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# The Unforeseen Relationship Between Spirituality and Psychiatric Medication: A Hermeneutic Phenomenological Study

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## ABSTRACT

In the last 30 years there has been a simultaneous rise in psychiatric medication use and in the numbers of people seeking to address spiritual issues in mental health treatment. To date, there is little research into perceptions of how these two factors interact. This study explores the interrelationship between spirituality and psychiatric medication, and its impact on the journey toward recovery. The concept of spiritual side effects (SSE) is introduced. Broadly speaking, SSE were experienced as either spiritually helpful or spiritually harmful. The findings suggest that some people are engaging spiritually with their prescriptions in critical ways that shape treatment outcomes.

## KEYWORDS

Hermeneutic phenomenology; nonpharmacological factors; psychiatric medication; recovery; side effects; spirituality

## Introduction

In the last 30 years there has been a significant rise in the use of psychiatric medication as a treatment for psychiatric conditions (Ilyas & Moncrieff, 2012; Olfson & Marcus, 2009). At the same time, the number of people seeking to address spiritual issues and pursue spiritual growth in treatment is reported to be increasing (Sperry & Miller, 2014). Both psychiatric medication and spirituality are known to mediate the processes of wellness and recovery (Jenkins et al., 2005; Koenig, King, & Carson, 2001). To date, there is little research into medication users' perceptions of how these two factors interact, and how interactions may impact upon treatment outcomes. We expect people to say they feel better or perhaps worse on psychiatric medication, but it may be surprising to hear that it enables them to feel more or less spiritual.

## Spirituality

The task of conceptualizing spirituality in healthcare is daunting, given how diverse people's understandings of it can be (Pesut, Fowler, Taylor, Reimer-

Kirkham, & Sawatzky, 2008). An enormous range of definitions have been put forward, and some wonder whether the term has become meaningless (Swinton & Pattison, 2010). Although widespread definitions are not thought to be workable, from across a variety of perspectives, several key themes have emerged. Spirituality is commonly associated with notions of connectedness, the sacred, hope, transformation, and the search for meaning and purpose (Fleischman, 1990; Swinton, 2001; Woodward & Pattison, 2000). It is thought to provide a guiding framework for addressing the deep, existential questions presumed to be fundamental to human life: Who am I? Where do I come from? Where am I going? Why? (Swinton & Vanderpot, 2017). In Western cultures like the United States and the United Kingdom, new formulations of the spiritual have come to represent diverse, and perhaps eclectic, points of view. Contemporary spiritual belief systems can come from a variety of religious and nonreligious sources, and believers may show little concern for the discordant assertions emerging between them. There are compelling similarities between modern notions of spirituality, and the secular concepts of “personal medicine” and recovery (Deegan, 2005; Substance Abuse and Mental Health Services Administration, 2012). People beset by severe psychiatric conditions are known to exhibit high prevalence rates of spirituality (Mitchell & Romans, 2003), yet linking spirituality and psychiatry has been called a 21st century notion (Cook, Powell, & Sims, 2009). There is an historical friction between psychiatry, religion, and spirituality (Ellis, 1980; Freud, 1930), yet recent guidelines and position statements published by the United Kingdom’s Royal College of Psychiatrists’ Spirituality and Psychiatry Special Interest Group, The American Psychiatric Association, and the World Psychiatric Association indicate a shift toward a more inclusive approach to the spiritual dimension (American Psychiatric Association, 1990; Royal College of Psychiatrists Spirituality and Psychiatry Special Interest Group, 2013; World Psychiatry Association, 2016).

### ***Psychiatric medication***

Psychiatric medication generates both pharmacological and nonpharmacological side effects. Nonpharmacological effects are generated by the unique ways in which an individual engages with their prescription. A primary side effect like weight gain or sexual dysfunction can lead to secondary, non-pharmacological effects, which impact a person’s intimate relationships and sense of self (Davis-Berman & Pestello, 2005). Well known nonpharmacological effects like the placebo response can have a significant impact on treatment outcomes, although to what degree is actively debated (Kirsch, 2010; Kramer, 2016).

To date there is little direct research into the perceived impact of psychiatric medication on spirituality. Some research has shown that psychiatric

medication impacted the personal medicine, or resilience, of people with psychiatric disabilities (Deegan, 2005)—concepts that appear similar to modern notions of spirituality. There are a small number of studies that offer indirect testimony. One includes reports from users that medication enhanced and supported spirituality (Mohr et al., 2006). Another study cites users who say that medication inhibited spirituality (Borras et al., 2007). The variability of these self-reports is a reminder that people respond to medication “in ways that are anything but uniform” (Elliott, 2003, p. 51). To the best of the authors’ knowledge, the perceived relationship between these two variables has never been directly explored. The purpose of the present study was to explore the interrelationship between spirituality and psychiatric medication, and to learn how this relationship shaped an individual’s journey toward recovery.

## **Method**

The lead author of this article was the chief researcher; this research was the focus of her PhD thesis. Her background in counseling psychology served as preparation for exploring the phenomenon. The additional authors did not assist with data collection but were involved in checking interpretations and in evaluating issues pertaining to rigor.

### ***Hermeneutic phenomenology***

The nature of the topic being explored required a methodology that could adequately capture the subjectivity of complex aspects of the human experience. A framework was needed to allow for new understandings in of psychopharmacology use. Hermeneutic phenomenology (HP) was chosen because it was capable of engaging with the rich and deeply layered meanings of personal testimony. The fundamental goal of HP is to understand how another person is experiencing the world (Caelli, 2000). Its theoretical assumptions support the basic aims of all mental health research—to inform and improve treatment outcomes. HP attempts to accomplish this through eliciting deeper understandings of how people uniquely construct and make sense of their experiences (Swinton, 2001). This approach was particularly suitable as it places a high value on the variability of individual response, common to both psychiatric medication use and spirituality.

HP retains a methodological tension between emphasis on the uniqueness of each person’s lived experience, and an overall understanding of the phenomenon itself (Addo, 2006). It goes beyond pure description to include a systematic, interpretive aspect, of the internal meaning structures underlying lived experience (van Manen, 1990). The hermeneutic pursuit of explicating the “meaning of being” involves a process known as the fusion of

horizons, where the participant's perspective becomes fused with the researcher's perspective. This fusion is what can lead to the discovery of tacit meanings (Gerrish & Lacey, 2010). Well-documented attention was paid to the researcher's orientation, values, and personal qualities. Reflexivity was used to establish methodological rigor and manage the problem of researcher bias (Wertz et al., 2011). A reflexive journal was kept throughout the entire research process, detailing how and when the researcher was possibly exerting influence over the project. Rigor was measured by the degree to which the researcher maintained a systematic and consistent approach. Rigor was achieved through a process known as "the decision trail," whereby each decision made by the researcher reflected the theoretical framework of the methodology employed, and was made explicit to others (Whitehead, 2004).

Final or decisive interpretations are not seen as achievable under this framework. Oversimplifications and broad generalizations are inconsistent with the philosophy of HP. What is endorsed are moderate generalizations, which may be substantiated or refuted through further research (Payne & Williams, 2005). Readers are trusted to keep in mind the small sample size of this project and make their own judgments about the transferability of the findings, as parallels emerge that resonate with their own knowledge (Addo, 2006).

### ***Participant sample***

Ethical approval was granted by the College of Arts and Sciences ethical review board at the University of Aberdeen. A purposive sample of 20 people who self-identified as spiritual or religious, and who were or had experience taking psychiatric medication, took part in this study. Information about the aim of the study and the potential risks and benefits of the project were provided and reviewed with each participant. Informed consent was obtained by all participants. Given the small, specialized population interested in participating in the study, and given that the head researcher was studying at a UK university but a resident of the United States, fieldwork took place in both the United States and the United Kingdom. A total of 7 men and 13 women participated, ranging in age from early twenties to early sixties. Six people were from the United Kingdom, 13 from the United States, and 1 from Canada.

### ***Data collection***

The interviews were conducted in person, as well as via Skype and audio calling. Each interview was audio recorded and ranged from 1–2 hours in length. The interview style was in-depth and unstructured. There were four main interview questions: (a) Can you talk about your experience of being prescribed a psychiatric medication?; (b) Can you talk about your spirituality?; (c) Can you talk about the impact taking psychiatric medication has/had

on your spiritual life?; and (d) Is there anything else about your experience that I should have asked you about today?

### **Data analysis**

Data analysis methods used in this study were adapted from the works of Swinton (2001), van Manen (1990) and Holroyd (2007). The purpose of HP analysis is not to develop a set procedure for understanding, but to clarify and invite the conditions that lead to new understandings (Holroyd, 2007). Nonetheless, distinct phases were employed to allow for a requisite degree of manageability to the analysis process.

The phases of analysis were as follows: immersion in the texts; coding in several cycles, where key codes emerged and took on the established presence of themes; categorization of themes; and organization of emergent patterns. Themes for each transcript were printed on small slips of paper and physically grouped by hand according to their similarities, differences, and relationships. A thematic analysis, animating the uniqueness of each participant's lived experience, was created. The final phase was the search across transcripts for constitutive patterns, to gain an overall understanding of the phenomenon. The hermeneutic circle gave the process of analysis an iterative structure. It provided a space to engage with the text forwards and backwards, circling from a single word, to a phrase, to an entire transcript, and back.

### **Results**

The key findings in this study introduce the concept of *spiritual side effects* (SSE) as a nonpharmacological factor in the use of psychiatric medication. The participants experienced SSE in a variety of ways that significantly impacted the course and outcome of treatment. The current classifications of cognitive, affective, and interpersonal side effects did not capture what participants described as the spiritual consequences of their prescriptions. Hence, for the purpose of articulating the phenomenon with greater accuracy, a new category particular to spirituality was deemed necessary and appropriate. The term SSE refers to perceived effects and/or interactions between psychiatric medication and the spirituality of the user.

Broadly speaking, SSE fell into two groups. One group viewed psychiatric medication as spiritually helpful and enhancing, a second group found it hindering or harmful. This is not meant to imply that such a complex phenomenon is so easily explained, or that the data conformed neatly into discrete clusters. SSE are more accurately conceived along a spectrum ranging from enhancing to inhibiting. By grouping the data, the task of delineating the wider scope of experiences was made easier. SSE were experienced uniquely, with the presence of some common themes.

The results showed that there were three main factors that mediated the largely diverging nature of SSE.

### ***Prescribing relationships around medication***

People who had positive relationships with their prescribers tended to view medication as spiritually helpful. People who had negative relationships with their prescribers tended to experience medication as spiritually harmful.

### ***Explanatory frameworks around medication***

How a person constructed theories of causation around treatment, and whether they adopted a biological perspective or saw their suffering through a more spiritual lens, was central to their experience of SSE.

### ***Issues around identity***

Participants who felt more like themselves on medication were more likely to report positive SSE. Participants who felt medication disrupted their sense of self reported negative SSE.

### ***Understanding spirituality***

The metaphor of a diamond is used to represent the different meanings participants attached to spirituality. Seven themes emerged from the data most relevant to the research question: religion, connectedness, a search for meaning and purpose, transformation, perseverance, creativity, and exalted versus ordinary forms of spirituality. Having a clearer picture of how spirituality was conceived better prepares us to understand perceptions of how it was impacted by psychiatric medication. Viewing spirituality as a diamond allows for reflection over the value of its diversity. The deeper meanings people attached to it are illuminated when it is held at different angles.

### ***Psychiatric medication enhances spirituality***

Several participants reported taking medication enhanced and supported their spirituality. This perception was highly correlated with reports of greater wellness. There were five subthemes that best captured the augmenting effects of medication: (a) increased feelings of connectedness to self, others, and the transcendent; (b) increased feelings of perseverance; (c) enhanced meaning and purpose; (d) inspired hope and personal transformation; and (e) increased participation in spiritual practices and activities.

### ***Increased feelings of connectedness***

Taking psychiatric medication led to a more intimate relationship with the self, in ways that promoted forgiveness, self-esteem, and acceptance. Feelings of self-connection were viewed as a sacred experience:

It's like I was trying to escape from who I was, I didn't like myself, I wanted to be someone else, but now on the medication I feel like I'm better able to relate to myself, like I can forgive myself. I like myself a lot more these days.

Taking medication was associated with increased feelings of connectedness to other people. This was lived through the ability to maintain intimate, healthy relationships, and increased compassion and emotional availability.

There comes a point where I say spiritually, I owe it to myself and to everybody that I serve, to take that medication. Because that makes me the person who can sit and listen to you, who can empathize with you.

Psychiatric medication was perceived to enhance feelings of connectedness to the transcendent. Participants described their prescriptions as enabling them to be more open to God, by allowing their minds to be at peace. Medication was understood as allowing for a deeper intimacy with the transcendent, by being able to do God's work, and fostering a state of gratitude for life's blessings. Medication improved one participant's connection to God by providing a helpful boundary. God felt overwhelming, like "a waterfall, or a stream of lava," and medication "made the floodgate smaller."

### ***Increased feelings of perseverance***

Spiritual perseverance was depicted as a sacred process of getting through everyday challenges, day after day. One participant described medication as facilitating the courage and faith to deal with his fears. Others said it provided the nourishment to keep functioning through bouts of crippling anxiety and depression.

### ***Enhanced meaning and purpose***

Some participants perceived medication to be intertwined with their life's deeper meanings and purpose. One participant, who primarily spoke of the medication's hindering spiritual effects, still saw it as ineradicable from her greater purpose in life:

I think medication, I think it's wrong. And I think people are beginning to realize that it's wrong. ... And I just see it as, maybe it's an experience I was supposed to have, maybe I'm just supposed to experience this, to look into all of these issues, psychiatry and spirituality, to further my progress.

Medication enhanced spirituality by allowing the pursuit of a meaningful life, and as an integral component to one's progress and accomplishments. When

psychiatric medication was linked to meaning and purpose, it evoked strong feelings of salvation, and altruistic opportunities to be of service to others.

### ***Inspired hope and personal transformation***

Hope is a key concept in most of the world's religions. Medication inspired the optimistic attitude of hope. "It's enabled me to wake up in the morning and not feel, most of the time, like it's going to be a bad day." Some participants described how medication allowed them to believe in the possibility of personal transformation, from feeling "like I can't do this—to I can do this."

### ***Increased spiritual practices and activities***

Oftentimes psychiatric problems disrupted a person's ability to take part in valued spiritual practices and activities. Medication allowed some participants to re-engage in such pursuits. It was perceived as facilitating participation in prayer, religious services, creativity, and enabling a sense of belonging within a spiritual community.

To the extent that psychiatric medication was perceived to enhance spirituality, recovery was supported through greater feelings of connectedness, an uplifting sense of hope, the expansion of perseverance, the ability to achieve personal transformation, enhanced meaning and purpose in life, and increased participation and belonging in valued spiritual practices and activities.

### ***Psychiatric medication hinders spirituality***

Several participants perceived that medication hindered their spirituality in harmful ways. This perception was correlated with delays to wellness. There were five subthemes that illustrated this phenomenon most strongly: (a) disconnection to the self, others, and the transcendent; (b) loss of meaning and purpose; (c) diminished hope and delayed personal transformation; (d) decreased spiritual practices and activities; and (e) discontinuation promotes spiritual growth.

### ***Decreased feelings of connectedness***

Some participant's reported that psychiatric medication inhibited feelings of connection to the self:

I felt unable to access what was really going on inside of me, and to me, having this sense of spirituality is all very entwined with like feeling more deeply, experiencing life fully, and not being in that numb, middle ground.

Participants felt spiritually estranged from themselves on medication by the restricted range and flow of their emotions, and by a perceived loss of self-determination.

Several people experienced a disconnection to other people. This was lived through troubling side effects including weight gain, sexual dysfunction, and cognitive suppression. One participant described how it reinforced his natural tendency to avoid social engagement. Another participant experienced it through a parent's use of medication:

Spirituality and psychiatric medication have been part of my life since I was born, my mum had postnatal depression, was sectioned, was in hospitals. The medication at the time of my birth meant that I was separated from her, which had a profound impact on our relationship and our bonding.

Some participants reported inhibited feelings of connection to the transcendent. This was described as feeling blocked from God consciousness, and an inability to discern one's relationship with God. "The main thing with the medicine though, is it just took away my ability to discern like my relationship with God. What I couldn't feel when I had the psychiatric drugs, was what was in my heart."

#### ***Decreased spiritual activities***

Psychiatric medication was perceived to interfere with participation in spiritual practices such as meditation, visualization and expressions of creativity. It prevented some participants from reaching exalted levels of spirituality.

#### ***Diminished hope and delayed personal transformation***

For some participants, it had a corrosive effect on their sense of hope. The "message" attached to taking medication dampened optimistic expectancies around recovery. "The way I took all that in, was I'm destined to be miserable, I can't change it, and I'm going to be medicated forever. That was terrifying." Medication was perceived to delay growth and transformation by not allowing the processing and integration of distressing emotions:

The medication has a numbing effect, the best word I can use is stagnate. It holds you in place, it doesn't help you move forward. When I was on medication, every time I had a negative experience, it would have a backlog, it would be like a corked bottle of suppressed, repressed emotion that needed to explode. The medication kept that down, rather than letting it out.

#### ***Loss of meaning and purpose***

Several participants reported that medication negatively impacted the spiritual notions of meaning and purpose. Some felt that taking medication itself was meaningless. "What's the point of taking medication? It didn't change the way I lived, it just sort of patched up the symptoms." For some,

complying with medication meant the loss or surrender of beliefs that gave their life meaning. “I can conceive of things being a certain way, whereas these people [service providers] can’t. I suppose for them, reality is just a meaningless sea of nothing, yeah? That’s the sort of world that’s forced upon me.”

### *Discontinuation inspires spiritual growth*

Several participants did not recognize the negative SSE until they started the discontinuation process. Withdrawal from psychiatric medication inspired spiritual growth:

As I continued getting off of psychiatric medications, I found these, what I would consider to be spiritual gifts, to be growing. I had a stronger ability to sort of go within myself, while doing Reiki on myself or praying. I have always felt that as I’ve gotten off of medication, my ability to kind of impact my life by prayer and by setting intentions has gotten stronger.

To the extent that medication was perceived to hinder spirituality, recovery was inhibited by decreased feelings of connection, delays to personal transformation, an inability to participate in valued spiritual activities, and a loss of hope and meaning in life.

## **Discussion**

The significance of these results is that they reveal how some medication users are engaging spiritually with their prescriptions in ways that significantly impact the course and outcome of treatment. Whereas the primary, pharmacological effects of psychiatric medication are frequently noted in the literature, less well documented are the secondary, nonpharmacological effects (Moncrieff, Cohen, & Mason, 2009). To date, the conversation around side effects includes little reference to spirituality. This research introduces SSE as a nonpharmacological factor of psychiatric medication use.

Spirituality is a known framework for understanding experiences of suffering and healing, but within the context of the biological paradigm, it becomes harder to swallow in the form of a pill. It seems illogical that a biological intervention for a biological illness would have an effect on the nonbiological realm of spirituality. These findings pose a challenge to claims that pharmacological agents alone determine the course and outcome of psychotropic treatment. They suggest that nonpharmacological factors like spirituality can have a significant impact on perceptions of efficacy. SSE overlap with, but are distinct from, previous research focusing on cognitive, affective, and interpersonal side effects (Kramer, 1993; Moncrieff et al., 2009; Read, Cartwright, & Gibson, 2014).

The widespread comparison that taking psychiatric medication for psychiatric conditions is like taking insulin for diabetes creates an expectation that treatment will follow a set course, and that patients will respond uniformly and predictably. This viewpoint overlooks a key finding of the current study, the fundamental role of the individual in recovery. These data show support for the theory that people interact with their disorder and treatment in critical ways which shapes the course of their recovery (Barham & Hayward, 1991). In unique ways, each participant played an important role by engaging their pharmacotherapy with the spiritual drives to find meaning, hope, connection, and transformation. This study supports previous findings, that subjective responses to psychiatric medication have a significant impact on recovery outcomes (Deegan, 2005; Larsen-Barr, 2016). The current work identifies spirituality as a particular subjective response influencing the course and outcome of treatment. Spirituality is one way for a person to assert their own important role in recovery. The clinical utility of these findings is that they support a paradigm shift, toward viewing what an individual does to heal themselves as a central aspect of recovery.

There are limitations to this study, including the well-documented problems of self-reports of psychiatric medication use. Yet consistent with its methodology is recognizing the value of knowledge generated by perceptions of lived experience. The 20 participants formed a diverse group of varying demographics, diagnoses, prescriptions, and spiritual beliefs, and the scope of this project did not allow for deeper explorations between specific diagnoses, classes of medication, or particular belief systems. Thus it was impossible to compare individual experiences of SSE, or collapse them together in any way. It was also beyond the scope of this article to provide a theologically informed analysis of the findings.

As more people continue to seek psychiatric care with a spiritual framework for understanding mental health problems, the need to investigate this unforeseen relationship becomes increasingly salient. The value and purpose of this study is to present initial findings in this area, and to promote the inclusion of spirituality in the conversation around psychiatric medication. The clinical utility of expanding awareness can inform treatment strategies, and strengthen the therapeutic alliance by improving service providers' understanding of those they serve. This is a new area of research that needs to be more thoroughly explored.

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