

Personal religious or spiritual beliefs, and the experience of hearing voices, having strong beliefs, or other experiences affecting mental well-being and general functioning

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The project described below was conducted from October 2006 to October 2007 under the sponsorship of The University of Sheffield. During this time, eight individuals gave their time to take part in interviews about the kinds of experiences and beliefs listed above. These interviews were then analysed to produce a framework by which we can try to understand the meaning that these experiences and beliefs hold for this group of people. Below is an executive summary of the findings and implications from this project, which I hope will be of interest. There are plans for wider dissemination through submission of the results to a peer-reviewed journal; however, an electronic copy of the full research report (which formed part of my clinical psychology doctoral thesis), is available on request. In addition, I will be pleased to clarify any of the points within the summary.

The background to the project was the belief that individuals' explanations for psychotic experiences are important, and that these explanations might be related to spiritual/religious beliefs. As such, we aimed to explore the relationship between people's psychotic experiences, their explanations, and their spiritual/religious beliefs. Qualitative methodology was used to analyse the transcripts of semi-structured interviews with eight participants whose reported experiences meant that they could be described as having experienced a psychosis (though not necessarily meeting the full criteria for a psychotic illness).

We found that the people's understanding of psychotic-type experiences seemed related to their sense of self and their explanations for the world and their experiences. Spiritual explanations for experiences beyond consensual normality were often used for both positively and negatively appraised experiences. All types of explanation were characterised by sophisticated reasoning, including testing of explanations and biological alternatives. Individuals are concerned with hiding both their experiences and their explanations.

The primary conclusions from these findings are that clinicians and services should encourage sharing and acceptance of individual's explanations for their experiences that might draw on religious frameworks and positive experiences. A few points of practice where this might be relevant are described in the summary.

An Executive Summary of Findings and Implications

Introduction

The following report describes a process of interview and analysis undertaken by a research team between October 2006 and October 2007. The team sought to interview people who reported having heard voices, held strong beliefs that were outside of the normal range of beliefs, or who had other experiences which had affected their mental well-being. In medical and psychiatric terms, these were the kinds of experience that would typically be labelled as 'psychosis', although the research did not focus on individuals who had specifically received any such medical label, any other diagnostic term, or who necessarily fitted the criteria for a 'psychotic illness'. We did, however, focus on individuals who had these kinds of experiences, and also for whom spiritual or religious beliefs were important at some point in their lives.

Individuals who have experienced psychosis can hold multiple and flexible explanations for their experiences. It is accepted that seeking to understand how these individuals explain their experiences, and helping them to develop their own understanding, is an important part of the service that mental health care should be providing, and such provision would benefit from a literature base discussing the ways that people do explain their experiences. Spiritual/religious beliefs can inform the attributions that lay people make for mental illness, and spirituality/religiousness is known to affect the way individuals react to psychotic experiences. This study therefore sought to explore whether 1) spiritual/religious beliefs affected participants' understanding of their psychotic experiences, 2) whether psychotic experiences affected participants' spiritual/religious beliefs, and 3) whether experiences labelled as either psychotic or spiritual were considered to be different by participants.

Method

Participants were recruited using an advert asking for people with experience of 'hearing voices, having strong beliefs, or any similar experience that has affected your mental wellbeing and general functioning in life', and also whose 'religious or spiritual beliefs or experiences [have] ever been important to you?' Posters were sent out to the managers of various locations where individuals who had experienced psychosis might notice them, including voluntary sector services, residential homes, day centres, trust chaplaincy, and all GP surgeries within four primary care trusts. Adverts were also sent to the city's NHS teams providing services to people with psychotic experiences. Upon responding to the advert, participants were sent a full information sheet and an opt-in/screening form, from which the team could ascertain whether the respondent fitted the research criteria. Due to the analytic methodology employed, participants had to be fluent in use of English. Interviews took place at either the research unit or another convenient location. 16 individuals responded to the adverts asking for more information. Of these, 9 returned their opt-in form, all deemed to fulfil the

research criteria. One withdrew from the opportunity to take part in the interview, leaving eight participants who took part in interviews (see Table 1).

Table 1: Participant Demographics

Pseudonym	Gender	Age	Ethnicity	Listed Denomination	Religious
Abdul	M	24	Bangladeshi	Islam	
Barbara	F	54	White-British	Roman Catholic	
Chloe	F	41	White-British	Spiritualism	
David	M	59	White-British	--	
Ethel	F	75	White-British	I see my truth in them all	
Felicity	F	45	White-British	Church of England	
Gordon	M	51	White-British	Christian	
Harry	M	35	White-British	Christian (EVJ)	

Measures

The interviews were guided by a semi-structured schedule, developed through a process of peer and academic supervisory discussion, and using a selection of open and neutral questions with prompts. The schedule focussed on the three areas listed above. Interviews were all conducted by the principal researcher, and ranged in length from 60 - 120 minutes. Interviews sought to be flexible to participant's accounts whilst also ensuring that all areas of the schedule were covered, and a process of checking back with the participant was used throughout interviews. Interviews were recorded and transcribed verbatim with the removal of identifying information (names, locations, and so on).

Analysis

Transcripts were analysed by the principal researcher according to the tenets of *Interpretative Phenomenological Analysis* (IPA; Smith, 1995). Each transcript was first read alongside the original recording, and then re-read. The researcher then went through the transcript, noting on one side general points of interest, then returning to the beginning of the interview, initial descriptive themes that appeared to be present in the participant's account were listed on the other side of the text. This process was conducted for all eight participants individually before the clustering stage took place.

The lists of themes for each participant were then clustered into groups that appeared relevant to each other as being similar in the way that the

participant was making sense of their experiences. The eight sets of clusters were then amalgamated into one master table, where differences in clustering patterns were made apparent. Further clustering then took place to group the themes into associated groups across the participants, with reliability checked by ensuring that the initial themes of each participant still reflected each new framework, and with the opportunity for new clusters to be created. An example of these initial stages of analysis is available upon request. To ensure that the analysis was not entirely skewed by the one researcher's perception of the interviews, a process of quality control was undertaken to audit the quality of the interviews and the analysis by using the analysis of four other trained researchers, and making changes based upon their observations.

Results

Participant accounts were organised into three primary themes, each with a selection of secondary themes and further areas of categorisation, and also with recognition of substantial overlap between some areas and themes; Figure 1 suggests roughly how these themes reflect the author's understanding of the participants' accounts.

The first primary theme was *Unusual Experiences*, where sections of the account related to experiences that were essentially different from the normal continuum of reality, either within their experience or in comparison to the people around them. As part of this theme, participants had *descriptions* of the experiences, spoke about the *consequences and reactions*, and described *context narratives*.

The second primary theme was *Explanations, Understandings, and Beliefs*, related to the ways in which the person is communicating the sense they make of aspects of the world and their experiences. Within this theme, participants described their explanations for their *unusual experiences*, which included spiritual and biological frameworks, a discussion of all the alternatives, and described the origin of the beliefs - their explanations were often the same whether the experience had been perceived as positive or negative. Participants also described their explanations for *life and the world* (their ontology), including beliefs about divine or spiritual intervention, having a relationship with God, how their framework related to organised religions, the moral standards in life that their framework gave them, and as with explanations of the unusual experiences, they described the origins of these beliefs. The final secondary theme of the *Explanations* theme was *testing and proof*, which related to the way that participants described how and why they believed in the frameworks they had given for both their unusual experience and for life and the world.

The final primary theme was *Self in the World*, where participants described aspects of how they negotiated their way through life. This included *growth and learning* through both their unusual experiences and life in general, *social considerations* such as comparisons with other people, hiding aspects of their life from others, and their role in a spiritual community and family, and finally

general narratives about aspects of their life other than their spiritual beliefs and unusual experiences.

More substantial details of how these themes were derived and what they mean are available upon request. However, the following excerpts give examples of how certain themes were related to participant accounts.

Unusual Experiences: Descriptions (positive appraisals of experiences)

Gordon, p9: It was like this intense feeling of, of, of peace and erm, calm, and erm, like everything's going to be alright because absolutely nothing to be frightened about, nothing to be worried about, don't be frightened of death, just you know, everything's going to be fine

Unusual Experiences: Consequences & Reactions (uncontrolled reactions)

Felicity, p2: I kind of got this, erm, experience of scripture verses just coming into my head, erm, I was frightened and I was very perplexed by it erm and like I get, all these addresses and stuff coming in and, and I were that scared I kind of responded to it immediately, got outside, er, wheeling the kids around in the pram, running around like a blue arsed fly in *-park-*, not knowing what to do with all this that were going off

Unusual Experiences: Context Narratives

Harry, p4: I was due in, they up in erm *-City-* crown court that, that morning and they opened the door and they said *-name-*, you've had a rough night haven't you? and I said yeah I have, and, erm, they said go and get a shower go and get, go and clean yourself up mate so I went and got a shower

Explanations, Understanding, & Beliefs: For Unusual Experiences (alternatives)

Barbara, p25: I've been told by my GP actually that, er with me having chickenpox as a child as well the virus can lay dormant which to me, erm, as well as religious beliefs it also, I believed very strongly they were proper visions but also having that virus lay dormant in me that, er, there is a medical side to it as well which to me is now, at long last been recognised ... people are actually listening to me understanding me and believing me because it's the medical side and they're switching off to the spiritual side which to me is sad because there is the spiritual part there is a definite spiritual connection there

Explanations, Understanding, & Beliefs: For life & the world (organised religion)

David, p16: what I find is, is they're people who have their own sort of visions if you like of heaven and hell and as soon as those categories come into it I realise that they're not talking any kind of truth that I want or you know that I can understand if you like it seems such a, a sort of, you know law of the jungle kind of thing you know, you break the rules you go to hell

Explanations, Understanding, & Beliefs: Testing & Proof

Barbara, p69: I was saying 'Jesus give me this' I saw, I my grandmother, my grandmother came to me, 'I need my little boy I need my little -husband's name-'so I finally got him

Self in the World: Growth, Learning, and Personal Changes

Ethel, p9: there's a lot of people in mental health hospitals who are sectioned, who's had these experiences and they just, a way, this is the way they evolve this is the way they evolve

Self in the World: Relationships & Social Considerations (family)

Abdul, p38: He was quite scared because the, whole family was scared, 'he's got a djin, he's got a djin'

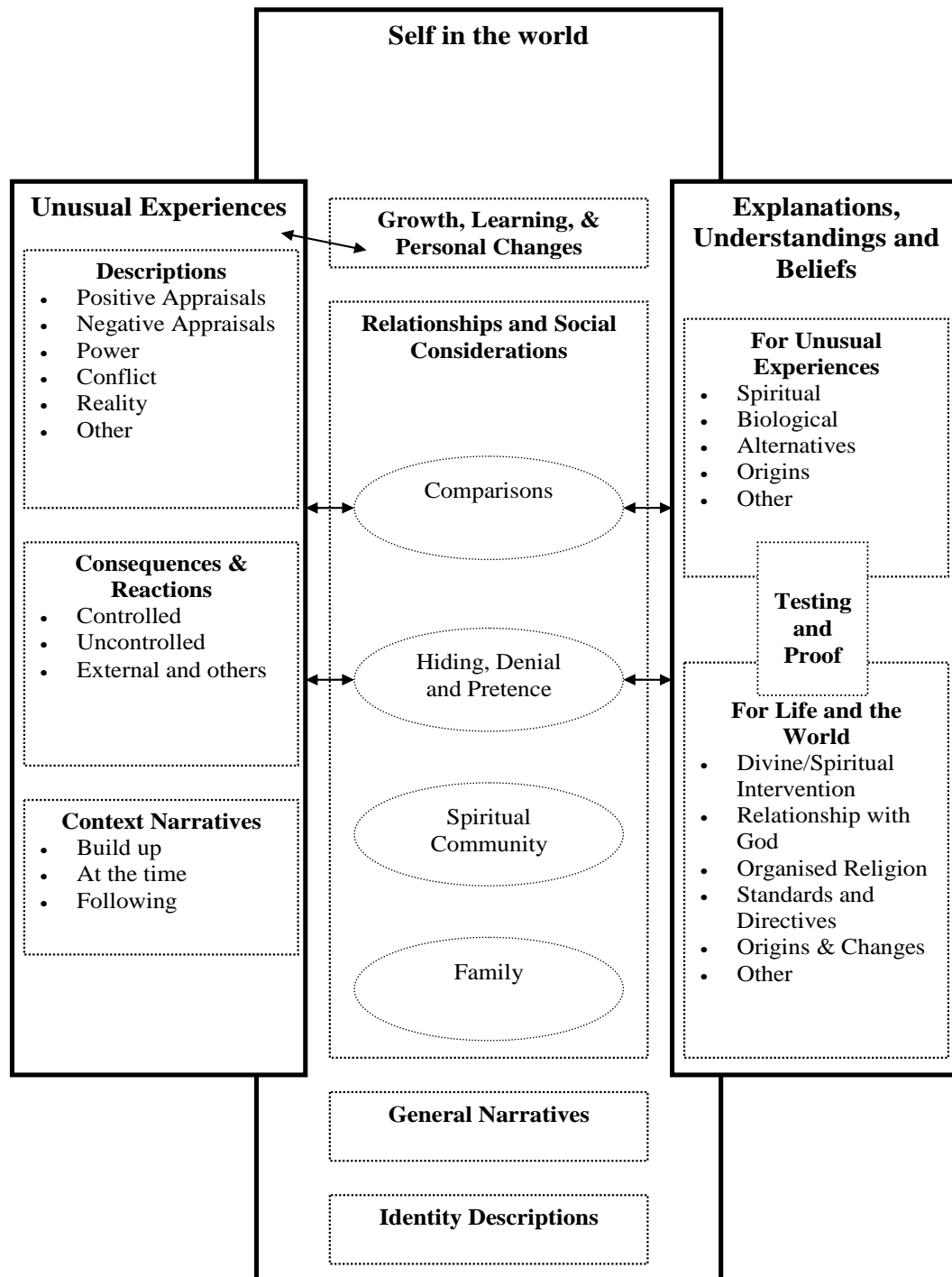
Self in the World: Identity Descriptions

Chloe, p7: it were nice because it were like, oh you've got the gift, as they call it which is a nice feeling when we've always had that belief yourself.

Self in the World: General Narratives

David, p21: I mean I just had no erm there was no-one in my life whom I gave a shit about basically and I that was the situation for a very long period er, very violent background, family life, abusive

Figure 1: Diagrammatic representation of general theme structure



Discussion

The discussion here focuses on the areas of analysis most relevant to the research aims

Flexibility and Reasoning in Explanations

Participants invoked a sophisticated level of reasoning during the process of explaining both their beliefs about the world and their attributions for their experiences. It was unsurprising that participants used spiritual/religious references in their explanations, but contrary to some expectations that these references are always simplistic, participants evidenced engagement in consideration of both their preferred explanatory frameworks and alternatives. It was also interesting to note that the majority of the participants were aware of biological explanations for their experiences, exhibited varying levels of acceptance for these models, and were in some cases able to accept the validity of these explanations alongside a spiritual explanation. When related to concepts such as 'insight into psychosis', the accounts of these participants suggests that they are not necessarily lacking the necessary information when they reject a complete acceptance of the biological framework, but appear to have considered the information and decided against the complete acceptance. In this light, the reasoned decision by individuals who have these experiences to accept alternative attributions, particularly alongside a biological attribution, should perhaps be given more credence.

These findings (alongside other recent qualitative studies) may need to inform the approach that services and clinicians take in working with such individuals, developing an acceptance that individuals who have psychotic experiences may have a good rationale behind their attributions and their ontology. The findings of this study support the suggestion that spiritual/religious beliefs can heavily inform individuals' understandings of the experiences that might be causing them distress, and it could be suggested that a therapeutic intervention that does not seek to understand these aspects of a person's values and beliefs might struggle to engage with important issues. Participants in this study also demonstrated clear examples of taking the perspective of other individuals. There are some theories which currently suggest that this ability is impaired in individuals who experience a psychosis (known as a *Theory of Mind deficit*), but this would not be supported by this study.

Individualism of Explanations and Religious Activities

Within this study, participants usually described their spirituality as being primarily about a divine relationship of one sort or another (e.g. with a God-like deity, or the spiritual world), with reference to organised religions often coming secondary to this (if at all relevant). This tendency relates to how services and clinicians might approach issues of culturally and religiously appropriate activity, in particular in terms of training activities. Current training might typically arrange awareness training, in which particular religious groups talk about the specific belief systems of their denomination, or religiously aware services might also arrange for contact between their clients and members of the relevant spiritual/religious community. Whilst both of these approaches are commendable in their own right, there is a potential danger of missing the individual nature and importance of the client's framework by assuming its relationship with generalised religious frameworks. Appropriate training may involve the development of clinicians' ability to explore these

issues with the clients. An important part of this ability would be in communicating the clinician's openness to discuss such matters to their clients. This is notable in the light of the finding that concerns with hiding, denial and pretence were salient to this sample, which might suggest that they have not experienced professional or personal relationships that were conducive to sharing important aspects of their lives. This could clearly limit the amount of help that they are able to receive for dealing with the sometimes 'dreadful' experiences using their own resources of values and beliefs. This study does not suggest ways that clinicians could demonstrate their openness to such individuals, but merely points to this as an area that could need development and further research.

Effect of Religious/Spiritual Explanations

The contribution that spiritual/religious beliefs made in dealing with the experiences was not straightforward. There were some clear examples of how reactions with a spiritual/religious context were appraised as under the participants' control and useful, and there were also examples of how the spiritual beliefs that arose as a consequence of the experience helped to give participants a more positive sense of meaning. Sometimes, the standards and directives suggested by spiritual/religious beliefs were important factors in participants' outcome. However, there were also examples of the spiritual/religious beliefs negatively affecting the participants' experiences, including beliefs that God would seek to punish a childhood crime, a belief that re-emerged at each example of a negative experience, and apparently exacerbated the associated fear. The expectations created by involvement with spiritual communities were also at times experienced punitively. Once again, these findings point to the importance of clinicians being able to discuss a clients' spiritual/religious beliefs without inhibition: in some circumstances, they can represent a valuable resource from which therapeutic options might be drawn; in other circumstances, they may be presenting focal points of distress that could be invaluable for sensitive exploration.

Spiritual vs. Psychotic Experiences and Explanations

There is a discussion about the extent to which experiences labelled as psychotic and those labelled as spiritual can be distinguished. The accounts of participants in this sample also suggest a difficulty. For most of the individuals, their reports of experiences that were beyond the normal spectrum of experience included both negatively and positively appraised examples. However, there was rarely a difference in the type of attribution made between the positive and negative experiences, with one exception. Differences in attribution that were seen suggested more that negative experiences could be related to a different aspect of the spiritual framework (e.g. good spirits vs. bad spirits), despite the fact that all of the negatively appraised experiences would have suited the application of a label of psychosis, even for the participants who had never accessed mental health

services or received a psychiatric diagnosis. The fact that individuals do not appear to discriminate between their experiences in this manner might support the suggestion that some of the underlying psychological and neurological correlates of such experiences are shared.

Growth and Learning

Many participants related their accounts in a way that implied that they used both the unusual experiences and other parts of their life as an opportunity for personal development. The presence of this thread can perhaps inspire hope within clinicians that positive therapeutic intentions appear to be in agreement with the way that some of these individuals conceptualise their own states of both current being and potential futures.

Extraneous Material

This analysis sought to be inclusive of all material brought by participants without focussing solely on the material relevant to research aims. As a result, there is a large selection of material that does not relate directly to the understanding of the relationship between religious/spiritual beliefs and psychotic experiences. It could be suggested that in seeking to so explicitly share wider elements of their life in describing their unusual experiences and spiritual/religious beliefs, these participants were demonstrating a perception that the understanding of these elements can only be achieved when the listener (researcher) is provided with the wider context that they exist in. It is also possible that the breadth of participants' accounts found in this study may reflect the importance of these issues to their core sense of identity.

Limitations

There are a number of limitations to this study. The sample included only one non-white participant, which does reflect the study's catchment area with a population that is 91% white, but it is conceivable that there are issues to do with descriptions and explanatory frameworks that might be culturally bound and more different in individuals from non-white ethnic origins. The participants who did take part might all have been considered to be in the relatively well-functioning spectrum of people who have experienced psychosis. This suggests that the accounts obtained might be considered only of relevance to people who have reached some sense of consolidation of the self following the experiences. The intention of the researchers had been that any individuals whose psychotic experiences had led to a loss of spiritual/religious beliefs would be able to take part within the recruitment criteria and methodology. No such individuals responded, and so no discussion can be made of any such causal link. Although the author

undertook various elements of quality control, it is accepted that this could have been improved upon (e.g. with a focus group).

Further Research

Further research in this field could include a similar study looking at the specific findings when interviewing individuals from specific cultural or religious groups. Following on from the clinical recommendations made, further research could also aim to assess the impact that such changes in approach have on both satisfaction and outcome.

Conclusions

The use of qualitative methods to develop an understanding of this group of people has revealed some interesting results. There is evidence here that individuals who provide spiritual explanations for their experiences often do so on the basis of a sophisticated reasoning approach that has made due consideration of alternatives, including engagement in testing of their explanations. There would appear to be some value in these explanations for the ways in which they fit with individual's general beliefs and their sense of self in the world. Spiritual explanations need not be mutually exclusive of biological explanations according to these individuals.

When considering spiritual attributions for such experiences, clinicians should remain aware of the individualism of these explanatory frameworks. Regardless of whether individuals identify with a particular organised religion, the evidence from this sample is that they will engage with spiritual beliefs with a level of autonomy. In particular, the importance of a perceived relationship with a divine element such as God can provide more meaning to individuals than the constructs of a religious consensus. Given the likelihood that individuals will feel compelled to hide either their experiences or their beliefs, the nature of these discussions would need a careful and open-minded approach, to avoid diminishing opportunities for personal growth.

The experiences of individuals who hold spiritual/religious beliefs and who ascribe spiritual/religious explanations to their psychotic-like experiences suggest that the typical distinction of psychosis, that it has negative effects on an individual's function, may not be represented in any essentially different phenomenology for these people. This finding could inform the discussions about the use of such classifications, and the theories about their pathology.

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