation to healthy behavior, religious prescriptive and proscriptive norms, meaning in life, the theory of constructionism, and the negative feelings of people toward religion. This review explains how these elements of religion can help people reduce stress and improve well-being. The disciplinary knowledge for this research project comes from the fields of psychosocial, cultural, and spiritual health studies.

Church-based social support

Many researchers have shown that a church community can be an important source of social support. Kleiman and Liu (2013) pointed out that social support can help a person “believe that he is cared for and loved, esteemed, and a member of a network of mutual obligations.” Krause, Ellison, Shaw, Marcum, and Boardman (2001) argued that a person's

adoption of religious coping resources and activities could be promoted by the social ties in church activities. Members of religious organizations strive to create a very warm social atmosphere that enables cohesiveness, solidarity, and a sense of bonding. Many social gatherings happen in church fellowship, lunch taken after worship or Sunday Mass, Bible reading groups, and prayer meetings. According to Krause et al. (2001), these social gatherings can help church members become more willing to support and share with each other. Krause et al. (2001) found that church members who were cohesive and supportive of other members became more willing to accept positive advice. This can help people develop more positive ways of thinking.

Social support as a protective factor

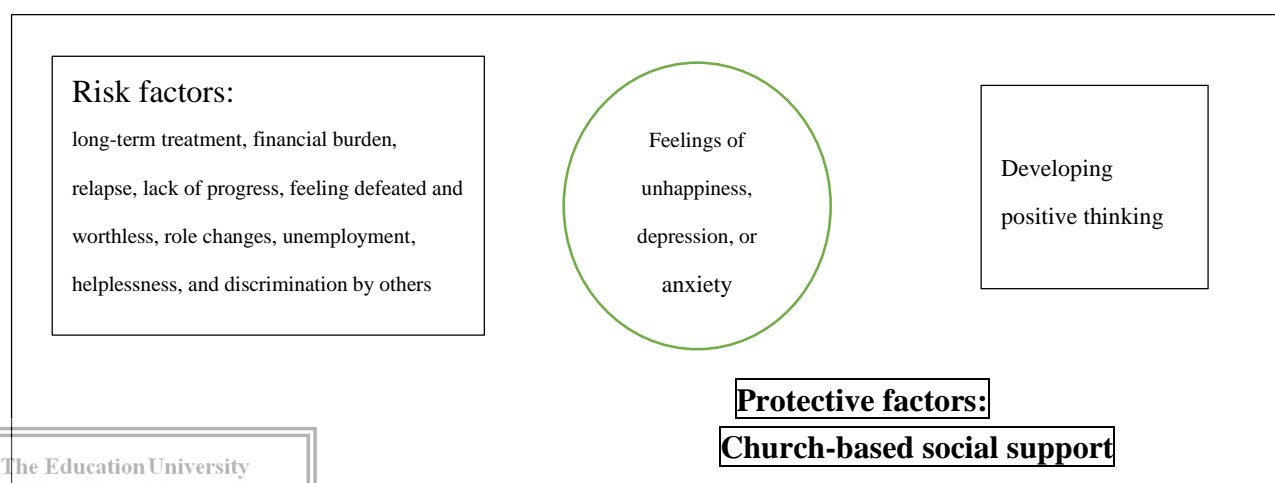
Many studies have found that social support is a protective factor in improving people's mental health. According to the Hong Kong Department of Health (2016), major stressors for people with chronic illness include the need to undergo long-term treatment and medication and the related financial burdens. They worry about deterioration and relapse and grieve their loss of health and independence. They are also frustrated when they perceive a lack of progress, and they often feel defeated and worthless. Furthermore, they face difficulties dealing with role changes, such as that from having a career to being a care recipient, which can affect family and marital relationships. Finally, they feel that they are not understood, and this can lead them to gradually isolate themselves at home. Many service users have told me

that their stressors are related to unemployment, helplessness, and discrimination. These risk factors give rise to feelings of unhappiness, depression, and even anxiety. Indeed, the Suicide Prevention Resource Center (2017) considers chronic illness to be a suicide risk factor.

Chaput (2013) defined a protective factor as one that can help people reduce the negative results of certain risk factors and thus help protect them from the problems arising from these risks. According to the Suicide Prevention Resource Center (2017), connectedness to community and social institutions is a protective factor. Addressing concerns among professionals over the problem of suicide in people with risk factors, Kleiman and Liu (2013) examined whether protective factors could reduce this problem. The results of their analysis of data from adults in both the United States and England showed that social support was associated with a decreased likelihood of a suicide attempt. Church-based social support from church members or clergy could be a protective factor in the presence of risk factors associated with negative life events, such as suffering from chronic illness (see Figure 3).

This may help people develop positive thinking.

Figure 3. *Church-based social support as a protective factor*



Power of prayer to God

Many studies have found that praying to God can reduce people's feelings of anxiety and depression and improve their self-esteem. Krentzman (2013) described the meaning of prayer as people's belief that there is a power larger than themselves that can help them in their lives. Baesler (2012) defined prayer as people's spiritual communication with God. Maltby, Lewis, and Day (1999) investigated the relationships between religious activities, including religious orientation, frequency of prayer, and church attendance, and elements of human well-being, including trait anxiety, depression, and self-esteem, among 474 (251 male and 223 female) undergraduate students in the United Kingdom. They found the frequency of prayer to be a predictor of lower anxiety, lower depression, and greater self-esteem in these individuals.

According to Krentzman (2013), "Prayer is important in a healthcare context simply because it is used so widely...Surveys indicate that nearly 90 percent of patients with serious illness will engage in prayer for the alleviation of their suffering or disease." Additionally, McNeil et al. (1998) found that prayer was the second most common method of pain management, only exceeded by oral pain relief medicine (see Figure 4).

Figure 4. Methods of pain management

Pain relief pills	82%
Prayer	76%
Pain relief IV medicine	66%

Pain relief injections	62%
Relaxation	33%
Touch	19%
Massage	9%

Source: McNeil et al. of Pain and Symptom Management (1998)

Krentzman (2013) listed the following reasons that prayer can help patients improve their mental health:

1. Prayer can be used to help patients enhance their personal hope and expectations.
2. Prayer can be used to help patients reduce their stress by eliciting a relaxation response and in turn lower blood pressure.
3. Prayer can help patients release control to another, which can reduce their stress or anxiety because they are not solely in charge of the difficult things they face.
4. Prayer can bring a sense of love or of the presence of God.

Bible teaching

Studies have shown that Bible teaching can improve people's mental health. Hamilton, Sandelowski, Moore, Agarwal, and Koenig (2012) conducted a study involving 65 African American men and women over 50 years old and residing in the south-eastern region of the United States about their reading of the Bible to reduce their stressful life events. The study was conducted through semi-structured interviews held in conference rooms in churches or in

the participants' homes and lasting for about 15 to 60 minutes each from 2008 to 2010. The participants were asked to share whether they had or had not used scriptures, prayers, and religious songs to help them overcome stressful life events, such as a life-threatening illnesses. The authors found that the participants had used scriptural passages and songs from Bible teaching to improve their mental health when they had encountered stressful life events. This suggests that Bible teaching can be used to improve the mental health of people with feelings of depression.

Relationship of religious affiliation to healthy behavior

Many studies have found that religion can help people engage in positive health-related behavior. Levin (2002) stated that religious commitment may influence people's behavior and affect their mental health because the "behaviorally prescriptive and proscriptive nature of religious commitment that were best accounts for the more favorable health profiles of religiously affiliated people." Levin (2002) cited Vaux (n.d.) as stating that the research findings of epidemiologic and behavioral investigations have shown that religious beliefs and their link to moral habits critically affect people's behavior and health-related attitudes. These findings indicate major variations in health and sickness depending on the penetration of a person's belief into their daily life. If people follow the church's teachings by following healthy behavior, including joy in Christ, this may help them improve their physical and emotional condition.

Prescriptive and proscriptive religious norms

Some studies have found that the guidance of the church can help people pay attention to their health and to think positively. According to Levin (2002), religious groups often promote certain morals, such as through prescriptive behavioral regulations that teach church members to be humble, help other people, and have gratitude and through proscribing certain types of behavior, such as taking drugs, smoking, gambling, lying, and theft. According to Janoff-Bulman, Sheikh, and Hepp (2009), prescriptive morality is concerned with positive outcomes and is based on action and focused on what people should do. Churches often encourage their members to have joy and peace, to help poor people, and to take care of their own bodies. As a church member, one should live in Jesus Christ and be a good life witness for other people who do not believe in God. Proscriptive morality, in contrast, is sensitive to negative outcomes, inhibition-based, and focused on what people should not do. Christian faith teaches church members not to worry about their lives, what they should not eat or drink, and what they should not wear. Jesus also teaches us to not worry about tomorrow, for tomorrow will bring its own worries and today's trouble is enough for today. Thus, church members should not have negative worries about their lives.

According to Levin (2002), some of the moral codes formulated by religious groups include hoping for recovery, being able to live with a handicap, coping with stress, exercising and maintaining physical fitness, and caring for others. Thus, people who have religious

beliefs and commit to their religious principles may have the determination to stop negative thinking and to do things that provide them with joy, peace, and positive thoughts.

Meaning in life

Steffen and Coyle (2010) stated that the elementary motivation of humans is the search for meaning in life. The definition of meaning in life is a purpose or value of something running through the events that people encounter, and it often has an existential significance for people. Leung (2007) pointed out that this elementary human motivation could be used to transcend unhappy experiences and enhance the innate human capacity for realization. Thus, if people feel that they have meaning in life, this can help them feel that their lives have value and are worth living, thereby fostering a more positive attitude.

Negative religious feelings of Christians

Some studies of people with religious beliefs have found that such beliefs do not always help them reduce feelings of depression and can even bring pressure or promote negative thinking. Hebert, Zdaniuk, Schulz, and Scheier (2009) investigated the relationship between religious coping and well-being using standardized assessment instruments and structured questions to determine whether people had positive or negative religious beliefs. Less than 15% of the 284 women with breast cancer had negative religious views, as they felt abandoned or punished by God. The remaining 86% had positive religious beliefs. Therefore, some religious people do not think that their religion can help them reduce their feelings of

depression. They may be disappointed with God because they are unhappy that God has let them suffer and that their health condition is not improving.

People with Christian beliefs will attend church and religious activities where they can obtain support from the church community. They can pray by themselves and with others, and they can study the Bible to learn God's teachings. As a result, they may find their meaning in life through Bible teaching. Treloar (2002) interviewed 30 Christians for his qualitative study and found that they perceived that God's name, Bible teaching, and their Christian faith could help them overcome their chronic illnesses. They had become respectful of their health and did more for themselves to overcome their adverse situations and think in more positive ways. Nonetheless, some people may have negative religious views, such as believing that their adversity is a punishment from God.

Theoretical framework

I am interested in understanding how people with chronic illnesses think that religion may help them reduce their unhappiness. Insight has come partially from reviewing the literature and partly from my personal experiences. People with chronic illnesses who have Christian beliefs can receive spiritual support from the church, including church-based social support, the power of prayer to God, and Bible teaching, and can benefit from the relationship of religious affiliation to healthy behavior and from religious prescriptive and proscriptive norms. These spiritual activities can help them reconstruct the meaning of their lives so that

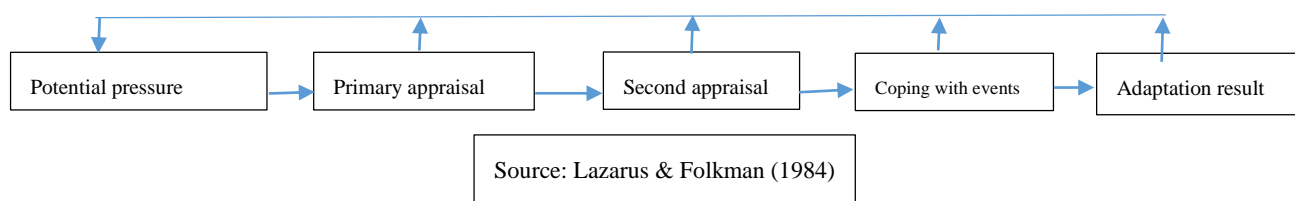
they are willing to partake in positive religious coping behaviors, such as leaving their problem in God's hands, taking lessons from God, seeking support from church members or clergy, and engaging in private spiritual practices. This can help them reduce their feelings of unhappiness, depression, or pain by providing inner peace. However, religious beliefs do not always help people reduce their feelings of depression and can even increase pressure on people facing adversity.

Lazarus' cognitive appraisal theory

Research has shown that people have particular emotions because they evaluate a situation or event in relation to their well-being. Cognitive appraisal is how people interpret an adverse situation at any given moment to form their emotional response. Lazarus (1982) stated that this appraisal process gives rise to a particular emotion with greater or lesser intensity depending on how the situation is evaluated with respect to the person's well-being. Lazarus and Folkman (1984) pointed out that the personal cognition and explanation of an event or situation in the process of cognitive appraisal is very important, as people depend on the result of their own appraisal to decide on how to deal with an event or situation. People may have positive thoughts regarding an adverse situation, interpreting it as solvable, or may at least obtain some consolation from their appraisal. Therefore, cognitive appraisal can affect people's mood and how they cope with adversity. If they feel that there is hope, they may be able to develop better meaning in life (see Figure 5). Wu and Liu (2014) conducted a

qualitative research study using this model to understand the process of religious coping among female believers in Taiwan. Their findings suggest that religious belief can guide people to develop positive cognitive appraisal through religious practices, personal behavior, and positive mental health.

Figure 5. *Cognitive appraisal*



Folkman, Lazarus, Dunkel-Schetter, DeLongis, and Gruen (1986) defined primary appraisal as the moment when people evaluate whether they have anything at stake in an encounter. For example, is there any potential harm or benefit regarding my illness? The secondary appraisal is when people evaluate whether anything can be done to prevent or overcome potential harm or to improve their prospects of obtaining some benefit. After the secondary appraisal, various coping strategies are evaluated to overcome any problems, such as seeking useful resources, accepting or adapting to the situation, giving up on the attempt to overcome the situation, or altering the situation. For people facing adversity, therefore, cognitive appraisal is the mechanism through which they interpret whether the adversity will cause them harm or benefit them. This process leads them to develop negative or positive

thoughts regarding their situation. Religious belief can affect one's cognitive appraisal to encourage positive thinking and coping behavior.

Religious transformation as an influence on emotional state

In this study, I argue that the transformation associated with religious belief and spiritual activities can influence the emotional state of people with chronic illnesses. This references the theoretical model of causal pathways for mental health and is based on Western monotheistic religions (Christianity, Judaism, and Islam) as in the review of Koenig et al. (2012). Koenig (2012) pointed out that the findings of both qualitative and quantitative research have suggested that religion and spirituality can help people cope with adverse situations. Adversity can be either external, such as difficult environmental events, or internal, such as a genetic predisposition or vulnerability to mental disorders. Koenig (2012) reviewed research findings on the relationship of religion and spirituality with three aspects of health: mental health outcomes, healthy behavior, and physical health outcomes. The aim was to understand how people think about their religious beliefs and activities when they encounter an adverse situation. According to Koenig (2012), religion helps people improve their mental health in three ways:

1. Religion helps people obtain resources for coping with their stress that may enhance their positive emotions, including happiness, hope, optimism, meaning and purpose, self-esteem, sense of control, and positive character traits. As a result, these resources help

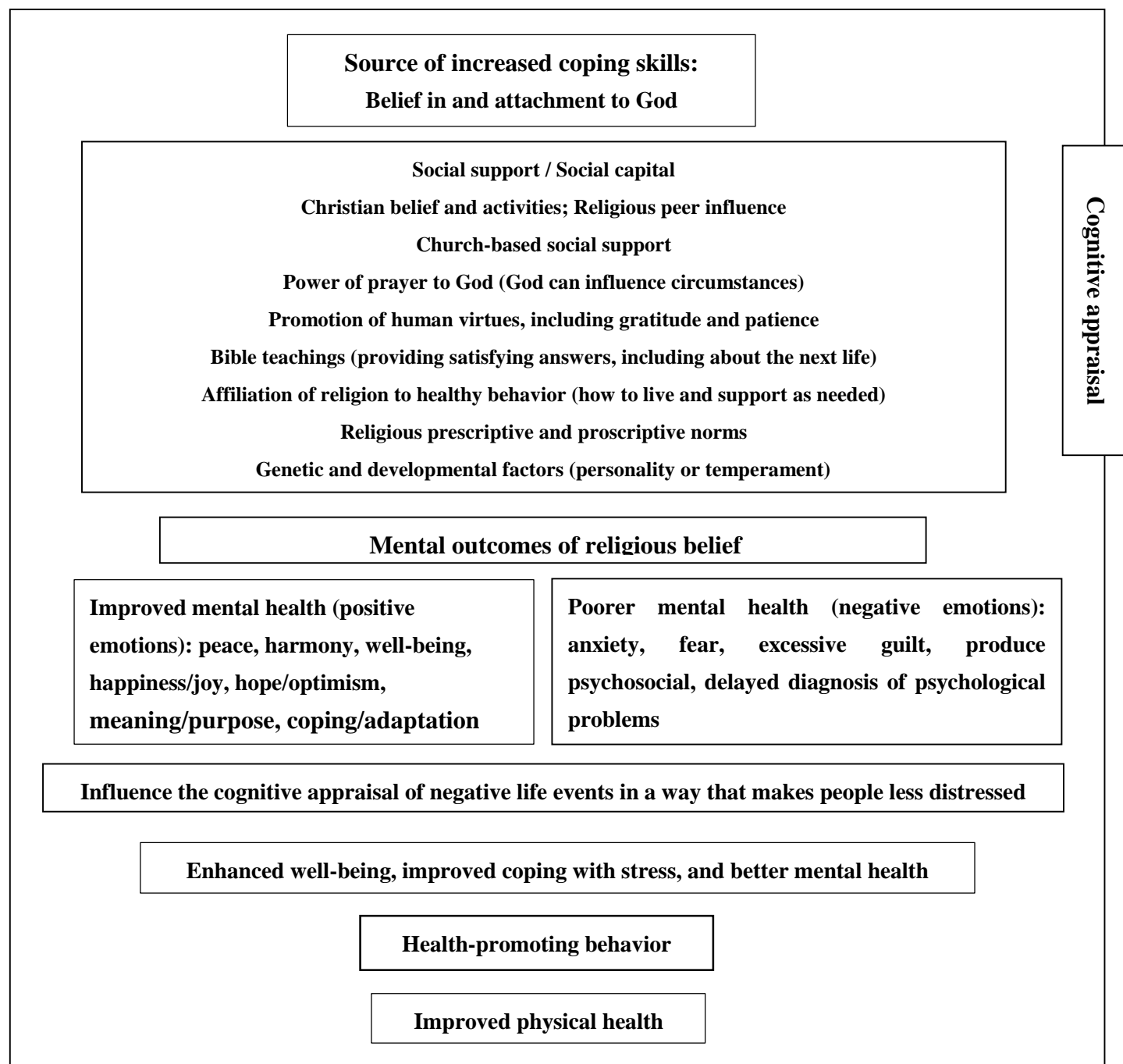
people reduce stress that would otherwise result in emotional problems, including depression and negative personality traits. Religious coping resources include powerful cognitions, such as strongly held beliefs that can give meaning to difficult life circumstances and provide a sense of purpose.

2. Religious doctrines can influence people's decisions about their health and healthy behavior. An example from the Judeo-Christian scriptures is the emphasis on caring for the physical body as a "Temple of the Holy Spirit" (1 Corinthians 6:19–20). Behavior that has the potential to harm the body is usually discouraged, thus helping people pursue healthy behavior.
3. Religion facilitates coping skills and improves mental health, and the related social support increases the flow of health-promoting information, including the emphasis on caring for the physical body, that can promote better health maintenance. People can achieve better physical health through exposure to social factors that influence their mental and physical health and promote longevity.

Koenig et al. (2012) also noted that genetic and human developmental factors have a role in religion and health because personality or temperament can influence whether a person becomes religious and spiritual.

The entire process of the transformation of religious beliefs referred to by Koenig et al. (2012) includes the dimensions shown in Figure 6.

Figure 6. *Theoretical model of causal pathways for mental health, based on Western monotheistic religions (Christianity, Judaism, and Islam)*



Source: Adapted from Koenig et al.

How religious belief can provide coping mechanisms

According to Koenig et al. (2012), religious belief can help people adapt to stressful

situations and issues in their daily lives resulting from their conscious or unconscious choices. Religious belief can also help people control their behavior and can provide psychological comfort. Religious people believe that God provides them with resources to cope with their stress. They also receive social support and social capital from their religious groups, which can take the form of spiritual coping skills, training, and useful information. Religious people also participate in various spiritual activities, such as worship and fellowship, Bible reading and spiritual material consumption, and prayer, all of which can help them deal with and alleviate stress. They also follow the religious promotion of healthy behavior and prescriptive and proscriptive religious norms. In pursuing health, they change their behavior to develop healthier habits. Protective factors, such as lower stress and negative emotions, higher social support, and health-promoting behavior, have a favorable impact on people suffering a physical illness and on the response of such an illness to treatment. Thus, religious beliefs can help people develop better physical health and more positive mental outcomes, which in turn may influence people's cognitive appraisal of negative life events in a way that makes these events less distressing. Making more positive cognitive appraisals can improve well-being, the ability to cope with stress, and mental health. During the transformational process provided by spiritual coping mechanisms, people also improve their health-related behavior, resulting in better physical health, although people with religious beliefs will feel pressure if they cannot follow their religious teachings.

Personality or temperament also influences whether a person believes in God or participates in spiritual activities. Thus, Koenig et al. (2012) concluded that qualitative or quantitative research findings have shown the potential for religious beliefs to influence the cognitive appraisal of negative life events in a way that makes people less distressed.

In a study using the theoretical model developed by Koenig et al. (2012), Wu and Liu (2014) found that people's religious beliefs could affect their religious coping ability, virtues, and attitudes to facing adversity by influencing their cognitive appraisal of the situation. In the pathway to developing positive thinking and advancing coping skills, religious belief is vital in leading people to develop a positive, optimistic, and hopeful attitude, as all negative life events must pass through an evaluative judgment to determine or contribute to a person's emotional responses (see Figure 6).

When people face adverse situations, such as family problems, illnesses, emotional issues, or other personal difficulties, they use cognitive appraisal to assess whether their situation harms or benefits them. Their emotional response depends on the meaning given to the situation through this appraisal. Lazarus and Folkman (1984) stated that through the process of cognitive appraisal, people assess the significance of what is happening to their well-being. They mentioned that people's emotional responses are specific to appraised meanings and can be differentiated by quality and intensity. People who have Christian beliefs participate in spiritual activities, attend church, pray to God, read the Bible, obtain

support from church members, and follow the church's guidance so they can live a full and healthy life. For example, Bible study teaches Christians to "rejoice always, pray without ceasing and in all circumstances give thanks, for this is the will of God for you in Christ Jesus" (Thessalonians 5:16-20), that "a cheerful heart is good medicine, but a crushed spirit dries up the bones" (Proverbs 17:22), and that "God forgives all your sins and heals all your illnesses" (Psalm 103:3). When people read the Bible and accept God's teachings they can come to believe that God can help and treat them; the belief that their adversity can be solved by God gives them hope. Their cognitive appraisal that their situation is beneficial and will not harm them can give them inner peace and gratitude and lead them to adopt a positive attitude in facing their adversity. They will not feel alone in facing the problem because they believe that God will always be with them and love them and they know that they can obtain help from other members of the church. They will have hope and develop meaning in life through practicing a religious life. Of course, not every Christian will have this perception when they undertake their cognitive appraisal. Seeing that their health is not improving, some may think that God is ignoring them and cannot help them anymore. Hence, they will appraise their situation as harmful and develop negative thinking. They may then take no action, including spiritual activities, to help themselves.

Pham et al. (2019) examined how spirituality, spiritual coping skills, and resilience affect rural residents living with chronic kidney disease in America. Believing that

spirituality, which is an established resource within rural America, is a very important coping mechanism for people with chronic illnesses, they examined the impacts of spirituality on people living with chronic kidney disease in a rural community in North Carolina.

The researchers invited 80 participants to attend nine focus group discussions. All of the focus groups were semi-structured and open-ended, with specific guidelines used for each session. The findings concerning people suffering from chronic kidney disease were that when they engaged in spiritual activities, including attending spiritual services/activities and having a personal focus on or teaching of belief, prayer, and scripture, they developed coping skills through church social support and greater autonomy. As a result of their spiritual engagement, they became more accepting of their kidney disease through meaning-making, a reduction in blame and responsibility, and the development of an aesthetic of disease. These positive outcomes helped the participants achieve psychological healing by regaining a sense of control, decreasing stress levels, and gaining strength, self-worth, and a sense of transcendence. Finally, the participants experienced personal and social well-being.

The researchers concluded that when people have greater support from the church as a transcendent authority, they also demonstrate greater acceptance of their health problems and enhanced self-efficacy. They also noted that studies have demonstrated similar results for other chronic diseases, such as coronary heart disease, hypertension, Alzheimer's disease, HIV, and cancer.

Roger et al. (2017) performed a scoping review and examined the implications of the topic of the impact of religion and spiritual practices on chronic illness for healthcare practitioners. They described religion and spirituality as providing valuable coping skills for people with chronic illnesses but also pointed out that people may experience some religious/spiritual doubts or a gradual loss of their religious belief after the diagnosis of a chronic illness. In their review, they examined 66 peer-reviewed, mixed-methods studies pertaining to how religious or spiritual conceptions are related to or support people who suffer from chronic illnesses, such as cancer, mental illness, dementia, arthritis, and heart disease, further specifying that the studies were conducted in the context of clinical or healthcare interventions.

Their findings demonstrate two aspects concerning the positive and negative impacts of religion and spirituality on health outcomes. They found that an overwhelming majority of the positive outcomes related to religion and spirituality focused on quality of life, creating a sense of meaning and purpose during a person's illness, and having a stronger sense of hope. The coping mechanisms developed through spiritual coping skills were very significantly related to hope, which provides people who suffer from chronic illness with emotional and action-oriented expectations of themselves and their future lives. In addition, the patients prayed and developed a good relationship with God, participated in community service and group prayers, had other church members pray for them, and received support from the

clergy. All of these spiritual activities are examples of religious interventions that can enable people to cope with the emotional stress caused by their chronic illnesses.

The authors pointed out that people who live with chronic illness may use spiritual coping skills as a source of comfort and strength to face their health problems. Some of these people can experience a decreased level of religious or spiritual activity after their diagnosis, rather than an increase. However, high or moderate levels of negative religious coping only affected 15% of the patients, and the majority did not report religious struggles. Some of the patients experienced difficulties maintaining or adhering to their religious beliefs, which resulted in negative health outcomes. A very common experience was for their prayer frequency to be high but for them to doubt whether praying could help them or to feel guilt over their attempts to use their religious beliefs to cope with their illness. Over time, such negative outcomes from religious belief can diminish well-being.

The authors concluded that people with chronic illnesses can use spiritual activities to increase their quality of life, decrease their feelings of depression, increase their meaning of life, find meaning, increase their acceptance of their illness, and create hope for the future, resulting in fewer concerns about death resulting from their health problems. Therefore, they suggested that these spiritual coping skills have clinical value and that healthcare practitioners should respond accordingly to patients and consumers of their services.

Almost all of the relevant studies in the above literature review have suggested that spiritual activities can help people who live with chronic illness alleviate the emotional problems arising from their health condition. Religious coping skills have become very common and valuable interventions to increase people's well-being and improve their emotions. Therefore, in this study, I aim to explore the perceptions of people with chronic illness in Hong Kong and the influence of their religious beliefs and spiritual activities on their emotional well-being.

Chapter 3: The Researcher and Reflexivity

Padgett (1998a) pointed out that as researchers conduct qualitative research, they ask questions and respond to participants' answers during interviews, observe people's behavior in the field, and conduct data analysis that is pertinent not only for the findings but also the study's credibility. Researchers are key actors throughout the process of qualitative research. Guba and Lincoln (1989) stated that qualitative research always involves inquiry into a topic with which the researchers are familiar through a literature review and/or from experience. It is important for the researcher who conducts qualitative research to be transparent early in the research process regarding their construction of particular phenomena before starting the study. Sutton and Austin (2015) suggested that qualitative research requires reflection both before and during the research process to provide context and to facilitate readers' understanding. Reflexive researchers do not try to simply ignore or avoid their own biases, as reflexivity entails reflecting upon and clearly articulating their positions and subjectivities, including their world view, perspectives, and biases, so that readers can better understand the filters through which questions were asked, data were gathered and analyzed, and findings were responded to. From this perspective, the researcher's biases and subjectivities are unavoidable but not inherently negative, and it is therefore best if they are articulated upfront in a manner that is clear and coherent for readers. At the beginning of this chapter, I carry out

some reflection on my background, values, and assumptions. I then declare my position and any potential biases arising from this background and set of assumptions.

Reflexivity

Padgett (1998a) stated that reflexivity includes the critical reflection and examination of the different ways in which the research process is shaped by a researcher's subjectivity and beliefs, values, prior experience, and orientation. Fook (2001) pointed out that from a reflexive point of view, subjectivity may also be an asset and introduce creativity to the research process. He also described reflexivity not only as the ability to recognize the influence of a researcher's whole self on the research but also the ability to use this awareness in the research act itself. In what follows, I reflect on my experience, beliefs, values, subjectivity, and orientation as they relate to this project.

My cultural background and beliefs

I was born in Hong Kong and grew up in a traditional Chinese family. I received many Buddhist beliefs and values from my parents and grandmother when I was young. Until the age of 24, these religious beliefs were the guiding principles in my life, and I thought that being a good person required doing many good things, including helping other people and sincerely worshipping Buddha in temples. At about 24 years of age, I learned about Christian thought from my hairstylist and started to attend church. The church congregation showed concern for me, which made me feel like I was not alone when facing adversity. This helped

me experience love and gave me a very positive attitude. I learned that if I wanted to be a good Christian I should read the Bible and pray to God, but the most important thing was to love God and other people. I should help other people when they are in need because God wants all Christians to do so. Therefore, I believe that religion teaches people to show kindness and how to be a good person and that religious beliefs can help people become kind, positive, and willing to help others. I felt good when helping others, which shaped my belief that people need to help each other and thus led me to choose social work as a career.

My religious experience as a motivator for this study

Hampshire College (2020) pointed out that when people ask new questions or have a new problem to solve, the knowledge that they bring forward into their working memory to formulate answers or solutions is knowledge that they have already integrated into their understanding of the subject. In reality, each person has his or her own experience and knowledge, conceptual understanding, skills, and beliefs. When people present problems or new information, their prior experience influences their thinking and decisions. In my case, my prior experience, knowledge of religious beliefs, and life experiences influence my profound interest in the topic of religion and mental health that I pursue in this research.

Before starting to attend church, I experienced many things, some of which made me very happy and some of which made me very unhappy. In particular, family issues were a source of great unhappiness when I was young. Attending church helped me improve the

emotional state that had arisen from my negative life events and changed my thinking to become very positive. I feel that these changes were positive and also made my life happy. In particular, church members expressed concern and love and I learned from the Bible and church members that God is love. If I believe that God helps me solve all of my problems, I will not worry about all of my adversities. All of these positive teachings from church helped me relieve my unhappiness. From my prior experience and becoming a social worker today, I have thought for a very long time about other people's unhappiness as a result of experiencing negative life issues. Can we use religious belief to help them improve their emotions and change their attitudes from negative to positive? Seeking an answer to this question, I chose this topic for this research project.

Personal experience with people suffering from chronic illnesses

Having worked in the field of vocational rehabilitation services for over 10 years, I know many people with disabilities and chronic illnesses. Many people suffer from chronic illnesses that will follow them throughout their lives. Today, Hong Kong is a very rich region, so people have very good nutrition, but a lack of exercise has increased the number of people suffering from chronic illness. For example, when people suffer a stroke it can affect their bodily functions. If a stroke damages the part of their brain that controls their right leg, then they may have weakness or numbness in their right leg and hand. As our brain also controls how we think, learn, feel, and communicate, strokes can also affect people's

cognitive and communicative abilities if the relevant parts of their brain are damaged. I therefore chose people suffering from chronic illness as my participants and invited them to take part in interviews to understand their experience. As a social worker and a Christian, I hoped that I could obtain useful information concerning the participants' experience of how their religious beliefs positively influence their emotions or put pressure on them when they encounter negative life events, such as chronic illness. After obtaining this information, I hoped that it could enrich elements of my counseling, including religious elements, to help my service users overcome their adverse situations. These were my motivations for studying this topic in my doctoral program.

My religious beliefs and values

Although my family still believes in Buddhism, I have had the chance to learn about Christianity since I was about 24 years old. I became a Christian during my undergraduate studies. Since beginning to attend church, Christian teachings about love, helping others, mutual respect, and honesty have become part of my personal values. I am also inspired by some spiritual teachers from different traditional religions, such as those coming from the Buddhist perspective. I am very interested in Buddhist counseling, which teaches people why they suffer and how to let go. The regular practice of mindfulness meditation to help people calm their emotions, which is currently very popular, is derived from Buddhist beliefs and

helps people feel the here and now so that they can stop overthinking. In my experience, this method is very effective in helping people calm their anxiety and relieve emotional problems.

The church always encourages people to take care of their body, which can help enhance people's health awareness. I know many people who were smokers before attending church but gave up smoking after going to church. Other people had gambling habits before developing religious beliefs but quit gambling after attending church. I do not claim that people always become healthier because of religious beliefs, but smoking and gambling are not healthy habits and their cessation is good for people. Thus, I believe that different religions can help people lead better lives and that religion is valuable and important for many people. In planning this study, I looked forward to learning more about these religious experiences from the participants.

Social work education

I received professional training to become a social worker in a postgraduate program at the Chinese University of Hong Kong. As a social worker, I often remind myself that the value of my work involves assisting people in need, opposing injustice and pushing for social change, respecting the fundamental dignity and worth of people and treating each individual with care and respect, acknowledging the fundamental significance of human relationships, and seeing interpersonal relationships as an important means for change. All of the above values of social work are similar to Christian beliefs, which relate to helping others,

respecting people's dignity and worth, having concern for people's relationships, and striving for justice. The values of social work are based on humanism, Christianity, and the Western democratic movement. All of these value orientations have shaped parts of my personal value system and affected my thoughts, decision-making, lifestyle, and career path. Some of these social work values, such as honesty, respect for the dignity of every person, and listening carefully to each person, are pertinent to my conduct during this research project.

My position in conducting this research

In conducting this research, I positioned myself as a researcher seeking to understand the participants' perceptions of the relationship between their religion and how they cope with chronic illness and to then use the data to generate empirical knowledge. I believe that religion can create better conditions for people to live in, although not all people have religious beliefs. I was oriented toward a strengths-based approach. This approach is the foundation of social work and focuses on individuals' self-determination and strength. It helps service users build their strengths, and in the process of providing assistance for them in their adversity it sees them as resourceful and resilient. This approach is very interesting as it encourages people to effect change through positive action. Accordingly, I aimed to understand the experiences of each participant suffering from chronic illness in terms of whether their religious beliefs aided them in making positive changes in relation to their

adversity. I also treated this research process as a journey not only for the participants but also for myself as I pursue my personal growth and search for religious meaning for people.

Potential biases in this study

My personal background and position could introduce some biases to this study. These biases stem from the inclination to use my own professional knowledge to understand the participants' religious experience, the interplay of the role of researcher and social worker, and the position of a Christian studying other Christians. I further explain these potential biases below.

Inclination to use my own professional knowledge to understand religious experience

While conducting interviews, I might have been more sensitive to the participants' emotional problems and used my social work knowledge to interpret their feelings and try to give them suggestions. This interference from my professional knowledge might have led me to miss aspects of the participants' own experiences as I listened to their narratives.

Therefore, whether listening to the participants' experiences in the interviews or carrying out data analysis, I resolved to remind myself that I am a learner and not a social worker. I was not to presume to understand or know the related emotions when conducting the research. To reduce the effects of this form of bias, I held second interviews for participant-checking, asking them whether the data I had obtained from them matched their actual experience and

what they wanted to tell the researcher. Having this check as part of the research method helped me maintain a reflexive mind throughout the research process.

The interplay between the role of researcher and social worker

Padgett (1998a) remarked on the importance of differentiating the clinical relationship from the respondent–researcher relationship when social workers conduct research. Given my passion and concern for people who suffer from chronic illnesses, I might have offered the participants positive messages and help during the interviews, making them feel more comfortable. I again resolved to remind myself that I am a learner and to listen carefully to the participants’ stories. If this was achieved, my social work skills could facilitate the process of interviewing and obtaining detailed information from the participants. Fook (2001) pointed out that a social worker’s skills of rapport building, empathetic listening, questioning, and probing are very valuable for conducting qualitative research.

A Christian studying Christians

As a Christian, when I face challenges in life, I use similar spiritual coping skills to deal with issues as those reported by the participants. Therefore, I might have used my own spiritual experience to interpret the participants’ experience. To minimize the effects of this potential bias, I wrote reflexive memos and carried out participant-checking.

Summary

I have over 10 years of social work experience in vocational rehabilitation services and have attended church for over 10 years. I have listed the potential biases in this research to enhance transparency about my personal background and characteristics that could affect the research process. Fook (2001) pointed out that these issues are a double-edged sword: they can threaten the credibility of a study, but with a reflexive mind, awareness, and creativity, they can be valuable assets for a researcher and facilitate the research process.

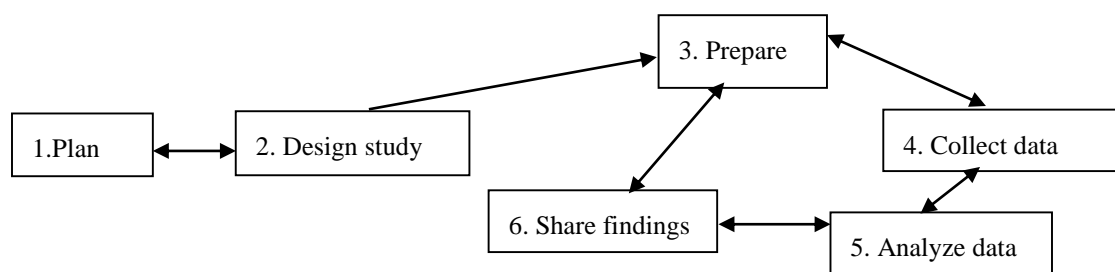
Chapter 4: Methodology and Research Design

In this chapter, I introduce the methodology and research design. The research aim is to explore how people with Christian beliefs and chronic illnesses think their Christian beliefs and spiritual activity help them reconstruct the meaning of their lives and overcome and reduce the unhappiness or depression they experience in association with their conditions. A qualitative method was adopted, following Leung (2007), who stated that this is an appropriate choice for researching topics related to emotional thinking or for investigating people's experience of life and how to construct meaning from their life.

Study flow

The flow of the study followed Yin's (2014) suggestion (see Figure 7): (1) planning the study; (2) considering the study methodology; (3) preparing for the study, including preparing the invitation letter and questionnaire and selecting the software for data analysis; (4) determining the most suitable data collection method; (5) deciding how to analyze the data; and (6) considering how to report the results. All of these design steps are similar and none should be seen as independent.

Figure 7. Flow of research process



Source: Yin (2014)

Nature of the research

The qualitative research method was used to obtain data by interviewing people to learn about their experiences. Experiences are very personal, and people can have different feelings about any particular thing. Accordingly, people can have feelings regarding whether medical treatment or spiritual support helps improve their emotions and attitude. In my experience, when I was a very wrathful youth with an anti-social mentality, I received counseling from a social worker, support from many good teachers, and religious support. I felt that the social workers and teachers were unable to help me, but I knew that Christian beliefs could help me improve my emotions and trust other people again. This is an example of how people can distinguish the effects of positive emotions on health arising from religious beliefs or other sources, such as medical treatment, on a personal level. Therefore, a qualitative research method is suitable for understanding people's experience of their illness and religious beliefs.

Merriam (2016) stated that in their research experience, social workers, health professionals,

counselors, educators, and administrative staff in their area of practice use basic interpretive studies as the most common type of qualitative research to understand people's experiences. They simply describe their studies as basic qualitative research without specifying any specific kind of qualitative study. This kind of study helps researchers better understand how people interpret their experience, how they construct their worlds, and what meaning they attribute to their experience. Researchers can use this approach to understand how people make sense of their lives and experiences by collecting data through interviews, autobiographical timelines, and letter writing. I therefore adopted an exploratory qualitative research approach to explore in detail how Christian people with chronic illness think that their religious beliefs and spiritual activity help reduce their unhappiness or depression and improve their mental health. This would also allow me to understand the transformation process through which religious belief helps people develop positive attitudes toward adversity in the Hong Kong context. Given my focus on the participants' perceptions of religious beliefs, practices, and experiences in their coping strategies, rather than on trying to quantify the experiences, a qualitative method was deemed appropriate.

Research design

Selection of participants

In advising researchers on selecting the kind of participants to recruit for a study, Stake (1995) stated, "The first criterion should be to maximize what we can learn. Given our

purposes, which participants are likely to lead us to understandings, to assertions, perhaps even to modifying of generalization?" For this study, I selected people with chronic illnesses who had Christian beliefs as participants because they could provide information about both their health problems and their religious experience.

Unit of analysis

The unit of analysis was the Vocational Rehabilitation Centre. I selected 12 service users from the center who were suffering from chronic illnesses and had Christian beliefs, with the aim of understanding how their religious experiences helped them reconstruct the meaning of their lives and alleviate their unhappiness or depression.

Data collection

Sampling and recruitment of participants

Leung (2010) stated that participants not only provide information to a researcher but also provide resources to obtain further information. Some of my participating service users not only expressed their feelings about their transformation process in regard to adversity but also recommended other people with similar experiences to participate in the study. Wu and Liu (2014) pointed out that purposeful sampling can be used to help researchers select information-rich cases for participation in in-depth interviews. Thus, I used the method of purposeful and snowball sampling to choose 12 service users aged 16 to 70 to obtain in-depth information about their experiences. No incentive was provided for participation. These 12

service users, all of whom suffered from chronic illnesses and had Christian beliefs, were selected from the rehabilitation center at which I work.

Preparation for the interviews

In preparing for the interviews, I introduced the purpose of the study in a letter to the potential participants and invited them to take part. If they accepted my invitation, I made an appointment with them to conduct an interview. The following procedures were adopted to ensure the participants' privacy.

1. The participants' consent was obtained before the first interview.
2. The participants' privacy was respected by not asking questions involving sensitive information.
3. The data collected remained confidential and protected from access by any third parties.
4. The information obtained during the interview was reported honestly and accurately.
5. The participants were assured that they would not be identified by name, unless they chose to waive this right.

Interview procedure

Leung (2007) pointed out that in-depth interviews can provide a platform for researchers to understand participants' perceptions and personal historical content within the study topic. I therefore collected data through in-depth interviews with each participant conducted at the center. The narrative enquiry approach was used to ask them about their perceptions of

religion. Connelly and Clandinin (1990) stated that the heart of narrative enquiry is to “investigate the ways people experience the world.” Narrative inquiry involves obtaining data through participants’ storytelling. Creswell (2014) suggested that narrative inquiry could be used to collect participants’ stories and retell their view by combining a researcher’s experience with the experiences of the participants to produce a collaborative narrative. As this method would enable the participants to easily describe their perceptions of their religious experiences and the associated influences on their mental health, it was deemed appropriate for this study.

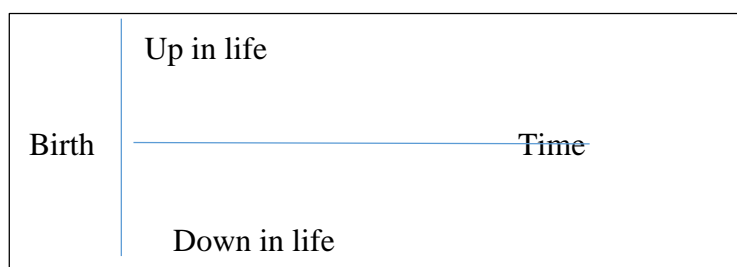
First interview

The first interview lasted from 1 to 2 hours. If an interview could not be completed within this time period, I allowed extra time for all of the participants to complete their interviews. Before they began to share their experiences, I explained to the participants their rights and told them that I would destroy all recordings 6 months after study completion. I also required them to sign a consent form before asking any questions.

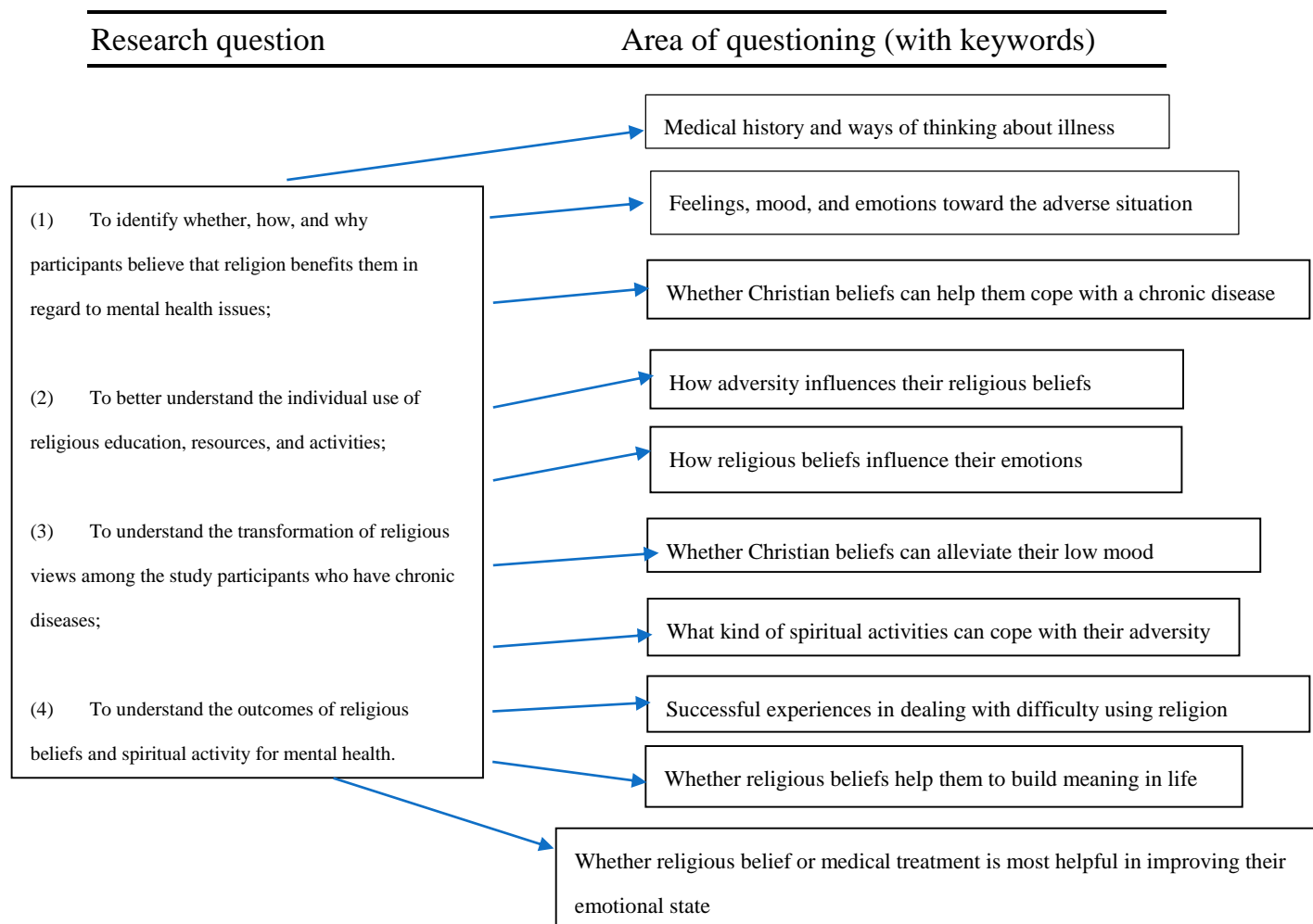
During the interview, I asked the participants about their health history and the problems they suffered from. I then asked them to complete an autobiographical timeline worksheet (see Figure 8). Leung (2010) stated that an autobiographical timeline could be used to facilitate participants’ experience sharing and reflecting on their overall life story by using a visual framework. This exercise was used to elicit autobiographical information about the

important life events of the participants and their subjective perceptions of the impacts of those events, especially the life events related to religious beliefs and chronic illness and thus pertinent to this study. The worksheet was used not only as a tool to facilitate the interviews but also to collect data for analysis. I explained to the participants how to write down the timeline on the worksheet and encouraged each of them to complete it freely to reflect their subjective experiences and perceptions of religion and adverse situations.

Figure 8. *Worksheet for autobiographical timeline*



Finally, I asked them questions pertaining to the areas listed in Figure 9 to explore their perceptions of their religious experiences in more detail.

Figure 9. *Areas of questioning (with keywords)*

Second interview

According to Leung (2007), the purpose of a second interview is to confirm the interpretation of the information received during the first interview and to determine whether any important data were missing or unclear. Accordingly, I invited six participants to attend a second interview, with a duration of 2 hours. The purpose of the second interview was to perform a validity check of my interpretations. During the second round of interviews, each participant was asked to read the transcript of their first interview and confirm whether it was correct. This was very important in helping me re-examine the data gathered from the first

interview and ensure that I correctly understood and recorded the participants' experiences and the feelings that they wanted to express.

Participant selection for this second round of interviews was based on several criteria. First, the first two participants to be interviewed in the first round were invited to attend a second interview because I improved my questioning skills over the course of the first round of interviews and therefore wanted to check with the initial two participants whether any information was missing or misunderstood in this initial stage of the research. Second, two participants who expressed extreme differences in their experiences were invited: one had reported that she had never felt God's presence since attending church and another had reported having always felt God's presence. Third, one participant who felt great pressure from their religious belief was compared to another who felt no pressure, so that I could better understand why people did or did not experience pressure from their religious beliefs. The other participants interviewed during the first round reported similarly positive outcomes from their religious beliefs and none believed that their religious beliefs were not helping them. Therefore, the outcome of religious beliefs was not used as a criterion for the selection of participants for the follow-up interview.

Letter writing

Apart from the interviews and autobiographical timelines, data collection for this research also included the participants writing letters about their personal experiences. Leung

(2007) pointed out that when participants write about their personal experiences outside of an interview, their reflections are not as easily affected by the presence of the researcher. This type of data collection not only helps obtain additional data but also supports the data collected at interview. Accordingly, I adopted this additional method to obtain data for this study. After the first interview, each participant was given a piece of plain paper with the title, “My story about my encounter with chronic illness and my religious beliefs.” They then returned the letter at a later date, through the mail or by hand.

Data

Twelve service users of a vocational rehabilitation center with chronic illness and Christian beliefs were interviewed between July 2018 and August 2019. The interview transcripts were then used for analysis. Each interview ranged from 1 to 2 hours in duration. Each participant also drew an autobiographical timeline during the interview. After the interview, they each received a prepared form titled, “My story about my encounter with chronic illness and my religious beliefs,” in which they were asked to write down their experiences in their own time.

Three types of data were therefore collected from the 12 participants: (1) a recording of the interview to collect the participants’ experiences of their illness and religious beliefs; (2) an autobiographical timeline drawn during the interview; and (3) the participants’ story of

their encounter with chronic illness and their religious beliefs, written as a letter. Table 1 presents a summary of the quantity and types of data collected.

Table 1. *Quantity and types of data collected*

Data type	<u>Quantity</u>	
	Sub-total	Total
Interview transcripts		12
First interview	6	
Second interview (participant check)	6	
Autobiographical timeline		12
Participant story		12

Characteristics of the participants

The participants ranged from 28 to 60 years old, with an average age of 44.5 years. Each had been diagnosed with a chronic illness at a different age, ranging from birth to 45 years old. The participants provided their personal information and social background, including employment, education, and religious affiliation. Table 2 presents a summary of the participants' demographic characteristics, and Table 3 presents their personal characteristics. All information in the tables was collected at the time of interview. To ensure privacy, each participant was assigned a code (P1 to P12).

Table 2. *Summary of demographic characteristics (N = 12)*

Characteristic	Number	%
Age		
21–30	2	16.7
31–40	2	16.7
41–50	3	25
51–60	5	41.7
Duration of suffering illness		
Since birth	3	25
1–10 years	4	33.3
11–20 years	2	16.7
21–30 years	1	8.3
31–40 years	2	16.7
Education		
Primary school	0	0
Lower secondary school	1	8.3
Upper secondary school	9	75
Diploma/University	2	16.7
Marital status		
Single	7	58.3
Married	3	25
Divorced/widowed	2	16.7
Employment status		
Housework	2	16.7
Employed	10	83.3
Retired/retirement	0	0
Living arrangement		
Living with family	6	50
Living with spouse only	3	25
Living alone	3	25

Table 3. *Demographic characteristics of individual participants*

Name	Code	First interview year	Age	Illness / Diagnosis year	Year of belief in God	Education	Employment status
P1*	P1	2018	41	Thalassemia / Since birth	1999	Form 5	Clerical work
P2*	P2	2018	27	Osteogenesis imperfect / Since birth	2003	University	Social Worker
P3*	P3	2018	52	Breast cancer / 2008	2009	Form 5	Housework
P4	P4	2018	57	Spinocerebellar atrophy / 1978	1981	Form 5	Customer service
P5*	P5	2018	56	Uterine tumor / 2017	1983	University	Placement officer
P6	P6	2018	50	Inflammation of the cranial nerves / 2011	1995	Form 5	Pedestrian counting
P7*	P7	2018	36	Knee degenerative / 2006; Depression and psychosis / 2013	1996	Form 3	Pedestrian counting assistant
P8	P8	2018	50	Stroke / 2014	2014	Form 5	Customer service assistant
P9	P9	2019	28	Physical handicap / Since birth	2012	Form 6	Pedestrian counting worker
P10	P10	2019	60	Nasopharyngeal carcinoma /1980	2001	Form 5	Clerical work
P11*	P11	2019	58	Nasopharyngeal carcinoma / 1999	1966	Form 5	Support worker
P12	P12	2019	39	Stroke / 2006	1993	Form 5	Customer service assistant

* Denotes participants who also took part in the second interview.

Participant profiles and experience of illness

P1 was a 41-year-old woman receiving vocational rehabilitation services. She had suffered from thalassemia and diabetes since birth, requiring medical treatment in a hospital every month since infancy. When she was studying in secondary school, her classmates knew that she asked for leave to see a doctor every month and called her a disabled person, which made her very unhappy and affected her relationship with her classmates. She was also angry because she felt that her parents had given her this illness and she was the only one suffering from it in her family. P1 was also very fearful when she went to the hospital to receive medical treatment. She also felt that these treatments could not help her fully recover and that her life was only about getting injections. All of these problems and negative thoughts associated with her chronic illness made P1 very unhappy and gave her constant worries.

P2 was a 27-year-old woman and a wheelchair user. She had been suffering from osteogenesis imperfecta (玻璃骨 / 成骨不全症) since birth, requiring follow-up medical consultations regularly until present. The problems related to P2's health condition, including physical problems, non-acceptance by family, body pain, and disappointment with God, gave her anxiety and feelings of unhappiness.

P3 was a 52-year-old woman who was diagnosed with breast cancer in 2008. Before suffering from this illness, she had only focused on earning money and even felt that she

ignored her family. When she initially found out that she had cancer, she did not accept it.

She then became very unhappy and worried about her health situation.

P4 was a 57-year-old woman. She had suffered from spinocerebellar atrophy since birth and epilepsy for over 40 years. These illnesses have caused her many life problems. She reported weak hand-eye coordination, causing her to easily drop things from her hands. She also reported facing pressure from her parents, who expect her to do a job that she cannot handle. According to P4, her mouth changes shape and she drools during epilepsy attacks. Given all of these difficulties, she complained that it is only her with such illnesses in her family. She was very unhappy and worried about her health problems.

P5 was a 56-year-old woman with cancer (a uterine tumor (子宮瘤)), diagnosed about 1 year before the interview. After emigrating to Hong Kong from China, P5 initially had problems adapting. After developing cancer, she could not accept it at the beginning and complained that it had happened to her. She was also very unhappy and worried about her health problems.

P6 was a 50-year-old man who had been suffering from inflammation of the cranial nerves (腦神經發炎) for 11 years. His illness had put him in a wheelchair and changed his life very much. He could not continue his original job and lost his ability to walk. Unable to hike and cycle anymore, he felt that he had lost many things, making him very unhappy and disappointed with his life. He also reported feeling very uncomfortable about his relatives and

friends not understanding the nature of his illness and always accusing him of not doing enough exercise to aid his recovery. In reality, no amount of exercise would alleviate his condition.

P7 was a 36-year-old woman who had suffered from knee degenerative joint disease since the age of 24 and mental illness, namely depression and psychosis, since the age of 31. Her chronic illnesses had given her many life issues and emotional problems, causing severe unhappiness and worry. She had attempted suicide in the past.

P8 was a 50-year-old man who had suffered a stroke 4 years prior; he required regular follow-up medical consultations in a hospital. P8 experienced 4 years of recovery from his stroke. In the early stage of his condition, he felt very discouraged and depressed because he thought that no one including himself could help him out of his adversity. He also believed that he had lost many things due to his stroke, causing him to be very unhappy.

P9 was a 28-year-old woman. When she was born, her hand was on her head in her mother's womb, causing dystocia in her mother, who in turn required a caesarean section. P9 was hypoxic, which caused brain cell death and left her physically handicapped. Her mother accepted her health problems but her father did not. Due to her physical problems, she had faced many challenges in life, including difficulties finding a job, worries about not contributing financially to her family, and financial pressure and non-acceptance from her

father. All of these challenges made P9 very unhappy and worried. She felt particularly guilty about not being able to earn money to alleviate her mother's economic burden.

P10 was a 60-year-old woman who began to suffer from dermatitis and nasopharyngeal carcinoma about 9 years before the interview. She had also recently suffered from walking balance problems. As a positive person, she reported not letting her illnesses affect her emotions very much, but admitted being very worried that if she passed away there would be nobody to take care of her daughter. As her cancer gave her swallowing difficulties, she reported needing to drink a lot of water when eating. Her illness also affected her walking balance and made it difficult to find a job. These problems caused her some worry.

P11 was a 58-year-old woman who was diagnosed with nasopharyngeal carcinoma in 1999. She had suffered from her cancer for 20 years, along with many associated health problems, including vision problems, muscle atrophy, vascular embolisms on her neck, and difficulty swallowing. These health problems affected her work, daily life, and self-care abilities. P11 was working as a hospital assistant at the time of the interview, but her working speed was quite slow due to her illness. She reported that although her colleagues always offer to help, they do so with a bad attitude. All of these problems made P11 feel bad and very unhappy.

P12 was a 39-year-old woman who suffered from a stroke 20 years prior that caused her to have many health problems. For example, she reported her walking ability being affected

as a result of half of her body not being flexible. She could also only rely on one hand to do her daily work. In the early stage of her condition, she thought that she could cure her physical problem through exercise. However, despite doing exercises for a very long time, she had not noticed any improvement. She recognized that the physical problems resulting from her stroke would not improve, making her very unhappy and disappointed. Her physical problems also affected her work, as she could not handle many kinds of jobs, including her previous clerical work. All narrative case stories will be placed in the thesis as appendix.

Trustworthiness of this research

Credibility

Shenton (2003) pointed out that unlike quantitative research, in which statistical methods are used to enhance the validity and reliability of research findings, qualitative research aims to design methodological strategies to establish the trustworthiness of findings. Accordingly, I adopted these strategies to enhance the credibility (in preference to internal validity) of this research:

- a) Participant checking: Six participants who participated in the first round of interviews were invited to take part in a second round. During the second interview, I asked them to read the transcripts of their previous interview. This helped minimize the effects of experimenter bias and expectation on the results.

- b) **Triangulation:** The triangulation method was used to obtain data from different sources (interview, autobiographical timeline, and letter writing) to develop a comprehensive understanding of the participants' experiences. I also invited a diversity of participants, including the center's service users and colleagues who suffered from chronic illness and had Christian beliefs, to participate in this research project. This helped reduce the effect on the study of any particular factor of a single participant.
- c) **Iteration:** I used the iterative questioning technique to determine whether contradictions emerged and to detect falsehoods from participants during the interviews.
- d) **Clarity:** I demonstrated clarity in terms of thought processes during data analysis and the subsequent interpretation of the material shared by the participants.

Validity

As described above, a triangulation method was adopted for data collection and a diversity of participants was recruited for the study. However, in this study with a basic qualitative research method, I am a Catholic and one of my roles was to serve as a measurement tool to elicit insights into Christian religious experience from different sources of data. As a Catholic, I might take the side of the effectiveness of spiritual support.

Therefore, a series of protective validity measures were adopted to increase the objectivity of the data collection and analysis. For example, leading questions were not used when conducting interviews with the participants, and I was always mindful of being objective

during the interviews. Furthermore, a second round of interviews was conducted with selected participants to obtain their feedback regarding whether the data as recounted to them accurately reflected their original thinking and experience. Additionally, as a social worker who provides counseling services to clients in his daily work, I might use some counseling elements with participants during the interviews that could lead them to give a positive outcome. Thus, I was always mindful of not using any counseling techniques and remaining neutral during the interviewing process.

Linking data to predictions through pattern matching

Yin (2014) suggested that one of the most desirable techniques for logically linking research findings to predictions is the use of pattern matching in data analysis. This logic is the comparison of an empirically based pattern. Merriam and Tisdell (2016) also suggested that a good practice for data analysis in qualitative research is for the analysis to take place at the same time as data collection. Accordingly, the interview data were analyzed immediately upon collection. I formulated some tentative conclusions based on the findings from one or two participants and then examined the rest of the data to determine whether these conclusions about the participants' experience of religion were confirmed or whether the expectations needed to be modified.

Data analysis

After obtaining the data, I analyzed them to uncover answers to the research question.

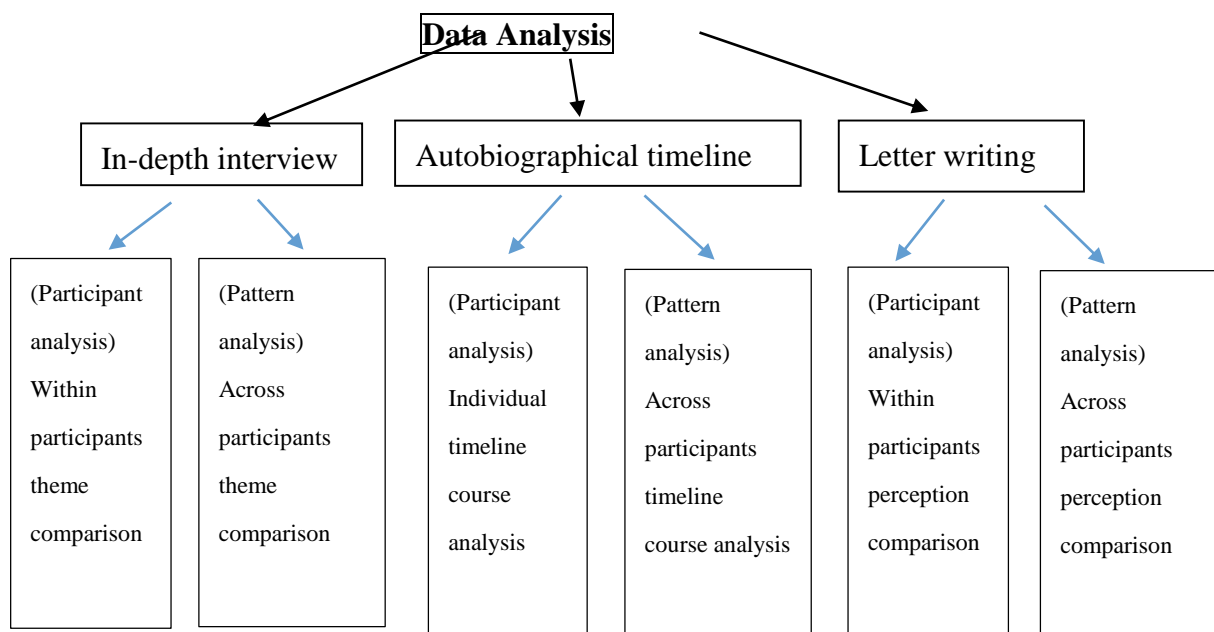
According to Merriam and Tisdell (2016), data analysis is the process of making sense of data through interpreting and consolidating what people have said and what the researcher has seen and read. This process is in fact the making of meaning from data. Rubin and Rubin (2011) stated that formal systems of qualitative analysis include coding techniques for finding and marking the underlying ideas in data, grouping similar kinds of information together in categories, and relating different ideas and themes to help researchers obtain meaning from data. According to O'Connor and Gibson (2003), researchers should analyze qualitative data in a series of steps, as follows:

1. Organize the data.
2. Find and organize ideas and concepts.
3. Build overarching themes in the data.
4. Ensure reliability and validity in the data analysis and findings.
5. Determine possible and plausible explanations for findings.

In following this procedure, I organized the data and then proceeded to the next step of picking out ideas and concepts for different categories, such as inner peace or support from other church members, and organizing them into specific categories. Each of the response categories had one or more associated themes that gave deeper meaning to the data. For

example, one of the themes that emerged from the data was that the participants associated feelings of inner peace with religion. The theme of inner peace thus emerged from the responses, and the categories related to each of the questions were further discussed. The best way to review the validity of research findings and a researcher's interpretation of them is to go back and ask the participants to review their responses to determine whether any important information is missing or unclear. The process of analysis at this stage was to find possible and plausible explanations for the findings. This involved turning back to the literature and comparing whether similar explanations for participants' experience of religion had been found in previous studies. In the final stage, I devised suggestions for the possible implications of the findings.

Creswell (2014) stated that all research methods to obtain data involve weaknesses and biases. The data were triangulated to neutralize these problems. Research data were obtained from an interview through narrative inquiry, an autobiographical timeline, and letter writing to obtain a comprehensive understanding of the participants' experience of religion (see Figure 10).

Figure 10. *Triangulation of the data sources*

Leung (2007) pointed out that individual-level analysis can help a researcher obtain in-depth understanding of participants' experiences, whereas pattern analysis can help a researcher build a model or theory. Thus, all data from the in-depth interviews, autobiographical timelines, and letter writing obtained from the participants in this study were analyzed using these two methods. The participant-level analysis aimed to understand individual participants and pattern analysis was used to make comparisons across the different participants. Through analysis using these two methods, I enhanced my understanding of the participants' religious experiences in relation to their chronic illnesses. This makes the exploration of the participants' experience in this study idiosyncratic and gives readers a deeper understanding of the participants' experiences as similar but also

different. Each suffered from a chronic illness, but what was the process of their acceptance of this situation? How were their religious beliefs influencing their emotions? How were their religious practices affecting their thoughts? What emotional changes had taken place and how were they choosing their religious coping strategies? Each participant dealt with these issues differently.

AlYahmady and Alabri (2013) stated that qualitative data are mainly text-based and come from interview transcripts, observation notes, and documents. Qualitative data analysis is a coding process. The data collected for this study were analyzed using the NVivo software package. During the analysis process, I used NVivo to help identify certain keywords related to the above questions, such as comfort, hope, inner peace, forgiveness, positive thinking, courage, and gratitude. This guided the selection of texts that were identified for coding. I also analyzed coding stripes to obtain insight into the interviewees' conceptions of how religious support helped them overcome their dejected feelings and improve their mental health. All of the participants' experiences related to their illnesses and religious beliefs were analyzed. They are presented comprehensively below.

Key findings from a comparative analysis of the participants' experiences

From the data analysis, all of the participants attended church and participated in spiritual activities in church and other places, including their own homes. These spiritual activities included worship, fellowship, praying to God on their own and/or with other church

members, reading the Bible and/or spiritual materials, singing or listening to hymns, and watching witness from other Christians. These spiritual activities provided the participants many positive messages, church-based social support, and the feeling of being helped by God. The most important thing was their belief that God helps them solve their problems, including their illnesses. They believed that they could give their problems to God and He would help them. Thus, they described handing over their problems to God as being like throwing all of their problems away. Meanwhile, the concern and support of other church members gave them companionship in their journey, such that they felt empowered to overcome their illnesses and daily problems. All of these positive effects also led them to do more things to help themselves, including following God's words and the teachings of the church to live every day. These protective factors helped the participants alleviate the unhappiness and worries resulting from their chronic illnesses.

Contribution to the theoretical framework

These research findings are similar to those of other studies related to this topic, but there are some differences. The first point of difference is that the literature has focused on people's outcomes from their religious belief rather than on the transformational process of their own experiential learning and its influence on the outcomes for their mental health. The second is the finding that support from other members of the church is a critical element in helping people regain confidence in their religious beliefs when they encounter repeated

negative life events. The literature has not answered how people can maintain their religious belief in such circumstances. The third point is that there is vitality and variety in people's religious beliefs, but these beliefs do not always help them achieve positive outcomes in regard to their mental health, and sometimes they lose confidence in their religious beliefs. The fourth difference is that the findings of many previous studies have not mentioned that most people's relationship with God is not always good. Although the participants all had Christian beliefs, not all of them always had God as their top priority.

Religious belief helps the participants to obtain strength to overcome adversity

The main finding of this study is that religious belief helps people have positive emotions, but these beliefs can sometimes also create pressure if they cannot follow God's words in their life. The experience of chronic illness caused the participants continuous health problems and life challenges. When these participants practiced spiritual activities and experienced their health problems at the same time, their emotions fluctuated and their religious belief was sometimes beneficial and sometimes not. Nonetheless, they obtained the support of the members of their church—a very important protective factor in helping them regain confidence in their religious beliefs. Thus, the course of the participants' religious belief was circular and had vitality. These findings differ from other studies in reporting that religious beliefs do not always afford people positive attitudes to cope with the problems associated with their illnesses. They thereby provide a more complete picture of the

participants' religious beliefs, activities, and attitudes, which help them improve their emotions and obtain the strength to overcome their adverse situations.



Chapter 5: Understanding the participants' life challenges, negative self-perceptions, and emotional problems

As noted from the participants' sharing as to how their religious experiences helped them improve their emotions in dealing with their chronic illness, the results were organized into four phases for the analysis of the transformational process. The first phase was to analyze the participants' daily life problems caused by their illness. The second phase was to analyze the negative perceptions held by the participants as a result of these daily life challenges. The third phase was to examine how these negative perceptions affected the participants' emotions. The fourth phase was to examine the spiritual activities that helped them improve their emotional status. Finally, their emotional changes (outcomes) were analyzed.

The first part of this chapter explains how the participants' daily life challenges caused by their chronic illnesses created psychological problems for them. The findings of this study show that the participants had all encountered very great difficulties in their daily lives, including their work, self-care, and interpersonal relationships, due to their chronic illnesses. For example, some had suffered from a stroke, which affected their mobility and ability to work, and some had suffered from brain damage that had left them wheelchair bound and made it hard for them to take care of themselves. Their illnesses had caused major changes in their lifestyles and there were many things that they could no longer do. Therefore, as a result

of their illnesses, the participants experienced many daily life challenges, and these difficulties led them to develop many negative self-perceptions. These negative feelings then created many emotional problems, including unhappiness and concerns about their health and other life issues. According to the narratives presented during the interviews, the life challenges of the participants are summarized in Figure 11.

Figure 11. *Summary of participants' daily life challenges due to their illnesses*

Participant	Difficulties in daily life	Difficulties with work	Effects on interpersonal relationships
P1 (Walking ability not affected)	- Minimal	- Few, but needs to take sick leave to receive treatment in a hospital every month	- Had difficulty making friends and lacked support from her classmates in secondary school - Classmates called her a disabled person and handicapped person (殘廢者); relationship with classmates was not good
P2 (Wheelchair user)	- Cannot reach things in high places - Cannot cook - Transportation inconveniences	- Illness does not affect her work too much, but finds it difficult to use public transport when she has outside work - Can only look for a job that can be done while sitting on a chair	- Not well accepted by her family members, except her mother - Thinks that her relationship with service users is good
P3 (Walking ability not affected)	- Minimal	- Cannot deal with long working hours - Can only do a part-time work because her illness makes her unable to bear pressure	- Little
P4 (Poor walking balance, but does not need to use auxiliary tools to assist with walking)	- Cannot grip things, such as cups or bowl - Cannot stand for a long time	- Cannot do a job with too much pressure or long working hours	- Was scolded by her parents when she was young because she could not grip objects and often dropped things from her hands - Parents pushed her to do a job with too much pressure, which affected their relationship
P5 (Walking ability not affected)	- Cannot do heavy housework	- Cannot do heavy jobs	- Little
P6 (Wheelchair user)	- Cannot go cycling	- Very difficult to seek a full-time job	- Poor relationships with family and friends

	<ul style="list-style-type: none"> - Cannot do housework, including cooking and reaching for high objects 	<ul style="list-style-type: none"> - Can only look for a job that can be done while sitting on a chair 	
<p>P7</p> <p>(Uses crutches to assist with walking)</p>	<ul style="list-style-type: none"> - Does not want contact with other people - Unable to sleep - Needs to take sleeping pills every night 	<ul style="list-style-type: none"> - Not motivated to work - Cannot concentrate on work - Cannot do a full-time job with too much pressure - Can only look for a job that can be done while sitting on a chair 	<ul style="list-style-type: none"> - Social network is very weak
<p>P8</p> <p>(Uses a cane to assist with walking)</p>	<ul style="list-style-type: none"> - Has lost his self-care ability - Cannot go to many places - Can only walk very short distances - Unable to do many things for himself 	<ul style="list-style-type: none"> - Cannot manage a factory in China as before - Cannot do many things, including heavy jobs and too much outside work, due to difficulties walking - Can only look for a job that can be done while sitting on a chair 	<ul style="list-style-type: none"> - Because of his bad mood after suffering from illness, his tone is not always good when he asks his wife to help him, so his relationship with his wife is becoming worse
<p>P9</p> <p>(Wheelchair user)</p>	<ul style="list-style-type: none"> - Her health condition has caused her a visual problem that affects her ability to study - Economic problems - Needs to search for suitable traffic routes to find out how to get to places 	<ul style="list-style-type: none"> - Very difficult for her to look for a full-time job - Cannot do a heavy job - Can only look for a job that can be done while sitting on a chair 	<ul style="list-style-type: none"> - Relationship with her father is not good as her father has not accepted her illness - Her mother accepts her illness and loves her very much
<p>P10</p> <p>(Walking ability not affected)</p>	<ul style="list-style-type: none"> - Cannot do heavy housework - Illness affects her walking balance, so she easily falls 	<ul style="list-style-type: none"> - Very difficult to look for a full-time job - Unable to do heavy jobs 	<ul style="list-style-type: none"> - Little
<p>P11</p> <p>(Poor walking ability, but does not need to use auxiliary tools to assist her walking)</p>	<ul style="list-style-type: none"> - Cannot watch TV and can only see objects that are within a foot - Swallowing problems - Walking ability is becoming poor - Her friends need to accommodate her 	<ul style="list-style-type: none"> - Cannot do intricate jobs, including needle-work - Working speed is becoming slow 	<ul style="list-style-type: none"> - Relationships with her colleagues have been affected - Talks to others less frequently

	- Cannot sleep at night		
P12 (Poor walking ability, but does not need to use auxiliary tools to assist her walking)	<ul style="list-style-type: none"> - Walking ability has been affected - Needs help from others - Cannot reach things that are high up - Cannot wash her clothes 	<ul style="list-style-type: none"> - Not able to carry heavy objects at work - Can only use one hand to type - Typing speed is becoming much slower than before - Very difficult for her to hold a job - Can only look for a job that can be done while sitting on a chair 	- Little

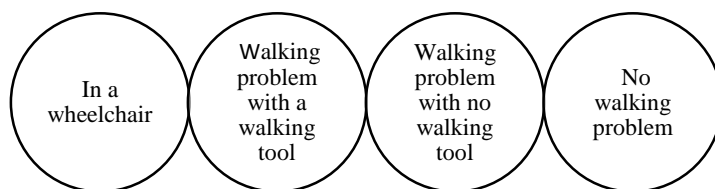
In this chapter, I discuss the participants' similarities and differences in their life challenges, their negative self-perceptions, and the emotional problems associated with their illnesses. I also explore how they used their religious practices and activities as spiritual coping skills and what the outcomes of engaging in these spiritual coping mechanisms were. The transformational process of developing and using these coping strategies and skills is discussed in the subsequent chapters.

Problems of chronic illness in daily life

The participants' narratives reveal that different kinds of chronic illnesses caused them to suffer a variety of health problems and affected their daily lives in different ways. The walking ability of some of the participants was affected by their illnesses, such that they needed to use a wheelchair, crutches, or a cane to assist them. Other participants had no walking problems. The daily lives of the participants with walking problems caused by their chronic illnesses and of those who needed to use walking aids were more affected than those of the other participants, as discussed in detail in the next section.

Four levels of walking ability

Figure 12. Four levels of walking ability



From the participants' narratives, walking ability can be divided into four categories: no walking problem, walking problem with no walking tool, walking problem with a walking tool, and in a wheelchair. Each level of walking is associated with different daily life challenges.

In a wheelchair

The participants whose walking ability was affected by their illnesses and needed to be in a wheelchair depended on other people to take care of them in their daily life. Transportation was also very inconvenient for them. Their main transportation mode was low-floor buses, the MTR, the rehab bus, and the rehab taxi. Before going somewhere, they needed to consider their transportation route, roads, and even buildings to determine their suitability for use. They could not go to facilities that were not fit for them, including buildings without barrier-free access. They also needed more help from others than those who did not need a wheelchair.

Walking problem with a walking tool

The participants who needed to use walking tools to assist their walking were not restricted with regard to transportation and did not need to depend on barrier-free access to facilities, so they could go to places more easily than those who did need a wheelchair. Thus, they rarely complained about not being able to take care of themselves. Furthermore, their self-care ability was at least good enough for them to be able to cook for themselves.

Walking problem with no walking tool

Some of the participants did not use walking tools but had poor walking ability due to the physical problems resulting from their illnesses. Their self-care abilities were better than those of the participants who required a wheelchair, except for one participant who had suffered a stroke. Transportation was not a major difficulty for them.

No walking problem

The participants whose walking ability was not affected by their illness also shared their experiences. Their daily lives were not very affected by their health problems, as they could take care of themselves and did not have any transportation problems.

Whether the participants' daily lives were affected greatly by their chronic illness very much depended on whether their illness caused them to have physical problems. The daily lives of the participants who suffered from chronic illnesses affecting their physical ability, and particularly of those who needed a wheelchair, were much more difficult than the daily

lives of those without physical problems. Walking problems also affected their work life, as discussed in the next section.

Difficulties with work

The participants who required a wheelchair faced many problems with work due to their health conditions. They found it very difficult to get a job and not many kinds of jobs were suitable for them. The participants who required walking tools to assist with their walking, but who did not require a wheelchair, did not report great difficulties finding a job. Although not every kind of job was suitable for them, they had more job opportunities than those who needed a wheelchair because they were not restricted to facilities with barrier-free access.

The participants with poor walking ability caused by the physical problems associated with their illnesses, but who did not need to use walking tools, could not work in jobs requiring them to stand for many hours and were unable to continue in their previous jobs after suffering from their illness. However, they were not restricted in choice of transportation and they did not report difficulties seeking jobs. The work life of this category of participant was thus less affected by their illness than that of the other participants. Finally, the participants whose walking ability was not affected by their health condition perceived their illness as influencing their work less than those who had walking problems.

Common problems related to chronic illness

Although the participants' working lives were affected to different levels depending on their walking ability, all of the participants had the common problem of needing to take leave regularly to attend follow-up hospital appointments related to their illness. Some reported needing to take leave to attend hospital appointments once or twice per month. They expressed great concern that their employers would terminate their employment if they took too much sick leave. Therefore, whether they had walking problems or not, all of the participants shared that they would be more comfortable if they were referred to a job by a social worker. In this case, their social worker could tell their employer in advance about their health situation and that they would need to take leave to attend follow-up clinical consultations, and they would that know their employers have accepted this. Their employer would then know that they need to attend follow-up appointments for their illness and would allow them to book leave for this purpose. The most important thing in regards to work was for the participants to feel accepted by others and that they can work like healthy people.

Effects on interpersonal relationships

From what the participants shared about their experience of illness, it was clear that their illness not only influenced their health condition, daily life, and work but also their relationships with others. There are two reasons for this. First, the participants' illnesses were sometimes not accepted by others, such as their family or colleagues. P2's grandmother did

not accept her illnesses and thought that her mother must have done something wrong for her to be born with disabilities. P1's experience also fell into this category. She told me that when she was in secondary school, her classmates knew that she needed to attend follow-up appointments regularly. They did not accept her and made fun of her for being a handicapped person, and she had difficulty making friends at that time. Whether the participants were accepted by others thus affected their personal relationships. As reported below, showing too much concern can also be a problem.

Second, the participants' illnesses affected their physical capacity and caused them problems in regard to work and self-care. Thus, they needed to obtain help from others or were unable to provide financial support to their families. Their illness therefore not only affected themselves but also the people around them, including their family and colleagues. P9's physical problem made it very difficult for her to obtain a job, making her unable to earn money and financially support her family. Her father's dissatisfaction with this situation greatly affected their relationship. P8 needed to be taken care of by his wife and could no longer work in his previous job. This gave rise to his bad temper and poor manners when asking for help from his wife, such as demanding a cup of water or to buy something for him. As a result, his wife felt very unhappy and regarded P8 as a very troublesome person, in turn causing them to argue constantly. Given that the participants' families must take the time to take care of them and are also affected by their bad temper, the atmosphere of the household

can sour, worsening the participants' unhappiness. Fortunately, P8 and his wife attended the same church to participate in worship every Sunday, giving them a chance to share their feelings surrounding their family issues, work, and other aspects of their lives. This helped them overcome the daily challenges related to P8's illness.

P11's illness affected her working ability and her working speed had slowed. She reported sometimes needing her colleagues' help to complete her tasks at work, which strained her relationships with them. P4 reported a similar experience. Her physical problem also made it impossible for her to hold an object tight, for which she reported often being scolded by her parents. She said that her parents also worry about her employment and constantly push her to find a full-time job, but she thinks that working full time would not be suitable for her. This issue is the source of many arguments with her parents.

P6 reported that his relatives and friends want him to do more exercises and expect him to recover if he does. However, the physical problems resulting from his illness cannot be improved, and his doctor and occupational therapist are only trying to ensure that they do not worsen. According to P6, his relatives and friends do not understand the nature of his illness and seem to accuse him of not doing enough to help himself. In P6's experience, his relatives and friends do accept him and show a great deal of concern for him, but this level of concern has become a source of great pressure, making him feel very uncomfortable and affecting his

personal relationships. From the experiences shared by P2 and P6, no acceptance and too much concern can both create pressure and bad feelings.

The experiences shared by the participants not only help us understand what the common problems are in their lives, work, and relationships after suffering from their chronic illness but also the particular difficulties resulting from their individual health conditions. The participants with illnesses that affect their physical capacity faced greater difficulties with daily life and work than those without physical problems. The participants' illnesses also influenced their relationships with other people. If they need to obtain help from others, such as family or colleagues, it can cause difficulties with their relationships. Some of the participants had developed bad attitudes from their illness and daily life problems, which also influenced their relationships with family members. Furthermore, too much concern or a lack of acceptance by friends and family members can create pressure and unhappiness on both sides. When people encounter daily life challenges resulting from their chronic illness, they can develop negative perceptions that affect their emotions, as discussed below.

Negative perceptions and emotional problems

As noted above, the participants reported many problems with their lives due to their chronic illness. These problems gave rise to many negative feelings, such as questioning why they had an illness, believing that they were useless, and feeling that no employer was willing to hire them. This in turn led to low levels of self-confidence and a poor self-image. The

challenges they faced in their lives gave them negative perceptions and caused emotional problems, such as unhappiness, depression, and worry. In this section, I discuss these negative perceptions and how they lead to emotional problems.

Negative perceptions of the self, others, and the adverse situation

As the participants faced their illnesses and daily life problems, they developed some negative perceptions, with the degree of these negative perceptions depending on whether they had a positive personality. Negative perceptions give rise to another level of emotional problems, as they create worries about a given situation. How the participants perceived their illness and the emotional problems that arised is discussed below.

Figure 13. *Participants' negative self-perceptions and emotional problems*

Name	Negative perceptions	Emotional problems
P1	<ul style="list-style-type: none"> - Feels different from her classmates and other people - Medicine could not help her to fully recover from her illness - Regards herself as a sick person 	<ul style="list-style-type: none"> - Major discomfort and loneliness - Desire to attempt suicide - Major fear of her treatment, including receiving injections and blood transfusions - Hopelessness - Major unhappiness
P2	<ul style="list-style-type: none"> - Lack of personal growth, which has made her pessimistic 	<ul style="list-style-type: none"> - Major worries that her health condition will become worse - Major stress about getting hurt
P3	<ul style="list-style-type: none"> - Feels that no one can help her - Felt her life was doomed to last for only one to two years more before starting to believe in God - Could not accept her cancer at the beginning - Denied her illness and asked herself why she was this way 	<ul style="list-style-type: none"> - Major unhappiness and worry - Hopelessness and helplessness
P4	<ul style="list-style-type: none"> - Asks herself why only she in her family encounters these bad experiences 	<ul style="list-style-type: none"> - Unhappiness and worry - Anxiety and helplessness - Embarrassment - Pressure from her parents pushing her to work full time
P5	<ul style="list-style-type: none"> - Really did not know how to face her illness 	<ul style="list-style-type: none"> - Major shock and fear

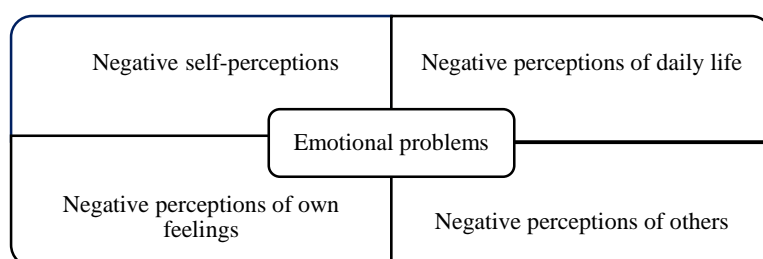
	<ul style="list-style-type: none"> - Asks why she got this illness 	<ul style="list-style-type: none"> - Major anxiety, fear, crying, great pressure - Anger and unhappiness
P6	<ul style="list-style-type: none"> - Lost something after becoming ill - Other people do not understand him - No employers are willing to employ him 	<ul style="list-style-type: none"> - Major anxiety - Helplessness, worry, unhappiness, pressure - Very bad feelings - Depression
P7	<ul style="list-style-type: none"> - Life is really very hard - Envy other people who do not need to take sleeping pills - Cannot do many kind of jobs - Useless person - Always committing crime 	<ul style="list-style-type: none"> - Low mood, fear without an object - No desire to contact other people - Need to stay in a very quiet environment - Major unhappiness - Easily feels anxious and worried - Crying - Great sensitivity to the words “you have mental illness” (if her friends say these words, she becomes even more unhappy) - Feeling of being discriminated against - Feeling that work is impossible - Unable to sleep at night - Fear that God will punish her
P8	<ul style="list-style-type: none"> - Difficult to accept having to be taken care of by his wife for his whole life - Has lost all the values that he treasured before - Cannot do factory work as a manager anymore and needs to be taken care of by his wife, so has “lost face” and feels bad - Has become a useless person - Has become a miserable person - Lost something after becoming ill 	<ul style="list-style-type: none"> - Unhappiness - Low mood - Holds his wife to cry - In the early stage of his illness, he needed a wheelchair, so he felt very disappointed and discouraged - Temper and attitude becoming worse towards his wife
P9	<ul style="list-style-type: none"> - Feels bad because her disabled condition affects her mother’s life - Feels useless because of having no money to give to her parents - Feels very guilty because cannot provide economic support to her mother and her mother needs to work very hard - Feels very bad when passers-by ask her mother why her daughter cannot walk normally and say that her mother must have done something wrong in her previous life 	<ul style="list-style-type: none"> - Helplessness - Major unhappiness - Pressure from her father - Crying - Major anxiety - Sudden lack of control over emotions
P10	<ul style="list-style-type: none"> - As her illness gets worse, she will not be able to take care of her daughter any-more 	<ul style="list-style-type: none"> - Slight unhappiness about illness - Slightly disappointed and unhappy during the initial stage of her illness - Major unhappiness and worry
P11	<ul style="list-style-type: none"> - Poor standard of working ability due to her health condition 	<ul style="list-style-type: none"> - Feeling bad and unhappy because her colleagues’ attitudes and tone are very bad towards her

		- Anger with herself
P12	<ul style="list-style-type: none"> - Asks herself why she has to suffer from this illness - Concerned about how normal people see her physical ability - Considers her working speed too slow compared with other people 	<ul style="list-style-type: none"> - Unhappiness - Worry

Participants' negative perceptions

The experiences shared by the participants revealed that their illnesses had created many life challenges for them and gave them negative perceptions. These perceptions can be classified into four types: self-perception; perceptions of daily life; perceptions of feelings; and perceptions of others (see Figure 14). These negative perceptions cause emotional problems.

Figure 14. *Negative perceptions and emotional problems*



Some of the participants reported negative self-perceptions. P7, P8, and P9 perceived themselves as useless. P1 perceived herself as a sick person who often needs to see a doctor and thus as different from others. P1 and P5 could not understand why only they were experiencing their illness. P2 described herself as unhappy and pessimistic and P8 perceived himself to be a miserable person. P5 said she really did not know how to face her illness and P3 could not accept the fact that she had an illness. P12 believed that her working speed was

too slow compared with others and P11 thought that her working ability could not reach the required standard due to her health condition. P1 felt that medicine could not help her fully recover from her illness. Finally, P10 felt that her illness might get worse in the future and that she would no longer be able to take care of her daughter.

In the second type of negative perception, some of the participants perceived their daily lives in a negative way. P2 felt that her illness was affecting her family. P7 thought that her life was very hard. P7 and P8 believed that they could not work due to their illnesses. Finally, P6 and P8 felt that it was very difficult for them to be employed and that they had lost something after beginning to suffer from their illness.

Some of the participants also had negative perceptions of their own feelings. P3 felt that she was doomed to have only 2 to 3 years left to live. P8 felt that he had “lost face” because it was difficult for him to accept that he needed to be taken care of by his wife. P9 felt very guilty because she could not provide financial support to her mother.

The participants expressing negative perceptions of others included P6, who thought that other people do not understand him; P7, who felt that she was always discriminated against by others; and P6, who believed that no employers were willing to hire him.

Putting aside any physical pain felt by the participants due to their illnesses, they were faced with many daily problems, including those related to unemployment, job performance, relationships with others, the inability to take care of themselves, and outside activities. There

were many things that they could no longer do, and they had lost many of the things that they had before developing their illness. All of these difficult life challenges resulting from their chronic illness certainly caused them to develop negative perceptions.

Emotional problems resulting from negative perceptions

The participants had many negative perceptions when dealing with their life challenges. They reported regularly engaging in negative self-talk, which can limit individuals' ability to believe in themselves and carry out normal tasks. This type of thought diminishes people's ability to make positive changes in their lives and gives rise to feelings of unhappiness.

Whatever kinds of chronic illness and physical problems the participants suffered from, they all reported emotional problems that were influenced by their negative perceptions and that triggered many of their daily life problems. The participants reported common emotional problems of unhappiness, worry, anxiety, stress, fear, helplessness, and anger, and two of them had crying spells.

Alongside these common issues, some of the participants reported unique emotional problems. P7 did not desire contact with others, had low motivation to work, needed to stay in a very quiet environment, feared very noisy places, did not want to hear her friends and family say she has a mental illness, and had previously attempted suicide. P1 and P7 were the only participants who reported suicidal ideation. P1 only had this intention when she was young, whereas P7 had really attempted to commit suicide; fortunately, she was found in time

by her family and delivered to a hospital to receive treatment. P7's emotional problems were more intense than those of the other participants because she suffered not only from a chronic physical illness but also from mental illness. She described her mental illness as giving her many emotional problems. Given that she was also suffering from a chronic physical illness at the same time, she felt that her life was very hard and as a result had developed the intention to end her life. From all of the participants' experiences, it appears that people who suffer from mental illness have more emotional problems than those only suffering from physical illness.

Perceptions related to employability were a factor in emotional problems for some of the participants. Although P7 expressed the most intense emotional problems, P9 was also emotionally unstable. While participating in the retraining courses at the center, she suddenly started to cry a few times during the classes and was unable to control her emotions. She described herself as a useless person. She also said that she felt guilty because she could not obtain a job to provide economic support to her mother and that this was why she is sometimes unable to control her emotions and cries suddenly. P6 also described himself as losing many things because of the great difficulty obtaining a job due to his health condition, and he expressed the belief that no employer was willing to employ him.

The participants who held a satisfying job did not describe themselves as useless or as having lost many things, and they did not express guilt. P6, P7, and P9, however, expressed

dissatisfaction with their work and reported feeling great difficulty in finding a job. In particular, P9's income was insufficient to support her family. Their emotions differed somewhat from those of the participants with satisfying jobs. How the participants perceived themselves (e.g., as valued) and whether they had a satisfying job were critical elements.

From the participants' narratives, those who had no physical problems due to their illnesses and thought more positively had fewer emotional problems than those who had physical problems and negative perceptions. Thus, two factors, personality and physical problems, affected the participants' emotional state. The most important point is that personality determined whether a participant engaged in positive thinking about his or her adverse situation. In this respect, the participants can be divided into three groups. First, P2, P5, P8, P10, P11, and P12 had very optimistic personalities with tendencies for positive thinking. Although some, including P11 and P12, had illnesses that seriously affected their daily lives, they did not see their illness and the associated daily challenges as serious problems. This group of participants had few emotional problems. Second, P1, P4, and P6 had rather pessimistic personalities and sometimes used negative thinking in perceiving their adversity. They had more emotional problems than those who engaged in positive thinking. Third, P7 and P9 had very pessimistic personalities and had negative perceptions of themselves and their situations. As they also had physical problems, these two participants

experienced the most serious emotional problems when facing their illnesses and daily challenges.



Chapter 6: Religious activities and spiritual coping skills

For the study participants, religion not only involves being educated in the doctrine of the church, such as Jesus' crucifixion and resurrection after three days, but also includes many practical spiritual activities. The participants believe in God and go to church, and they also perform many spiritual activities both at church and at home or in other places, according to their spiritual needs. Some of these religious activities, such as worship and fellowship, can be done collectively, and some of them, such as personal prayer and Bible and other spiritual reading, can be done alone. The various religious practices and activities of the participants are listed in Figure 15.

Figure 15. *Spiritual coping skills and activities*

Participant	Seeking help from church members	Praying to God or asking other church members to pray for them	Reading the bible and spiritual books	Engaging in health-promoting behavior due to religious affiliation	Following religious prescriptive and proscriptive norms	Other activities
P1	✓	✓	✓			
P2	✓	✓	✓			- Listening to hymns
P3	✓		✓	✓		- Participating in fellowship to watch video talking about witness

P4	✓	✓	✓			- Writing a letter to God before bed
P5	✓	✓	✓			- Listening to the Bible
P6		✓	✓			- Attending worship
P7	✓	✓	✓		✓	- Singing psalms
P8	✓	✓			✓	- Praying with wife before going to bed - Helping other people
P9	✓	✓	✓			
P10		✓	✓	✓	✓	- Listening to hymns
P11	✓		✓			- Listening to hymns
P12	✓	✓	✓			- Listening to hymns

The participants all use more than one spiritual activity to help overcome their emotional problems. These include seeking prayers from fellow members of the church, reading the Bible or spiritual books and materials, and praying to God. However, each participant has his or her own unique feelings about religious experience, so the participants have different perceptions of how they think a particular activity can be most helpful for them to relieve their stress and unhappiness. Each participant has their own understanding of how religious activities can benefit their own situation. They think about which kinds of spiritual activities are most important for them, with the most significant consideration being that they feel

comfortable and relaxed with the activities they choose. Participants take part in collective spiritual activities, and some also practice individually, but most take part in both group and individual activities. The next section describes how they practice these activities in more detail.

How participants practice their spiritual activities

As Christians, all of the participants reported participating in Sunday worship and fellowship to keep up with their spiritual learning. From these activities, they are able to learn God's words and obtain support from other members of the church. P1 said that when she has emotional problems resulting from her chronic illnesses, she seeks help from church members and obtains their support. During the process, she shares her problems with them and asks them to pray for her. She also prays to God and reads the Bible by herself when she is feeling unhappy.

When P2 is experiencing unhappiness and stress resulting from her chronic illness, she reads the Bible and seeks help from other members of the church. She also believes that praying to God enables her to hand over her problems to God, which reduces her feelings of unhappiness.

P3 seeks help from church members by sharing her problems with them when she is experiencing unhappiness from her chronic illness, and she also obtains their help, which includes asking them to pray for her. She also prays to God and reads the Bible when she is

stressed about her health condition. She said that she follows God's words and her church's teaching to live every day and that this helps her to improve her health.

P4 also reported seeking the help of other members of the church, including asking them to pray for her, when she is experiencing stress and emotional problems due to her chronic illnesses. Additionally, she practices a very special spiritual activity of writing letters to God, through which she hands over her worries to God.

P5 listened to the book of Job in bed when she was awaiting treatment for her cancer. Listening to this book reduced the stress resulting from her illness. She said that the support of other church members was very important during her illness. Therefore, when she is unhappy, she seeks help from other members of the church. She also prays to God and hands her worries over to God.

P6 prays to God daily and tells God everything, however big or small. He hands his problems over to God through prayer. He also reads the Bible every day to follow God's words to live. He particularly mentioned attending worships as being very important for him in his religious life because it made him feel close to God.

P7 suffers from chronic physical and mental health problems, so she practices many daily spiritual activities to help reduce her stress and unhappiness. These spiritual activities including singing psalms, seeking help from a preacher to pray for her, reading the Bible and

spiritual books, praying to God on her own, and following the church's teaching to not do wrong and to do more good things.

P8's spiritual activities include praying to God with his wife before going to bed, and following God's word to love and help other people. He also participates in a small group of church members to pray to God and hand his problems over to God. He has sometimes sought the help of other members of the church when feeling unhappy.

When P9 was experiencing emotional problems related to financial issues stemming from her inability to work, she read the Bible to follow God's words on how to live and sought help from church members. Peer support is very important for her.

P10 used to participate in Sunday worship and fellowship as her spiritual activities. She mentioned that she follows God's words to live and that this is important for her. She also prays to God, listens to hymns, and watches witness on YouTube when she feels unhappy. P10 regards reading the Bible as the most effective religious coping method in reducing her anxiety over there not being anybody to take care of her daughter if she dies from her cancer.

P11 seeks help from church members, including sharing her problems and asking them to pray for her, when she feels unhappy. She also follows the Bible's teachings and cares for other people to give meaning to her life. When she needs to improve her emotional state, she listens to hymns.

P12 has often sought the help of other church members because she feels that their concern and love for her are very important and encourage her to keep attending church. She sings hymns and remembers that God is with her. She regards praying and reading the Bible as the most helpful activities for her to improve her emotions when she is experiencing unhappiness resulting from her health condition.

With this understanding of the participants' spiritual activities, the next section discusses how these activities become coping skills and help the participants to alleviate their unhappiness and emotional problems.

Spiritual coping skills

As discussed above, the participants often practice spiritual activities in their religious life. They find that practicing these spiritual activities helps them to improve their emotional state. This section looks at how these religious practices and activities are transformed into spiritual coping strategies and skills by the participants.

All the participants were very clear in describing when they felt unhappy or worried due to their chronic illness, and they expressed knowledge of how to use their religious activities to help in overcoming stress. The participants' religious practices and activities can be classified into seeking church members' help, praying, reading the Bible, listening to hymns, watching church members' witness, helping others, writing letters to God, following the

religious prohibition of behavior that is damaging to health, and following the church's teaching on what they should and should not do. These spiritual activities serve as coping mechanisms and are commonly used by the participants to face their adversity.

All the participants reported having learned these spiritual coping skills after developing their religious beliefs. When they came into contact with Christians and began to attend church, they learned about God's love and received concern, support, witness, prayer, and even Bible teaching from members of the church. They therefore learned their coping mechanisms through members of the church, who taught and encouraged the participants to take part in religious activities when they were facing problems in their life, including those related to their health conditions. The participants followed these suggestions and had their own religious experiences. The learning platforms for these spiritual activities were the education provided by church members and other resources, including YouTube or social media; once they learnt about activities that appealed to them, the participants then practiced these activities according to their spiritual needs.

During the interviews, most of the participants said that their chronic illness causes them difficulty in their lives, and that praying to God was the most helpful thing for them to improve their feelings of unhappiness or stress. Alternatively, some expressed that the most helpful thing for them was the support of other Christians and reading the Bible or spiritual books and materials. A few participants stated that the most helpful aspects of their religious

experience for overcoming emotional distress were listening to hymns, watching videos about other church members' witness in church, and writing letters to God.

Every participant reported performing some religious activities. Spiritual activities are especially used by the participants to overcome stress when facing personal problems, including unemployment, concerns over health problems, and fear of their treatment. Most importantly, every participant said that their emotional problems improved after doing these spiritual activities. This provides positive reinforcement to encourage the participants to engage in these activities again when they experience continuous emotional problems. Spiritual practices actually help them to feel better.

Learning spiritual coping skills through religious education

Education is very important for the participants because their religious coping skills are taught by church members. The participants were told by church members that if they have problems and do not feel well, they can pray to God and He can help you to solve your problems. Church members had also taught participants to watch or listen to other Christians' witness to strengthen their confidence in God and their religious belief. Church members also encouraged the participants to read the Bible and follow the Bible's teachings to live good lives, and that God is love so Christians should love and support each other. The participants had also learnt the content of the Bible and the meaning behind biblical stories. After they learned all these religious coping skills, they became willing to seek help from the church and

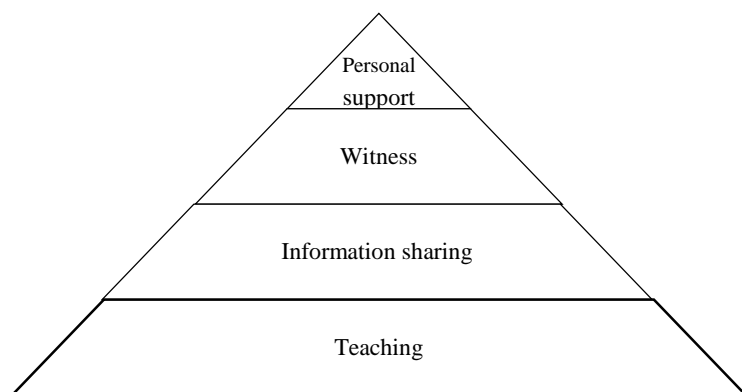
other church members when they faced problems, and found that the church was very willing to provide support when they were in need. All of these coping skills were learned by the participants through church members' education and teaching. Education on how to solve problems through spiritual coping skills was therefore very important for the participants who suffer from chronic illnesses in helping to equip them with the skills to cope with their adverse situations. As everyone has a chance of suffering from severe illness at some point, if people are taught how to handle their emotions when they face such an adverse situation, they not only can help themselves but also take care of others. Therefore, educating people who are suffering from illness or not able to manage their emotional problems is very important.

Most of the participants were unsure what to do after they began to suffer from chronic illness, and also did not know how to cope with the stress associated with their health condition. The church can provide a platform to learn these coping skills, and this is an educative process. Education has helped the participants to learn the many methods that can assist them to overcome their adversity and how to use these methods; it also teaches them that these methods can be useful and encourages them to try. Religious education has therefore been very significant for the participants who suffer from chronic illness in helping them to acquire spiritual coping skills.

Practicing spiritual coping skills with church-based social support and resources

After the participants learn spiritual coping skills from church members, it is important for the church members to encourage and aid them in practicing these skills. In fact, from the participants' narratives it is clear that this support is very important for them. The support of church members gives them the strength to face and overcome their adverse situations. This strength aids them to do more positive things to help themselves. Therefore, the primary support resource for the participants is the church congregation, which is a very important protective factor. Church members' support takes place at four levels: personal support, witness, information sharing, and teaching (see Figure 16).

Figure 16. *Levels of church members' support to the participants*



Church members' support for the participants can be seen as ranging from collective to personal. Teaching is the foundation of the church's support for the participants. When the participants participate in worship, fellowship, and group gatherings, priests or pastors, group leaders, and senior church members teach them about the Bible content, church doctrine, and how to live with God's words. This teaching is not customized for the participants' particular

needs; it teaches them about religious beliefs and this helps them build up their own positive thinking and understand how they can overcome adverse situations through the church's teaching. At the second level of support, church members can provide much useful information, including health information, life wisdom, and parenting advice, to participants based on their needs. For example, the church can invite medical professionals from within the congregation to talk about a particular illness. At the third level of support, church members can share their own religious experience to witness God's love and identify how they depend on God to overcome their adversities. At the fourth level, church members can provide personal support for the participants, which can include being a companion for prayer, showing concern, and even, according to their needs, providing specific assistance such as material assistance and accompanying them to see a doctor. This kind of help is often customized through small groups or individuals to provide help for the participants.

Most of the participants actively seek help from church members because they believe that church members' support is very important for them. Being able to seek help from church members easily is crucial in helping them develop a positive attitude to engage in more spiritual coping activities and in turn better help themselves. In particular, many participants said that the company of church members is very important for them along with customized assistance, with both of these being most useful for improving their emotions.

As most of the participants actively seek help from church members, whether this help is easy to obtain is very important. Help from church members is crucial to help them develop a positive attitude, because the positive reinforcement of receiving help encourages the participants to seek further help from church members when they have emotional problems. If they were to experience church members being unable or unwilling to help them, this would provide negative reinforcement and discourage them from seeking help in the future. Although Hong Kong is not a major Christian cultural city compared to Western countries, most of the participants expressed that they found it easy to seek help from church members when they were experiencing emotional problems or other difficulties in their daily life associated with their chronic illness. P11 was one of only two participants who reported not actively seeking help from other church members, which she said was due to her personality. P4 said that he was unsure whether other church members would respond to him after seeking their prayers. Personality therefore seems to be the main factor affecting whether the participants actively seek help from other church members. Although most of the participants said they were willing to seek help from other members of the church and that this was an important resource for them, two of the participants expressed an unwillingness to get help from church members because of their personality of not wanting to ask for help and doubt as to whether church members would really respond to their needs. Therefore,

members of the church need to aware of those among them that may be reluctant to seek help, and show them more concern.

Most importantly, however, the participants generally expressed that it was easy for them to seek help from other church members through the use of social media (WhatsApp, Facebook, etc.) to communicate. Most of them said that when they are very stressed due to the difficulties associated with their chronic illness, they often use WhatsApp to send a message to other church members, including their fellowship group members, to tell them that they are having problems and ask them to pray for them. Upon receiving these messages, other church members respond to the sender at once with messages of greeting, concern, comfort, and prayer. Instant messaging provides quick, convenient, and time-saving communication for the participants, and helps them to seek instant assistance more easily than before. Other than church members responding to the sender at once through social media, they also follow up on their difficulty by arranging to gather for fellowship and worship. Church members can also download spiritual videos about witness and spiritual materials for readings.

A few participants reported that the church's resources were insufficient to support them. P1 was disappointed that her church only provides fellowship on alternate weeks and felt that this could not satisfy her spiritual need to share her difficulties with other church members. Although she can use WhatsApp to communicate with other church members and

tell them about her stress and receive their prayers, P1 said that she loves to share her problems face-to-face with other church members and receive their response rather than use WhatsApp. Thus, P1 raised the important issue that perhaps not every Christian prefers to use social media to communicate with other church members. Pastors should therefore understand which communication methods their church members prefer to use for sharing their life issues and obtaining support. Nonetheless, most of the participants were satisfied with the support and help that their church provides for their spiritual needs, so the church's resources to support the participants are generally sufficient and can satisfy their spiritual needs.

Personal spiritual coping skills

Furthermore, the participants depend on their spiritual needs and beliefs to choose their own spiritual coping methods to help them overcome their emotional problems. The most common spiritual activities the participants chose were obtaining help from church members, reading the Bible or other spiritual books or materials, and seeing other Christians' witness. Every participant reported engaging in these activities. Listening to hymns is also very a popular method that participants use to cope with their emotional problems. A few participants shared that they write letters to God, but only P4 said that she uses this coping skill to help her overcome her adversity on a regular basis.

P1 becomes unhappy when she is worried about her health problems. She believes that sharing her feelings with church members in a relaxing environment is very important for her to improve her emotions because she feels that she obtains the support of other church members, and this make her feel that she is not alone in facing her health issues. P2 believes that church members' support helps her to maintain her religious belief at times when her illness is worse and gives her strength to overcome her adversity. P3 attends a health talk provided by her church to learn about the nature of her illness and how to keep healthy, and she thinks this helps her to maintain good health. P4 feels that church members understand her and they are willing to listen to her when she describes her problems and unhappiness. She therefore seeks help from them when she is feeling unhappy. P11 reported often seeking help from church members and that her fellowship group invites doctors to provide health talks. She feels that this is very helpful because it increases her health knowledge.

When P3 has emotional problems, she prays to God and feels that God hears her prayers, which helps her solve her problems and worries. After praying, she feels that she has handed the problems over to God, and this provides internal peace and comfort. P5 said that when she feels unhappy and worried about her illness, she prays to God and then also feels that she has handed her problems over to God. This gives her the confidence to face her adverse situation. P6 had a very painful health problem when he was admitted into an intensive care unit to receive an operation. After praying to God, he really believed that God

was a safeguard for him, and this gave him peace in his heart to overcome his adversity. P7 also prays to God when she has problems due to her illness, and this helps give her the strength to reduce her anxiety. P8 said that he had been praying for four years. He feels that if he prays to God, God will arrange everything for him and teach him what to do, and this gives him peace in his heart. P12 also said that when she prays to God, she feels that she has handed her problems over to God and she feels peace in her heart.

When P2's illness worsens, she reads the book of Job in the Bible. When she compares her pain with that of Job, she feels that her adversity is not as serious as Job and this gives her comfort and the strength to face her adverse situation. P5 said she was very worried when she was waiting to receive a treatment. When she read the book of Job in the Bible, she learned that Job had great confidence in following God's words to face his major adversities. Like P2, she compared her own situation with that of Job and felt her adversity was much less. This gave her the strength to overcome her challenges. From his Bible reading, P8 discovered that God arranged for him to fall on rich soil, and this helps him to grow and overcome his adversity. He too has gained the strength to face his health problems from the Bible. P11 said that she had learned many positive things from the Psalms of David, and she follows these to face her illness.

P3 reported following the church's teaching about how to live, including paying attention to her health and not worrying about tomorrow. She feels that she can relax when she follows these instructions regarding how to live.

P7 and P10 both said that they did not do anything that God forbids, including telling lies. They also do more things that God encourages, such as helping others. Both felt that when they follow God's instruction about how to live, they reduce their stress through religious beliefs and feel internal peace.

P3 reported that watching videotapes showing other Christians' witness about how to overcome their illnesses in church teaches her that many other church members depend on God and support from other members to face their health problems. This calms her worries because she knows that she is not the only one who has experienced sickness; many other Christians also suffer from illnesses and they depend on God to overcome their situations. She thinks she can also do this, and it gives her strength to overcome her health problems.

P2 said that she would listen to hymns when she was feeling stressed due to her illness, and that this helped her to relax because she felt that God was speaking to her through the hymns. P3 also said that she felt very comfortable when she listened to hymns.

One of the participants, P4, spoke of writing a letter to God before bed every night. She said that this allowed her to hand her problems over to God and helped her reduce stress and unhappiness.

The religious beliefs of the participants not only give them the confidence that God can help them to solve problems but also provide a platform for them to learn various spiritual coping skills. These coping skills can improve the participants' emotional problems and give them the strength to face their adverse situations.

The participants in this study attend church and learn various spiritual activities to form part of their spiritual life. They feel that practicing these activities helps them reduce their unhappiness and worries. Therefore, when they experience unhappiness they are willing to practice spiritual activities, which become coping skills. The outcomes from engaging in these spiritual coping mechanisms are discussed in the next chapter.

Chapter 7: Outcomes from engaging in spiritual coping mechanisms

Many participants reported positive outcomes from practicing spiritual activities. As an aid to understanding their religious coping methods, the participants' narratives of the coping mechanisms they used and their outcomes are summarized in Figure 17.

Figure 17. *Spiritual activities used as coping mechanisms and their outcomes*

Spiritual activity	Participant	Coping mechanism	Outcome
Seeking help from church members	P1	- Sharing unhappy feelings in a relaxing atmosphere with church members	- Improved emotions because she felt that she was not alone in facing adversity—many other church members are also disabled and they can overcome problems together and support each other
	P2	- Visiting church members to maintain religious beliefs, remind her of God's love and encourage her to read the Bible	- Felt God's love again, which provided her with strength to overcome adversity
	P4	- Sharing problems with church members	- Felt happy and understood because church members were willing to listen to her problems and understand her situation
	P11	-Attending church health talks	- Reduction in stress from obtaining health information, enhancing her understanding of her illness and reducing uncertainty
Praying to God or asking other church members to pray for them	P3	- Praying to God	- Felt internal peace and comfort from the sense that God hears her problems, the belief that God helps her to solve her problems, and handing all her problems over to God
	P5	- Praying to God	- Felt peace and comfort from handing all her problems over to God
	P6	- Praying to God	- Felt peace in his heart to overcome adversity from the belief that God is his safeguard
	P8	- Praying	- Felt peace in his heart from the belief that God arranges everything for him and teaches him
	P12	- Praying	- Felt peace in her heart from handing her problems over to God

Reading the bible and spiritual books	P2	- Reading the Bible	- Felt comfort and obtained strength from comparing her pain with Job and feeling that her adversity was not as serious as that of Job
	P5	- Reading the Bible	- Learnt from Job's confidence to follow God's voice in facing his adversity. - Obtained strength to overcome her challenges by comparing herself with Job and feeling that her adversity was much less serious than his
	P8	- Reading the Bible	- Helped to grow and felt strength to face his health problems from the discovery that God arranged for him to fall on rich soil
	P11	- Reading the Bible	- Obtained strength to overcome adversity by learning many positive things from the Psalms of David and following them to face her illness
Watching church members' witness	P2	- Watching church members witness in church	- Obtained strength to face her own health problems by observing that others depended on God's help to overcome their problems
	P3	- Watching church members witness in church	- Obtained strength to face her own health problems by observing that others depended on God's help to overcome their problems
	P12	- Watching church members witness in church	- Obtained strength to face her health problems because other church members gave her confidence that God can help her
Health-promoting behavior related to religious teachings	P3	- Following God's words by living every day	- Gave meaning to life
Religious prescriptive and proscriptive norms	P7, P10	- Not doing the things that God forbids and doing more of the things that God encourages	- Reduced stress and felt internal peace from religious beliefs
Listening to hymns	P2	- Listening to hymns at times of stress	- Felt relaxed because she felt that God was speaking to her through the hymns
Writing letters to God	P4	- Writing a letter to God before bed every night	- Reduces stress and unhappiness by handing her problems over to God

Each participant has his or her own coping mechanisms based on spiritual activities to cope with their unhappiness and worries. From practicing these activities, they obtain

different positive outcomes and their emotions are usually improved. These positive outcomes can be grouped into five kind of shifts in perception: change in their perception of themselves and their illness, change in their perception of their life, change in their perception of their feelings, change in their perceptions of others, and change in their perception of their religious beliefs. These changes are discussed in more detail below.

Positive changes in perceptions

The participants believe that their health problems and adversities are very serious. However, they learn from Biblical characters and other church members that their situation is not so bad and they are not the only ones to have suffered or to be suffering from illness and adversity. This can improve their negative perceptions.

The participants expressed that they followed God's words in their daily lives and, in doing so, found that their life became more meaningful. As they practice their religious beliefs, such as by helping others and loving God, their negative perceptions of their lives can improve and their unhappiness can be alleviated.

Negative perceptions of their feelings can also be improved as they hand over their problems and worries to God through prayer, with the belief that He will help solve them. Thus, they feel consoled and this relaxed their emotions.

Many church members are willing to support the participants. This makes them aware that people are very concerned about their situation and can provide them with essential help.

This can also change their negative perceptions towards others. Therefore, church members' support and help can assist the participants to rebuild good relationships with others.

Although many participants sometimes experience doubt as to whether God can really help to solve their problems when they are ill, and particularly to prevent their illness getting worse, the members of the church are very willing to provide them with assistance. This can remind them of God's love and that He has not forgotten them, and thus improve their negative perceptions of religious belief.

When their negative perceptions are improved, their stress, unhappiness, and worries are reduced. Changing from negative to positive perceptions can therefore improve the participants' emotions. From an understanding of the participants' positive outcomes, it is clear that each participant has their own perception of God's help, their relationship with God, their religious beliefs, and even the pressures they face from their religion. Their unique perception of these religious experiences is constituted not only from a single religious element but from many, including discussing church-based social support, frequent prayers to God, whether they always read the Bible or other religious material, or follow the Bible or church's teaching every day. As discussed below, however, the most crucial element influencing the participants' perception of their religious experience is their health condition.

Building up meaning in life

All of the participants expressed firmly that although they were suffering from chronic illnesses, their religious belief was helping them to build up meaning in their lives. The reasons they provided for religious beliefs helping them to build up meaning are listed in Figure 18.

Figure 18. *Reasons for religious belief giving meaning to the participants' lives*

Participant	Reason that religious belief gives meaning to life
P1	- Hope and eternal life
P2	- Has a mission to serve God in teaching Sunday school to children
P3	- Before believing in God, was only focused on money; after believing in God, serves God to help other people
P4	- Believes that God gives more than she has, so has hope from God
P5	- Follows Jesus' teachings to live every day
P6	- Hope and eternal life
P7	- Hope and eternal life; reunion with her grandmother and grandfather in Heaven
P8	- Prays to God and obtains His help
P9	- After believing in God, became happy and positive
P10	- Before believing in God, was only focused on money and had no life goal; after believing in God, follows the Bible to live
P11	- After believing in God, serves God to help other people; hope and eternal life
P12	- Helps her to be positive in her thinking so that she has meaning in her life

In summary, six elements of their religious belief assist the participants to give meaning to their daily lives:

Type I:

1. Hope,

2. Eternal life,
3. Obtaining help from God;

Type II:

1. Following Jesus' teaching and the Bible every day,
2. Becoming happy with a positive attitude,
3. Serving the church and other people.

Although all the participants said that their religious beliefs help them to build up meaning in their life, the reasons given for religion helping to give them meaning varied. The reasons can be classified into two main types. Type I are the psychological feelings of hope, eternal life in Heaven, and obtaining help from God. The participants learned from Bible teaching, preaching, and the sharing of Jesus' words that God has prepared a place for all Christians to go after completing their journey in the world and that Christians can live with God with joy forever. Thus, they have developed the personal religious belief that they will have eternal life. Their hope and ultimate goal is that they will have happiness for eternity and be reunited with their deceased family members and fellow churchgoers in Heaven. Having also learnt from their religion that God helps and loves His people, the participants feel that God helps them. They all expressed this feeling of being helped in their life of adversity, and this psychological feeling gives meaning to their lives.

Type II relates to the participants' real life events and their religious teachings that God tells all Christians that they should serve other people and that this is equal to serving God. The participants respond to these teachings by providing services to other church members and helping and showing concern for others when they are in need. They also follow the Bible's teachings regarding how to live every day, such as having joy in their life and doing good witness for other people. The participants believe that if they do these things they can satisfy God's will and make Him happy. This makes these actions very meaningful and thus helps them to develop meaning in their lives.

Feeling psychologically well and doing good is God's will for how Christians should be. These two kinds of elements give life goals to the participants and they pursue them to live in God's love so that they feel there is meaning to their lives.

Enhancing the quality of the participants' religious belief

From the participants' religious experience, all of them feel that God helps them to alleviate the emotional problems arising from their chronic illness. Some also believe that God helps them, sends angels to assist them, blesses them, and gives them many good things. Nonetheless, sometimes the participants also doubt whether God can help them to solve their problems, particularly in regard to improving their health. Some participants said that when they pray to God and ask him why their health condition is still not improving it seems that they cannot receive God's response. In these troubling periods, they stop praying, reading the

Bible, or engaging in other spiritual activities. When the participants are in this situation, the support of other Christians is very important and helps them to rebuild their thinking about God's help and maintain their religious beliefs.

Many of the participants feel that they have a good relationship with God, and some even described their relationship with God as very good. One of the participants said that her relationship with God was like having a very close friend. A few of them expressed that their relationship with God was sometimes distant and sometimes close. Although some of the participants said that they always have confidence in God, others said they sometimes lacked this confidence. In general, the participants who lack confidence in God also feel disappointed in him because they think that God lets them suffer greatly. A few participants also think that God has forgotten them because they cannot obtain any response from Him as to why their health has not yet improved.

Some of the participants think that their relationship with God is good and also have great confidence in God; others think that their relationship with God is not good and also lack confidence in God. Some feel that their relationship with God is good despite not having enough confidence in God, and a few think that their relationship with God is not good despite having confidence in God. Although many of the participants do not have enough confidence in God, they still feel that their relationship with God is good. Many of them said that they feel their relationship with God is not good and/or their confidence in God is not

strong because of the lack of improvement in their health condition. This feeling arises from believing that they are not doing enough to serve God, including reading the Bible, helping God or other people, or attending church, or from believing that they are doing wrong and that this wrongdoing is harming their relationship with or confidence in God.

P11 has a unique religious experience and feels that her relationship with God is different from other church members, so her religious experience was explored in more depth. She reported having confidence in God, but that her relationship with God was not very close because she has not been able to feel God's presence since starting to attend church. She explained that she feels that there is a wall separating her from God, and she does not know how to break down this wall, which has resulted in the lack of a positive attitude toward serving God. She very rarely serves her church or its members. However, her confidence in God is strong because she thinks that the wall separating her from God is made of glass. Although she cannot touch God directly, she can see God through the glass and knows that God helps her continuously. She used this image to describe her confidence in God because she is satisfied with her life, and particularly with her good health condition. She therefore believes that God helps her, but she cannot feel God's presence and touch him, which makes her relationship with God not good and is like seeing God through glass. P11's religious experience illustrates that people's health condition is critical to whether they have confidence in God.

Although only one participant reported this special religious experience, it serves as a reminder that the participants may not put God at the center of their lives. In fact, some of the participants lack confidence in God or feel that their relationship with God is not good or close. They may share P11's religious experience in thinking that their health condition is fine and therefore believing that God is helping them and having great confidence in God. In reality, however, they might not feel God's presence and thus might not have a good relationship with God. The question is whether God occupies a high place in their religious beliefs, or if the maintenance of their religious beliefs depends only the church community. It might be the relationships with people and not the element of God that is most important. Research into this topic in the future would be valuable.

From the participants' religious experience, all of them expressed that their religious belief helps them to reduce the unhappiness, anxiety, stress, and fear resulting from their chronic illnesses. Their perception of these positive experiences coincide in that they all reported feeling meaning in their life from their religious belief. Having meaning in their life helps them to alleviate the anxiety, fear, anger, and unhappiness in their situation of adversity. Many of the participants therefore think that their religious beliefs are very helpful.

Perception of religious belief and medical treatment

All the participants have follow-up appointments in a hospital related to their illnesses, and they feel that their religious beliefs had helped to improve their emotional problems more

than their medical treatments. They believed that medical treatments could only help their health condition but not to improve their emotional state. A few participants did express the opinion that alongside their religion, which can help them to reduce their anxiety, their medical treatments also help them to relieve their unhappiness. The important factor in their perception of medical treatment is whether they have a good doctor to treat them and also show concern for them. If their doctor cares about their feelings enough, the participants feel that their medical treatment can also help them to relieve their unhappiness and stress; however, many of the participants felt that their doctors were too busy to show much concern for them.

Providing hope and meaning to the participants

Although the participants' medical treatments can help to prevent their illness from worsening, few reported feeling that it could relieve their unhappiness. It is their religious belief that provides hope and meaning to their lives. The religious activities, other than helping the participants obtain the strength to face their illnesses, help them to build up meaning in their lives through serving others, which gives them a new role of following God's words to serve God and others. They therefore feel that religion has given their life more meaning.

As all the participants are Christians, their opinions on why people suffer is of great interest. During the interviews, some of them explained that people suffer because of sin.

This line of thinking draws on the meaning of punishment, with many of the participants expressing the belief that because Adam and Eve ate the forbidden fruit in the Garden of Eden, people who sin must suffer afterwards. Some regard this issue as quite neutral and even positive. These participants think that people should pass through the stages of birth, death, illness, and old age, meaning that people need to suffer and this is the nature of things. One participant expressed the thought that there are some things that people cannot do but God can do anything; in God's love we suffer and God knows and helps people who can bear it. She therefore does not think that suffering is bad or that it represents the punishment by God of wrongdoers. Some of the participants said that suffering was needed because Jesus is perfect but he was crucified, and the only difference is the degree of suffering that people need to experience. People's suffering is also regarded as the experience of God's grace. Many of the participants thus drew on their religious belief for the logic to build an answer to the question of suffering, referring to sin and punishment by God and even to grace.

We can see that many of the participants are greatly influenced by their religious beliefs in their thinking about why people suffer. From the evidence of this narrative analysis, we can also see that they are actually willing to follow Jesus' words and can develop a very positive attitude to face their adverse situations because they are influenced by Bible teaching, church members' witness, and even doctrine. Their religious beliefs therefore give them positive thoughts and help them to improve their emotional state; the next section

discusses whether their religion can also influence them to think negatively and increase the pressure on them.

Negative perceptions and experience of religious beliefs

None of the participants who had already believed in God and were then found to have a chronic illness believed that it had affected their religious beliefs, such as by reducing their confidence in or leading them to complain about their religion. According to the comprehensive narrative analysis, however, when their health condition worsens or does not improve, the participants may become disappointed in God and even think that God has forgotten them. From the continuous support of other members of the church, they come to feel God's love and help again when their health condition improves or becomes stable. For many of the participants, their journey regarding their religious beliefs is not always smooth, and sometimes it can form a circle: at certain times they doubt whether their religious beliefs can help them, and at others they feel that they can help them a lot. Some unhappy experiences expressed by the participants are described below.

One of the participants reported an experience of having argued with previous church members that made her very unhappy and led her to not attend church for about two years. She therefore highlighted the importance for religious belief of getting along with other members of the church. Given that churches are constituted by people and church members all have their own personalities and working styles, arguments are inevitable. Although the

participants think that their religious beliefs help to alleviate their unhappiness, if their relationship with other church members is poor this will affect their religious beliefs and can even lead them to leave the church if the situation becomes worse. Church life itself, therefore, can make the participants unhappy. Some participants said that because of their disability they do not trust many people but they trust church members very much and think that obtaining their help in church is very important. If the participants' relationships with their trusted fellow churchgoers worsen, this will come as a great blow to them as they are hurt by the people whom they trust the most. It is therefore unsurprising that the participant who had this bad experience told the researcher that she was very unhappy and even angry and that she eventually decided to leave the church.

It is also valuable to discuss and understand whether the participants' religious beliefs place pressure on them. A few participants reported feeling pressure from their religion, thinking that if they do wrong they will feel guilty in front of God, struggling over whether to follow God's teaching or their own intentions, and fearful of pushing other churchgoers away from God and the church. All of these stressors related to their religious belief place pressure on the participants. The Bible puts Jesus' words into the participants' hearts that they should be good Christians and follow Jesus' teaching every day, but Christians live in the material world and they have many desires, such as for earning money and enjoying material possessions, and emotions, such as jealousy and hatred. All of these make it impossible for

the participants to always follow Jesus' teaching in the Bible. When they cannot follow the Bible's teachings every day, they feel a twinge of guilt and pressure. It is doubtful, however, that many people can follow the Bible in their daily life every day, and if they can accept this they will not feel this pressure. It is also worth exploring this issue further.

As the participants believe that God helps them very much, they want to do many things that are in line with God's will to make Him happy. If they do wrong and against God's intentions, they may be fearful of disappointing God. Many of the participants stated their belief that people suffer because they sin. This reflects a belief that God will punish them if they commit a wrongdoing, which brings pressure from their religious beliefs. The participants stated that when they feel this sort of pressure, the support and encouragement of other Christians is very important for them. The acceptance of church members can make them feel love and believe that God also forgives them for their wrongdoing. This helps them to correct their behavior, alleviates pressure, and reinstates confidence in their religious beliefs.

Many of the participants had the same perceptions of religious experience in regard to receiving God's help, having a relationship with God, their religious beliefs, and the pressure coming from their religion, but some thought differently about their experiences. Although many of the participants feel that they receive help from God, some expressed doubt over whether God could help them. Actually, not many of the participants reported pressure from

their religious beliefs. Each participant has his or her own unique religious experience, and this is very personal. Thus, they see that people's suffering is very different from sin and punishment, for it is God's grace. When they experience their religious beliefs and participate in many spiritual activities, such as worship, fellowship, reading the Bible and other spiritual materials, singing or listening to hymns, watching witness from other Christians, and praying, while suffering from their chronic illness, they believe that these religious elements help them to improve their emotions and to have a positive attitude to overcome their adversity. The patterns of the participants' outcomes in terms of their religious beliefs helping to alleviate their unhappiness is discussed in the next section.

Outcomes of religious beliefs for mental health

The analysis of the participants' religious experiences revealed a pattern of emotional outcomes from their religious beliefs in regard to their mental health. As part of their religious beliefs, they participate in many practical religious activities. After partaking in these religious activities, whether they have walking problems or not, nearly all of the participants felt that their problems could be handed over to God when they pray, which makes them relaxed and alleviates their worries as if they have thrown all their problems away. They think that God will help them to solve their problems after He listens to their prayers, and this enables them to let go of their heart and feel better after handing their problems over to God.

Many of the participants told the researcher that their religious beliefs had helped them to develop positive thinking and/or a positive attitude to face their adversity. The Bible's teachings had provided them with many positive messages, and they can follow these teachings in their everyday life. Some participants mentioned having learned from Matthew 6:24 that they do not need to worry about their life or what they will eat or drink, as God knows and He will give it to them. Some also expressed that they learned from other Christians' witness that God takes great care of them and helps them very much, and this make them feel peaceful. These positive messages and teaching encourages them to have a positive attitude to overcoming their illness and reduces the negative thoughts resulting from it.

Many participants also shared that they have hope because they believe that they will have eternal life after their life in this world ends. The hope for them is that they can meet their deceased family members again in Heaven in the future and that they will all live together with God in joy forever. They therefore believe that the end of their life does not mean that all things will be closed to them but rather that they will enter into God's kingdom and enjoy eternal life with God. All of these hopeful messages from their religious beliefs give internal peace to many of the participants, help them to calm their current emotions, and even give them joy. Although they are suffering greatly in this life, they believe that they will have a very peaceful, joyful, and blessed eternal life in the future. What people fear the most

about death is uncertainty; in particular, people without religious beliefs are uncertain of where they will go after death. All of the participants in this study, however, believe in eternal life after death, which relieves worries about death as they expect to live with joy continuously in Heaven. Not fearing death helps the participants to alleviate the anxieties surrounding their illnesses.

Many of the participants said that they were very grateful because they believe that God helps them and gives them many good things, including curing their illness, preparing for their eternal life, solving their problems, and loving them. However, more gratitude was found among the participants without walking problems related to their illness. Few of the participants with walking problems or in a wheelchair expressed gratitude. Walking problems make daily life very inconvenient and seem to influence the outcomes of religious beliefs regarding mental health.

Some of the participants also said that they obtained the courage and strength to face their adverse situations from God's words and other Christians' witness. Seeing that many other members of the Church depend on God helps to convince them that they really can overcome their problems, including those associated with their illnesses. Many participants also spoke of feeling very comfortable when they listen to and/or sing hymns, as this helps them to learn God's love and He gives them His grace. This practice can make them feel very peaceful and relieve their worries.

Some of the participants said that feeling loved by God makes them feel they are not alone when they face their adversity. Nonetheless, the participants who lack the support of a social network expressed great loneliness and felt powerless to face their problems. Being accompanied by and obtaining the support and concern of church members can make these people suffering from chronic illness feel they are not alone and give them strength to face their adverse situations. Company is therefore a very important aspect of religion for the participants in helping them to overcome their adversity. The support of other churchgoers creates a friendly and supportive atmosphere with mutual assistance among church members in Christ. Many participants thus highlighted the great importance of support from church members.

From all that the participants shared about the outcomes of their religious beliefs on their mental health, there were clearly very positive outcomes from their religion that led them to develop a more positive attitude and gave them strength to face their chronic illnesses. Thus, their religious beliefs help them to be positive and to do more things, including religious activities, to help themselves. Furthermore, these positive outcomes coincide with their religious beliefs helping them to alleviate the unhappiness, anxiety, stress, and pressure of their difficult lives. The thought that their religious beliefs can help them to alleviate their emotional problems reinforces the value of these beliefs. These positive outcomes also serve as protective factors that can balance their adverse situations so that they have the power and positivity to overcome their problems.

Furthermore, the beneficial outcomes of religious beliefs among the participants were very commonly associated with comparison with others from religious sources, including church members and/or Bible characters. The participants regularly mentioned that they compared themselves with other church members through witness and also with the experiences of Bible characters, especially Job. Indeed, the main theme of Job is his suffering because God allows Satan to torment Job to test his bold claim but forbids Satan to take Job's life in the process. Some of the participants related the same story of comparing their suffering with that of Job; they feel that their suffering is very little in comparison to his and this gives them confidence in facing their illness. One of the participants also reported that all of her fellowship group members are disabled people, some of whom have illnesses worse than hers, and that they also strive to live every day. When she compared her health with theirs, she felt that her health situation was not too bad and no worse than theirs, and this gave her the strength to overcome her adversity. Evaluating her situation in this context leads her to feel that her situation is not too bad, and this really helps in acquiring the power to engage in more positive things, such as religious activities, to face her health problems. Many of the participants shared similar experiences of comparing themselves with and/or evaluating the lives of people who are in a similar situation, and this has helped them to realize that their situation is not so bad and removed their false thought that they are the worst off of everybody.

All of the participants reported that participating in a range of practical religious activities gives them a very positive outcome regarding their emotions. This positive outcome helps them to engage in more positive things to overcome their chronic illnesses. The participants' emotions are affected by their illnesses, which leads them to have very negative thoughts and feelings of unhappiness. The process of transforming this unhappiness associated with the participants' chronic illnesses into positive feelings of grace and meaning in their lives is discussed in the next chapter.

When the participants feel that their religious belief helps them to build up the meaning of their lives and they obtain sufficient support from other members of the church, they evaluate their situation as not bad and feel that even their problems can be solved by God. This alleviates the unhappiness associated with their illnesses.

As a result of their religious beliefs, although a few participants feel pressure from their religion and some can become disappointed with God when their health condition does not improve, all of the participants stated that their religious beliefs had helped them to develop very positive outcomes for their emotional state. The positive outcomes that were mentioned include feelings of comfort, inner peace, positivity to do more things to help themselves, courage and power, gratitude, and being loved by God. These positive emotional outcomes of their religious beliefs help them to overcome their adversity.

Chapter 8: The transformational process of developing and using spiritual coping strategies and skills

To begin to understand how the participants developed and used spiritual coping skills to pave pathways to improving their lives, the researcher grouped and analyzed the ups and downs of their lives, as shown in Figure 19.

Figure 19. *Perceptions of ups and downs in religious life and illness*

Participant	Perception of life going down	Perception of life going up
P1	<ul style="list-style-type: none"> - Unhappiness and anger due to illness - Family disputes 	<ul style="list-style-type: none"> - Believing in God - Continuously believing in God and being happy
P2	<ul style="list-style-type: none"> - Father passing away when she was four years old - Admittance into hospital and transfer to a special school - Being driven out of the house by grandmother - Admittance into hospital due to an accident 	<ul style="list-style-type: none"> - Health becoming stable - Participating in Gospel camp with her English teacher - Starting to attend church regularly - Having a social life - Finding own way regarding university study place offer (social work) - Enjoying the trials and challenges of her job - Strengthened religious belief after changing churches
P3	<ul style="list-style-type: none"> - Suffering from illness - Continuous treatment 	<ul style="list-style-type: none"> - Getting married - Travelling to the USA - Travelling to Canada - Knowing God when she receives treatment - Believing in God and going to church
P4	<ul style="list-style-type: none"> - Unhappy childhood - Suffering from illness - Poor Hong Kong Certificate of Education Examination performance - Losing her job 	<ul style="list-style-type: none"> - Believing in God - Work and study - Satisfying personal life
P5	<ul style="list-style-type: none"> - Arriving in Hong Kong to start her life - Changing her subjects from science to art, following poor school performance - Family issues - Suffering from cancer 	<ul style="list-style-type: none"> - Obtaining a university place with good marks - Knowing God and starting her church life - Completing MBA - Being baptized in 2015 - Singing hymns

		<ul style="list-style-type: none"> - Good rehabilitation progress - Participation in a Bible group
P6	<ul style="list-style-type: none"> - Suffering from illness 	<ul style="list-style-type: none"> - Believing in God - Restoring belief in God
P7	<ul style="list-style-type: none"> - Suffering from illnesses - Losing grandmother, grandfather, and father 	<ul style="list-style-type: none"> - Believing in God - Recovery over time - Obtaining help from social worker
P8	<ul style="list-style-type: none"> - Suffering from illness 	<ul style="list-style-type: none"> - Working - Being promoted - Obtaining a new job and new life after having religious belief
P9	<ul style="list-style-type: none"> - Family dispute - Grandmother passing away - Study pressures - Health problems and inability to find a job 	<ul style="list-style-type: none"> - Believing in God - Attending church and work
P10	<ul style="list-style-type: none"> - Difficulty in finding a job - Suffering from illness - Poor walking balance and inability to do many things 	<ul style="list-style-type: none"> - Attending church - Believing that God helps her
P11	<ul style="list-style-type: none"> - Unhappy in her job - Suffering from illness - Divorce 	<ul style="list-style-type: none"> - Believing in God - Studying - Attending church - Obtaining help from the church - Having confidence in the church - Having confidence in God and staying alive
P12	<ul style="list-style-type: none"> - Relationship with primary schoolmates not good - Suffering from illness 	<ul style="list-style-type: none"> - Believing in God - Having religious belief

Participants' perceptions of the downs in their lives

Many participants described their lives going down in relation to their suffering because of chronic illness. In down periods, they felt that their illness could not be treated and that they had to bear greater pressure in their daily lives because of their poor health. These feelings came from a cognitive appraisal of their situation that they were living a very

difficult life and that their problems could not be solved through the help of others. They were in an unstable situation and felt there was no way of solving their problems.

The next most common reason for perceiving that life was going down was the effect of their chronic illness on their relationships with others, particularly with family members, which in many cases become worse. These relationships were strained because the participants needed their family to take care of them in many ways due to their illness. These participants were unhappy they could not help themselves, and often had a bad attitude when asking for help from their families, which led to a deterioration in their family relationships.

The third most common reason for perceiving that life was going down was the effect of their chronic illness on employment. Many of the participants feel that it is very difficult to obtain a full-time job due to their health problems. Some of them are in wheelchairs and others need to use some form of walking apparatus. Although they had been interviewed many times for jobs, they had not been successful, which contributed to a sense that their life was going down.

Finally, other down periods were related to personal issues, including family members passing away, life issues, study pressures, and divorce, that blighted the participants' lives. The participants all described feeling unhappy and stressed when their lives were going down. In the next section, I discuss how the participants developed and used their spiritual coping skills, which can be used both before and after suffering from chronic illness.

Spiritual coping skills developed before suffering from chronic illness

Some participants already had their religious beliefs and attended church when they began to suffer from their chronic illness. In the early stages of suffering from their illness, they denied it. They were very worried about their health problems and how their lives would be affected by their illness, and this led to emotional problems. All of the participants shared their health and life problems with their fellow church members, and were fortunate to immediately obtain their support and concern. They all learned how to pray to God and they watched church members bear witness when facing their adversities. When they told church members about their unhappiness and stress, they were encouraged to depend on God to overcome their health problems. The church members encouraged them to pray, read the Bible, watch other Christians bear witness, and follow God's words to live every day. Therefore, the participants relearned and strengthened their spiritual activities and skills. While practicing these spiritual activities and obtaining church members' support, they gained the strength to face their problems and their unhappiness was alleviated. The positive outcomes they perceived from the process persuaded them to continue and, consequently, their spiritual coping skills gradually developed thanks to their own persistence and the encouragement of church members.

Spiritual coping skills developed after suffering from chronic illness

Some participants did not have religious beliefs before beginning to suffer from their chronic illness. Because they were experiencing stress and many emotional problems after suffering from their illness, their family or friends encouraged them to participate in church activities, and often accompanied them. Many of the participants reported having felt that the church members were very understanding, concerned, and supportive, and that this was what made them attend church regularly. Afterwards, their spiritual coping skills developed in the same way as the participants who had held religious beliefs before their illness. When they learned how to practice spiritual activities from the church members and used them, they felt positive outcomes and this encouraged them to practice more.

Differences between participants suffering from chronic illness before and after having religious beliefs

The participants who had religious beliefs before suffering their illness had fewer emotional problems than those who did not have religious beliefs. Their religious belief meant that their fellow church members provided them with immediate support. They had also already learned some spiritual coping skills, and were therefore confident and able to practice them very quickly. Their emotional problems could thus be alleviated more quickly than those did not have religious beliefs before their illness.

Using spiritual coping skills to pave pathways to a better life

Many participants said that their religious beliefs help them to feel that God is helping them to solve their problems. This is in fact their core belief from the religion in their heart. The participants therefore all expressed that when they pray to God they feel that they can hand all of their problems over to God and that he will help them to solve their problems. They feel very relaxed from praying to God. Furthermore, the support from other members of the church makes them feel that they have companions on their way, and this is a very strong protective factor to help them in developing the power to overcome their illnesses and daily life difficulties. This is the second stage of their cognitive appraisal of the situation after experiencing their church life. The participants make a cognitive appraisal that all of their daily problems and the poor health resulting from their chronic illnesses can be solved by God after praying to him. From their religion they develop this core belief and it strengthens them to face their health problems.

Although some the participants expressed doubt over whether their religion can help them and are sometimes even disappointed with God due to their health condition not improving, in general their religious beliefs, including participating in different practical spiritual activities such as prayer meetings, fellowship, worship and watching witness from other church members, give the participants continuous support. If the participants obtain support and concern from other church members this helps them to re-build confidence in

their religious beliefs. Although their confidence in God fluctuates, all of the participants stated that their religious beliefs have helped to alleviate their emotional problems. By obtaining very positive outcomes from religious practices in their situations of adversity, they come to feel that they have hope that there is a way out of their adverse situations and this gives them a peaceful feeling. Their inner peace comes from thinking that they are safe.

These positive outcomes from their religious beliefs make them feel safe. This second stage of cognitive appraisal is different from the first stage. In the first stage of their cognitive appraisal, they felt that they were in an unsafe situation and they therefore had very many emotional problems, complaints, and feelings of hopelessness. From the experience of religious life, they developed a new thinking about their situation, which is the second stage of their cognitive appraisal. In this stage, they feel that they are in a safe position and are therefore willing to do more positive things, including practical spiritual activities, to help themselves, and they come to feel that they have the strength to overcome their chronic illnesses. As a result, they have positive feelings and their emotional problems are alleviated.

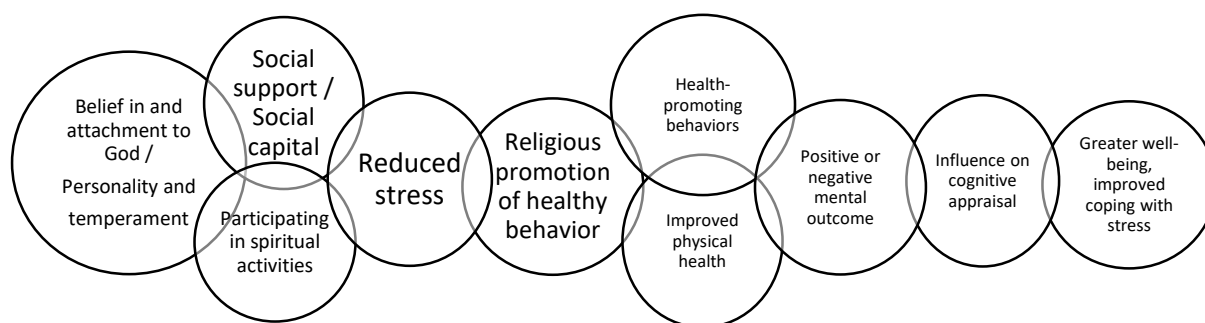
Chapter 9: Discussion—Comparing the findings with the literature

Cognitive appraisal theory

This dissertation examines how the religion of people who have experienced negative life events such as chronic illness but have religious belief influences their emotions. The theoretical framework, introduced in Chapter 2, is based on the work of Lazarus, Koenig, and others. In this chapter, this framework is revisited and summarized, and the ways in which it is enriched by the findings of this study are discussed. Lazarus and Folkman (1984) pointed out that the personal cognition and explanation of life situation or events in the process of cognitive appraisal is very important for explaining whether people have positive thoughts or cannot cope with negative life issues. In fact, when unhappy events happen to people, how they deal with the issues depends on the result of an appraisal of whether the events are potentially harmful or of benefit. People may have positive attitudes toward adversity because they interpret it as solvable, or at least they may gain consolation from their appraisal. Therefore, cognitive appraisals can affect people's moods and whether they have the strength to cope with issues. If they feel that there is hope, they may be able to develop a better meaning for the event in their life and this helps them overcome the challenges that the negative event presents. Otherwise, if they think that the event will harm them and that it cannot be solved, this will create pressure that results in them being unwilling to take action to help themselves.

How religious beliefs influence people's cognitive appraisals resulting from positive or negative emotions and the transformation process due to their religious belief in relation to their emotional condition can be found by referring to theoretical model of causal pathways for mental health devised by Koenig et al. (2012), which includes the dimensions shown in Figure 20.

Figure 20. *Theoretical model of causal pathways for mental health*



Following the framework of Koenig et al. (2012), religious people who have chronic illnesses and are unhappy can practice spiritual activities, including praying, reading the Bible, obtaining church members' help, and watching other Christians' witness. Following these spiritual activities will help these people to reduce their unhappiness and emotional problems. During the process, they also follow God's words to live every day. In this way they not only improve their emotions but also their physical health. These protective factors

assist people to think that they are now in a very good situation. This helps them to reduce their stress levels and encourages them to participate in further positive spiritual activities. Additionally, some new insights into the process of religious belief and how it affects emotions were gained from the participants in this study. These novel findings are discussed below.

A circular process involving religion, chronic illness, and coping with stress

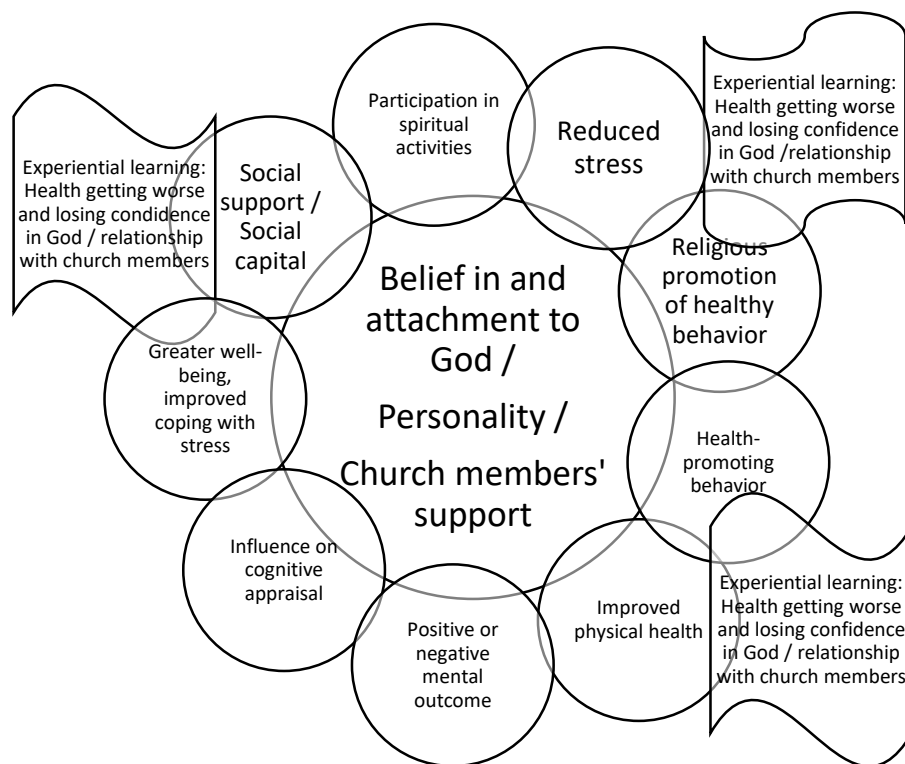
The basic findings of this study regarding the participants' mental outcomes resulting from their religious beliefs were similar to the findings in the literature, and particularly to those identified in the review of Koenig et al. (2012). All the participants in this study were found to have developed positive mental outcomes from their religious belief because they received church members' support, believed that God could help them solve their problems, built up the meaning of their lives through serving other people, were given hope by the belief in eternal life, and compared their health condition with others. During this process, they felt that their situation was good or at least felt comforted by the concern and encouragement of other church members when they were suffering from their chronic illness, such that the religious elements made their cognitive appraisal more positive and helped them to develop more positive attitudes. As a result, and with the encouragement of other members of the church, they became willing to do more spiritual activities to help themselves, to seek help from church members, and to follow church teachings to take good care of their bodies

and stay healthy. Thus, the process of religious belief led them to cultivate appropriately healthy behavior so that their physical condition was improved, and this assisted them to keep their illness stable.

Different ways that religious belief influenced the participants' emotional outcomes

In this discussion I further elaborate on the case of people with chronic illness and some of the different aspects of their religious belief that were found to have influenced their emotional outcomes, including their levels of belief in God, experiential learning, church members' support, and their relationship with church members. All of the participants in this study suffered from chronic illnesses that caused them difficulties with their health and life, and from these difficulties they had developed many emotional problems. During the process, the participants shifted from negative to positive way of thinking. Apart from their belief in God and participation in different spiritual activities, their daily experiential learning and support from church members were critical elements in directly affecting the result of their cognitive appraisals. Therefore, the findings of this study differ from those in the literature reviewed by Koenig et al. (2012) in that all of the participants experienced a circular rather than linear process in their religious belief. The participants' life events and experiential learning were critical in affecting how they evaluate whether their situation is harmful or beneficial in their cognitive appraisal, through the transformational process shown in Figure 21.

Figure 21. *A circular process in the theoretical model of causal pathways for mental health*



Experiential learning: Continuous health problems and different life challenges

Koenig et al. (2012) concluded that from participating in religious life people can obtain social capital, including support and training from church members, and these resources reduce their stress and help to improve their mental health. Following religious teachings, such as to care for the body every day, also helps people to cultivate healthy behavior and thus improves their physical health. However, Koenig et al. (2012) did not point out that people leading difficult lives have many negative issues that keep arising. Continuously negative life events also affect the result of these people's cognitive appraisals and lead them

to feel pressures. They might, for example, learn that their health condition is again unstable and they are again in an unfavorable environment. Especially among people suffering from chronic illnesses, even if today they feel that their situation is fine this does not mean it will still be fine the following week or as different life events occur. Experiential learning from negative life events can affect their religious belief and then also influence the result of their cognitive appraisals.

All the participants in this study were suffering from chronic illnesses that affected their health condition and had to deal with constant life issues. Most of the participants' chronic illnesses worsened over time. At times when their illness was very unstable or even worsening, prayer could not help to alleviate their pain, so they became impatient and started to lose confidence in God and their religious beliefs. At such times, many of them complained about why God was letting this suffering happen to them, felt that God was not responding to their questions, and wondered why other people were not suffering from such illnesses. They become very unhappy and would stop praying or reading the Bible.

Positive factors provided by religious beliefs to offset life challenges

Although the participants' attitude and emotions were influenced by their experiential learning and could depend on their health condition, their religious beliefs provided many protective factors, including the support of other church members, prayer, reading the Bible, and the church's teachings, that were able to continuously offset the life challenges resulting

from their chronic illness. As all the participants suffered from chronic illnesses from which they cannot recover, their health situations fluctuated. Sometimes their illness was stable and sometimes it was getting worse. Without these protective factors to offset the continuous threat and harm of their illness, the pressure would leave them with great unhappiness and worry throughout their life. Thus, in general, religious beliefs seem to help people gain greater well-being, better coping strategies, and improved mental health.

Importance of support from church members

As Koenig et al. (2012) did not mention that some factors influence people's cognitive appraisal again and again, they did not make any suggestions based on their findings as to what protective factors can rebuild and maintain people's religious beliefs. From the findings of the present study, the participants felt stressed when their illnesses became worse and this made them lose confidence in their religious beliefs. They believe that at such times, the support and concern of other church members is very important to them. This support helps them remember God's grace and, with the encouragement of church members, they read the Bible again. Some of the participants spoke in particular of reading the book of Job in the Bible as this is very helpful for them to regain confidence in God. The participants' health situation then becomes stable. All of this experiential learning from their positive real-life issues helps the participants to evaluate that their situation is not harmful and might even be beneficial for them. Thus, their pressure is reduced and their confidence in their religious

beliefs returns. Therefore, the course of most of the participants' religious beliefs was circular: sometimes they had very strong confidence in their religious beliefs and sometimes they had little confidence. This finding is the most obviously different from those presented in the literature review.

Relationships with other church members affecting the outcome of religious beliefs

Koenig et al. (2012) pointed to developmental factors, including personality and temperament, as influential on people's religious beliefs. In the present study, other than the experience of an unstable illness, the religious belief of the participants was also found to be influenced by the internal factor of their relationship with other church members. A few participants had left the church because of poor relationships with church members making them disappointed in their religious beliefs.

Many of the participants complained that no employers were willing to hire them and that even their family members were treating them badly. All of these negative factors had led them to form a low self-image and they did not easily trust other people. However, many of the participants trust that God sends angels to help them, and these angels are the church members. Being hurt by them thus has a very big impact and eventually they will leave the church. The most critical factor affecting the participants was therefore not their health condition but their relationship with other church members. Therefore, church members can have positive and negative influences: on the one hand, they can help people to rebuild and

maintain their religious belief on the other hand, they can push people out of the church. If they do leave, they are unlikely to start attending church again for some time: in general, they will start to go to church again one or two years after leaving. The participants explained that their motivation for returning to the church was meeting other Christians who evangelized them again; this led them to remember God's love and restart attending church and learning from the Bible.

The interactive process of the participants' religious beliefs

Koenig et al. (2012) also did not describe people's religious beliefs as an interactive process that cannot be separated from the individual's relationship with other church members. The participants stated that the most important thing was church members teaching them the Bible content, how to live in line with God's will, and what they should and should not do. Thus, in the course of their religious belief, the church's teaching and participants' learning were very important elements in helping the participants equip themselves with spiritual coping skills to face their life challenges. This is in fact an interactive process, as the participants not only received the teaching from church members but were also willing to respond to this teaching by practicing their spiritual coping skills. Participants who lacked continuous encouragement from church members had less motivation to keep doing spiritual activities. Therefore, the participants' relationship with church members was critical to

whether they had confidence in their religion and the motivation to practice spiritual activities.

How spiritual activities help to alleviate emotional problems

The results of this study in relation to spiritual activities, including prayer, Bible teaching, the religious promotion of healthy behavior, and prescriptive and proscriptive norms, are similar to those described in the literature in that these practices influenced the participants to have positive mental outcomes. However, the findings of this study differed somewhat from those reported in the literature in that prayer did not always help the participants to alleviate their emotional problems. At times, it even left the participants feeling disappointed with God. Prayer was able to give the participants a sense of hope but also of failure. Many participants expressed the point of view that God can do everything for them, so they had the hope that God could help them to address their adverse situation. At times when their health condition was worsening, however, prayer did not help to improve their health. They then felt very disappointed with God and lost the motivation to participate in any spiritual activities. Therefore, prayer did not always help the participants to reduce their unhappiness. Whether prayer helped the participants improve their emotional state depended on their health condition, whether they received the encouragement of other church members, and how much confidence they had in God. This finding differs from the literature, in which prayer is seen as always helpful for people to reduce their stress.

Reading the Bible helps to overcome feelings of disappointment

The literature suggests that prayer can improve people's emotional problems. This study discovered that people read the Bible not only to help them improve their emotional state but also to assist them in rebuilding their confidence in God and their religious beliefs.

Particularly when the participants' health condition worsened and they did not receive God's response to improve their illness, they become disappointed with God. Reading the Bible was helpful for the participants to overcome this feeling of disappointment. Many participants described comparing their suffering with that of biblical characters when they read the Bible, and this makes them aware that their suffering is not as serious so that they become more relaxed and have a feeling of grace. Some of the participants also rebuilt their confidence in God by reading the Bible.

God is not always the top priority in religious belief

Koenig et al. (2012) did not mention how people feel about their relationship with and confidence in God. The findings of the present study are that each participant's relationship with and confidence in God was unique. According to the participants' narratives, these unique relationships with and degrees of confidence in God can only be felt by the participants themselves, and it influences their emotional outcomes and how much they participate in religious activities to help themselves. Many participants said that when their health condition worsened or did not improve for a long period, they would complain that

God was not responding to their prayers and helping them to improve. During these times, they were disappointed with their religious beliefs and felt that they did not have a good relationship with God. This made them unhappy and even anxious, and they stopped praying and reading the Bible. Thus, the participants' relationships with God were neither always good nor always bad. Furthermore, even if the participants' relationship with God was good this did not always mean that they had strong confidence in God; and strong confidence in God did not always mean that their relationship with God was good. One of the participants said that she had not felt God's presence since attending church. She depends on her relationship with other members of the church to maintain her religious belief. The participants did not always have God as the top priority, and church members were very helpful for the participants to maintain their religious beliefs. God's role in the participants' religious beliefs was that he gave them an identity as Christians. The support of church members was found to be very important for the participants' religious beliefs.

Summary of differences from previous findings

Religious belief is a transformational process

Although the findings are similar to those of existing studies related to this topic, there are some differences. The first difference is that the literature has focused on participants' outcomes from their religious belief, and not on the transformational process involving the participants' own experiential learning, which is the real influence on their mental health

outcomes. They experience their health condition fluctuating: sometimes it will worsen and sometimes it will then improve. This experiential learning influences the outcome of their religious belief through cognitive appraisal. Therefore, the participants' experiential learning was found to be very important in influencing the confidence in their religious belief and the results of their cognitive appraisal. Previous research findings have focused only on how religious belief affects people's cognitive appraisal, but this is actually a transformational process in their religious belief.

Church members' support is critical

The second difference is that this study found the support of church members to have been critical in helping the participants regain confidence in their religious beliefs when they encounter repeated negative life events. The participants needed the element of church members' support and teaching to help them consolidate and even regain confidence in their religious beliefs. Previous research findings have not provided an answer to the question of how people can maintain their religious beliefs in the face of continuing negative life events.

The vitality and variety of religious belief

The third difference is that although the participants' religious belief had vitality and variety it did not always help them to have positive outcomes in regard to their mental health, and sometimes they lost confidence in their religious beliefs. In general, religious beliefs helped the participants offset the life pressures resulting from their illnesses. Continuously

attending church could help them improve their mental health despite them sometimes having being disappointed with God when they felt that God was not responding to their suffering.

The fourth difference is that previous research findings have not mentioned that most people's relationship with God is not always good. Although the participants had Christian beliefs, some did not always put God as their top priority. A few of them shared in their interviews that their relationship with God was on occasions not so good, and others said that they sometimes lacked confidence in God. Furthermore, they did not have any plan to improve their relationship with God. One participant even reported that she had never been able to feel God's presence since she started attending church. The main thing adhering people to their religious beliefs might not always be God. From the findings of this study, it is church members that were the most important element in attracting the participants to attend church regularly and giving them the strength to overcome the pain of their illness. Although some of the participants did not regard God as very important, all of them said they believed that God had the power to help them and this made them feel very comfortable after praying to Him. However, their confidence in praying to God was influenced by their health situation. When their health situation improved, they believed that God had helped them and this reinforced their confidence in God; when their health situation was not improving or was worsening in a particular period, they became disappointed with God and were likely to lose confidence in their religious beliefs.

Religious beliefs provide strength to overcome adverse situations

Therefore, the finding from this study suggest that religious beliefs can help people to have positive emotions, but these beliefs can sometimes also put them under pressure if they cannot follow God's words in their life. The participants were suffering from chronic illnesses that caused them to have health problems and to face various life challenges continuously. When these participants practiced spiritual activities and experienced health problems at the same time it made their emotions fluctuate with the result that their religious belief was sometimes stronger and sometimes weaker. Either way, they obtained support from church members, which was very important in helping them to regain confidence in their religion. Thus, the course of the participants' religious belief was circular and characterized by vitality. This finding is different from that of other research in that religious beliefs were unable to always allow participants to have positive attitudes to cope with the challenges from their illnesses. This study gives a complete picture of the participants' religious beliefs, activities, and attitudes, which help them to improve their emotions and obtain the strength to overcome their adverse situations.

Similarity of the transformational process to that pointed out by Lazarus

A transformational process was found in the participants' emotional attitudes, from unhappy feelings to more positive thinking. This transformational process is very similar to the theory presented by Lazarus (1982), who posited that the appraisal process gives rise to a

particular emotion with greater or lesser intensity depending on how a relationship is evaluated with respect to the person's well-being. Each of the participants in the present study stated that their religious beliefs helped them to alleviate their emotional problems, enabling many of them to feel grateful and more at peace. They consider their experience of religious beliefs as improving their well-being and making them feel safe, which reduces their emotional problems.

The integration of spiritual activities

Most of the participants said that when they felt unhappy and/or worried about their health condition and their daily life problems, they would seek help from church members, particularly the members of their regular fellowship group. Social media has enhanced people's communication efficiency and helps people to instantly communicate with fellow Christians. Therefore, the participants reported often sending messages to familiar church members to share their situation and feelings. At the same time, the participants prayed to God by themselves and even read the Bible, listened to hymns, and watched other church members' witness through social media (such as Facebook or WhatsApp) to calm their emotions and increase their self-confidence to face their problems. Some also served other people to increase the meaning of their lives and to gain contentment from others being grateful for God's help. In summary, all of the participants had their own coping skills, making use of their own comprehensive set of spiritual practices, to face their problems and

obtain the protective factors to help overcome their health problems. Not every spiritual activity was fit for every participant. The important thing was for the participants to feel comfortable after engaging in their spiritual practices, which would encourage them to continue with the same kinds of spiritual activities in the future.

Chapter 10: Education in Life, Values, and Religion

This chapter discusses how life, values, and religious education is related to this research project. Drake (1999) pointed out that whether people have a good quality of life, standards of living, and even society's overall well-being depends very much on them living lives based on values and the quality of the choices made by individuals within these values. The Education Bureau of Hong Kong (2020) stated that learners can understand their current and potential issues and themes using the life event approach. They can develop positive values and attitudes toward their lives by learning about life and values through studying issues and themes. Life and values education can help learners master their cognitive skills together with social and coping skills so that they can develop the abilities to fully flourish, make good choices, succeed to the best of their abilities, and become happy and fulfilled individuals.

The participants' stories shared in this study reveal that they learned a new life experience and values from their religion and then developed a more positive attitude and coping skills to overcome their adversity after attending church. They use these new values to think, choose, and behave in ways that help them to live more positively, and these new values contribute to their happiness and well-being in their adverse situation because they replace negative feelings of helplessness, hopelessness, and unfairness. Furthermore, Dewan (2019) stated that prevention is more effective than treatment for all of our life issues.

Accordingly, life and values education, including the elements of religion, can help people to

equip themselves with the essential life skills that enable them to develop positive thinking traits, including the confidence to take more responsibility for shaping their own lives while suffering from chronic illnesses. Appropriate life and values education can help people to develop coping skills to handle their life challenges, which is a very important prevention approach. Recently in Hong Kong there has been a very negative atmosphere that has made many people unhappy and disappointed due to the social movement and the coronavirus disease pandemic. Life, values, and religious education can help people hand their unhappy feelings over to others, share their feelings with a trusted other, and rebuild meaning in their lives. This sort of education can thereby help people alleviate their uncomfortable feelings.

Importance of life and religious education for people to overcome their challenges

This study has demonstrated that the participants' religious beliefs had meaningful effects that allowed them to cope with their unhappiness and stress, and that overall they developed positive attitudes and happiness. Some practical spiritual activities alleviated their anxieties, and others helped them restore strength and build up meaning in their lives. All of these positive outcomes from their religious beliefs helped the participants to manage and cope with the emotional problems resulting from their chronic illnesses. After attending church and practicing spiritual activities, the participants felt very comfortable and this feeling helped them to make a cognitive appraisal of their situation as safe and as having a way out. The outcomes from doing these spiritual activities and obtaining the support of

church members were relaxation and a feeling of peace, which reduced the participants' stress levels.

Some of the participants said that they saw a social worker to handle their emotional problems. They felt that if they received social work services, their emotional problems might improve. However, after finishing the services, their emotional problems returned. In fact, although they used the social work services, their health problems and the challenges in their lives remained, so their problems were not in fact solved and their emotional problems returned. Many of the participants had been attending church for more than a few years. Although sometimes they may have lost confidence in their religion, in general they had maintained a positive attitude during the period of their religious beliefs and participating in church activities. Thus, religious belief is not like a social work service that provides a few sessions and then comes to an end. The social work service cannot be maintained for a long period, but religious beliefs can be sustained for a lifetime. If people in adverse situations can maintain their religious belief throughout their lives, it might help them to develop and maintain peace, meaning, a positive attitude, courage and power, hope, gratitude, and the feeling of not being alone. All of these positive outcomes can sustain people through adversity in their life.

Although we know about the relationship between the participants' chronic illnesses and religious beliefs, it is important to note is that this dissertation only explores the perceptions

of people with chronic illnesses and the influence of their religious beliefs and spiritual activities on their emotional conditions. It does not make a comparison between religious people and non-religious people as to whether people with religious beliefs are generally happier than those without such beliefs. Further research on this topic would therefore be valuable.

The importance of developing a positive personality

Many of the participants had developed very positive attitudes when facing their chronic illnesses. This positive thinking was very helpful for them to alleviate the stresses resulting from their illnesses. Some of them recalled that before they began to attend church they had sought materialistic pleasure and their only concern had been how much they could earn each month. Thus, they had ignored their family and health. From suffering illnesses and attending church, they learned more about life values and realized that their life goals should not only be focused on money. Some felt that serving other people had given their life meaning and that a positive attitude was helping them to value their life more after suffering from illness. Helping people to develop a positive personality might also help them have positive attitudes, perceptions, and behavior when facing adversity. Some of the benefits of a positive attitude that were related to us by the participants were as follows:

1. Learning to handle emotional problems with coping skills;
2. Learning to seek help from fellow church members;

3. Learning to hand problems over to God and other church members;
4. Learning to treasure life;
5. Learning to see one's situation from a comprehensive perspective;
6. Developing a positive mind and a good and grateful attitude;
7. Learning to show concern for other people;
8. Not giving up easily;
9. Becoming more responsible for following the church's teaching on how to live a better life every day;
10. Obtaining power and courage;
11. Having hope; and
12. Being willing to share personal feelings with others.

Developing a person's positive personality can give them the opportunity to achieve these benefits and help them to overcome their daily life issues. Teaching and fostering people to have a positive personality is very important, and this could ideally be done from childhood and continue through school life. Life and values education is therefore very important, as discussed in more detail in the following sections.

Meaning in life and religious values-based education

Dewan (2019) pointed out that implementing practical and experiential life and values education can foster people's well-being, which is very important in helping them to have

future success and happiness in their lives. From the participants' religious experience, the life values they learned from their faith, and the process of this learning, can be seen as life and values education. They learned their new values through church life, which is also a form of experiential learning. This life and values education was a holistic development process for the participants and helped them become well-balanced individuals with strong personalities and appropriate values. After learning these new ways of life and values from church, all the participants were able to use these positive values to guide their thinking and behavior to deal with the adversity resulting from their illnesses. Thus, the life and values-based education helped the participants to obtain positive life values and life goals and to develop skills to cope with the challenges in their lives.

Planning life, values, and religious education in Hong Kong

Today in Hong Kong, although many schools provide life and values education to their students to enhance their coping ability to better face future challenges, many helping organizations are not yet providing this preventative approach of life and values education. Many of these organizations focus on counseling services for people who encounter adversity. Counseling can help people to improve their emotions in particular events, but it seems that it cannot foster the positive spiritual attitude and values that people need to face their life challenges every day. Therefore, helping organizations can strengthen the element

of life and values education in their services to better help their service users enhance their positive values and coping skills.

Implementing life, values, and religious education in Hong Kong

There are basically two types of organizations in Hong Kong that provide services for people when they are in need: those with religious backgrounds and those without.

Organizations with religious backgrounds can provide more life and values education through their religious values. Meanwhile, organizations without religious backgrounds can provide life and values education through their users' life events and help them understand their issues and foster positive values and attitudes toward their lives. Regardless of whether life and values education involves religious elements, the goal of this type of education is to enable service users to develop a positive personality and the confidence to face their life challenges.

This dissertation reports information learned from the service users of a rehabilitation center. Today in Hong Kong, many people face great challenges, including illness, unemployment, family problems, economic difficulties, and anxieties surrounding the social movement and coronavirus pandemic. Many people lack the positive attitude and necessary coping skills to overcome their problems, and therefore suffer from various degrees of emotional issues. Life and values education can enhance people's positive attitudes and coping skills to help them deal with the challenges in their lives. Therefore, it is not only

schools that should provide this kind of education but also helping organizations, with or without a religious background, to enhance the positive attitudes and coping skills of their service users to face the challenges of their lives.



Chapter 11: Conclusions and Recommendations

The background to this research project

Working in a vocational rehabilitation center, I see many people who are suffering from chronic illnesses and face many related challenges in their lives, including long periods of medication, walking problems, unemployment, relationship problems, and economic burdens. From my own experience, religious beliefs can help people to improve their emotions. I therefore searched through many related research papers for references as to whether religion can help people improve their emotional problems and enhance their strength to face adversity. According to the literature review, many researchers had conducted qualitative or quantitative research and pointed out that religious beliefs can improve people's emotions and even enhance their physical health. Therefore, I decided to conduct this research project to understand the perceptions of people who suffer from chronic illnesses concerning their illnesses and religious belief. I then compared my research findings with those in the literature to find out whether there were different points of view about religious beliefs helping people to improve their emotions.

For this study, 12 participants who were suffering from different types of chronic illnesses and attending a vocational rehabilitation center were invited to participate in interviews to describe their experiences of illness and religion. They were suffering from chronic illnesses including stroke, cancer, degenerative knee joint disease, thalassemia, and

mental illness, for which full recovery is very difficult. Many of them had suffered from these illnesses for a very long time and had needed to take medicines for their conditions, and their illness was not only affecting their health but also giving them many challenges in various aspects of life, such as walking (with some participants confined to a wheelchair), self-care, work, finance, and relationships. Different kinds of chronic illnesses presented different health problems and life challenges to the participants.

Benefits of religion in regard to mental health issues

From the participants' personal experiences, it was clear that their emotional problems improved after they started attending church because of the support and concern of other members of the church. The most helpful thing was having these church members act as companions for the participants. If the participants were to face their problems on their own, they would feel lonely, helpless, and even hopeless. Thus, the support of church members was a very important resource for the participants. When the participants were feeling unhappy or experiencing problems, they would very actively seek help from familiar church members, using social media or their telephone.

Bible contents, the church's teaching, church members' witness, and other spiritual materials provided the participants with very positive messages and they were willing to follow these positive things in their lives. In fact, this is a learning process in which the participants learnt many coping skills and methods by participating in different spiritual

activities. Religious beliefs thus provided a very good educational platform for the participants to learn how to equip themselves to cope with their personal problems. The participants often read spiritual materials including the Bible to help in coping with their emotional problems. Thus, the participants' religion was beneficial for them in regard to the mental health issues resulting from their health problems.

Understanding the use of religious education, resources, and activities

Furthermore, all of the participants often prayed to God when they were unhappy or facing problems. Each participant had their own preferences for participating in different kinds of spiritual activities, but they knew how to use their religious resources and this represented the personalized coping skills that they would use to overcome their unhappiness. Spiritual activities were very good tools for assisting the participants to cope with the emotional problems resulting from their chronic illnesses.

The participants' religious beliefs provided them with a platform of education, resources, and activities, and all of these religious elements helped the participants to equip themselves to obtain coping skills by participating in different spiritual activities to overcome their emotional problems. The outcomes of the participants' practice of these spiritual activities were as follows.

After the participants read the Bible contents and other spiritual materials, and watched other church members' witness, these spiritual activities gave them hope, courage, and

feelings of gratitude. The participants learned that people's abilities are limited but that God could do everything for them. Therefore, they came to believe that God is love and that He helps them greatly. Believing that He prepared eternal life for them after the end of this life helped them to feel that there was a way out of their health problems and life challenges.

Although they were experiencing much difficulty in this life, they will have eternal life and live with God in Heaven forever. They saw this life is a journey and that their ultimate goal was to live with God and will be reunited with their deceased family members in Heaven.

These positive messages gave hope to the participants, helped to calm their emotions and gave them internal peace. They also expressed their belief that God had the power to help them and that they were protected by God, which helped them to have the strength and courage to face all of the challenges in their lives. This also provided them with a feeling of gratitude and relieved their worries about their situation, which alleviated their emotional problems. Obtaining support from church members made them feel they were not alone and gave them courage to face their problems. The outcome of their religious beliefs was therefore very positive and it was helpful for the participants in coping with their problems.

Understanding the transformation of religious views from people with chronic illnesses

The participants' emotional state improved and they developed a positive attitude to face their health problems out of the negative thinking and unhappiness resulting from their chronic illness. This was a transformational process involving the participants' cognitive

appraisal of their illness and religious beliefs. As explained in the previous chapter, cognitive appraisal is about how people see their current situation instantly and intuitively, with their own situation as the background. Cognitive appraisal helps people to experience their situation subjectively and is linked to their emotions. If people evaluate that their problems exceed their ability to handle them, that their resources are not sufficient to deal with them, or that the situation will harm their well-being, they will be pressured by them. Many of the participants suffered from chronic illnesses that not only affected their health but also caused them to lose their functional capacity. Thus, they felt perplexed with no person or resources to help them. They also judged that this situation would harm their well-being. The bad situations they found themselves in caused anxiety and, in turn, unhappiness and stress.

By attending church, the participants obtained many resources to help cope with the problems resulting from their chronic illness, including the support of church members, the many positive messages from the Bible, church members' witness, and other spiritual materials, and the notion of God as love. These all helped the participants to develop a positive attitude and gave hope and meaning to their lives. When they reevaluated their current situation, they felt that their problems could be solved by praying to God and that they had many resources to solve their problems. When they saw that there was a way out of their problems the threat to their well-being dissipated, which reduced their emotional problems and made their attitudes very positive, with a willingness to do more to help

themselves, such as practicing more spiritual activities. They developed more positive ways of thinking and their unhappiness and worry about their health situation were alleviated.

Understanding the outcome of religious beliefs and spiritual activities in regard to mental health

All of the participants had their own coping strategy through their religious beliefs and what kind of spiritual activities were the most suitable for them was very dependent on their feelings. They regularly used more than one spiritual activity to help themselves in their daily practice. In general, they participated in worship and fellowship every week, and were able to share their problems with the fellowship members during the meeting. At other times, when they had emotional problems or challenging life events to deal with, many of them sent messages or made telephone calls to their fellowship members to seek help. The participants also read the Bible, watched church members' witness, and read other spiritual materials to strengthen their confidence in their religious beliefs to face their adversity. The participants therefore used a comprehensive range of spiritual coping strategies to deal with their problems.

The participants shared during the interviews that after attending church and participating in spiritual activities their emotional problems were alleviated and they developed a very positive attitude and coping skills to overcome their problems. Religious

beliefs therefore had very positive outcomes for the emotional problems resulting from their chronic illnesses.

Nearly all of the participants said that other church members provided them with support and showed concern for them. Most importantly, church members acted as companions of the participants. Meanwhile, their religious beliefs gave very positive messages to the participants. All of these positive outcomes made the participants feel that they had enough resources for their problems to be solved and the threat to their well-being was dissolved. Thus, their pressure was alleviated and they were willing to practice more spiritual activities to help themselves. As a result, they become happier and gained the strength to face the daily problems resulting from their chronic illnesses. Some recommendations are offered based on these findings, as follows.

Recommendations

The participants' religious beliefs helped them to achieve positive outcomes when they were facing emotional problems resulting from their chronic illnesses. These positive outcomes could be maintained by the participants attending church and participating in various spiritual activities continuously. All rehabilitation centers and helping organizations should therefore provide life and values education through group work to develop in people who suffer from chronic illness or other life problems a positive attitude and coping skills to overcome their challenges. During this process, these organizations can assist people to set up

self-help groups and give training courses to potential group leaders. Therefore, I propose that life and religious education should be given to both the general population and persons with chronic illness. The general population needs this education because then they can use these coping skills to help themselves and others. On the other hand, persons with chronic illness needs this education because then, they can use these coping skills to help reduce their stress and worry

Due to time limitations, I was only able to obtain and analyze the participants' perceptions of how their Christian faith influences their emotions. No comparison was made of how different religions and religious spiritual activities influence the participants. There is great value in researching the topic of how different religions influence people's emotions, given that different people belong to different religions. In Hong Kong, many people believe in Buddhism and Taoism. With these kinds of data we can help people who have different religious beliefs develop their coping skills to face their health or life issues and problems.

Two very important elements of religious beliefs are church-based social support and religious coping skills. Whether the religious elements of social support and coping skills helps people have more positive outcomes and is maintained for longer than forms of social support and coping skills without religious elements is an interesting question. As findings on this topic can help professionals design life and values education for people in need, it would also be very valuable to conduct research on this topic.

To better understand how religious beliefs influence people who suffer from chronic illnesses, a study with a longitudinal research design to trace and collect data from participants over a very long period can provide more meaningful data to see how religions influence and benefit people, including how religious beliefs place pressure on people and whether they have any negative effects on their rehabilitation. Research organizations should put more resources into this kind of research, as the findings can also help professionals to design life and values education with elements of religious faith to enhance the resilience of individuals.



Appendix A
Consent form

THE EDUCATION UNIVERSITY OF HONG KONG
Department of International Education
CONSENT TO PARTICIPATE IN RESEARCH

**Religion and Mental Health: Investigating the perceptions of people with chronic illness
and the influence of their religious beliefs and spiritual activities on their emotional
condition**

I _____ hereby consent to participate in the captioned research supervised by Dr. Gregory Paul FAIRBROTHER and conducted by research student CHAN Chun Hung.

I agree / do not agree to a sound recording being made during my interviews.

I understand that information obtained from this research may be used in future research and may be published. However, my right to privacy will be retained, i.e., my personal details will not be revealed.

The procedure as set out in the **attached** information sheet has been fully explained. I understand the benefits and risks involved. My participation in the project is voluntary.

I acknowledge that I have the right to question any part of the procedure and can withdraw at any time without negative consequences.

Name of participant

Signature of participant

Signature of Parents/guardians

Date

Remark: Parents/guardians please return the consent forms only if you DO NOT wish your child to participate

香港教育大學
國際教育學系

參與研究同意書

宗教與精神健康：長期病患人士對於宗教信仰及靈性活動在其情緒狀況上的
影響之感受研究

本人_____同意參加由方睿明博士負責監督，研究生陳俊雄負責執行的研究計劃。方睿明博士是香港教育大學社會科學系的教授和陳俊雄是國際教育學系的學生。

本人同意 / 不同意 在訪問過程中讓研究生錄音。

本人理解此研究項目所獲得的資料，可用於未來的研究和作學術報告發表。本人清楚知悉有權保護自己的隱私權利，本人的個人資料將不能洩漏。

研究員已將所有關於本研究的步驟及資料，向本人作了充分的解釋。本人亦理解在本研究中，可能會出現的風險。本人聲明是自願參與這項研究的。

本人清楚理解及知悉，有權在本研究過程中提出任何相關的問題，並可以在任何時候作退出研究的決定，由此對研究工作產生的影響，不須負上任何責任。

參加者姓名:

參加者簽名:

家長 / 監護人簽名:

日期:

備註：家長/監護人若不同意 貴子弟參與本研究計劃，才須要簽署此同意書

Appendix B

Interview questions

Thank you for your participation in this interview. The purpose of this interview is to better understand your perception of your religious beliefs and how your beliefs affect any feelings of depression you may have due to your chronic illness. During the interview, I will ask you five groups of questions: 1) basic information, 2) your religious experience, 3) your health situation, 4) your perceptions of the relationship between your religion and any depression you may have due to illness, and 5) personal information. During the interview, if you are not comfortable with my questions, you do not need to answer my questions.

訪問問題

多謝你參與這次的面談。這次訪談之目的是希望了解你對宗教信仰的感覺，和你的信仰怎樣影響你的疾病而有可能導致抑鬱的感覺。在訪談中，我將會問你五組的問題，它們包括(一) 基本資料；(二) 你的宗教經驗；(三) 你的健康情況；(四) 你的宗教信仰怎樣影響由於你的疾病而有可能導致你有抑鬱的感覺；及(五) 個人資料。在訪談過程中，如果有一些問題，引致你不安，你有權不作回答。

(A) Basic information (基本資料)

1. What should I call you?
我應該怎樣稱呼你？
2. (Service users) What is the service you are receiving in this center?
(服務使用者) 你在本中心接受什麼服務？
(Colleagues) What is your position in this center?
(同事) 你在中心擔任什麼職位？
3. (Service users) How long have you received service in this center?
(服務使用者) 你在本中心接受服務有多久？
(Colleagues) How long have you been working in this center?
(同事) 你在本中心工作了有多久？

Now, I want to understand your health situation.

以下的問題是想了解你的健康情況。

(B) Health situation (健康情況)

4. What kind of chronic illness do you have?

你患了什麼長期病患？

5. How long have you had this illness?

你患了這疾病有多久？

6. What are your feelings about your illness?

你對這個疾病有什麼感受？

7. Does your illness cause you difficulties in your life?

你的疾病有否導致你在日常生活中遇到困難？

8. Does your illness cause you to have feelings of depression or anxiety? If yes, can you describe those feelings?

你的疾病有否導致你有抑鬱，或焦慮的感覺？如果有，你可否形容這感覺？

9. Does your illness affect your work?

你的疾病有沒有影響你的工作？

10. How does your illness affect your daily life?

你的疾病對你日常生活有什麼影響？

Now, I want to understand your religious experience

以下的問題是了解你的宗教經驗

(C) Religious experience (宗教經驗)

11. How long have you been attending a church?

你返了教會有多久？

12. How many times do you attend church each week?

你每星期返教會有多少次？

13. What attracts you to attend church?

什麼原因吸引你返教會？

14. Do you consider yourself to be a strong believer in your faith?

你覺得自己對信仰是否一位很有信心的教友？

15. (If the person is a strong believer) What makes you a strong believer in your faith? Why?

(如果受訪者有很強的宗教信仰) 什麼事情令你對宗教有信心？為什麼？

16. (If the answer is negative or weak feelings) What makes you have weak faith? Why?

(如果受訪者宗教信仰不強) 什麼原因令你對宗教有失去信心？為什麼？

17. Can you describe your feelings about your relationship with God?

你可否形容個人感覺與神之間的關係？

18. Were you attending church before you had your illness?

你是否在患病前已經開始返教會？

19a. (If yes) How do you feel that having an illness has influenced your relationship with God?

如果是，你覺得患病後如何影響你與神的關係？

19b. (If no) When did you start attending church? Was your illness a reason you decided to attend church?

如果不是：你何時開始返教會？是否由於你的疾病原因而有此決定返教會？

20. Do you make use of your religious beliefs to deal with stressful emotions caused by your illness? If so, please describe how.

你有沒有利用宗教信仰解決因疾病導致到壓力的情緒？如有，請詳述怎樣做。

21. Do you think that you can easily get help from church or church members when needed?

你覺得有需要時，是否容易向教會或弟兄姊妹尋求到幫助？

22. Do you practice any religious activities at home?

你在家時會否做一些靈修活動？

23. Do you believe that there is a reason or explanation as to why people suffer? How?

你認為有沒有原因或解釋為什麼人要受苦？

Now, I want to understand your perceptions of the relationship between religion and feelings of depression

以下的問題是想了解你的宗教信仰，怎樣影響由於你的疾病而有可能導致你有抑鬱的感覺。

(D) Perceptions of the relationship between religion and depression due to illness
(宗教和疾病導致你有抑鬱感覺之關係的感覺)

24. In what ways do you think that your religious beliefs affect your feelings of depression or anxiety you may have due to your chronic illness?

你覺得你的宗教信仰會如何影響你因疾病而導致抑鬱的感受？

25a. (If positive) How does your religious belief help you to reduce your feelings of depression?

如果是正面，你覺得宗教信仰怎樣幫助你舒緩抑鬱或焦慮的感覺？

25b. (If no) Why do you think that your religion cannot help you to alleviate feelings of depression or anxiety due to your illness?

如果是負面，你覺得宗教信仰為什麼不能幫助你舒緩抑鬱或焦慮的感覺？

26. Which kind of religious practices can help you relieve your feelings of depression and stress? Why?

那一些種類的宗教活動可以幫助你舒緩抑鬱的感受或壓力？為什麼？

27. Do you think that your religion can help you reconstruct your meaning in life? How?

你是否覺得宗教信仰可以幫助你重塑生命的意義？為什麼？

28. Do you think that the support of church brothers and sisters can relieve your stress? How?

你是否覺得教會的兄弟姊妹給予你的支援，可以舒緩你的壓力？為什麼？

29. Have you had any successful religious experience in dealing with feelings of depression or anxiety due to your illness? If yes, please describe it.

透過宗教信仰，你有沒有得到一些舒緩抑鬱的感受或壓力的成功經驗？如有，請詳述你的經驗。

30. Do you think medical treatment for your illness helps you to deal with your feelings of depression or anxiety due to it? Why?

你是否覺得醫藥治療你的疾病，可以幫助你處理由改善於疾病而導致抑鬱的感受？為什麼？

31. How would you compare your religious experience and ongoing medical treatment in helping to manage your feelings of depression or anxiety due to your illness?

你怎樣比較你的宗教經驗和持續的醫藥治療，兩者在協助處理你的疾病而導致抑鬱感受的成效？

Now, may I get your personal information?

現在，我可否索取你的個人資料？

(E) Personal information (個人資料)

32. What is your full name?

你的全名？

33. What is your date of birth?

你的年紀？

34. What is your highest education level?

你的教育程度？

35. What is your occupation?

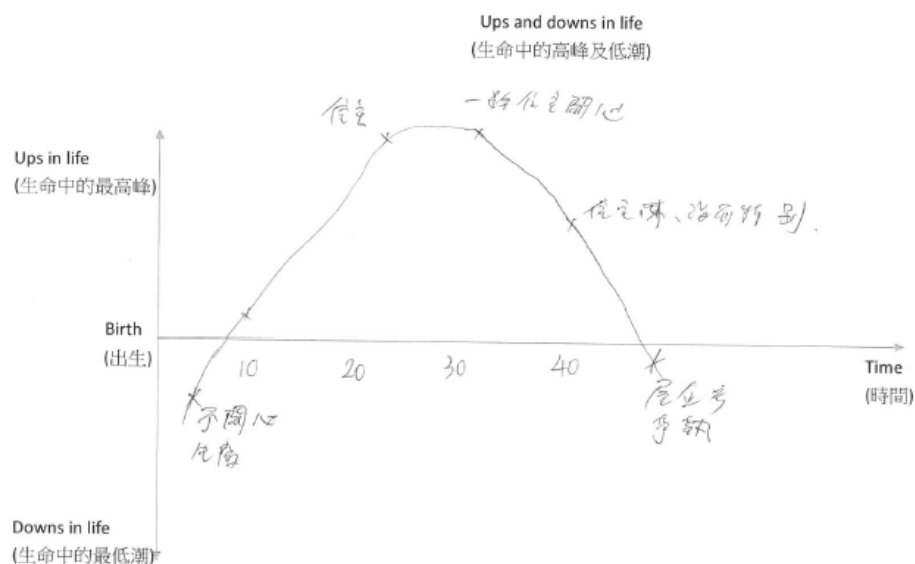
你的職業？

Thank you for taking time for this interview. Your sharing can help me to understand how you think about your religious beliefs when you have an illness. Do you have any questions or additional comments?

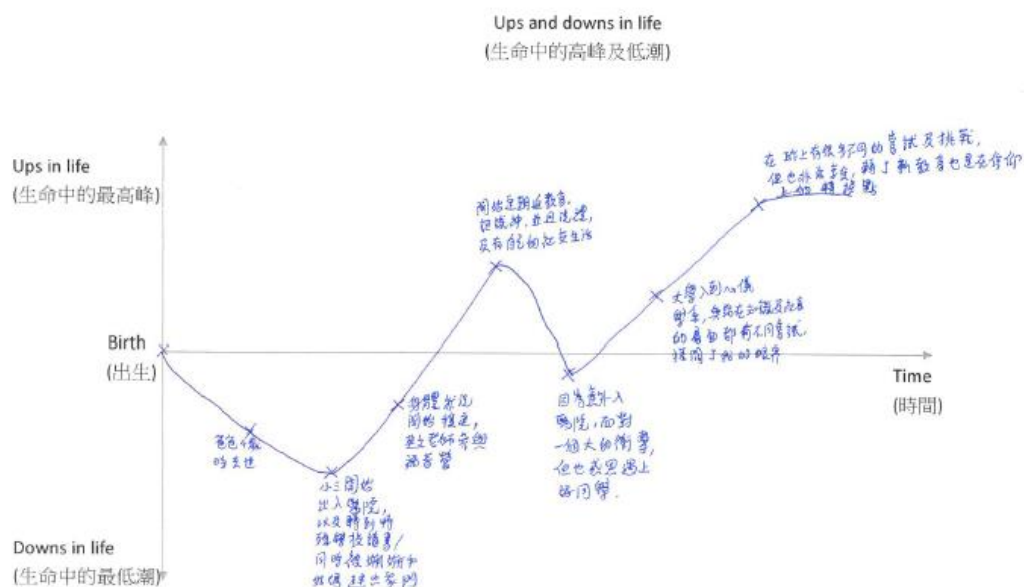
面談已經完結，感謝你的參與。你的寶貴意見可以幫助我了解，當你患病時，你對宗教有什麼想法。再者請問你有沒有其他問題，或想法？

Appendix C: Worksheet of autobiographical timeline

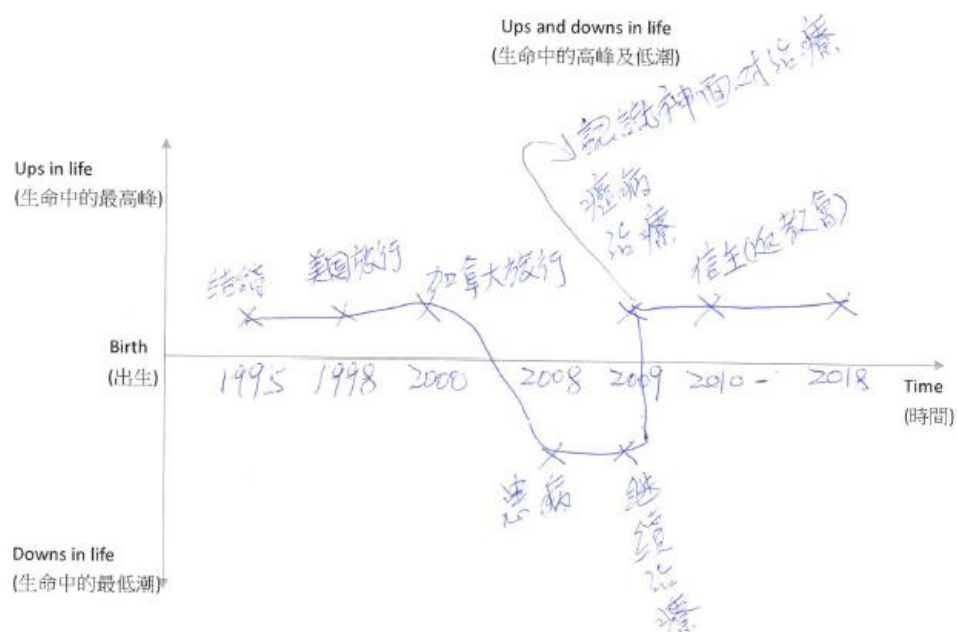
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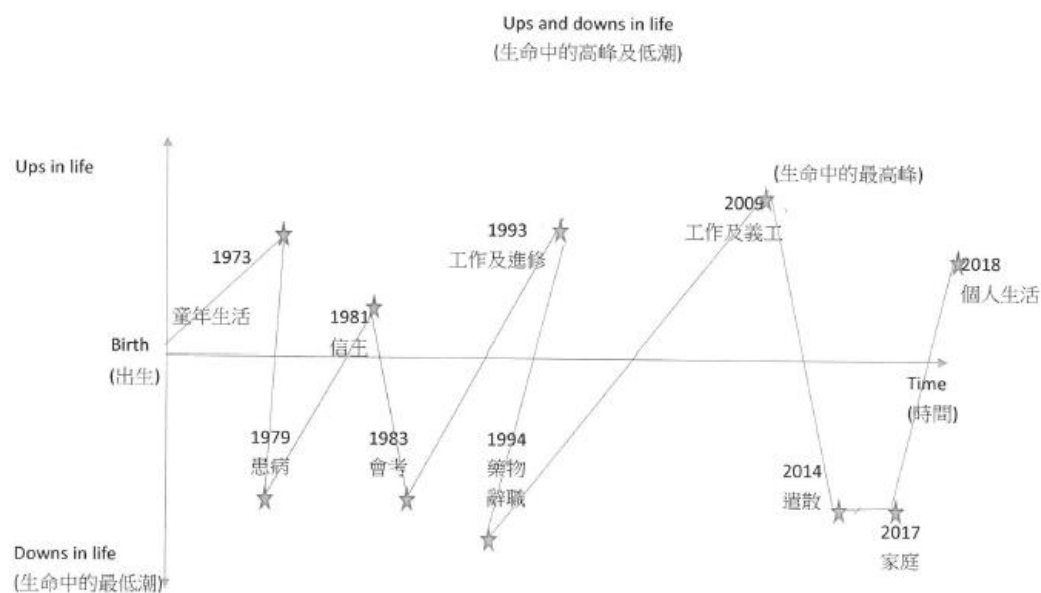
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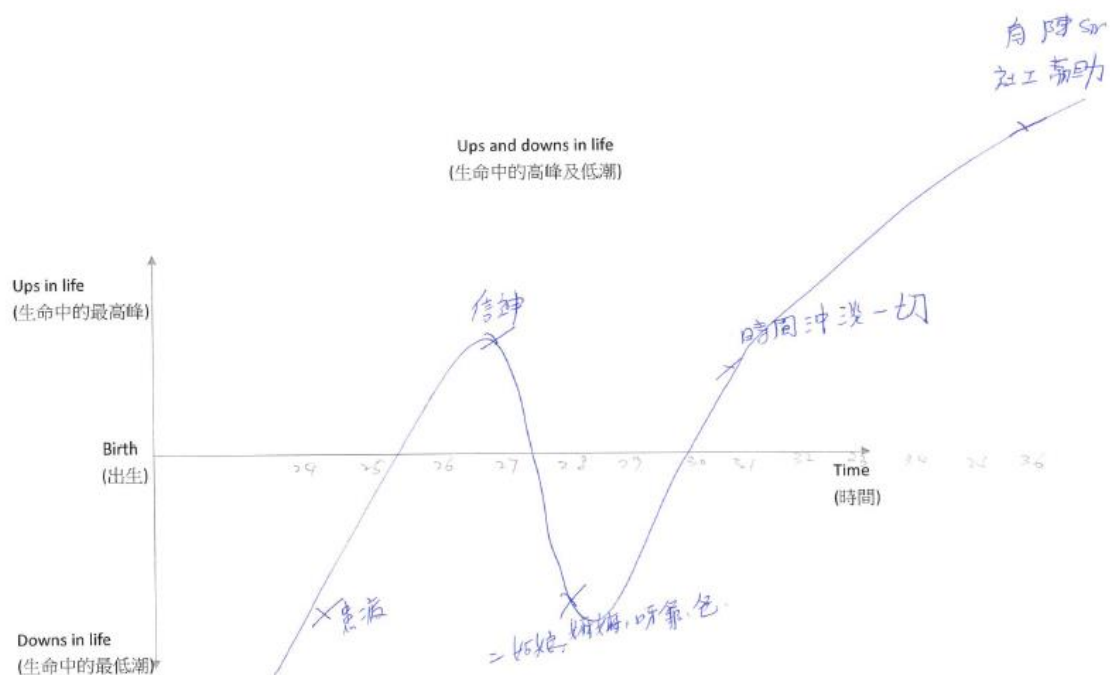
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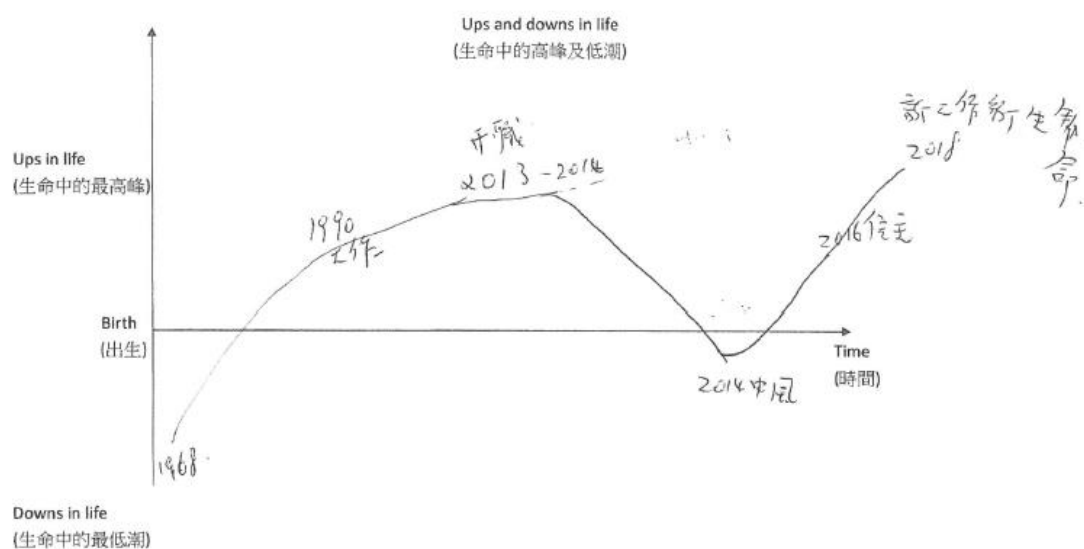
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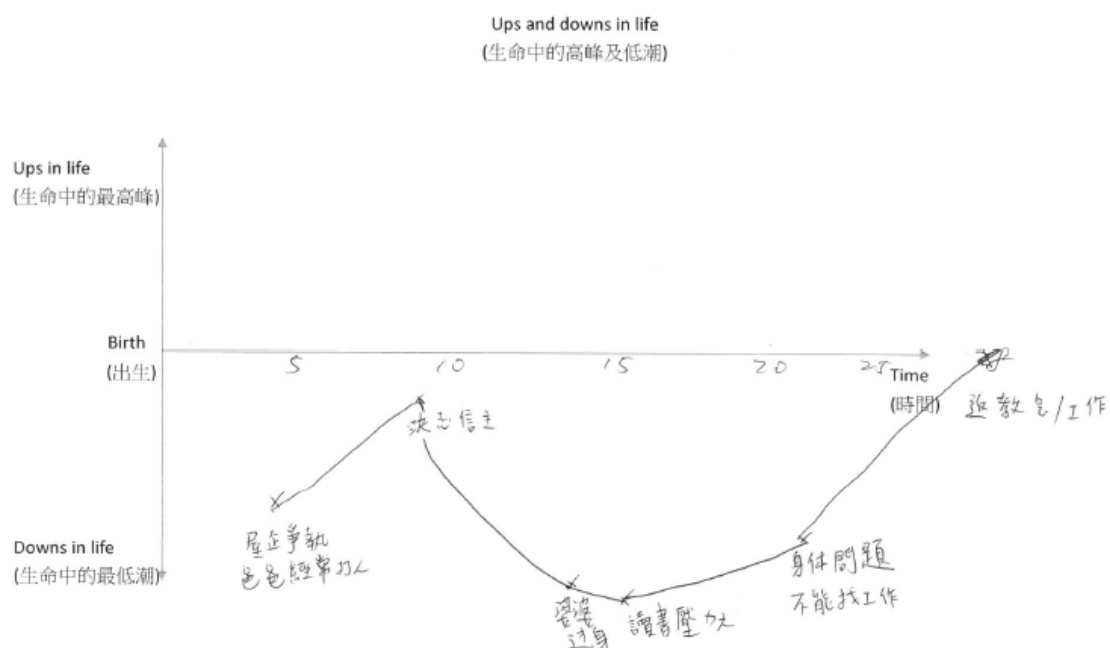
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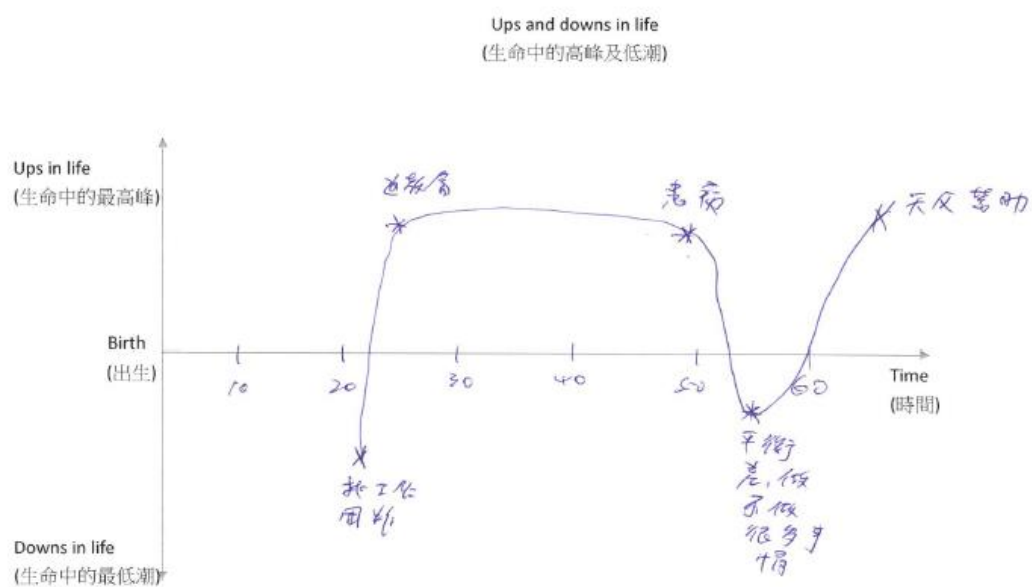
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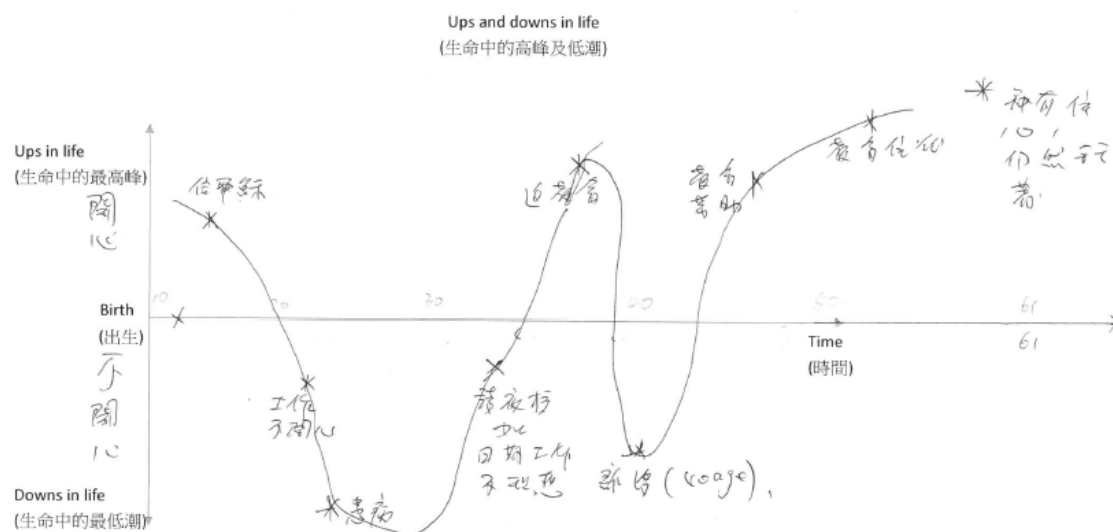
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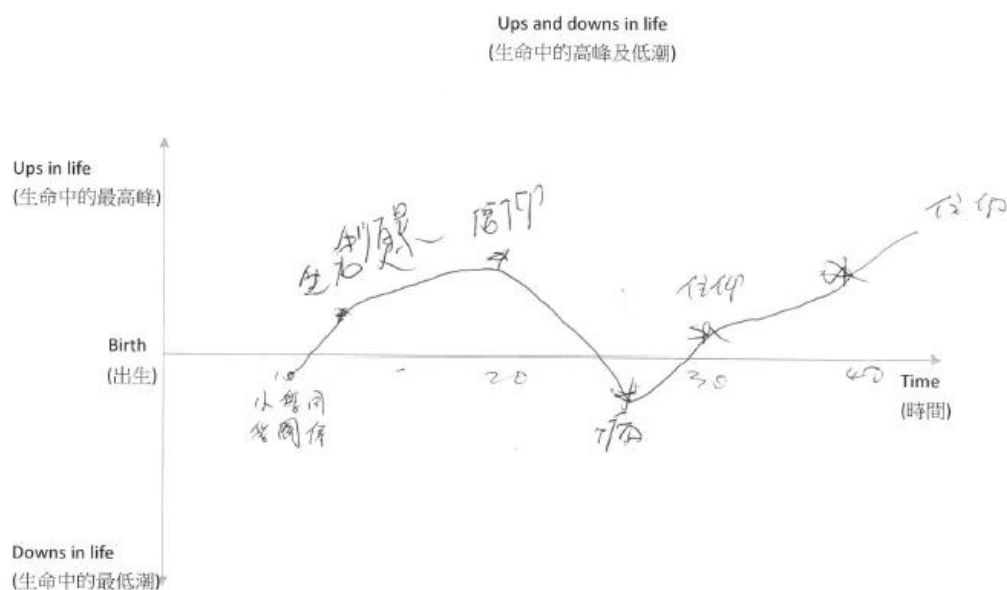
P10



P11



P12



Appendix D: The story of participants' experiences with religious belief and my health problems

P1's feelings about how her chronic illness causes her difficulty in her life and work

Matthew 6:24-34

Do not worry; do not say, "What are we to eat? What are we to drink? What are we to wear?"

It is the gentiles who set their hearts on all these things. Your heavenly Father knows you need them all.

Set your hearts on his kingdom first, and on God's saving justice, and all these other things will be given you as well.

So do not worry about tomorrow: tomorrow will take care of itself. Each day has enough trouble of its own.

In our life, we experience many life events including studying, getting married, school graduation, seeking a job, illness etc. Some of them make us very happy and some make us very sad and even make us worry about tomorrow's situation. I believe that no one wants to experience unhappy events such as a serious illness. But, unfortunately, some people suffer from chronic illnesses. How they feel about their sickness, the difficulties they encounter due to their illness and whether they can depend on their religious beliefs to overcome their adversity are the subject of the following chapters.

P1's background information

As mentioned before, drawing a timeline, giving a narrative of their experience, and writing a story were used to analyze the participants' perception of sickness and religion. In this part, the participants' perception of their chronic illness is presented.

P1 is a woman, aged 41. She is receiving vocational rehabilitation services in our Centre. She has been suffering from Thalassemia since birth and also from diabetes since approximately age 10. She graduated from form 5. She has been working in a government office as an office support assistant for 5 years. She lives with her family in government housing.

Autobiographical timeline of P1

During the interview, P1's autobiographical timeline showed the various events that happened during her life and it made her have ups and downs in life. When she was under ten years old, she felt her illness was bringing her life down. Then, her life started to improve because she started to believe in God when she was ten years old. From her autobiographical timeline, we can see that her religious beliefs made her life improve from about ten years old until she was 20 years old. When she was in her early 20s, her life reached a peak. She explained that she drew her timeline to the top at that point because she felt happy due to her belief in God.

Although she continued to believe in God up to about 40 years old, she drew her life going down when she was about 40 years old because her fellowship group's brothers and sisters did not support her enough. She explained that fewer and fewer members were attending the fellowship group in the church because all of her fellowship group's members were people with chronic illnesses. Some of them had died earlier due to their health problems. So her fellowship group could not provide a steady gathering for her and other members each week. They could only attend on alternate weeks. She felt that this did not give her enough time to share her unhappy matters and feelings with fellowship group members and obtain their support. Thus, she began to feel uncomfortable.

Recently, her elder sister's family moved in to live with P1 and her mother. So, P1's living environment became smaller and her elder sister often argued with her mother. P1 often heard the quarrels between her sister and mother and this made her feel very unhappy and that her life was going downhill. She shared with the researcher that at this time she really wanted and needed her fellowship members to provide her support and concern. Although their weekly gatherings gave P1 a platform to share her problems with other members, and obtain their support, she thought that it was not enough time for each support. She wanted to have gatherings every week. Because she was not satisfied with the number of gatherings, her timeline was going down. But P1 mentioned that her religious belief helped her a lot to alleviate

her emotions and she shared her feelings of illness and religious beliefs in more detail in part of the interview.

P1's perception of regarding her experience of chronic illness

She studied in secondary school with her classmates for a few years. So she knew that other classmates were healthy and they did not see a doctor. Thus, she felt that her illness made her different from all of her peers.

P1 told the researcher that she felt very unhappy because she thought that she needed to see a doctor and receive medical treatments each month, but her classmates did not do so. Thus, she began to feel that she did not belong in her classes as she found it difficult to make friends with her classmates and obtain support from them. Thus, she felt lonely in her school life which not only made her not feel good, but also affected her overall emotions.

P1 was studying in secondary school, but needed to attend follow-up medical consultations every month, take medication, and have blood transfusions. But her classmates did not know the reasons why she needed to do this every month. Thus, the other students labeled her as different.

Actually, her classmates may not have been joking when they called her names as a disabled person and handicapped person because the classmates really thought of her as a

disabled person. So they called her this negative name. These names might have been neutral and not considered harmful. But Chinese people have a common saying that “people who collapsed should avoid collapsed bowls (崩口人忌崩口碗)”. This means that people do not like other people talking about their weaknesses. She was already very unhappy and even had many complaints due to her health condition and felt even worse when she heard her classmates calling her these negative names. Put yourself in someone else’s shoes and you too would probably have a very bad feeling about such a situation.

When P1 was young and had not started to believe in God, she experienced many unhappy events in her school life that contributed to her developing very negative thinking including thinking that medicine could not help her to fully recover from her illness, her life was only about getting injections, and there was no hope for the future. She did not dare to let her mother know her hard feelings and sometimes asked herself why she should continue to live.

In my social work experience, although some negative thinking is natural, too much negative thinking will be damaging and counterproductive. Sometimes people’s life events create or reinforce mental dams which obstruct their rivers of thought, and they become stuck or trapped in pessimism and sink to deeper unhappiness. Thus, P1’s negative thinking due to her illness made her have many complaints including blaming her parents

for her other sisters not having chronic illnesses, but only her. Therefore, she felt inferior and at night she always cried herself to sleep and had thoughts about suicide.

P1 also shared her inner thoughts that while she has three sisters and all her sisters are healthy, only she was born with a genetic illness. So she feels that her body constitution is different from that of others which makes her feel inferior so that she does not have the courage to let her mother know this feeling of shame and always cries when she is in bed at night hiding under her bed quilt.

From P1's autobiographical timeline, narrative, and writing the story of her personal experience of illness, we can understand that her chronic illness made her very unhappy and affected the relationship with her classmates when she was young. The researcher also feels that this unpleasant experience is very notable for her and these feelings exist continuously. So she always cried and wanted to commit suicide. This is because she lives in her own world and feels that no one understands her problems. So, her illness results in bad feelings that make her feel very uncomfortable and lonely. She did not know who can help her solve these problems so that she felt hopeless.

P1's religious background and how her religious experience relates to her experience of illness

What Christians experience in God and brothers and sisters' love in church, how they understand the Bible teaching, and how much grace or blessing God gives them are unique

and very personal experiences. Christian religious experiences are often different from each other. Each Christian has their own personal religious experience and we can say that anything including attending church, saying a prayer, reading the Bible, obtaining support from brothers and sisters in church, and hearing the teaching from God, etc. are all religious experiences. P1 was the first participant to participate in the interview and her religion and illness experiences are presented as follows.

P1's friend accompanied her to attend church for the first time in 1999. But after her first visit to church, she had no further immediate interest in going and did not return. After two months, P1's friend invited and encouraged her to attend the church again and she tried again. After returning to the church, she found that attending the church could be an opportunity for her to better experience God and since then she has attended the church regularly. Now, she has been attending the church for over 19 years. She goes to the church twice a week to attend worship and fellowship group meetings.

She further shared that another reason why she went to the church until now was that the fellowship group provided a platform for her to share her feelings. When she shared her feelings about her illness, family issues, or working issue with the group members in the church, they understood her feelings. She felt that this was very important for her because she could obtain support from the group members. This is very important for her religious life and helped her

become a strong believer in her faith. She felt comforted when she obtained support from her church members.

From P1's sharing, we know that her social network is very weak and she has few friends. She faces many problems in her life due to her illness, and she has difficulty in obtaining understanding and support from her peers. But through her fellowship in church and fellowship members who are generally people with disability she is able to get support from them. P1 feels that not only does she have health problems, but also others have similar problems as well. This makes her feel that she is not unique and many people also suffer from health problems. This helps P1 alleviate her pressure because not only does she have an illness and her health problem is very common, but she also felt less lonely. It allows her to feel better psychologically with less stress because there are many people accompanying her on her life journey. Thus, I am not surprised that P1 said that her internal feeling that she derives from the support from fellowship group members is very important for her.

P1 expressed that her relationship with God is also very good. However, her relationship with her father was not good. So P1 does not like her father. But her religious belief helped her to make up for her bad relationship with her father. She told the researcher that God likes her as a father and their relationship is like a father and daughter. This trusting relationship with God made P1 tell God everything including things such as relationship issues.

P1 feels very peaceful after praying to God and asking him for help. When she goes to a hospital for follow up and get her blood transfusion every month since young, she feels very fearful of these treatments. She prays about this fear to God and asks God to bless her, which gives her peace and courage.

Actually, many people who go to hospital to receive treatment, may also have this feeling of fear. This makes her physically uncomfortable and feel bad. She believes that God helps her to overcome this feeling because she believes that God protects her. Thus, praying to God brings her peace and courage. This helps P1 because she believes that God has the power to help and protect her so she can be comforted. Actually, she needs to receive regular treatment in the hospital for the rest of her life. So P1's content of prayers is often about her health as she wants God to help her to have the courage during consultations and blood transfusions, reduce her pain due to medical treatment and guard (保守) that her health does not get worse. She also prays to God, asking him to be with her during the medical treatment.

During the interview, P1 shared that religious beliefs helped her to alleviate her unhappiness and worry about her illness. Particularly, the Bible's teachings are very good for her to reduce her bad feelings. P1 mentioned that she learned from the Bible that she did not need to worry about tomorrow so that she became more positive about her overcoming adverse situations.

From P1's sharing, the researcher learned that the Bible's teachings can alleviate her worry about her illness and influence her to have a positive attitude to face her treatments. In her thinking process, although she needs to receive treatments in the hospital each month and it makes her feel physically and mentally uncomfortable, God tells her through the Bible that she does not need to worry about tomorrow. When she remembers the Bible teaching each time, she feels comforted so that it helps P1 to reduce her fear. In her belief, by praying to God, she tells God all her problems, and God will help to protect her. It allows her to eliminate her feelings of lack of safety so she feels safe.

P1 further shared with the researcher how her religious beliefs influence her emotions. Before believing in God, she tended to be very negative. She had complaints about her parents giving her this health problem, but her brothers and sisters had not got it. Therefore, she was very unhappy and it made her think about committing suicide.

After attending the church, she knew that in her church many brothers and sisters' health problems were worse than hers. Through support from each other and testimonial sharing, she felt that church members were very positive about facing their adverse situations, so she was encouraged to become positive.

P1 learned from other brothers and sisters in church that their adverse situation was worse than hers and they very much encouraged each other to face their health problems.

She would say to herself that if other church members could overcome their health problems,

she can also and it gave her much encouragement to face her problems. From the change process of this situation, she can obtain support and experience sharing from her church members with similar problems. She will have a sense of belonging inside church and not feel lonely. She faces her problems in the company of other church members. They understand each other and know how to give comfort and support to each other. Under this atmosphere, her negative thinking and complaints were alleviated and her tension was also relieved. She received power and positive energy to face the health problems in her life.

Although P1 faces her adversity and it makes her have a lot of worry and unhappiness, she feels that her life has meaning despite her health problems. This is because she thinks that her religion gives her eternal life which helps her to have hope. Hope is her meaning in life. It helps her to not fear anything.

Other than religion giving her hope, P1 shared that support from brothers and sisters in church also enable her to have peace and courage. She had one successful example of her religious experience in dealing with feelings of unhappiness due to her chronic illness.

From P1's interview, autobiographical timeline, and her own written story about how her religious beliefs influence her emotions when she is suffering from health problems, we understand that P1 is very much stressed by her chronic illness. Particularly in her school life, she felt that she was different from her peers and very lonely. She needs to receive treatments and blood transfusions in the hospital every month. In fact, she has feared this

treatment for a long time. She has suffered from these stresses since birth and her social network is very weak. P1's relationship with her father is bad and is not close to her mother. She does not have a channel to express her unhappy feelings and problems to others. Her hard feelings accumulate continuously. When these stresses exceed her coping ability, it makes her contemplate suicide.

After starting to believe in God, her emotions changed from negative to positive. This change was due to her social network being strengthened through her church life. When she attends church, she can share all of her problems with brothers and sisters with similar health problems. The most important thing is that it is an interactive process; she can not only express her feelings to them, but also she can obtain support from them. During the process, P1 expresses her experience to other church members, from whom she will receive support and comfort. Although she is still suffering from health problems, she obtains support from them. This may give her a sense of security. On the other hand, she can share her experience with church members as a witness. So she can change her status from recipient to supporter. Her self-image and confidence can be enhanced, which gives her the courage to face her problems and develop positive thinking. P1 did not have any hope. After having her religion, she believes that God gives her eternal life. She will have a much better life in the future and it makes her not need to worry about adverse situations in the future. Although P1 shared that religion could help her emotions become positive, she had a small complaint that the number

of fellowships did not satisfy her expectation. She wanted to have this gathering each week. But other church members were busy, so they could not attend this group each week. So this group was scheduled on alternate weeks. She really wants to get support from church members, but the result is not satisfactory for P1's needs. P1 further shared her experience with the researcher that she feels that her medical treatments cannot help her alleviate her unhappy feelings, but can only assist her to suppress her illness. Thus, she told the researcher that when she compares her religion and medical treatments, she thinks that her religious beliefs help her to reduce her stress and unhappy feelings resulting from her chronic illness, but her medical treatments cannot help her to feel peaceful and reduce her stress. On the other hand, she thinks that Jesus is a perfect God, but he was crucified and made to suffer, so she thinks that it seems that every person needs to experience suffering and the only difference is the degree of suffering.



P2's feelings about how her chronic illness causes her difficulty in her life and work

P2's background information

P2 is a lady, aged 27 and a wheelchair user. She graduated with a degree in social work and is a social worker. She has been working in a vocational rehabilitation and retraining center for seven years. This was her first job after graduation. She has further studied a part-time master's degree program in rehabilitation science and graduated last year. She has been suffering from Osteogenesis Imperfecta (玻璃骨 / 成骨不全症) since birth and needs follow-up medical consultations regularly. She has no siblings and lives with her mother in government housing. In general, she goes to work, attends follow-up medical consultations, or enjoys entertainment with her friends by using a rehab bus. Sometimes she goes to have dinner with her friends or goes to work by public transportation such as low-floor buses when the rehab bus is fully booked.

Autobiographical timeline of P2

During the interview, P2 also drew an autobiographical timeline to express something that happened which made her life go up and down. From her drawing, the researcher understands that her father passing away had a very negative impact on her life when she was four years old so she drew her life going down. Then, when she was studying in primary three, she was often admitted to hospital. Thus, she was referred to a special school to continue her studies and she and her mother were expelled from the house by her

grandmother, which made P2's life further deteriorate, so she drew her life further going down.

The turning point of her autobiographical timeline was when her health problems became stable and she started to participate in the Gospel camp accompanied by her English teacher in Primary six. P2's life improved and she drew her life going up. Afterwards, she started to know God, attend church, and was baptized whilst in secondary school. She developed a social network with church members and her social support was enhanced. All of these events made her life further improve so she drew her life further going up. At this time, she was happier than before.

After that, she had an accident that greatly impacted her life when she was studying for an associate degree. At the same time, she also met some good schoolmates who might compensate for some of the impact of her accident. So P2's life underwent a small dip. Then, she obtained a university place to study a social work program, which made her life improve and she drew her life going up. After graduation, P2 got a social work job and had an opportunity to try using her social work techniques in her position. Although she had challenges, she became immersed in her work. After leaving her previous church and attending another church, she met other church members and she felt that this new church was more suitable for her. These events made her life improve and she reached the peak of her life.

From P2's autobiographical timeline, the researcher observed that her life has been affected by her health problems and family issues and these events made her life poorer. Her religious beliefs, social network, and support from church members, graduation, and getting a job made her life improve. P2 will share her feelings about her illnesses and religious beliefs as follows.

P2's perception of regarding her experience of chronic illness

During her interview, P2 told the researcher that she felt gratitude because she could work very well. Her illness did not affect her work too much. She is employed in a vocational rehabilitation center as a social worker. This center provides its employees who have disabilities with many facilities to enable them to carry out daily work and activities. So her working environment helps her a lot. But her problem was that she sometimes has outside work. When she is required to do this kind of job, sometimes she feels difficulty using public transportation because she is in a wheelchair. But she thought she could cope with it. P2 thought that her relationship with service users was good. As a person with a disability, P2 told her service users that she could understand their situations because her service users also have disabilities. She shared with the researcher that although she was a wheelchair user, she could basically take care of herself. So her illness does not cause much difficulty in her life today.

When she told her life story to the researcher, she expressed that she was afraid of getting hurt because her bones were very weak.

P2 worries about her health situation. Actually, she previously had a few bad experiences where she got hurt and getting hurt might cause her health situation to become worse.

P2 has had chronic illness of Osteogenesis Imperfecta since birth so that her bones are weak and very likely to break if she gets hurt. According to the National Institute of Arthritis and Musculoskeletal and Skin Diseases (2020), people with osteoporosis most often break bones in the wrist, spine, and hip. Thus, if she gets hurt, she needs a very long time to recover and may not even be able to sit up again. But she needs to go to work every day, attend church activities, and enjoy entertainment so that her health problems give her very much stress.

In her story of personal experience of religious beliefs, P2 has written about her illness experiences; she expressed that when she was about two years old, her illness was quite stable and she could walk. But she had an accident where she fell down when she was about three years old. This accident caused her thigh to fracture and her bones started to become unstable. Afterwards, she often needed to receive operations for various bone disorders. Her thigh bones needed to be fixed by nails. Then, she could no longer walk and needed to sit in a wheelchair. This change was very difficult for her to accept and she felt very restricted, unhappy, and worried.

Due to her illness, she was not well accepted by her family members, particularly her grandmother when she was young. After her father passed away when she was four years old she lived with her mother and grandmother on her father's side. Sometimes, if her mother was out of the home with something to do, her grandmother did not give her any lunch. These experiences made P2 very unhappy.

P2's personal growth was very unhappy resulting from her illness and this unhappiness was a determining factor in shaping her into a pessimistic person. But joining a church gave her the power to better face her problems.

In fact, brothers and sisters in church as companions (同行者) of P2 are very important to help her to improve her unhappiness. They can provide courage and power to P2 to overcome her health problems and difficulty in her life. The most important thing is that P2 feels that she is not alone in facing her adverse situation. Church members are her companions on her road to recovery.

P2' religious background and how her religious experience relates to her experience of illness

When P2 was studying in secondary school, her teacher evangelized her and accompanied her to church. She remembered that the first time she went to church, she was attracted by church members.

In P2's world, other than her mother, no one treated her well and even her family does not accept her. So P2 was very tough and treasured this real love and it attracted her to attend church continuously. She has been attending church for about 16 years. Now she attends church twice per week. One is worship and the other is fellowship. P2 told the researcher that she experienced great suffering due to her illness. But God helped her a lot. God also arranged many little angels to help her to overcome many adverse situations. So she found that God is trustworthy and very important because God helps her a lot. She thinks that when a person drinks water, he/she must not forget where it comes from. This is her dynamic why she goes to church until today. In P2's feeling, she really thinks that God helps her a lot so that she uses 'having gratitude (飲水思源)' which is the reason why she attends church until today.

Although P2 trusts in God and has attended church for a very long time, she has had experiences of doubt as to why God lets such great suffering befall her. From her sharing, we know that she is very unhappy and worried because of illness, pain and non-acceptance by her grandmother. After starting to believe in God, she prayed to God when she was in hospital receiving treatments. But God seemed to not respond to her prayers. She was

suffering in the hospital continuously. So she did not read the Bible, pray, and even nearly gave up her religious beliefs because of doubting God.

In the course of P2's religious belief, she had two major accidents which made her illness become worse and very painful. She needed to stay in hospital for treatments for a very long time. She thought that her illness could not heal and she would suffer from it in the future continuously. So she was very disappointed with God as to why God let it happen and thought that God was not present with her. She felt that God could not help her to solve her health problems so that she did not read the Bible and pray anymore. Thus, her relationship with God sometimes is distant and sometimes is close. Whether P2's relationship with God is good or not depends on her health situation.

When a Christian has so much adversity, this suffering may cause them to give up their religion. Not all Christians have everything alright, as they also have unsatisfactory events in their life. Although P2 sometimes is disappointed with God due to her health problems, she does not leave God eventually because church members keep supporting her continuously. She tries to read the Bible again under church members' encouragement, and she finds God is love and can help her in her adversity.

From P2's sharing, Bible teaching is also very important in that she can compare Jesus and Job's pain with hers. After comparison, she discovered that both of their suffering was greater than hers. Particularly, Jesus saved us, so he was crucified and suffered. God's love

makes P2 touched very much in her internal feeling and gave her power to depend on God again to face her all of problems resulting from her illness. She also told the researcher that because Adam and Eve ate the forbidden fruit in the Garden of Eden, people have sins and need to suffer, including her.

Although sometimes P2 feels disappointed with God due to her health situation getting worse, she believes that God helps her a lot in her life. She says that she is grateful for the positive things happening to her and this positive outcome makes her emotions develop positivity and a feeling of wellness. She told the researcher that she has been practicing religious activities at home. She reads the spiritual messages on Facebook every day which are posted on it by her Preachers. After reading this message, she prays and hands over her anxiety to God, and then she feels at peace.

After handing her anxiety over to God, she believes that God has the power to change her life and can help her to solve her problems resulting from illness. In her cognitive appraisal, although she suffers from a chronic illness and many life problems, they can be solved because of God's help so that she has a sense of security. Thus, after P2 prays to God, He will help her. So in P2's cognitive appraisal, although she suffers from a chronic illness and many life problems, they can be solved because of God's help. So she feels safe and developed positive thinking. Besides, P2 thinks that hearing hymns can help her to have internal peace. Other than listening to hymns, she told the researcher that when she hears preaching from the

pastor in church, it also helps her to compare herself with other church members who suffer more than her, so she feels lucky and has better feelings.

When people are suffering from a chronic illness, they often think that they are the most unfortunate. P2 feels that she is lucky because she is not the worst, as it makes her feel happy. For her psychologically, her anxiety can be alleviated and emotions become positive. In this situation, she is willing to seek help from church members. So she expressed that brothers and sisters' help is very important for her.

Many people are afraid to tell their parents about their problems because they do not want to upset them. So P2 finds it very difficult to tell her mother about her problems because she does not want to make her mother worry. But she can share them with the church members and obtain their support and help. Thus, this kind of support for P2 is very important and it helps Trudy reduce her anxiety and unhappiness due to her health problems. She told the researcher that it feels like “throwing rubbish into the bin” after expressing her emotions to the pastors and church members. After venting her emotions to church members, her negative thinking and unhappiness can be alleviated.

P2 expressed that she did not need to take medicine. When she went to her follow-up consultation in hospital, she only talked with her doctor about her recent health situation. Anyway, if she can keep a good relationship with her doctor, it can help her better understand the situation of her illness.

P2 told the researcher that she compared her religion and ongoing medical treatment to see which one can help her improve her emotional condition. She thinks that her religion can help her to reduce her feelings of anxiety due to her illness.

P2 also told the researcher that her religious beliefs can help her to reconstruct her meaning in life. She has taught children in Sunday school for many years. This is a mission of helping God to share her experience with children in church. She can dedicate and share what God gives her with others. So she feels that she has meaning in life.

Although P2 has had a chronic illness since birth and needs a wheelchair, she feels that she has meaning in life after attending church. The most important thing is that she can spread God's words to the children in church. During the process, P2 feels that this is a very meaningful thing as God's servant so that she feels great joy in her life. It is because she thinks that religion can comfort her spiritual needs, but medical treatment does not help her to feel spiritually comfortable. So she thinks that her religious belief helps her to alleviate her unhappy feelings more than receiving medical treatments.

P3's feelings about how her chronic illness causes her difficulty in her life and work

P3's background information

P3 is a 52 year old woman and graduated from form five. She lives with her husband in a private house. She is receiving vocational rehabilitation services in our center and has been

working as a part-time shop assistant in a bakery shop for about half a year. She was diagnosed as suffering from breast cancer about ten years ago. At the time that her illness was discovered, she was doing a full-time job as a property agent. At the beginning of her interview, she drew her autobiographical timeline to share her life's ups and downs due to different life events, particularly her experiences of illness and religion.

Autobiographical timeline of P3

P3 drew her autobiographical timeline going up when she got married and traveled to the USA and Canada in 1995 and 1998 respectively. During this period, she expressed that she was very happy in her life. But, when she was diagnosed as suffering from breast cancer in 2008 and needed to receive treatments continuously, her life went down because she was very unhappy and worried about her health situation. In 2009, although she still needed to receive her treatments continuously in hospital, she came to know God and started to attend church. This made her life improve so that her life improved because she became positive and happy. Afterwards, she attended church continuously and her emotions kept stable and her life did not worsen again so that her life did not go up or down. P3's perception of her illness and religious experiences, and how her religion influences her emotions are presented in detail as follows.

P3's perception of regarding her experience of chronic illness

During the interview, P3 told the researcher that although she was diagnosed with breast cancer in 2008, she did not accept it at the beginning and the illness made her very unhappy and worried.

During the initial stage of P3's illness, she was in denial of it and asked herself why it happened. As she could not be sick because of her job, she consulted a few doctors to clarify if she really had it. After confirmation of this illness, she could not go to work anymore, and she worried about it affecting the relationship with her husband. She thought that before this illness, she could earn lots of money. But now she had lost her job and lost everything. Thus, during this initial stage of the illness, she was very anxious and unhappy, and she struggled with this cycle of emotions. This struggling with her emotions even made her have depressive feelings and she wanted to give up receiving treatment.

P3 had negative feelings very much in that she believed that she could not live a long time. She felt hopeless and helpless at that moment. It seemed that no one could help her and her life was doomed to only last for one to two years more. Under this downhearted feeling, she did not want to receive treatment. P3 had not yet begun to believe in God at the time and felt hopeless.

After her illness was diagnosed, she could not have a full-time job because she could not deal with long working hours. It was because she became weak. Until today, she can only do part-time jobs. P3's illness also affects her daily life, and she cannot do heavy work at home

as well. She can only do simple housework. Actually, no one can tell her why she got this illness and she really could not accept that she had it and it made her very depressed and worried about her health problems.

P3's religious background and how her religious experience relates to her experience of illness

When P3 refused to receive medical treatments at the beginning of discovering her illness, her elder sister who lived in Canada encouraged her to go to church. It might help her to obtain support and power to face her adverse situation. So P3's husband accompanied her to church. She wrote her life story of religious experience to express that at the beginning of attending church, she felt that God had arranged an angel who was a pastor's wife to help her and other church members gave her much positive energy. Because of getting support from church, she has continued to attend church until today. Now, she attends church twice per week including Sunday worship and fellowship on Thursday. She told the researcher that after believing in God, she felt that God has helped her a lot. She also believes that God has the power to cure her illness. When she attends church, she can receive many positive messages from the church members.

Although she thought that God helped her a lot, she expressed that sometimes she has confidence in God, but sometimes not enough so that she is not 100 percent confident in God.

Sometimes P3 doubts her religious beliefs. But P3 thinks that God loves her very much, and God has the power to cure her illness. This belief makes her depend on God continuously and have internal peace and comfort. P3 told the researcher that other church members are not always confident in God in her church. They often struggle with whether God can help them solve their problems. So some brothers and sisters may leave the church because they lose confidence in Him when they are suffering from an adverse situation continuously. In this situation, other brothers and sisters' support is very important for church members who suffer from adversity continuously. For P3's religious experiences, she thought that she could easily seek help from church members. Sometimes, she was not happy, but she found it easy to talk to them. In her religious practice at home, she prays to God in the morning and at night every day. She also takes part in the Bible study in another church. She thinks that the more she reads the words of God, the more power she has to face her adverse situation.

P3 learnt from the Bible in Genesis that all things were created by God. God had the right to give life. So she thought that she should follow God's instruction in her daily life. God had the right to give life to humans, and this belief brings very much confidence to P3 when she has not enough confidence in God. P3 told the researcher that if God was willing to do that, she did not worry about her only having one or two years of life left because she thought that God could give her a healthy life and live in joy and peace. So this belief could help her anxiety to be alleviated and give her hope.

Furthermore, P3 saw some religious videotapes talking about other brothers and sisters' witness and then shared them with each church member in fellowships. This witness and sharing also enhanced her confidence in God so that she had power to overcome her adversity. The most important messages in these religious videotapes were that people experience sickness and P3 also experienced the same things. It was because they have had very similar life experiences so that they very much can understand each other's difficulties and feelings. They could also share their experience with each other as to how to solve and improve it and these experiences could be a reference for them. When P3 learned from other church members that they could overcome their adversity, it gave her power and helped her to deal with her health problems. This was because if other church members could face their problems, why could P3 not? For her psychological state, P3 does not fear that she is the only one being stigmatized for suffering from it. Other persons also have this experience and this really can help her reduce her stress. So the peer support helps P3 obtain the strength to face her problems because they have the common belief that they depend on God and support each other to face and overcome their illnesses. These religious elements also help P3 to have the ability to face her problems resulting from her illness.

P3 expressed that church members sharing their religious experience related to God could cure their illness and they could fully recover from their illness during the fellowship. This witness certainly gave P3 the confidence to face her adversity.

P3 learnt from the witness in fellowship that God has the power to cure patients and help them to recover. So after her cognitive evaluation, if she depended on God, she could be hopeful she could recover. Thus, hope is a very important thing that helps P3 face her adversity. P3 told the researcher that brothers and sisters' support in church was very important for her. She felt that sharing her health problems with them and obtaining their response including comfort and prayer for her could help her to have the courage to face her illness. Actually, P3's participation in this fellowship can provide a platform of mutual support for her. The church members can share their common issues such as health problems. This church-based social support can also provide a platform to church members including P3 to perform self-disclosure, and share their stresses, stories, feelings, issues, and recoveries. The most important social support for P3 is that she learns that she is not alone and not the only one facing health problems. P3 obtains social support from her brothers and sisters which helps her to have power and courage to overcome and face her illness.

On the other hand, although P3 is suffering from a chronic illness, she feels that her religion helps her to build up her meaning in life. She feels that she serves God in Church. This is a very meaningful job for her. So her meaning in life could be built up.

Before becoming ill, P3 was a very hardworking employee, but she was only concerned about earning money. But after suffering from illness, she could not do her full-time job anymore. After attending church, she immersed herself in serving God such as doing the

church's ministry work. So she felt that God gave her a new role and tasks. These new tasks could help her to become God's servant so that she felt that her life had become more meaningful than before. After believing in God, it not only helped her to alleviate her depressive feelings resulting from her illness, but also aided her to find meaning in life. It made her happy.

Although P3 had this illness, some of her friends had suffered from illness and had died. She thought that she has lived ten years since contracting her illness. During this ten-year period, she believed that God had given her a good quality of life. So she was better off than many other people. She thought that God helps her a lot.

After evaluating her health situation, P3 believed that God had blessed her and given her ten more years of life and not only two years of life. She saw that she will have a future and hope so that she can more actively seek help from her church members and do more positive things to help herself. Actually, hope is very important for P3 because she feels that her health problems can be solved possibly. This is the driving force for her to do more positive things to help herself. On the other hand, P3's attitude also changed to very positive and she thinks that people should pass the stages of birth, death, illness, and old age. So people need to suffer and although she suffers from cancer, it does not mean that she must die early. This depends on God's planning. Thus, P3's religious belief influenced her to have a very positive change.

P3's emotional state was having anxiety about her illness. She worried about her health situation getting worse, only having a short life, and the relationship with her husband. After attending church, her emotions were influenced by her religion.

From previous participants' sharing, in their life, people who we trust and friendships such as church members can have a major impact on our health and well-being. They can help people celebrate good times and provide support during their bad times. They prevent loneliness and give people a chance to offer needed companionship. They also help people cope with traumas such as divorce, serious illness, job loss, or the death of a loved one. They can boost people's happiness, reduce stress, and increase the sense of belonging and purpose. For P3, God and brothers and sisters in church are like her very trustworthy friends with whom they are very close. P3 can share her good news and bad things with them and obtain their feedback and support. This can enhance her belonging to this church group and she can feel that she is not alone. She also feels that she has many companions on her road to recovery, which can help her reduce her stress and become happy. Thus, P3 shared with a positive voice that her religion gives her the confidence to deal with her adversity. If she had no help from God, she could not solve her problems.

On the other hand, P3 told the researcher that although her medical treatment can reduce her anxiety after undergoing a body check for her illness and a doctor telling her that her

health situation is good, only her religious belief can help her to reduce her anxiety completely.

Although many organizations in Hong Kong provide a platform of self-help groups for people with chronic illnesses such as cancer, diabetes, and heart disease, etc., this kind of organization may not be suitable for a Christian like P3. This is because such organization has no religious elements so that they cannot fulfill the spiritual needs of people with a religious background.

P3 compared her medical treatments and support from other organizations, and feels that her religious belief helps her improve her emotions. But the medical treatment and other organizations cannot satisfy her spiritual need so that she thinks that these kinds of resources cannot help her to reduce her anxiety resulting from her illness. Now, P3 is really happier than before attending church.

P4's feelings about how her chronic illness causes her difficulty in her life and work

P4's background information

P4 is a woman aged 57. She has suffered from spinocerebellar atrophy since birth and epilepsy for over 40 years. She graduated from secondary five. She has been receiving the supported employment service in our vocational rehabilitation service center for three years. She has been working as a customer service assistant for two years. Since her mother passed away, she has lived in private housing on her own.

Autobiographical timeline of P4

During the interview, P4 drew her autobiographical timeline at the beginning to share the various events that happened during her life and which made her life go up or down. She drew her life going up when she was in childhood. She remembered that she was happy at this time living with her family in 1973. P4's life went down because her illness became worse in 1979. She explained that her health situation was very bad and it made her unable to go to school and she needed to stay at home. So she felt very unhappy. P4 drew her life going up when she found God and started to attend church in 1981. She expressed that when she went to church, many church members were concerned about her and this atmosphere made her emotions improve. Then, she drew her life going down because she failed the Hong Kong Certificate of Education Examination. This examination result made her very disappointed and unhappy in 1983. Afterwards, she drew her life going up because she had a job and continued her further studies in 1993. Then, her life went down because she resigned from her job due to her health condition getting worse in 1994. Then, she drew her life going up

because she could continuously work and at the same time she did a volunteer job in 2009.

She explained that it made her very happy and her life reached its peak at that time. Then, she drew her life going down again when she worried that she could not receive her long service termination payment for the years 2014 to 2017. Eventually she got the payment and her personal life quality improved and it made her life go up by 2018. P4 further shared her experiences about her illness and religion through narrative as follows.

P4's perception of regarding her experience of chronic illness

P6 has suffered from these illnesses for over 40 years. She always thinks and asks herself why only she encountered these bad experiences in her family. During her treatment process, she could not take all the prescribed medicines. Although some medicines were effective for her, some were not. She needed to continuously take them that made her have other health problems. Thus, she expressed that she was very unhappy and worried because of her health problems. P6 like some other participants complains why only she has a chronic illness in her family. Taking medicine also makes her have other health problems if they are not appropriate for her. P4's illness not only affected her psychological state, but also caused her difficulties in her daily life.

P6's illness makes her hand-eye coordination not good so that she always drops something from her hands. Actually, she did not want it to happen, but her health problems make it often happen. Her parents did not seem to understand her difficulty and often scolded

her. Thus, it made P4 feel that she had pressure from her parents. Furthermore, she remembered that she had much anxiety when she was young due to her health problems. From P4's memory, her childhood was full of unhappy events and anxiety. She needed to take medicine all the time and was often scolded by her parents. So she felt that no one understood her and she felt helpless. Until today, sometimes her illness makes her embarrassed.

She is very worried about when working in her company, the above event will happen and her colleagues will see it. So she thinks of a place she can go and keep away from people to avoid them seeing her when it happens. This is very important for P4 and this problem gives her much anxiety and feelings of unhappiness. Until today, she cannot do a job with too much pressure and long working hours due to her illness. All of these problems resulting from her chronic illness really make P4 feel not very good and worried.

P4's religious background and how her religious experience relates to her experience of illness

P4 started to go to church when she was 14 years old. At that time, she was unable to go to school due to her illness. But she wanted to keep contact with other people, so she

participated in the Sunday school. This was the reason why she started to go to church. Now, she goes to church once per week. The reason that attracts P6 to go to church until today is that she feels that church members understand and support her very much.

P4 thinks that she is not accepted by her family as she is suffering from illness and cannot do a job with high pressure and long working hours due to her physical restriction. So she feels that her family does not understand her difficulty. Basically, she has the expectation that her family should be concerned and give her help. But she is very disappointed because her family does not do it for her and even forces her to do something she cannot do. When she is suffering with problems, church members are willing to listen about her difficulty and give her support, comfort, and prayers. All this warm support and understanding from her brothers and sisters in church makes P4 not feel lonely and she has companions to help her face her problems. This support can aid P4 to have hope and warmth. For P4's emotions, her anxiety and unhappiness can be alleviated by her church life.

She thinks that her religious faith is average. But she mentioned that she has confidence in her religious beliefs. P4 believes that God gives her many graces so that she thinks that God can help her a lot.

Actually, she thinks that all of her necessities of life are given by God. She feels that her relationship with God is good. So she often uses her religious activities to help herself improve her emotions.

It is P4's daily religious practice to write a letter to God before going to sleep every night. She feels that she is very comforted because she hands all her worries over to God. She does not need to remember her problems anymore because these problems have been given to God and God will respond and help her to solve them. Regarding the content of her letters, she writes everything to God.

By writing a letter to God every night before bed, this good spiritual practice helps P4 to improve her emotions. On the other hand, P4 also thinks that she easily obtains help from brothers and sisters in church when in need. Church members' help is a very important resource for P4. She thinks that support from the church members also helps her to reduce her worries about her illness.

P4 like other participants thinks that she obtains support from other church members that is very good for her and it really helps her to reduce her worry resulting from her chronic illness. Regarding P4's beliefs, it seems that she can find the answer to why people suffer.

P4 thinks that people's suffering can highlight God's grace. This is a very important belief for P4 that can help her to overcome her health and family problems. The very important hidden message of P4 is that she suffered from illness that is God's grace for her to show the power of God. This belief can help P4 to think about her illness in a very positive light so that her worry about her illness will be alleviated. On the other hand, she also thinks that her religion helps her to build up her meaning in life.

P6 can obtain hope from her religious beliefs because she believes that God has the power to help her to solve all of her problems. It helps her to have meaning in life because she has hope. Hope is very important for people who are suffering from adversity because they think that someone has the power to cope with their problems. Besides, P4 has received medical treatments for a very long time. But she feels that medical treatments cannot help her to improve her emotions.

This is because her doctor in charge is often changed and this is the public medical setting's pattern so that she cannot maintain a good relationship with them. So she compares her medical treatments with her religion. She thinks that her religious beliefs can help her more than her medical treatment.

P4 's religious beliefs influence her to have a positive attitude to overcome her health problems. Although she expressed that her religious faith is average, she has very strong confidence in God. During the interview, she revealed no doubts in God and often said that she has confidence in her religion. So P4 can through her religion improve her emotions and cope with her life and her illness.

P5's feelings about how her chronic illness causes her difficulty in her life and work

P5's background information

P5 is a woman aged 54. She is married and lives with her husband and younger brother in private housing. She has no children. Her educational background is that she graduated from university. P5 is our colleague and has been working in our vocational rehabilitation service center as a placement officer for eight years. She has suffered from cancer (uterine tumor (子



宮瘤)) for about one year. She shared her experience of her illness and religious beliefs by drawing her autobiographical timeline, narrative, and writing her story as follows.

Autobiographical timeline of P5

From P5's autobiographical timeline, in 1980 she was admitted to a university in China to study physics after her excellent school performance. She felt very proud when she saw that the university had accepted her admission. Actually, her university is a very famous one in China and it is very difficult for students to have an opportunity to study there. So this event made her life improve. Afterwards, she moved to Hong Kong from China with her mother in 1981. So she needed to quit her university study in China. After arriving in Hong Kong, she needed to restart her life and learn many new things. She encountered problems of adaptation including language; her qualification was not recognized and she had housing problems, etc. All of these life challenges made her have anxiety so that her life went down at that time. Then, P5 started to attend church, work as a clerk, and study a part-time degree program in a private college in 1983. For P5, after moving to Hong Kong, she developed a social network and started to obtain support from church members. So she drew her timeline at this moment as going up. She had a problematic family issue in 2003 and this matter made her very unhappy so she drew her timeline as going down. She received spiritual cultivation in church and decided to be baptized in 2015. As a Christian, baptism is like a wedding ring and they put on a wedding ring as a symbol of their commitment and devotion to Christ and

their life is cleansed by the blood of Christ and because there was the opportunity of a new, fresh, and purposeful life. Thus, this was a very meaningful and spiritually important event, so P5 drew her timeline as going up to the peak of her life. Anyway, she suffered from cancer in 2018 and this illness had a very big impact on her life. She felt very anxious and doubted why she was suffering from this health problem. Although she was attending church at that time, she drew her timeline as going down to the lowest point. Then, she gradually improved her emotions with the impact on her life by her religious beliefs and she drew her timeline as going up eventually.

P5's perception of regarding her experience of chronic illness

P5 expressed that she felt that her body was not feeling good, so she needed to see a doctor in 2018. During the period of waiting for a body check report, she thought that this may not be a minor illness and started to worry about it. When a doctor told P5 that she was confirmed to be suffering from this illness, it had much impact on her.

The streets being filled with the festive atmosphere of Valentine's Day and P5's emotion at the same time were very big contrasts and made P5 further feel a sense of sadness. Many people like P5 when they learn that they are suffering from a serious illness, are not ready to face it and do not know how to handle the next step at the beginning. Particularly, when they are waiting for the medical results, this waiting makes them very anxious and worried. When P5 entered a hospital to receive treatment, her emotions were very unstable,

For P5, at this time she seemed helpless and everything was uncertain. So she reminded God to not forget that she was His servant and still had the work He gave her that she had not yet completed. It reflected that P5 thought God may have forgotten her already and reminded God that she still had not yet completed the work He had given her. So God needed to treat her illness. Besides, when people are waiting for treatments for their illness, they often worry about whether the treatment can help improve their illness so that they can recover.

At this moment, her uncertainty, fear, and anxiety over her illness shrouded her religious beliefs so that she did not remember God. Her religion really could not help her to improve her emotions. So she thought over and over again why she had this illness.

In the early stage of P5's illness, she really did not know why she had this illness as she had a very healthy life. Although she still remembered God at this moment, she thought that God had forgotten about her already. She also asked God why he gave her so much homework. This homework was her illness. She not only thought that God had forgotten her already, but she was also disappointed in God giving her so much homework. Actually, she had complaints about why God gave her this problem. So, it was not surprising that P5 did not pray to and depend on God at that moment. She developed very negative thinking about her religion.

P5 was anxious, confused, had no answer to her question, and was disappointed with her religion at the initial stage of her illness, which made her become weak, angry, and very

unhappy. Actually, after the operation, P5's recovery was very fast. She could go back to her job after about two months of recuperation. But, she needed to see her doctor regularly. Her illness did not affect her daily life and work so much. Anyway, she suffered emotional pressure and anxiety during her period of illness, particularly in the early stage.

P5' religious background and how her religious experience relates to her experience of illness

P5 came to know God in a very dramatic way. After arriving in Hong Kong from China, she had many adaptive problems. One night, she turned on the radio. Just by chance it was broadcasting a religious program. The host was saying "give your distress to God, he will take away your pain." At this time, P5 was looking out of the window and she saw a cloud in the sky. She thought that this cloud was God and so described all her grievances to God. After doing this, the host said that if you believe in God, he will guard you. At this time, P5 thought that she of course believed in God. Afterwards, she told this story to her friend who was a doctor. P5's friend encouraged her to believe in God and attend church. After all of these experiences, she decided to go to church. When she started to attend church, she received much concern from church members. She started to attend church in 1983 and was baptized in 2015.

After suffering from illness, although she could not find out why she developed cancer and was disappointed with her religion during the period of waiting for treatment, her church

members visited and encouraged her to read the book of Job in the Bible. So she tried to read it and when she was reading the book of Job, she understood the meaning of people's suffering.

When P5 was suffering from her cancer, she only saw and felt herself suffering huge pain. After hearing other people's experience of suffering, she could compare her and their experience and realize that her suffering was not the worst. The most important message for P5 was that not only she was suffering and many other people also experience it. She was not lonely and her suffering was understood by others.

On the other hand, from the point of P5's religious belief, she listened to the book of Job and it helped her to understand the meaning of suffering. Actually, many people have experienced many different kinds of suffering and sadness. During this period, people need spiritual comfort to respond to their suffering and fate. Different people have different methods to respond to it. Some people respond to their adverse situation by thinking it is a causal relationship. But the message of the book of Job is that when people suffer, they should have a humble heart and believe in God's arrangement for people. People's ability is very limited and they need to depend on God's all-knowing and omnipotent nature to respond to their suffering. Job depends on all of it and gets God to help to remove all of his suffering eventually. This message gave P5 the inspiration to depend on God, like Job, to help her to end her suffering. After comprehending the meaning of suffering, P5 started to think about

her suffering from the view of her religious belief. P5 told the researcher that God gave her homework that she could bear.

P5's thinking about her illness experienced a process of going from being disappointed in her religion to accepting of it. Comparison is a very important element because P5 could contrast her health situation with other people with the same problem. During the process, she could know that her position and her situation were not the worst. Other people's suffering is bigger than hers. This perception could help P5 relax and feel comfort. Thus, the book of Job's message can help people to compare their adverse situation with that of other people. People can also learn to use a positive attitude to face it and their problems can be solved by God.

P5's attitude change from negative to positive. Although comparison is very important, experiential learning is also an essential element. When her faith in her religion was rejuvenated, she gradually recovered from her cancer and she really experienced that she depended on God, while her illness had been healing and improving. So this experiential learning gave P5 confidence in God and religion. If P5's illness did not improve as she expected, her learning experience was negative. She only compared things with the book of Job's message. Did she have confidence in God continuously? It might have an uncertain answer. But brothers and sisters in church provided support to her, which was also very important to alleviate her emotional problems.

In P5's writing about her story of illness, when she handed her problems over to God, she thought that God would arrange for an angel to protect and encourage her to face adversity. Although P5 thought it could help her have confidence to overcome her anxiety, sometimes she was unhappy in her daily life.

Daily religious activities are very important for Christians. P5 has many challenges in her daily life. So she reads the Bible and prays daily to obtain power from her religion to overcome her problems. She told the researcher that she also follows the teaching in Sunday worship to live the next week. So she should live in joy that God teaches her. On the other hand, she thinks that Adam and Eve sinned so that people have sins afterwards and need to suffer. Thus, she thinks that she is not surprised that people suffer from illness. Furthermore, P5 compared her religion and medical treatment, thinking that her medical treatment could not help her to reduce her anxiety while suffering from her illness.

P5's perception was that her medical treatment could only help her to alleviate her body pain due to illness, but not improve her emotions. Although sometimes she loses confidence in God when she encounters difficult matters including her illness, she can depend on her religion through reading the Bible, prayer, and support from church members to improve her anxiety and unhappiness. P5 also told the researcher that she can follow Jesus' teaching to live every day so that she feels meaning in her life.

P6's feelings about how his chronic illness causes him difficulty in his life and work**P6's background information**

P6 is a man, aged 50. He graduated from form 5. He has been suffering from inflammation of the cranial nerves (腦神經發炎) for 11 years. He is a wheelchair user and lives with his divorced wife in government housing. After studying retraining programmes about office practice and photography, he has been receiving the supported employment service in our



vocational rehabilitation services center. He has been working as a casual worker to count customer in a shopping mall for about one year.

Autobiographical timeline of P6

In the early stage of the interview, P6 drew his autobiographical timeline to share his life events that made his life have ups and downs. He drew his timeline as quite stable from birth to his graduation from secondary school. He drew his timeline as going up at 18 years old because he found God and started to attend church in that year. He expressed that he was very happy and felt thankful after going to church. Then, he drew his timeline as going down at 39 years old because he was diagnosed with inflammation of the cranial nerves and his illness made him very anxious and unhappy. Afterwards, he drew his timeline as going up again when he was 50 years old. This was because he left church 20 years ago and now he has gone back to church again and he felt very happy at that time. P6 shared his experience of chronic illness as follows.

P6's perception of regarding his experience of chronic illness

P6 told the researcher that after his doctor's confirmation that he was suffering from inflammation of the cranial nerves, he felt that it was a very serious illness. Before P6 contracted his illness, he was a normal healthy person. He worked as a technician at Town Gas Company. After becoming ill, his body underwent many changes that resulted in him needing a wheelchair eventually. Psychologically, this is a very serious illness and it might

cause his death. Thus, he was very anxious and felt helpless at the early stage of his illness.

Furthermore, he also received great pressure from his relatives and friends due to his illness.

P6 started to have this illness when he was working in a Towngas company. After suffering from it, his health situation gradually got worse. When his walking balance ability became bad, his working nature also needed to be adjusted from maintenance work to only taking photos. At this time, he was aware of the severity of his illness. Thus, he tried to see different kinds of doctors including Chinese medicine, acupuncture, massage, divine doctor in China and even tried to inject steroids into his knee to heal his illness.

Due to his health problems, he bore much anxiety and worry. Particularly, he worried about whether he could not do his job continuously. He could not see his future and what would happen afterwards. So uncertainty made him lose his way and worry. During the course of his illness, other than his physical pain, his psychological pressure was also very great and came from his relatives and friends. They seemed to not understand what kind of illness he had and even thought that P6 did not strive to do exercise to help himself recover. Actually his recovery progress is not related to doing exercise or not. His health situation got worse and was related to his illness. So he could not obtain others' understanding and was even accused of not trying to help himself. Thus, he was very unhappy and even angry at this time.

When he was receiving treatment in a hospital, an occupational therapist and his attending doctor suggested that he use a wheelchair from that time until today. After using a wheelchair, he had a problem with his work.

P6 wanted to obtain a full-time job, but he found it very difficult to reach his goal. He knew that it was because he was in a wheelchair as employers do not want to employ him. He knew what the problem was, but he could not solve it. So he had the feeling of helplessness very much. In his daily life, he had also had some changes and it made him unhappy.

After suffering from this illness, P6 could not do any sports, housework or jobs so he thought about the change in his functional capacity. Particularly he felt that he really lost some things after getting this illness. This sense of loss made him very depressed and unhappy. It is a totally different situation. If a person has many restrictions since birth such as being blind so that they have not been able to see anything in their life since birth, they cannot compare before and after. Thus, they do not have a sense of loss and accept it more easily. But P6 suffered from his illness when middle aged so that he could not easily accept it.

P6's religious background and how his religious experience relates to his experience of illness

In fact, P6 started to attend church 20 years ago. From him discovering religion, he attended church for a few years, but afterwards he stopped attending. He told the researcher

that he stopped attending church because he was very busy at the time. He mentioned that he used the time to exchange money so that he worked very long hours every day. During his few years of religious experience, actually he needed to be cared for by others, but no church members helped him. In contrast, he needed to give very much concern to other brothers and sisters in church. Because of this, he felt a big impact in church at that time. Anyway, he thought that during these three to four years of church life, he had a very good growth opportunity in his life. Many church members were concerned and asked him why he did not attend church anymore. But at that time, P6's religious beliefs became weak and he left the church eventually. He shared that although he left the church, God's voice still remained in his heart.

He did not attend church for about 20 years until he discovered his illness in 2011. When he was admitted to a hospital to receive treatment, an occupational therapist evangelized him. Because of this opportunity, he started going to church again. After re-attending church, he started to attend the Sunday school to re-build his religious beliefs regarding his religion. Now, he attends church twice per week. One is worship and the other is fellowship. He explained why he decided to attend church until now.

Now P6 attends church again and has realized that although he reads many chapters of the Bible each month, it does not mean that he would have a very good spiritual life. He thinks that he can plan how many Bible chapters he will have to read every day. But he

doubts that this is a really good method to be used to enhance his spiritual life. The important thing is that he needs to apply his religion in his daily life.

Although P6 has suffered from his chronic illness for over 11 years, he feels happier than before illness because he thinks that now he has received a new role from God so he has meaning in his life. He can apply his religious beliefs in his daily life to help other people and he feels that it can satisfy God's will. This discovery can help P6 alleviate his psychological pressure and unhappy suffering from his chronic illness. Anyway, in the course of his illness, he does not have confidence in God all the time.

When people live in an adverse situation and their problems cannot be solved, they will have many questions and complaints and this negative thinking fills their brain just as for previous participants so that they will forget their religious beliefs and as a result will lose confidence in their religion. Thus, some Christians may leave a church because their adversity cannot be resolved, they think that God cannot help them anymore and even doubt God's existence.

In fact, this is a cycle of a Christian in that they will have very much confidence in God, but when they have some difficulty in their life which it seems cannot be solved, they will lose confidence in their religion again like previous participants. On the contrary, some Christians may lose their religious faith because their life is very plain sailing. If they do not experience any pain in their life they do not need to ask for help from God. They also forget

God gradually. But when they have problems again such as health or financial problems, they need to get help so they remember God and re-attend church again. This can explain why P6 left church when he first attended church. At that time, he earned much money and had no problems so that he had no need to ask for help from God. When he found that he suffered from illness, he remembered that God could help him so that might be the reason why he was willing to attend church again. Now, P6 is studying a diploma in theology in a seminary. He thinks that his daily spiritual activities are praying and reading the bible. He feels that he has a good relationship with God.

In fact, P6 is like other Christians, as he reads the Bible and prayers every day. But each Christian has their own feelings of doing practical daily spiritual activities. For P6, he feels that he obtains help from God a lot through his prayers.

P6 experienced the most painful health condition during his operation in the intensive care unit, but he had the belief that God lived with him and he could intervene in his adversity so as to help him to solve his problems and reduce his pain. Although P4 thought that he did not have the ability to help himself, he believed that God had the power and he was willing to implement it to help and treat him. So P6 had confidence in his future and his future was not uncertain anymore. Thus, although he suffered from very much pain, he felt at peace in his heart and it could give him the power to face and overcome his pain. This spiritual experience may reinforce him to pray every day. So he told the researcher that he

needs to hand his life over to God. He sees that the brothers and sisters in church can give him peace and alleviate the pressure from his illness. But WhatsApp cannot help him to obtain this feeling of peace.

WhatsApp is a very convenient way to connect with other church members, but after sending a message to other brothers and sisters to seek help, P6 cannot see immediately the church members praying for him. So he doubts whether they really do it for him. Thus, he feels that altogether attending church and praying and sharing with each other, this helps him to reduce his pressure more than by using social media. He also feels that the church's environment can also help him to alleviate his anxiety.

P6 needs to handle his life matters and it makes him have pressure. He seems unable to stop feeling God's message during his busy life. But the church's solemn environment can help him to stop to thinking about his life matters and this solemn atmosphere helps him to feel God's message and existence and it can be also brought into his heart with no interruption by other life matters. So the church environment is an important element to help him reduce the pressure due to his life matters. P6 also told the researcher that he can seek for meaning in life through his religious beliefs.

P6 went to church again when his chronic illness was discovered. Now, P4's confidence in his religious beliefs is stronger than before 20 years of attending church. During his operation in the intensive care unit, he felt that he had no ability on his own to solve his

health problems. In this period of helplessness, he remembered God's teaching, and then wholeheartedly handed his pain into God's hands. He believed that God would treat his illness and the most important thing is that he had hope. P6's hope is that he can enter heaven if he dies. So he does not need to be afraid of death and it could help him to reduce his anxiety and have peace in his heart so that he felt that he had meaning in his life. On the other hand, he has received treatment from the hospital for about 11 years. He feels that the medicine cannot help him to reduce his anxiety about his chronic illness, but he thinks that his religious beliefs can help him to alleviate his worry about his health problems.

Although P6 has received his treatment from the hospital for about 11 years, he does not seem to be satisfied with his doctor's explanation of his illness and the detailed nature of this illness. So he does not understand why he has this illness and whether he can totally recover. These make him have complaints about his medical treatments. All these questions are unknown so that he also has dissatisfaction with the medical system. But he thinks that his religious belief really helps him to receive comfort, have peace in his heart, and hope. The most important thing is that he thinks that when he dies, he will enter heaven and have eternal life living with God. So he has hope, and strength to face any situation.

P7's feelings about how her chronic illness causes her difficulty in her life and work**P7's background information**

P7 is a woman aged 36. She graduated from form 5. She has been suffering from knee degenerative joint disease since she was 24 years old, and mental illnesses of depression and psychosis since she was 31 years old. Now, she is living in government housing on her own. Sometimes, she has dinner with her mother and sisters in a restaurant particularly during festivals. She has been receiving our vocational rehabilitation service for about six years.



This center helped her to obtain a part-time job as a people flow statistician in a shopping mall and she has been working for about one year.

Autobiographical timeline of P7

During the interview, P7 drew her autobiographical timeline to show the ups and downs in her life which were affected by her life events and shared it with the researcher in detail concerning these experiences and feelings. She drew that her life went down when she was about 24 years old because she discovered that she was suffering from degenerative knee joint disease. At the time, her mobility started to become a problem and she needed to use crutches to assist her walking. Thus, she was very anxious about whether she could not walk anymore in the early stage of her knee problem. Then, she drew that her life went up when she was about 24 years old because she was baptized and this was the peak of her religious beliefs. She felt that her confidence in her religion was very strong in this period. Afterwards, she drew her life going down again when she was 28 to 29 years old because her father, grandfather and grandmother died consecutively in this period. At this time, she felt very sad because she lost her closest family members. These family members treated her very well and she could not see them again. Then, she drew that her life went up again when she was about 29 years old because she thought that her family members' death memory had become diluted and she kept on attending church. Afterwards, she drew that her life further went up from when she was about 30 years old. She shared with the researcher that it was because she

obtained help from a social worker in the vocational rehabilitation center and a social worker in this center helped her to obtain a part-time job.

P7's perception of regarding her experience of chronic illness

P7 told the researcher that after suffering from her chronic illnesses in the form of degenerative knee joint disease and mental illnesses, she had many emotional problems and was very unhappy.

P7 experienced that her physical and mental illnesses made her have very strong feelings of helplessness and unhappiness. In her sharing, she often mentioned that she was a healthy person and had not had any illness. She worked in sales for many years before suffering from illnesses. So after having these illnesses, particularly her mental illness made her have many emotional problems including fear, depression, and psychosis. These emotional problems affected her social life while her social support was very weak and she did not have any mood to do anything.

In fact, mental illness makes people have emotional problems such as low mood, fear, and anxiety, and it affects people's social life, job, and motivation. On the other hand, P7 not only has one kind of physical illness, but also suffers from mental illness. So she often needs to see her doctors and take medicine every day. This made her not feel good.

As a mentally ill patient, P7 needs to take many psychiatric medicines to make her mental illness stable every day. So it makes her very unhappy. Taking psychiatric medicines often

makes patients have side-effects such as drowsiness. So it also makes P7 sometimes not have much motivation to do her job and housework. Thus, sometimes she cancels meetings with her friends and has no motivation to do anything. Suffering from mental illness also places great pressure on her.

Due to P7 feeling weary due to seeing her psychiatric doctor and taking medicine for a long time, she is very unhappy to face the reality that she is really suffering from this kind of illness and needs to receive treatment in a psychiatric hospital and take medicine every day. She has not accepted it until now and hates suffering from this illness. Thus, when she hears some people say that she is a mental patient, her anger will come from her heart because she feels that she is discriminated against by others and they do not understand her. She thinks that her illness makes it very difficult for her to seek a job.

P7 is suffering from two kinds of illness, which make her bear emotional problems and not be able to do a full-time job. She lives on her own and her social network is very weak. Actually, she needs social support and the concern of others. Particularly, people understand her problems and acceptance is given to her, which is very important for her.

P7's religious background and how her religious experience relates to her experience of illness

P7 remembered that she was often bullied by her aunt and classmates when she was about 14 years old so she was very unhappy. At this time, she knew that her grandmother

attended church. So she told her grandmother that she wanted to attend church because she hoped to become happy after going there. Thus, her grandmother took P7 to participate in church activities. P7 started to attend church from when she was about 14 years old until now. Although P7 has been attending church for over 22 years, her life has not been smooth sailing and even encountered many bad things including illnesses that have made her life full of challenges. She told the researcher that during her religious life, sometimes she did not go to church, but she feels that it is very wonderful that many of her friends are Christians and they often encourage her to attend church again when she does not go there. P7 shared her religious experience with the researcher that although she was suffering from chronic illnesses, she loved to sing psalms and listen to the pastor preaching that attracted her to attend church until now.

P7 learned that her life direction is that she needs to be thankful to God and he will help her to obtain the best things. In her belief, these best things were given by God which can help her to overcome her adverse situation including chronic illnesses. P7 constructed this perception based on her real-life experience.

P7 uses her real-life experience to verify her religious beliefs and she reached the conclusion that God helps her to face her adversity so that she feels peace of mind and it can help her to alleviate her anxiety and unhappiness due to her illnesses. Besides, she thinks that

support from a preacher in church is also very important for her to alleviate her unhappiness and anxiety.

Actually, people who are suffering from emotional problems need other people's support and concern like previous participants' sharing, so Ms Kwan giving P7 support and concern is a very important element to help her to reduce anxiety and improve her emotions.

Particularly, Ms Kwan is willing to listen to P7's problems and shows understanding and support to her. It makes her feel warm and understood. Although P7's religious beliefs help her alleviate the anxiety due to her chronic illnesses, it also makes her feel some pressure.

As a Christian, P7 wants to do everything in line with God's will and be a good witness for God. But the reality is that people have many matters to decide on regarding how to handle their whole life journey. Due to many reasons including money, the relationships with men and women, or hatred, etc. makes her perhaps not 100 percent follow God's will. If P7 does some things that are not in line with God's will, she will have pressure because she is afraid that God is not joy and he will not help her anymore. Every Christian may have this experience including the Biblical characters. The support and understanding of pastors, godfathers, brothers and sisters in church are very important to help Christians to resolve this dilemma. P7 obtained a preacher's support, understanding, and concern, and this spiritual support led P7 to select an appropriate attitude to live in Christ and to know that God is forgiving. If she admits her mistakes to God, he will forgive her for her sins. Thus, P7 can

handle her problems and live under her religious beliefs in church. Although P7 discovered her illness after starting to attend church, it does not affect her confidence in God and her religious beliefs. P7 shared with the researcher that when she feels anxious or unhappy due to her illness or emotional problems, she will read some spiritual books or videos and these are also her daily spiritual activities.

P7 learned from some people who have similar health problems to her that they also have the spiritual experience that God can heal and help them to recover through spiritual videos and books. These messages can enhance P7's confidence in God that He really can help her to recover. Actually, this is a hope for P7 that her illnesses will be healed by God's power. So her anxiety about her health problems is alleviated and she feels happy. P7 also learned this message from the Bible.

P7 through Bible teaching learns to have a positive attitude towards her health problems and adverse situation. After the process of thinking, she feels that she has hope that nothing is impossible and God is really willing to heal her illnesses. So she feels safe and her anxiety is alleviated. On the other hand, P7 thinks that she can easily seek help from church members. When she needs to obtain help, she types a message in WhatsApp and sends it to Ms Kwan and her fellowship group members to seek help. Particularly when sometimes she wanted to end her life, Ms Kwan and church members gave her a response immediately

which was very important for her. Besides, P7 thinks that prayer also helps her to reduce her anxiety.

Actually, she thinks that praying helps her to reduce her anxiety because she feels like she is handing all of her problems over to God so that she feels comfortable. If she does not experience God helping her with her problems after praying many times, she thinks that God may not respond to her regarding her problems. So she will not pray to God again and it may lead to her losing confidence in God. In this situation, church members' support is very important for P7 because she thinks that brothers and sisters in Christ talk with her about her problems and this is very important for her to reduce her unhappiness and disappointment. P7 has strong feelings that her religious beliefs help her to develop a meaningful life.

P7 loves her grandmother and grandfather and misses them very much. She has the hope that she can meet them again in heaven. According to the Bible teaching, if people commit suicide, they cannot go to heaven. This is a very strong incentive for P7 not to hurt herself. Actually, hope is a very important thing for all people including the participants and it helps them to build up their meaning in life. Furthermore, the meaning in life can help people to find their right direction in life including positive thinking, loving your neighbor, not doing something to hurt themselves, etc. Anyway, in P7's case, she also has some pressure from her religious beliefs.

Although P7's religious belief helps her to reduce her anxiety and unhappiness due to her health problems, it also brings her some pressure if she cannot follow God's teaching. So if she does something that does not meet God's will, she will bear guilt and not dare to face God. In fact, this is her religious pressure. In the whole picture for P7's religious life, she feels that God loves her and he sends many angels to help her so that she can overcome her adverse situation.

P7 believes that God loves all Christians including her and she is convinced that she is protected by many angels sent by God. This belief can help P7 know that she is safe during adversity so that she can be comforted and her anxiety and mental problems can also be alleviated. On the other hand, she needs to see a doctor and take medicine for a very long time. She thinks that if she sees a good doctor and the doctor cares for her, it can help her to reduce her anxiety.

P7, as a patient, really wants to find the answer to why she has these health problems and how her doctor can help to reduce her symptoms. If the doctor has a lack of patience to explain all her questions and comfort her, she will be disappointed and even unhappy. So the doctor's attitude is a very critical element regarding whether they can help P7 alleviate her anxiety and thus become comfortable. On the other hand, she thinks that her religious beliefs can help her reduce her anxiety more than taking medicine.

Mental illness really makes P7 have many emotional problems such as insomnia, hurting herself, and depression, etc. Medicine can help her alleviate these symptoms. But P7 is suffering from a chronic illness, which cannot be fully treated and she needs to take medicine for a very long time. Religious belief can provide psychological comfort, social support, and meaning in life to her. All of these are protective factors which help her improve her emotional problems and build up her positive life direction. On the other hand, P7 compared her experience of medical treatment and religious belief. She felt that a good doctor could help her to improve her emotions. But she expressed that not many doctors can do this for her. So she thought that her religious belief helps her alleviate her emotional problems more than medical treatments.

P8's feelings about how his chronic illness causes him difficulty in his life and work

P8's background information

P8 is a man, aged 50. He graduated from form five. He has been suffering from the consequences of a stroke for four years and needs follow-up medical consultations regularly in a hospital. He received physical therapist services in the early stage after his stroke and has been receiving vocational rehabilitation service for four years. He lives with

his wife in government housing. Although his walking is not very good and he needs to use crutches to assist his walking, he is a positive person and often helps other old people and sick people to do exercise. Before suffering his stroke, he worked as a general manager in a factory in China.

Autobiographical timeline of P8

During the interview, P8 drew an autobiographical timeline to share something that happened which made his life go up and down. From his drawing, he was born in 1968 and his life went up when he was about 22 years old because he was working in this period and he felt happy about his job satisfaction. Afterwards, he drew that his life further went up when he was about 45 years old because he was promoted to the post of general manager. Then, he drew that his life reversed to a downward trend when he was about 46 years old because he suffered from a stroke in that year and all of his life was totally changed due to his condition and he felt perplexed about losing everything. Afterwards, he drew that his life went up again when he was about 48 years old because he started to believe in God and attend church. He shared with the researcher that his anxiety due to health problems had been improved after joining a church. Then, he drew that his life further went up when he was about 50 years old because he obtained a new job and new life. He found that he had meaning in life again from his religious beliefs.

P8's perception of regarding his experience of chronic illness

P8 told the researcher about his feelings that in the early stage after suffering a stroke he had a lot of psychological pain because he could not do anything including a job and housework, etc. like before.

After suffering a stroke, P8 not only lost his physical ability, which made him unable to do many things for himself, but also changed his role in the family from a caregiver to care-receiver. In Asian society, the perception remains strong that after getting married, the man's role is to be the family's breadwinner and he needs to take care of and protect the whole family. P8 changed his family role after suffering a stroke; it was a very big impact for him and really made it very difficult for him to accept it and not feel good and caused him to become very unhappy. P8 in his daily life, also had many things which he needed to adapt to.

P8's mobility is affected by his stroke and this means that he cannot access many places. Before suffering his stroke, he could go anywhere and now his travel is limited. Actually, he now compares before and after this change and he really feels that he has lost his mobility and now when he goes out it is very inconvenient. This loss makes P8 very discouraged and unhappy as he mentioned these experiences many times to the researcher. Due to P8's physical ability getting worse, he needs to be taken care of by his wife. On the other hand, he was a manager in a factory in China before suffering a stroke. He could earn a lot of money each month. But now he has lost all the values that he treasured before so that he is very unhappy and he loses his temper and his attitude has also become worse towards his wife.

Thus, P8's relationship with his wife has become worse and his wife also feels that P8 is very bothered.

P8 feels very discouraged and unhappy due to his physical ability becoming worse. There are many things that he cannot do on his own and needs his wife to do for him. In P8's case we can see that the caregiver also has much pressure when taking care of a family member who is suffering from a chronic illness. Thus, P8's health problem not only affects his physical ability and emotions, but also puts pressure on his family members.

P8's religious background and how his religious experience relates to his experience of illness

P8 started to attend church after suffering a stroke. He has attended for four years. Now he goes to church twice a week and participates in a worship and fellowship group. P8 discovered the Christian faith when he was in a hospital after suffering a stroke. During his stay in the United Christian Hospital, he felt very depressed.

P8 faced his adverse situation and he thought that no one could help him to get out of his difficulty. But the most important thing is that he felt too tired to do anything for himself at that time. Thus, he felt very helpless and developed the feeling of depression. P8 not only was suffering from his physical problems, but also depression. So he was very unhappy due to his health problems. When his life fell to the valley floor in the hospital, one day a hospital Christian ministry came to his ward and talked with him. This ministry introduced Jesus to

him and told him that Jesus could help all people. After this sharing, he did not yet believe in God. When he went back home, P8's wife saw that he was very unhappy and depressed so she asked him if he wanted to go to church. If he wanted, she could accompany him. P8's wife had attended church for a long time and sometimes she brought church readings to him. He remembered that the ministry introduced Jesus to him so that he followed his wife to attend church from that time. When P8 attended church, he felt that church members were very concerned for him.

P8 had worked in China for many years. He contacted all people only including his subordinates and business partners. Actually, in the business world there is really no one concerned about P8 and their relationship was built on business and money. So when he suffered a stroke, he did not expect that people would really be concerned about him. When he went to church and the church members very actively showed concern for him and invited him to participate in doing exercise, it made him very surprised so that it made him believe in God. P8 participates in doing exercise guided by his church member and his physical ability improved and he walks better than before. So he thinks that his relationship with God is good because he believes that God helped him a lot.

In fact, doing exercise really helps P8 improve his physical ability. He compares his physical competence with before, and that his mobility has improved. His health situation has improved which really helps his emotional status to improve and alleviate his depression.

This successful experience strengthened P8's religious belief and he believes that God helps him a lot and afterwards he is willing to hand all his problems over to God. P8's depression gradually improved through his religious belief and he also found that his new role given by God helps his emotions further improve.

During the interview, P8 told the researcher in a confident voice that he has found his meaning in life and it was given to him by God. He learned how to do exercise in church and now he helps other church members who are suffering from a stroke to do the recovery exercise. He feels that his life has become valuable and meaningful. On the other hand, God gives him hope that He will help him out of his adversity and solve all the problems he encounters so that he further feels that his life is meaningful. So he told the researcher that his depression and unhappiness had improved compared with before. He also shared with the researcher that he thinks that it is easy to seek help from church members when he is in need. Today, social media is very popular for people's communication with each other. It also helps and facilitates brothers and sisters to communicate with each other. Particularly when they encounter problems, they can seek help through social media. In P8's religious experience, he prefers church members to sit together to pray for each other to use WhatsApp.

P8 has a platform to let him tell his problems, share his emotions and obtain other church members' help and prayers. This not only helps P8 to vent his emotions, but also get other church members' response, concern, and prayers. This helps P8 to improve his emotions. So

P8 thinks that other brothers and sisters praying for him is very important and now it is his spiritual coping method to improve his depression after suffering a stroke. Other than prayer with other church members, he often prays with his wife and reads the Bible at home. He thinks that the biblical content also helps him to alleviate his unhappy mood.

From the Bible teaching, P8 believes that God arranged for him to fall on rich soil so that his health problems and anxiety could be improved. He thinks that he is a defective seed and other church members are his good model. The biblical content for P8 was very important during his recovery, helping him to develop positive thinking. He used a metaphor to discover his situation. Rich soil is the metaphor for his brothers and sisters in church and the bad seed was himself. God arranged a very good environment for him to help him recover so that he could obtain many church members' support and help. He believes that as he is on rich soil he feels a sense of security. He has more confidence to face his health problems than before. Actually, his depressed emotions have been improved and he became positive and willing to do more things for himself. Anyway, during P8's religious journey, sometimes he has matters regarding which he needs to decide whether he should do them. Before deciding, he prays to God and asks Him to give him guidance. As a result, if he makes the wrong decision, he complains to God.

P8, like many other Christians, wants to obtain the right answer from God and it helps them to select the right thing to do. But sometimes, the result is that they choose the wrong

thing to do after praying to God and asking for the answer. They are disappointed and even complain to God for a very short time. This is because humans have emotions and if they select the right thing to do and obtain a good result, they are happy. In contrast, if they choose the wrong thing and get a poor result, they feel unhappy and even complain to God as to why he let them do the wrong thing. We can say that this is because humans are weak. Anyway, for the whole picture, P8 believes that his religious faith helps his emotions improve and he has really become positive to face his chronic illness. On the other hand, P8 thinks that medicine helps him a little bit to improve his emotions.

After suffering a stroke, P8 experienced four years of recovery time. In the early stage of his illness, he felt very discouraged and depressed because he thought that no one including himself can help him to get out of his adversity. After attending church, he found meaning in life and hope through prayer, Bible teaching, and support from brothers and sisters in church, and participating as a volunteer motivated by church members. He has really left the valley floor behind. Today, he has very positive thinking to face his chronic illness and is even willing to help others who like him are suffering from a stroke. P8 needs to live every day and face his health problems continuously. Although P8 sometimes complains to God when he selects a wrong thing to do after asking God, P8 finds his meaning in life and he depends on his religious belief so that he has power to overcome his adverse situation and can live happily every day.

P9's feelings about how her chronic illness causes her difficulty in her life and work

P9's background information

P9 is a 28 year old lady who graduated from a secondary school for physically handicapped persons. She told the researcher that when she was born, her hand was on her head in her mother's womb and it caused her mother dystocia so she needed to undergo a caesarean section. Thus, P9 was hypoxic which caused brain cell death which caused her to become a physically handicapped person. P9's left hand and both legs were affected by this



birth problem. She is in a wheelchair and needs follow-up medical consultations in orthopaedics regularly. She lives with her parents in public housing. Her relationship with her mother is very good, but not with her father. She has been receiving vocational rehabilitation services for two years in the vocational rehabilitation training center and now she is doing a volunteer clerical job in this center until she is able to obtain a job.

Autobiographical timeline of P9

At the beginning of the interview, P9 drew her autobiographical timeline to share the ups and downs of her life events. She showed that her timeline was going down when she was about five years old because her father and mother often quarrelled and her father hit P9 and her mother so Wing felt very unhappy and fearful at that time. Her life went up when she was about ten years old because she discovered God. P9's earlier unhappy feelings improved because she obtained concern from other church members and her social network was extended. But, at that time, she still had not reached a happy index level. Then, her life went down again when she was about 15 years old because her grandmother died and she was also suffering pressure from her studies. At that time, she felt very unhappy and was in a low mood. P9 shared with the researcher that she did not attend church at that time because she was busy with her studies. Furthermore, when she was about 24 years old, her life continued going down because she worried about her health problems and she could not obtain a job. She told the researcher that she was very unhappy at this time and worried about her health

problems and the fact that she could not earn money to provide economic support to her mother. But, she drew her life going back up again when she was about 26 years old because she started attending church again and obtained a job at that time. After P9 shared her life events through her ups and downs, we can see that her life from birth to now has remained below the positive index point. This represents that P9's emotions have been unhappy because of her worries about her health, family issues, and the future. From this we can further understand how P9's health problems affected her life and emotions as follows.

P9's perception of regarding her experience of chronic illness

P9 told the researcher that her feelings about her own physical handicap problem were not particularly unhappy.

P9 seems to not feel bad about her physical handicap because it happened at the time of her birth. Actually, many other disabled people find it easier to accept their illness or physical defects when it happens at birth. But, if a disability happens after their birth, such as in their mid-life, they can have much difficulty to accept their condition and feel very bad. In P9's personal experience, although she is not unhappy about her own physical handicap, she feels bad because of her disabled condition affecting her mother's life.

In traditional Chinese cultural thinking, when people encounter bad or unhappy events, they believe that it might be because they did something wrong in their previous life.

Actually, this meaning is negative and includes making accusations which is the meaning of

retribution: if people did something wrong in their previous life, they will be punished in this life. As a disabled person, they may be very unhappy due to their health conditions if they hear this negative message. It may enhance their guilty feeling such as feeling of retribution and it makes them very unhappy. So when P9 heard that negative message about her health situation, she was very unhappy when she was young. On the other hand, P9's physical problem also makes her have difficulties in her daily life. P9's personality is quite positive so she has made few complaints about her physical problems so far. But P9's health condition really affects her daily life including cooking, studying, walking ability, etc. On the other hand, because of her health condition, her relationship with her father is not good.

Now, P9 lives with her parents. Now, only her mother does a security job to maintain P9's family economic situation. P9's father has not had a job for a few years. Thus, her mother's income is just enough for their living expenses. P9's father seems to not be considerate regarding his daughter's health situation and complains to Wing that she has not given money to him. Actually, P9's feelings are that she really wants to have a full-time job and earn money to reduce her mother's economic pressure. But she cannot fulfill her desire so feels very guilty. She also bears her father's pressure which makes her feel that she is useless, has no value and is very unhappy.

In our conversation, the researcher feels that P9 is very concerned and loves her mother. She knows that her mother is not fit for all-night work due to her old age and health

condition. But her mother wants to earn money to pay for their living expenses. Actually, P9 really wants to help her mother reduce her economic burden. So P9 is trying hard to seek a full-time job. But she has been unsuccessful. This feeling of helplessness makes P9 very unhappy and disappointed, even resulting in guilt. From Wing's sharing, the researcher feels that P9 cannot obtain a full-time job to earn money to reduce her mother's economic pressure. This bad feeling is bigger than her own physical problems. So she always thinks that if she does not have this physical problem, she can do heavy work or work as a 7-11 convenience store assistant to earn money and then her mother will not need to work anymore. On the other hand, in P9's daily life, she feels that although she is in a wheelchair, she can access many places. But some places are not suitable for a wheelchair user so she cannot go there. She told the researcher that before she goes out, she needs to search for suitable traffic routes and find out how to get there. So she wants the government to improve community facilities by providing wheelchair access.

P9's religious background and how her religious experience relates to her experience of illness

P9 remembers that when she studied in a primary school with a Christian background, she had an opportunity to study the Bible. She learnt about the story of Jesus so she knew Him. P9 also remembers that after hearing the stories in the Bible, her feelings became peaceful at that time. It was because P9 learnt messages from the Bible that Jesus would help

her to solve all her problems. On the other hand, she also felt that many church members were concerned about her and they did not say any negative things about her physical problems so she felt very peaceful and happy. So she started to believe in God and attend church while at primary school. But she did not attend church regularly when she was studying in primary school. After P9 started secondary school, she attended church regularly for about three years. After attending church for three years, she stopped and did not go to church for about seven years. Recently P9 attended church again and she has attended for one and half years.

She remembers that during the three years of attending church when she was studying in secondary school, her relationship with church members was very close because the church members' age was very close to that of P9. At that time, she shared many of her unhappy feelings and problems with her church members. She told the researcher that she was very happy when she went to church for those three years because the church members often accompanied P9 to places and provided emotional support for P9.

Church provided a place for P9 to share her feelings and obtain peer support. The most important thing is that it was a place for P9 regularly to go to so she could temporarily leave her home and not need to face the pressure from her father at home. For P9, she could relax at church and obtain peer support and concern. Thus, her pressure and unhappy emotions could

be alleviated. Unfortunately, P9 had a dispute with her senior church members so she stopped attending church for about four years.

From P9's sharing, her relationship problem with church members could not be solved between P9 and them, so it caused her to leave the church eventually. After leaving the church, P9 lost the peer support and alone had to face her health and family problems. She told the researcher that she could not tell her unhappy feelings to church members when she did not attend church. So she had a few times when she could not control her emotions and cried in the vocational rehabilitation center. Actually, church can be seen as a social support factor for a person who is suffering from chronic illness or life event problems. But church is a group and it is constituted by people. Although Christians attend church to worship God, support and pray for each other, and witness for God, etc, people are weak and they cannot avoid different opinions, and so disputes arise in church. If church members can handle church members' disputes effectively, it can enhance the support capability for church members and help them be more cohesive. Anyway, P9 knew a service user in the Centre and such user is a Christian and he encouraged P9 to attend church again. Thus, P9 participated in Sunday worship and church activities again before one and a half years. Now, P9 attends church twice per week. She told the researcher that her religious belief is very important for her so she has decided to attend church again.

P9 believes that God helps her to solve all of her life's problems. So she depends on God and actively participates in church activities. The most important thing is that she is willing to follow the Bible's teachings. The Bible gives her an appropriate life attitude that although P9 has many problems due to her health and family issues, she should remain joyful, and depend on God to live every day. This psychological transformation helps P9 to improve her emotions and become happy with a positive attitude. Eventually, she cannot easily be affected by her life problems to cause her to have emotional problems. Although P9 follows the Bible's teachings, she thinks that she is not a devout Christian because she does not read the Bible enough. She expressed that a good Christian should always read the Bible as it is very important. She also thinks that her relationship with God is not close. She further shared her feelings about her relationship with God with the researcher.

Actually, each Christian experiences God's help in different and unique ways. Some of them express that after handing over their problems to God, God will tell the solution to them through other people. Some share that they hear the voice of God to tell them how to deal with their problems. But some Christians including P9 think that they do not receive any voice from God or they do not experience God through other people telling them something after praying. So this is a very subjective experience for each Christian. If they do not experience anything from God like P9, they may think that their relationship with God is not good or God does not respond to their prayers. This experience may affect their confidence in

God in that they think that God does not love them or they do things that are not good enough. In P9's case, although she thinks that her relationship with God is not good, she expresses that she prays to God which helps her to alleviate her unhappiness.

In P9's case, she prefers individual spiritual activities including reading the Bible, praying to God, and writing out the Bible content in collective spiritual activities such as praying for each other and sharing problems with other church members. In P9's experience, she needs some guidelines to follow in her life with health and family problems. Absolutely, the Bible content has many guidelines on the living standards for Christians so that P9 can follow these rules on how to live and she has direction in her life. She does not get lost in her life problems and she knows what to do. It also can help P9 to do many spiritual activities and become positive. But she never asks God to help her to recover from her chronic illness.

From P9's sharing, as non-disabled persons we really do not understand what disabled people think about their recovery hope. P9 told the researcher that she never asks God to help her to recover from her physical problem because she is used to her life pattern now and she does not have the courage to think about if she became a normal person and can walk like other people. Because of this thinking, P9 is not unhappy about her own physical problems and actually her emotional problems come from the fact that she cannot earn money to reduce her mother's economic pressure and family problems due to her health condition. She pointed out that her religious beliefs help her to alleviate her unhappy feelings.

Bible stories give P9 some insight into how to overcome her adverse situation. The most important thing is that persons have a direction on how to respond to their problems, so then this is not a dilemma, and they can reduce their anxiety. On the other hand, P9 thinks that praying with other church members also helps her to reduce her unhappy feelings. P9 is a disabled person and has many problems due to her health condition. Thus, she is often unhappy and cries so that her self-image is low. She does not trust other people so she is not willing to tell her problems to persons whom she does not trust. P9 is afraid of how other people will see her after sharing her matters with them. But Wing trusts God and her brothers and sisters in Christ so that she is comfortable to share all of her problems and hard feelings with them. After venting her feelings and problems with church members, her unhappy feelings can be alleviated. Her emotions can be improved. From P9's experience, this is her meaning in life because she really has joy after handing her problems over to God and this matches the Bible's teachings. This positive experience reinforces P9 to depend more on God and be willing to follow the Bible's teachings on how to live every day. So trust and support from church members for P9 is very important and this is the protective factor for her to overcome her adverse situation. On the other hand, P9 compares her religious belief with medical treatment, and she thinks that her medical treatment cannot help her to improve her emotions.

For P9's feeling, medicine is poisonous and it harms her health. So the conception of medical treatment is that it is a negative thing. It may enhance P9's emotional problems. Actually, she is very resistant to it. On the other hand, she trusts God and her church members and they give her a sense of security. She is willing to hand her problems over to God and share her hard feelings with church members so that her unhappiness and worry can be alleviated. In P9's writing about her own story between her religious belief and chronic illness, she feels that her religion helps her to overcome her health and family problems.

In P9's core religious belief, she believes that God is with her and must respond to her prayers and helps her to get the best treatments so her illness will recover gradually. This core belief helps Wing to have confidence in facing her health and family problems because this religious belief brings P9 hope. Actually, P9 wants an outcome that makes her life better in some way. This hope not only can help her make the tough present situation of her illness more bearable, but also can eventually improve her life because envisioning a better future motivates her to have a positive attitude so she does more things to make a better life happen. Furthermore, P9 compares her experience of medical treatments and religious belief, and thinks that her religious belief helps her to improve her emotional problems more than her medical treatments.

P10's feelings about how her chronic illness causes her difficulty in her life and work**P10's background information**

P10 is a 60 year old woman and a secondary school graduate. She is a self-motivated person. After she completed secondary three, she started to work, and then studied at night school to complete forms 4 and 5. Nine years ago, she found that she suffered from dermatitis



and nasopharyngeal carcinoma and more recently, she has also suffered from walking balance problems. Because of her health problems, she needs to receive vocational rehabilitation services to seek a job. P10 has received this service for three years and she obtained a part-time clerical job through the Centre. She has been working for about a year. Now, P11 is living with her daughter in public housing. Her relationship with her daughter is very good and she loves her daughter very much.

Autobiographical timeline of P10

At the beginning of the interview, P10 drew her autobiographical timeline to show her life's ups and downs as affected by her life's events. P10 drew her life going down when she was about 22 years old because she sought a job that was quite difficult at that time so she felt unhappy. P10 drew her life going up when she was about 23 years old because she started to attend church and felt happy. Then, she drew her life going down a little bit when she was about 51 years old. She found that she suffered from dermatitis and nasopharyngeal carcinoma at that time. Afterwards, she drew her life going down sharply when she was about 55 years old because she suffered from her walking balance problem becoming worse which made her walking ability not good and she easily fell down. This caused her to not do many things. Afterwards, she drew her life going up when she was about 56 years old because she believed that she obtained God's help.

P10's perception of regarding her experience of chronic illness

P10 told the researcher that she suffered from dermatitis first. During the treatment for her dermatitis, it was found that she also suffered from nasopharyngeal carcinoma about nine years ago. P10 expressed that at the beginning it was found that she suffered from nasopharyngeal carcinoma, and she was only a little bit unhappy because she had a hope that she would never suffer from cancer when she was young. But she had this kind of illness eventually, so she was a little bit disappointed at the initial stage. She told the researcher that she calmed down her unhappy feeling very soon because her doctor gave her a positive message that she had found her illness at the very early stage so that it could be treated very easily. Hong Kong's medical system for treatment of this kind of illness has become advanced so that her treatment result would be very good. Thus, her doctor told her that having this kind of cancer was lucky. Although she suffered from cancer, this kind of cancer's recovery rate is very high. Compared with other kinds of cancer such as lung cancer or lymphoma, her nasopharyngeal carcinoma was more easily treated and she could recover well. So her doctor asked her not to worry about it. P10's doctor gave her a very positive message and her own personality is very positive so that her unhappy feeling disappeared very soon. However, P10 told the researcher that her cancer affected her in seeking a job.

Many people who are suffering from chronic illnesses find difficulty in seeking a job. P10 also faces this problem. Actually, many employers are not willing to employ disabled people. P10 feels disappointed after having attended many interviews but is still not

employed. But she knows how to adjust her thinking to face this problem. P10 pointed out that even though she is suffering from nasopharyngeal carcinoma, it does not affect her life very much. She can still do heavy jobs. But her walking balance became worse a few years ago. This health problem has affected her life very much.

Although P10 is suffering from cancer and balance problems, she has not had an unhappy feeling for a long time due to her health condition. But she worries about not being able to take care of her daughter any more. P10 divorced many years ago. She is living with her daughter now, so her daughter is very important to and dependent on P10. She loves her daughter very much. When P10 is suffering from her illnesses, she actually is not worried about her own health condition. But she is really worried about her daughter, especially if her illness becomes worse as if she actually dies, there will be no one to take care of her daughter. When she thinks about this matter, she feels very unhappy and worried. On the other hand, she told the researcher, her cancer does not affect her daily life too much, but it causes her to have less saliva so that her swallowing is quite difficult. When she eats, she needs to drink a lot of water. She does not have any unhappy feeling due to this swallowing problem; she only finds it very troublesome. In general, P10 does not have too much unhappy feeling due to her own health problems, but she is very worried about her daughter.

P10's religious background and how her religious experience relates to her experience of illness

P10 has attended church since 2001 and now she is still going to church with her daughter every Sunday. She often participates in worship on Sunday and in fellowship groups on week-day evenings. P10 told the researcher that she attends church because God gives her hope.

Christians have their core religious belief that they have eternal life which means that after death, they will enter heaven and live with God. So many Christians have hope that they can meet their deceased family members in heaven in the future. This religious belief gives P10 hope that she can be reunited with her deceased family members which strengthens her religious beliefs and she keeps attending church. On the other hand, P10's religious experience gives her the belief that she feels God giving her joy and peace.

In P10's religious belief, she thinks that God helps her a lot and gives many best things to her. So she is in awe of God. On the other hand, she also believes that God has His own intention to give the best things including an optimistic life to her. Therefore, she has a very positive attitude to face her chronic illness and her adverse situation does not affect her emotions. From P10's religious experience, she reflects that God has the power to make her life better and give her prosperity. Thus, she has confidence in God that He helps her to overcome all of her adversity. As a result, she feels peace and joy when she is living in God. But there is a very interesting thing in that although P10 has a lot of confidence in God that

He must give the best things to her including treating her illness, and she thinks that her relationship with God is not very close.

In P10's religious experience, she cannot, like other church members, hear the voice of God so that she does not feel His presence. Actually, she really desires to obtain God's instruction directly, or tell her His intentions through another person. As Christians, they believe in God's existence and even have experienced hearing His voice. This is a religious experience and persons who do not have religious belief cannot understand that experience. In fact, many Christians like P10 do not have experience of hearing God and feeling His presence.

When Christians cannot feel God's presence, they may only be able to enjoy the worship and share their life experience with other brothers and sisters in church. They lack the important religious element of "God" and only have an element of persons' friendship so that some of them may leave church eventually.

But religious experience is personal and unique for each Christian. P10 told the researcher that after she reviewed her life, she discovered that many good things happened on her own by coincidence. So she feels that these good things are given by God. She further elaborates that in her relationship with God there is a glass wall separating her from God. Although she cannot touch God directly, she can see God and know that He helps her continuously. Although P10 does not have experience of hearing God's voice, she feels that

her cancer is stable and her life is smooth after she started to believe in God. Thus, although she cannot feel God's presence, she believes that her health condition and life are fine and that God is helping her. Because of her positive experience of her health condition and life, these positive factors make P10 continuously depend on and believe in God and does more positive religious daily practice to help herself to reduce her unhappiness and anxiety due to her health problems. This is also a motivator to attract So Mai to attend church continuously.

Anyway, P10 told the researcher that she cannot feel that her church actually seems like a home. She thinks that the reason is not the relationship with other church members. But she thinks that it is because she feels pressure from her church members.

From P10's sharing, we can see that she has pressure from her religious belief because she is worried about making other church members fall down. Actually, she thinks that that is a sin. On the other hand, she also thinks that people suffer pain because Adam and Eve committed a sin in the Old Testament. Thus, we can better understand the reason why P10's religious pressure can explain why she does not feel that church is her home and there is glass separating her from God. She can only see God through the glass and cannot touch Him. Thus, P10 also shared with the researcher that she feels that her relationship with God is alienating and not close. Anyway, after reviewing her life, P10 thinks that her health condition is stable and her life is smooth so that this positive experience overcomes her relationship with God not being close due to her religious pressure. On the other hand, P10

thinks that reading the Bible is the most religious coping method that helps her to reduce her anxiety about there not being anybody to take care of her daughter if she dies due to her cancer.

P10's practical daily spiritual activity is that she reads the Bible. She can find answers to why she is suffering from cancer and who can treat her illness from the Bible content. So she knows that although God allows people to have illnesses, He must give the treatment's grace to those people. Thus, she thinks that God must treat her cancer and she will recover from her illness so that she will have good health to take care of her daughter continuously. Thus, she is willing to follow the Bible's teachings with a positive attitude. She should be joy alive in God. As result, her anxiety is alleviated and her life has also become more positive. But in P10's religious experience, she thinks that it is not easy to seek help from other church members when in need.

P10 thinks that it is difficult to obtain help from church. In fact, she told the researcher that she never seeks help from brothers and sisters in church when she has problems. She also does not ask for church members to pray for her. She thinks that it is her personality to depend on herself to solve her problems through reading the Bible, prayer, and listening to hymns and watching witness via YouTube to be close to God. She expressed that after doing that, she becomes less complaining with more grace and her emotions become peaceful. This is because all of these religious activities came from God's words and she feels very

comfortable after doing that. Although she mentioned that she does not seek help actively from church members, she told the researcher that if she is not in church, if she has someone's support or concern, this is a good thing. So if she obtains other church members' support, she thinks that it is important. Thus, P10 shared with the researcher that after she started to believe in God, she became happy.

In the past, like other people, P10 had many complaints about her encounter such as work, fair and unfair treatment by others, or even health condition. But the transformation process of P10 is that she has a positive attitude to face her problems due to depending on God and His teachings. In fact, she learned many appropriate attitudes from the Bible and is willing to follow the Bible's teachings such as patience, joy, dependence on God, love, etc. Thus, P10's life has changed and this religious coping skill helps her to have the power to overcome her adverse situation. Although P10's health condition is not good and makes it very difficult for her to seek a full-time job, she can possess a positive attitude to life and even feels that she has meaning in life.

P10 discovered her meaning in life because she thinks that whatever she does should fit God's will. Her life's goal is to follow God's will in her daily life so she has changed her attitude and does not care so much about everything and has a more positive attitude. When her attitude changed, her behavior also improved to become less complaining compared with others. As a result, her emotions improved and she does not always worry about her health

condition and overall she is happy. On the other hand, compared with her medical treatments, she thinks that her religious belief has helped her improve her emotions more than her medical treatment.

Thus, in P10's experiences between her religious belief and medical treatments, she feels that God helps her to alleviate her emotional problems, not her medical treatments. She thinks that God gives the best things to her including medical treatments. So, she feels that her illness is becoming stable and she can live very well. All of her best things are given by God. Therefore, she thinks that her religious belief helps her to be happy rather than her medical treatments.

Hope is very important for many people, especially Christians, because it helps them look to the future positively and see opportunity in their challenges rather challenges in opportunities. Thus, P10 now has the ability to see much possible good in her future so that she feels happy and peaceful. In general, although after believing in God she suffers from illness, it does not affect her religious beliefs.

P11's feelings about how her chronic illness causes her difficulty in her life and work

P11's background information

P11 is a 58 year old woman and a secondary school graduate. She is a very positive and helpful person. She started to work in clerical jobs after completing secondary five. She is divorced and does not have children. Now she lives in public housing on her own. She was

diagnosed with nasopharyngeal carcinoma in 1999. She has many health problems due to her cancer so that it is very difficult for her to seek a job. Thus, P11's medical social worker referred her to receive vocational rehabilitation services last year. Now, she is working as a hospital assistant. Her illness does not affect her social network; she goes to church every week and has dinner with her friends regularly.

Autobiographical timeline of P11

At the beginning of the interview, P11 drew her autobiographical timeline to share her life's ups and downs as affected by her life's events. P11 drew her life going down when she was about 19 years old because she was unhappy due to her work. She expressed that she just started to work after graduation and did not know how to get along with her colleagues. So her work was not smooth at that time. Subsequently, P11 drew her life further going down when she was about 20 years old because she suffered from nasopharyngeal carcinoma at that time. She told the researcher that when she found that she had this kind of illness, she felt quite surprised and unhappy at the early stage of her illness. Afterwards, P11 drew her life going up when she was about 22 years old because she studied a commercial program. She shared with the researcher that she was happy when she was studying this program because she could learn new knowledge. And then P11 drew her life further going up when she was about 30 years old because she attended church regularly and obtained church members' support and concern so that she felt peaceful and happy. Afterwards, P11 drew her life going

down when she was about 40 years old because she got divorced. She told the researcher that she felt sad when she decided to get divorced and needed to adapt to life on her own.

Afterwards, P11 drew her life going up again when she was about 41 years old and after divorcing for one year. She shared with the researcher that she obtained church members' support and help so that her sad feeling due to divorce disappeared very fast and she became happy. And then P11 drew her life further going up when she was about 50 years old because she thought that she had confidence in God and she was still alive so that she felt peace and happiness. She shared that she has had this positive feeling until today because she depends on God.

P11's perception of regarding her experience of chronic illness

P11 told the researcher that she had been suffering from nasopharyngeal carcinoma since 1999 and her cancer causes her to have many health problems including vision problems, muscle atrophy, and vascular embolisms on her neck. Now she needs to go for follow-up sessions regarding her illnesses in oncology, orthopaedics, internal medicine, and ophthalmology in hospitals regularly. P11 expressed that her health problems also affect her daily life very much. She cannot watch TV and can only see objects within a foot and cannot do subtle jobs such as needle work due to her vision problems. She shared that she also cut her finger when she was cooking because of her poor vision. Furthermore, she often feels

hand palsy and it makes it impossible for her to handle heavy jobs. She shared that she is very unhappy due to her health condition.

P11 has suffered from cancer for about 20 years and her illnesses made her health condition and life change dramatically. Her health seemed to become worse in the coming days. From P11's sharing, we know that her illnesses affect her daily life and work a lot. Other than her above shared health problems, she also told the researcher that she talks to others less because her speech is not clear due to her cancer. Furthermore, her neck has also become weak and it makes her head lean forward and bump into objects. This health condition makes it very difficult for her to do her job.

She expressed that she is not only suffering from pain due to her physical illnesses, but also her emotions are influenced by other people's words. She thinks that her colleagues always say some things with a poor attitude which makes her feel not very good. Thus, she told the researcher that she is really unhappy about that and she also cannot sleep at night as a result. Furthermore, she needs to follow up her illnesses in different departments of hospitals. Actually, 20 years is not a short time, and P11 has suffered from her poor health condition and unhappy feeling for a long time. Many people would be very unhappy and even frustrated if they encountered P11's situation. But P9's personality is very positive and she relies on her religious belief to overcome all of her adverse situations.

P11's religious background and how her religious experience relates to her experience of illness

Actually, P11 knew God when she was very young. She attended church since studying in primary school. Of course, she expressed that she stopped attending church a few times on her religious journey. But, she came back to church and has not left church since. Now, she attends church twice per week. She participates in worship on Sundays and fellowship on Wednesdays in the evening. P11 shared that she obtains support from church which attracts her to attend church.

In general, people choose to participate in different groups or societies which provide information that they are interested in or relates to them. As persons who suffer from chronic illnesses, they really want to obtain health information related to them and how to improve their health condition. Thus, P11 thinks that this group is very good for her. On the other hand, P9 also obtains support and concern from her church members. Thus, all of these positive religious experiences attract P11 to attend church continuously. This experience gives her a very deep feeling.

In P11's strong belief, God had the power to create our world and all his words in the Bible. Thus, she is convinced that God has the ability and willingness to help her to overcome all of her adversity. On the other hand, brothers and sisters in church also give her health information through the health talks, support, concern, love, and prayers for each other so that

all of these protective factors help her to become more positive and do more things to help herself with the power to cope with her health problems. So she expresses that she has confidence in God and her religious belief helps her to build up her meaning in life.

P11 follows the Bible's teachings and helps and cares for other people. In this changing process of her unhappy feeling due to her health condition, she has changed her role from a care recipient to a helper. When she helps others such as visiting the village in Shuntak, China, she obtains self-advocacy through helping others and she feels that her life has value so that her meaning in life is built and such meaningful event can disperse her unhappy feelings due to her health condition. So she has become happy and developed a very positive attitude to face her adversity. Due to her positive personality being built through her religious belief, she feels that her relationship with God is very good.

Although she has many health problems, she can work as a full-time hospital assistant. This positive experience can reinforce her to have confidence in God and she really believes in God's help. So in her heart, she feels that her relationship with God is very good and has very strong confidence in Him. Thus, she does not have any complaints about her health problems to make to God after suffering from cancer.

From P11's religious experience sharing, we know that a believer very much understands what they believe in their religion that is very important. P11 understands her religious teaching and accepts that God does not promise that Christians do not need to suffer in their

life. But God must be with them and help them to overcome all of their adversity. Thus, only P11 is suffering from cancer and other health problems in her family. But it does not affect her religious belief because she has fully known she may experience that even though she is a Christian. So will a believer leave their religion after suffering from bad things? Do they understand their doctrine and accept that they are very critical issues, which affect whether they can keep confidence in their religion? Anyway, each Christian is a human so that they will have emotions and will be influenced by their life events. So sometimes, P11 also has feelings of unhappiness due to her health condition. When she feels not good when facing her health challenge, she will do some spiritual activities to help herself to improve her emotions.

P11 has encountered many difficult things in her life because her cancer caused her to have many sequelae and all of these challenges affect her life very much. She obtains support and concern from church members when she has difficult issues. It can improve her emotions. Actually, church members are her buddies and they are very important protective factors for her when she is experiencing bad things. This is because they can accompany her to face and overcome her adversity. This helps her to feel the love and she is not alone in facing her problems. Fortunately, she told the researcher that it is very easy to seek help from church members through WhatsApp communication. When church members receive messages from P11, other than replying to her at once, they also come to a restaurant to eat with her and listen to her sharing about her difficulty. So P11 thinks that church members'

support for her is very important. She shared with the researcher that she also told her friend about her difficulty. But she feels that church members help her improve her emotions better than her friends. This is because church members can pray for her and they can share God's teachings with each other. On the other hand, she hands her problems over to God and believes that He will assign angels to help her to overcome her challenge. This spiritual coping skill also helps her to feel peaceful and reduce her anxiety. Because of her confidence in God, she sees people suffering as also very positive.

P11's thinking about why people suffer is very positive and it helps her to develop the hope that she will have eternal life in heaven. She sees suffering as very positive so that even though she is suffering from chronic illnesses and it affects her life very much, she still has a very positive attitude and can rely on God to face her adversity. Thus, she has a very positive attitude to tell the researcher that her religious belief helps her to have power to overcome her adverse situation.

P11 seems to summarize her religious experience with confidence in how it helps her to face her life problems due to her health condition. Anyway, for P11's life, her religious belief is really her protective factor and it helps her to develop a very positive attitude and spiritual coping skills to overcome her health problems. But she mentions that reading the Bible is the most helpful for her to improve her emotions. This is because the Bible content gives her the way of her life and the standard of being a good person that is in line with God's will. She

also shared with the researcher that she thinks that her religious belief never gives her any pressure and she feels very peaceful and joyous because of God. This is because she is really willing to follow God's teachings. On the other hand, when she compares her religious belief and medical treatments, she thinks that her religion helps her improve her emotions more than her medical treatments.

Near the end of the interview, P11 told the researcher that she thinks that her body-heart-spatiality can be improved through her religious belief. Her medical treatments cannot do that. But she thinks that her medical treatments can treat her illnesses and improve her health condition. P11 not only told the researcher that her religious belief helps her to improve her emotional problems, but she also wrote her religious experience in a letter regarding how to help her.

From P11's religious experience, we know that she obtains the power to face her health problems. Her power comes from her confidence in God and support from her brothers and sisters in church. Thus, she has developed very positive thinking and very good spiritual coping skills to overcome her unhappy feelings due to her illnesses. She can live under God's love. Furthermore, P11 thinks that her body-heart-spatiality can be improved through her religious belief, but her medical treatments cannot. Thus, she thinks that her religious belief helps her to improve her emotions more than her medical treatments.

P12's feelings about how her chronic illness causes her difficulty in her life and work**P12's background information**

P12 is a 39 year old woman and graduated with a certificate in business. Now, she lives in public housing with her family in Wong Tai Sin. She suffered from a stroke when she was about 26 years old. The stroke affected her walking ability. She has received vocational rehabilitation services for about 5 years and obtained a part-time job in telephone customer



services through the Centre. Although having suffered a stroke, it has not affected her motivation to seek a job and have a social life.

Autobiographical timeline of P12

In the early part of the interview, P12 drew her autobiographical timeline to share her life's ups and downs as affected by her life's issues. She drew her life going down when she was about ten years old and studying in primary 5 because her relationship with her classmates was not good. She shared that her life went up because her life was smooth when she was about 15 years old. Afterwards, she drew her life further going up because she started to attend church when she was about 20 years old. She expressed that she felt happy after attending church. Then, she drew her life going down again because she suffered from a stroke when she was about 26 years old. She told the researcher that she felt unhappy when she found out about this illness. Afterwards, she drew her life going up again because she depended on her religious belief to face her illness, which improved her emotions. Furthermore, she drew her life further going up because her religious belief made her feel at peace and happy from when she was 38 until now. She expressed that she thinks that her life will go up because she depends on her religious belief to live and feels happy.

P12's perception of regarding her experience of chronic illness

P12 told the researcher that she suffered from a stroke in 2006 when she was about 26 years old. At the early stage of her illness, her right hand and right leg became inflexible and

it made it impossible for her to carry heavy objects and affected her walking ability. Thus, her physical handicap made her life become very inconvenient in relation to doing many things.

At this time, she thought that she could recover after doing some exercises. But she did exercises for a long time, and asked herself why she did not see any improvement in the activity ability of the right side of her body. She expressed that after a period of time, she knew that her physical handicap could not improve. When she realized this, she was very unhappy.

For many people, 26 years old is their golden age and they can seek out their dreams and try many kinds of jobs that they want in this period. P12 suffered from a stroke at this age and it made her become a physically handicapped person. Thus, she cannot seek out her dreams and there are many things including sports that she cannot do anymore. If she compares her situation with other people of the same age, this helplessness makes her not feel very good and unhappy. She further shared that her unhappiness is due to her illness affecting her life very much.

Although P12 is suffering from a stroke and it caused half of her body to become inflexible, her greatest concern is not her physical condition. She is more worried about how to take care of herself after her parents get old. She wants to have the ability to take care of herself and this is a motivator that can give her the motivation to do a job. Thus, she has not

given up and strives to live and work. Anyway, she told the researcher that she is very unhappy due to suffering from this kind of illness.

For many people like P12, after experiencing a bad thing, at first, they may not accept it and often ask themselves about why it happened to them. At this time, they are very confused and angry because they think that it is not fair for them to have been selected to suffer. So P12 told the researcher that she was very unhappy, particularly in the early stage of her illness. Following her illness, it made it very difficult for her to have a job, so this situation also makes her not feel good.

From P12's sharing about her experience after suffering from a stroke, she has encountered many difficult things in her daily life and when seeking a job. Her illness not only affects her physical ability, but also influences her life and working ability. Thus, her stress comes from many of her life issues including unemployment, physical problems, self-care problems, and low self-image of thinking that her own ability is not good enough compared with other people. So we know that P12's emotions are affected by her adverse situation very much. Although she expresses that now she is not as unhappy as before, sometimes she still does not feel good.

P12's religious background and how her religious experience relates to her experience of illness

P12 has attended church for 26 years and now she goes to church twice a week. She participates in worship on Sunday and fellowship on weekdays. She told the researcher that she has attended church for a long time because of obtaining church members' concern.

Each person may have a chance to experience bad things including illness, unemployment, family problems, or coping with other people's problems, etc. in their life. If they face these problems on their own they will feel powerless with no other people understanding their situation, and even do not know how to face and overcome this adverse situation. But during their adversity, if some people provide concern, support, and even help, they will feel that they are not alone to face their problems and have the power to overcome their adversity. P12 receives many protective factors including concern, support, and love from her church members so that she develops a very positive attitude to face her health condition and life problems. Thus, she can keep attending church and participate in church activities. Because of her having a very positive religious experience, she expresses that she has confidence in God very much.

From P12's religious experience, we know that when people encounter bad things, if they can obtain support, concern, or love from others, it is very important to help them to face their problems. P12 feels that obtaining support from church members is the most grace giving to her from God. So it reflects that support from others is very important for P10.

Thus, she thinks that God does not leave her when she gets sick or even when she cannot

fulfill God's will. This positive experience enhances P12's confidence in God. She also thinks that God is her very close friend and she does not need to tell Him much but He knows her needs. So her relationship with God is very good. Due to this relationship, she has no complaint to make to God after becoming ill.

In P12's cognition, she very much believes that God will always be with her and take care of her no matter whether she is healthy or not. So she feels that although she is suffering from a stroke, she is taken care of by God so that she feels safe. Thus, she has not made any complaints to God. But she further shared her internal feelings with the researcher that she is a little bit disappointed in God when she cannot obtain an answer from Him as to why she still cannot see her physical problems improve.

The reality is that P12's physical problems have not improved at all and cause her to face her life problems very much every day including not being able to walk up sloping roads, her typing speed becoming slow, not being able to handle heavy stuff, and even taking care of herself becoming so difficult. Thus, she really wants her physical problems to improve and even a little change that would make her very happy. But she cannot see any improvement in her functional capacity but God does not respond to her question why she does not have any improvement in her physical problems. So she is a little bit disappointed in God and is a very normal emotion.

Anyway, in the whole picture of her religious journey, she believes that God does not leave her and takes care of her whatever the situation she experiences. Thus, she restores her confidence in God through singing hymns that remind her that God is love and He will never leave her. On the other hand, she thinks that brothers and sisters show her concern in church which also helps her to remove her disappointment in her religious belief. This is because she thinks that church members' concern and support remind her again that God will not leave her and He still helps her through brothers and sisters. All of this support and love are given to her by God and it helps her develop a positive attitude to face her adversity so that she feels meaning in her life.

Thus, other than their own religious Christian beliefs, church members' support and love are also the key factors that can help them keep confidence in God and attend church. If Christians cannot obtain these protective factors from church members when they are in very adverse situations, they may lose confidence in God very much. P12 also thinks that when she is in need, it is easy to seek help from church members. She told the researcher that she does not always actively contact other church members because she has about three fixed brothers and sisters who always go to a restaurant to eat lunch or dinner and share their life matters with each other. If P12 encounters some problems, she often seeks help from these church members. She also shared with the researcher that her daily spiritual practice at home includes reading the Bible, singing hymns, praying, and reading some spiritual books. She

thinks that praying and reading the Bible are the most helpful to her to improve her emotions when she is unhappy due to her health condition.

When people experience bad things, they must always worry and think about their bad situations. So it makes their emotions very poor so they are very unhappy. P12 often thinks about her physical problems and it makes her have many troublesome things in her daily life. So prayers help her thoughts to be focused on the here and now by only talking with God and not thinking and worrying about her adverse situation anymore. When she stops to think about her health and physical problems, it helps her to relax. On the other hand, if people have similar encounters it makes them understand each other very easily. This is because they know what difficulty they have and learn solutions from each other regarding how to overcome their problems. So P12 feels that her difficulties due to her health problems are understood by others when she reads the Bible which talks about people's suffering. She can also learn from the biblical characters how to use their confidence in God to overcome her pain. So P12 thinks that her religious belief can help her to improve her emotions more than her medical treatment.

P12, like other participants in this research project, really experiences chronic illness and religious belief, and this experience is part of their daily lives. So they most understand their own situations, not those of others. They know which one can help them in particular areas. For P12, her personal experience makes her know that medical treatment helps her to

improve her illness, but cannot alleviate her emotional problems resulting from illness. On the other hand, she feels that her religious belief helps her to improve her unhappy feelings and worries about her daily life problems due to her stroke making her have physical problems. Because of her positive experience in attending church, she can keep participating in church activities and depends on her religious belief for the power to face her adverse situation. P12 also wrote a letter to express her feelings about her experience between her illness and religious belief.

In P12's own writing, she expresses that she obtains power to face her adverse situations. This is because she does not feel alone when facing all of her problems and has companions to help her face them. Thus, spiritual social support is very important for P12 and it enhances her quality of life and provides a buffer against all of her adverse life events. On the other hand, P12 thinks that the reason why people suffer in their life is quite positive. She told the researcher that people suffer so that God knows and people can bear it, so this is not a bad thing. She also thinks that people suffering is not people doing a wrong thing and being punished by God. P12 also compared her experience of medical treatment and religious belief, and thinks that her medical treatment can only help her illness, but cannot reduce her unhappy feelings. She thinks that her religious belief helps her improve her unhappy feelings and worries about her daily problems resulting from her health problems.

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