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CASE STUDY

Case Study Explorations of the Interrelationship Between Spirituality and Psychiatric Medication Use

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Both spirituality and psychiatric medication are thought to mediate the processes of wellness and recovery in the treatment of mental health problems. The following 2 cases relate to an ongoing qualitative research study using the approach of hermeneutic phenomenology to explore service users' perspectives on the interrelationship between spirituality and psychiatric medication use. These cases were chosen because they ideally embody the divergent nature of the findings in the larger study. By using these purer, more extreme examples of the data, the task of delineating the wide scope of experiences was made easier. A key finding in this study is that participants experienced a complex relationship between their spirituality and psychiatric medication use, which significantly affected the processes of wellness and recovery. This relationship was uniquely expressed, with some common themes. What these case reports suggest is the clinical value of understanding each client's unique spiritual resources, and how they may be perceived to interact with the use of psychiatric medication. Such an awareness has the potential to strengthen the therapeutic alliance and to increase clinicians' ability to provide informed support to service users. It is hoped that the findings of this study will enable another step forward in current treatment practices.

Keywords: psychiatric medication, psychopharmacology, psychotropic, religion, spirituality

Contemporary mental health treatment is marked by an awareness of the increasing aim of service users to incorporate a self-defined, spiritually based understanding of their suffering and personal growth into the therapeutic process (West, 2011). A further mark of current practice is the sharp rise in the use of psychopharmacological treatment (Olfson & Marcus, 2010; Pincus et al., 1998). There is likely to be a significant overlap in service users who both take psychiatric medication and rely on practices of spiritual coping. The following two cases relate to an ongoing qualitative research study using the approach of hermeneutic phenomenology to explore service users' perspectives on the interrelationship between spirituality and psychiatric medication use. Much of the existing research in this area focuses on how spirituality affects psychiatric treatment adherence (Borras et al., 2007; Touchet, Youman, Pierce, & Yates, 2012), and the multiple links between spirituality and psychosis (Hagen, Nixon & Peters, 2010; Huguelet et al., 2011; Hustoft, Hestad, Lien, Moller, & Danbolt, 2013; Fulford & Jackson, 1997; Kirov, Kemp, Kirov, & David, 1998; Mohr, Brandt, Borras, Gillieron, & Huguelet, 2006; Mohr et al., 2011; Sims, 2009). This study will examine how taking medication is perceived to interact with a person's spirituality, and how that interaction affects the processes of wellness and recovery.

The nature of the phenomenon being examined requires an approach that can adequately capture

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The author is a mental health counselor and a PhD student at the University of Aberdeen under the supervision of Professor John Swinton and Dr. Helen Bedford. The cases discussed in this article relate to a larger, ongoing qualitative study involving participants from the United States and the United Kingdom. Both participants in this article are from the United States and should be read in line with the particularities of that mental health system.

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the subjectivity of services users. As health professionals come to acknowledge the complexity of contemporary health and illness, many have sought the aid of qualitative studies to inform and guide their work (Bourgeault, Dingwall, & De Vries, 2013, p. 3). The qualitative approach of hermeneutic phenomenology offers rigorous methods that prove amenable to psychological research (Davidson, 2003, p. 27). Hermeneutic phenomenology is a method that systematically attempts to describe and interpret the structures of lived experience, with a high degree of depth and richness (van Manen, 1990, p. 10). This is accomplished in part by placing a high epistemological value on subjectivity. Recognizing the experiential expertise unique to each person allows hermeneutic inquiry to uncover new understandings into the complex relationship between spirituality and psychiatric medication. With this approach, knowledge is generated by responding to the participant's perception of their experience, regardless of what in consensus reality may appear to be factual. Through such recognition of the value of lived experience, hermeneutic phenomenology holds the potential for researchers to generate insights which can inform treatment strategies and improve clinicians' understanding of those whom they serve (Bourgeault et al., 2013, p. 229).

It is recognized that the advantages gained from subjective accounts also carry the problems associated with personal bias (Bassman, 2001; Rofail, Heelis, & Gournay, 2009). Further, it is acknowledged that mental health professionals and service users may hold diverging views of psychiatric medication's effects (Day, Kinderman, & Bentall, 1998) and the role of spirituality in personal growth (Grof & Grof, 1989; Pyne et al., 2006). Nonetheless, the following cases of Joan and Anne (*not their real names*) provide rich descriptions of how the use of psychiatric medication was perceived to interact with the lived experience of spirituality, and how this interaction profoundly affected their journey's toward wellness and recovery.

In keeping with the philosophy and method of hermeneutic phenomenology, and with the spirit of case studies in general, it is recommended for the reader to proceed not with the hope of finding statistical proof, but with the intention of understanding things in a new way (Holroyd, 2007). As subject matter, spirituality and psychiatric medication continue to generate much debate and criticism within the mental health literature. There are multiple assumptions about how psychiatric medications regulate mental suffering. Discerning their complex function and effects across the biological and experiential dimensions of a person is well beyond the scope of the current work. How spirituality is conceptualized and best approached within health care is an ongoing, energetic discussion (Liebrich, 2002; Pesut et al., 2008; Swinton & Pattison, 2010). The resolution of such important matters does not reside within these case studies. Yet what is offered, in the eloquent language of subjectivity, carries the potential to increase our understanding of the deeper meanings of living spiritually in the context of taking psychiatric medication. Such an understanding may enable the next step or two forward in informing and improving current treatment practices.

Joan's Case: "What's God, and What's Mental Illness?"

For most of her life Joan has been struggling with an unresolved problem. In the context of her extreme states of being, she wonders what is God, and what is mental illness. When she was a teenager, Joan experienced a series of terrifying events that culminated with a vision of Jesus. It was not until many years later that she looked back and started to see it as mental illness. In her mid-twenties she was diagnosed with bipolar disorder. At the time she held a very stressful job as an inner city school teacher. She describes herself as a young adult who became overwhelmed while trying to find her way in the world. She felt haunted by those teenage memories, fearful that the events would one day return. Although she wasn't actively suicidal, she was open to the idea, and had a sense that maybe one day that could happen.

It's been about 10 years since she received her diagnosis and began a daily regimen of psychiatric medication. The diagnosis led to a period of inconceivable loss of the life she once knew, and of the person she understood herself to be.

> In fact when I was diagnosed and when I was put on medicine, like my life just went completely downhill from there. When I say off track I mean like I went on disability, lost my job, lost my home, gained over 100 lbs, you know what I mean, I'm talking huge, HUGE problems.

But was it God? Or was it mental illness?

Religion provides an indelible aspect of Joan's spirituality. She grew up Catholic, and now she is a Quaker. Her spiritual life is richly grounded in creative expression and in her direct relationship with God, which is mediated through a process of spiritual discernment.

> Spiritual discernment to me means understanding what God wants you to do. I don't believe in the God in the sky sending me messages kind of thing. I had a spiritual director and she taught me to see things in my life as invitations from God, and invitations to grow. It's this very slow process of staying on your path.

Joan believes that if we are tuned in and stay faithful to God, or "Good Orderly Direction," there is a natural process by which we will stay on the right path, and be pulled toward health, prosperity, and wholeness. This process of living faithfully is accomplished by listening to the wise counsel of one's own heart. Her belief is, that if we ignore the heart and give too much decision-making authority to the mind, it can steer one's path violently astray toward negativity, destruction, and greed.

A significant element of Joan's spirituality is her creative expression. She is a writer, and does various artwork projects including altered books, mosaics, and painting. "I think creativity for me is an outward expression of my spiritual connectedness. It is a huge part of expressing my true self." She perceives the spiritual effects that the drugs had on her creativity to be the most straightforward to observe. She describes an enormous difference in what she did with her free time when she came off of high levels of Depakote (an anticonvulsant used as a mood stabilizer in the treatment of bipolar disorder). When she was on the high levels, she found that access to her creativity was blocked.

> I didn't have that sense of connection. I couldn't do artwork. So looking at the fact that I didn't do any creative work and then I came off Depakote and I'm writing books and I wrote a memoir, all these things that I just started to naturally do when I came off the Depakote. It really shows a lot about the spiritual effects of psychiatric drugs, because it was a huge, huge difference in like what I did with my time.

In Joan's case, it was specifically the high doses of Depakote that were perceived to inhibit her spirituality. Being on a lower dose of an alternate medication in the same drug class inspired no such adverse spiritual effects. "I'm still on medication now, I'm on low levels of Lamictal. I don't have a problem being on it." With the Depakote, the doctors kept upping the dose in their efforts to treat the extreme states she was experiencing. The medicine profoundly affected her relationship to God, and her ability to spiritually discern.

> The main thing with the medicine is I think it just took away my ability to discern like my relationship with God. Like being able to notice where joy is in my life. It took away my ability to sense, I don't know exactly how to explain it, that sense of what feels right and what feels wrong. What I couldn't feel when I had the psychiatric drugs, was what was in my heart.

Joan relies on her heart and its wisdom to connect her to God, and to help her discern what path it is God wants her to be on.

An additional factor that comes up for Joan as she reflects on her experience is the therapy she received. In some ways she sees the impact to her spirituality due to both the medication and the therapy combined. Together, they interfered with her direct connection to the sacred, and to her own inner resources.

> It's both the medicine and the therapy. Therapy was trying to tell me that any kind of experience beyond what's acceptable to society should be diagnosed and medicalized. Having the psychological industry telling you what is acceptable, "this is what you need to do to align into what we think your life should look like." So it was both that, you know, destroyed my faith, basically.

If she believed what the professionals were telling her, which at times she did, then it was definitely mental illness, and not God at all. Joan does not think all therapy is bad, and today she maintains a strong relationship with her therapist. She isn't sure whether the mental health system in general has improved over the 10 years she's been a service user, or if she just has a much better therapist now.

Joan's pathway to recovery is deeply connected to the complex relationship between her spirituality and taking psychiatric medication. Their interaction had a profound affect on the course of her journey. When she came off the high levels of Depakote, her entire world opened up and she flourished with positive changes. She started owning who she was and feeling really good about herself. She began to discover exactly where it is that she belongs in this world. Her relations improved. "I just feel like I can relate to the world, I can relate to myself, I can relate to God, in a way that helps me stay faithful and stay on a path." Getting off

the Depakote allowed her access to the spiritual coping skills of discernment and creativity. As she began to see everything in her life, including her extreme states, as invitations from God to grow, it helped her to shift "toward being faithful, instead of being diagnosed." Using this paradigm, it now appears to be God, and not a mental illness.

For Joan, whether it is God or a mental illness ultimately depends on which explanatory framework she uses to understand her extreme states. For now she has chosen to adopt the worldview that has led significant healing and empowerment. Joan understands her extreme states to be Divinely sanctioned gifts which facilitate her spiritual growth. Such a worldview has led to profoundly positive changes in Joan's life. It is having a faith-based framework that keeps her feeling and behaving as if she's on a healthy path. Joan still takes a low dose of Lamictal, but subjectively it does not interfere with her ability to maintain a faith-based worldview, nor does it deny her access to valued spiritual resources, the way the higher doses of Depakote once did.

Anne's Case: Spirituality and Depression, a Chaplain's Perspective

Anne has experienced depression forever. At least that's how she says it feels. It probably started in her twenties, and she's now in her early fifties. Thanks to medication, it's generally under control 99% of the time. Anne is a Catholic Sister of Mercy and she works as a hospital chaplain. Being a religious figure subjects her to the expectations of others, who think she should be able to somehow rise above depression and the need for medication. These expectations have led Anne to believe there is a profound lack of understanding around spirituality and depression in our society.

> Because people see me as a religious figure, they expect certain things of me. In the midst of depression, some people would think religion would be the thing I could grab onto. A lot of times, that's the first thing I throw out the door. Because it doesn't make any sense to me.

When she is in the midst of depression, it is very difficult for Anne to stay connected to her spirituality as a source of support. Because it gets really ugly, and she just can't imagine there is a God out there who cares about her. Her misery asserts its own answer to the question of theodicy. "When it comes to my own person, I think God's not there. Because God wouldn't let somebody go through this." Paradoxically, Anne is quite sincere when she tells the families she supports at the hospital that "God is always with you. God is crying as hard as you're crying right now." When she's in her role as a chaplain, such spiritual beliefs make total sense to her. But when it comes to herself and her depression, somehow the message of God's care gets intercepted. The reality for Anne is, she is not always able to access spirituality to cope with her own mental health problems.

Anne is not a religious person, but she is very spiritual. This introduces a level of cognitive dissonance into Anne' spiritual narrative. It is perplexing to try to bring together Anne's status as a Catholic nun, with her self-declaration as a nonreligious person. The truth for Anne is that religious symbols and statues are not a big deal to her, nor are following religious norms like going to Mass every Sunday. She's pretty sure God has bigger things to worry about then whether she's eating meat on Fridays. Anne's not trying to make up her own rules about religion, and she has deep respect for the importance of such traditions for other people. It's more that she's realized there are different pieces to things, and she's confident that as an adult, her decisions are right for her.

Anne's spirituality is based on the belief that there is a Divine purpose for everything that touches her. Having such a spiritual awareness of her environment shows Anne where God is present in her life.

> Being at the hospital on a day that I wasn't supposed to be, but there was a reason because there was somebody I needed to be present to. I believe that everything that touches me, there's a reason for it crossing my path. Holding a baby in my arms that has just died, and knowing what an honor it is to sit with it while it's passing on. Those are the places for me where God is present.

By seeing and feeling God's presence in her everyday world, it lets Anne know that she's not alone. Without psychiatric medication, it just wouldn't be possible.

Anne has been on medication continuously for 20 years. At one point she was taking eight pills a day for depression, which in her opinion was too much. "There were days I was able to say to the doctor, I'm taking too much medicine

to feel this bad." Over time, and with a new doctor, Anne amended her prescriptions and is currently on two medications. She takes just Zoloft and Wellbutrin now, and this combination is really beneficial to her. Anne is in a really good place, working a full time job and maintaining a 4.0 GPA as a full-time graduate student. She knows now that when she has a bad day, it's not going to turn into a bad month.

Anne perceives that the medication really enhances and enables her spirituality. It is what allows her to be a helpful presence to others. The medication has been so effective it has permitted her to return to her spiritual practices of prayer and reading scripture. It has increased her conscious awareness of life's little blessings, infusing her with a sense of gratitude for simple things, like a free parking space. In her role as a hospital chaplain, it's the medication that allows her to provide what she calls "a ministry of presence." She can't take away people's problems, but she can provide active support. "And that's what the medication has enabled me to do, to be in touch with my spirituality of, I can't take it away, but I can be with you as you walk through it." She notices a real shift of the impact to her spirituality over the 20 years she's been taking psychiatric medication. In the beginning the medication numbed her into not even having a sense of her spirituality. Today it makes her into a dynamic spiritual being.

Yet taking the medication is a complex act, and Anne continues to struggle over a thorny uncertainty: if she were a stronger person spiritually, would she not need the medication? Her lived reality is that she has tried to get on without it, and it hasn't worked. This leads to a sense of spiritual obligation to take the medication.

> There comes a point where I say spiritually, I owe it to myself, and everybody I serve, to take that medication. Because that makes me the person that can sit and listen to you. Who can empathize with you. Medication allows me to do that piece of it.

Every day she goes through the routine of not wanting to take it, but knowing that she has to. It is a persistent struggle which in part seems to echo the expectations other have of Anne; that somehow her spiritualness should be able to circumvent her need for the medication.

Anne is a proactive person. From early on, she refused to let depression be a cop-out and determine all of who she is. Becoming aware of her own strength and self-worth has been a major protective factor against depression. It is her ability to push through it that has enabled her to come out on top. Between her inner strength and the medication lies an indissoluble tie. "Without the medication, I can't be who I am." No matter how good she is, or how vital her spirituality, her depression operates on its own set of terms. "It doesn't matter how good a person I am. It is what it is." In some ways Anne has made peace with her struggle. She recognizes that depression is just an aspect of herself, and not the definition of who she is. At times she accepts the complicated relationship between her own strength and the fortifying effects of the medication.

Reflections on the Two Cases

It was more than a century ago that William James noted the methodological value of using more extreme or pure examples to clearly illustrate differences within qualitative data (Wertz et al., 2011, p. 28). Thus these cases were chosen as they ideally embody the divergent nature of the results from a larger ongoing study. By using the more pure examples of Anne and Joan, the task of delineating the wide scope of experiences was made easier. Provisional analysis may indicate findings in the data that are broadly consistent with the more extreme cases of Joan and Anne. Like Anne, several participants found psychiatric medication to be supportive of their spirituality, whereas many others, like Joan, perceived the medication as spiritually hindering. However, this is not meant to imply that such a complex phenomenon can be so easily categorized and explained, or that the data conform neatly into two discrete groupings. The phenomenon was experienced uniquely by each participant, with the expression of some common themes. The key finding in this research suggests that participants perceived a complex relationship between spirituality and psychiatric medication use, which significantly affected the processes of wellness and recovery.

The cases of Anne and Joan reveal just how complicated and deeply connected to the spiritual dimension the act of taking psychiatric

medication can be perceived to be. In each case, the relationship between the two variables proved fundamental to recovery. For Anne, taking the medication meant that she was able to fulfill her understanding of herself as a dynamic spiritual person. For Joan, it was only by withdrawing from the heavy doses of a certain medication that enabled her to find her path toward a faithful way of life. These case narratives emphasize the primacy of subjectivity to the recovery process in the context of the phenomenon being explored. What can be made of the fact that Anne and Joan had such different experiences, and that in the journey toward recovery, they managed to discover contradictory pathways to the same destination? Recognizing that the relationship between spirituality and medication is experienced in diverse ways may enable the next step forward in current treatment practices. Therapists will be better situated to provide more informed support with the understanding that these variables are perceived to interact and affect the recovery process in unique ways.

Service users' unique lived experience remains a cornerstone for treatment outcomes. Yet such expertise is largely inaccessible via the standardized research methods of empirical inquiry. The nongeneralizing essence of the hermeneutic approach was well suited to describe the broad perceptions of the phenomenon, and to evoke insights with the potential to inform current practices. In Joan's case, if consideration had been given to her spiritual resources, perhaps her therapist could have responded to Joan's perception that the medication was blocking her off from the spiritual wisdom in her heart. Joan reports that at the time, she just didn't have the language for much of her experience. Yet perhaps with an open and willing clinician, she may have found her voice sooner, and *with* the help of the mental health system. In Anne's case, it would seem critical for her service providers to be aware of the positive effects the medication provides in connection to her spiritual resources. Anne's spiritual strength, and her ability to cope with depression, are inextricably tied to the medication. Therapists involved in her long-term treatment would be professionally remiss without such an understanding.

Both spirituality and psychiatric medication are thought to mediate the processes of wellness and recovery. These cases shed light on how the interaction between these factors is perceived to affect the process of recovery. As Anne pointed out, there are many different pieces to things. As more people enter mental health care with a spiritually oriented understanding of their own suffering and personal growth, the need to explore the complex relationship between medication and the sacred will become increasingly salient for clinicians. By using hermeneutic phenomenology, the subjective diversity of the phenomenon being examined was richly captured and explored. This methodology was well suited to eliciting new insights into the lived experience of the interrelationship between spirituality and psychiatric medication use. Explaining why Joan and Anne experienced things the way they did is beyond the scope of the current work. The value and purpose of these case studies is to inspire a conversation on the clinical utility of exploring the complex relationship between spirituality and psychiatric medication, with a view to informing and improving current treatment practices. With increased understanding of how some service users experience this interaction, clinicians will be able to provide more informed support for service users on their highly unique journey toward health and personal growth. This is an area of inquiry that has not been adequately explored.

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