

SPIRITUALITY, PSYCHOPHARMACOLOGY and MENTAL HEALTH

Service users' perspectives on the interrelationship between spirituality and the use of psychiatric medication



UNIVERSITY OF ABERDEEN

By Lynne E. Vanderpot, Ph.D. Candidate Supervisors: Professor John Swinton and Dr. Helen Bedford

INTRODUCTION

The purpose of this study is to explore the lived experience of a person's spirituality in the context of psychiatric medication use. It is hoped that data emerging from this study will serve to inform and improve current treatment practices.

Over the last few decades in both the U.S. and the UK there has been an astonishing rise in the use of psychiatric medication for the treatment of mental health problems. A substantial portion of people diagnosed with serious mental health problems report spirituality to be an important factor in their ability to cope from day to day. There is thought to be a solid overlap in this population between psychiatric medication use and practices of spiritual coping.

The provisional findings of this ongoing study indicate a complex interrelationship between the use of psychiatric medication and a person's spirituality. This relationship traverses an individual's biological and existential dimensions. It is the meaning centred aspect of this phenomenon that is explored in the current study. Both spirituality and medication are factors known to mediate the processes of wellness and recovery. The initial findings of this study shed light on how the interaction between these two factors affect those processes of wellness and recovery.

"I find it hard to practice spirituality on medication. I think it hinders me. That saddens me because I don't seem to feel the energy that I used to feel. I don't feel the connection with people. The medication blunts emotions. I'd say that we need those emotions to feel, as a spiritual being. So I know I'm not experiencing life the same as other people. I don't cry. I'm not in awe of things. I don't feel the joy in living and the joy in being spiritual. Which is a sad way to be, if you've got such great beliefs about spirituality."

- Female Participant from the UK



METHOD

A qualitative study using hermeneutic phenomenology. Hermeneutic phenomenology recognizes subjective experience as a cornerstone of knowledge. Increasingly it is the expertise gathered from personal experience, and not from scientists and professionals, that is being recognised as a primary source of knowledge in the understanding and treatment of mental health problems.

A purposive sample of thirteen female and seven male participants with diverse diagnoses and prescriptions were recruited from both the U.S. and the UK via peer led mental health support groups and support websites. Their age ranged from early 20's to mid 50's. In-depth, unstructured interviews were conducted with each participant.

Data analysis methods were adapted from phenomenological and hermeneutic principles and methods used in the work of Swinton (2001), van Manen (1990), Smith (1998) and Saldana (2013).

The hermeneutic phenomenological method makes no claims at generalizability, yet aims to provide one way of understanding how other people are experiencing the world. Such knowledge is thought to be very helpful in professional relationships centred around health care.

"Without it, I can't be the person I am. If I could be a stronger person spiritually, would I not need the medicine? 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. Medication allows me to do that piece of it."

- Female Participant from the U.S.



RESULTS

A key finding in the provisional results of this ongoing study indicates that the participants experienced a complex relationship between their spirituality and use of psychiatric medication, which in turn affected processes of wellness and recovery. This relationship was uniquely expressed for each participant, however initial analysis shows a trend in the data which appears to divide the participants into two main groups.

GROUP ONE: Psychiatric medication enhanced participants ability to connect with, experience, or practice spirituality. For this group, the medication worked as a kind of tool which enabled the individual to have a better spiritual life. Adherence to psychopharmacological treatment for these participants led to an increased ability to access self-defined spiritual resources and spiritually related phenomena. It led to greater connection with themselves, others, the sacred, and nature. The medication was perceived to allow for increased participation in spiritual practices and spiritual communities.

GROUP TWO: Psychiatric medication inhibited participants ability to connect with, experience, or practice spirituality. For this group, the medication prevented individuals from access to spiritual growth and support. Medication led to a decreased ability to access self-defined spiritual resources and experiences. The medication was perceived to lead to a disconnection from themselves, others, the sacred, and nature. It interfered with the ability or volition to participate in spiritual practices and spiritual communities.

DISCUSSION

The key finding in this study may carry significant implications for the understanding and treatment of mental health problems. What both groups suggest is that the complex relationship between spirituality and psychiatric medication can be central to the processes of wellness and recovery for some people suffering mental health problems.

To date there is very little research into the perceived impact of psychiatric medication on a person's spiritual life (See Borrás et al. 2007; Leibrich 2002; Hagen, Nixon & Peters 2010). Research in this area typically focuses on the impact spirituality can have on medication adherence (Touchet et al. 2012). This ongoing study provides a rich introductory exploration into how the interaction between these two factors is experienced by people, and how it impacts their journey towards wellness and recovery.

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vanderpot@abdn.ac.uk

