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A qualitative comparison of psychotic-like phenomena in clinical and non-clinical populations

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Objectives. To explore the nature and context of psychotic-like phenomena in clinical (C) and non-clinical (NC) participants, and to investigate whether the factors involved with triggering a psychotic-like 'out-of-the-ordinary' experience (OOE) can be distinguished from those determining its clinical consequences.

Design and methods. Qualitative data were collected by semi-structured interviews, and analysed using interpretative phenomenological analysis (IPA). Twelve participants, who reported OOEs starting in the last 5 years, were split into C and NC groups depending on whether they were involved with mental-health services as a result of their experiences. Inter-group comparisons of emergent themes were made.

Results. Inter-group similarities were found in the triggers and subjective nature of experiences, with clearer group differences in the inter-personal and background personal contexts, and how the experiences were incorporated into their lives. In particular, the inter-personal theme of validation was identified as important in distinguishing the clinical consequences of OOEs.

Conclusions. It is not the OOE itself that determines the development of a clinical condition, but rather the wider personal and interpersonal contexts that influence how this experience is subsequently integrated. Theoretical implications for the refinement of psychosis models are outlined, and clinical implications for the validation and normalization of psychotic-like phenomena are proposed.

Background

Many people displaying symptoms of psychosis will be diagnosed with a psychiatric condition, will be in some distress, and will require clinical treatment. However, there are also people who have 'out-of-the-ordinary' experiences (OOEs) that resemble positive symptoms, but which do not cause distress, do not entail a need for treatment, and hence do not receive a diagnostic label (Verdoux & van Os, 2002). The most commonly studied OOE in non-clinical (NC) populations is voice-hearing, which has an estimated

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prevalence of 10–15% (Tien, 1991), and is associated with lower distress than in clinical (C) populations (Lawrence, Jones, & Cooper, 2010). This suggests that OOEs do not inevitably lead to psychiatric conditions, and that people can experience psychotic-like phenomena whilst continuing to function effectively.

The psychosis literature has identified contextual risk factors (e.g., social adversity, drug use, isolation, and trauma; Dean & Murray, 2005), and cognitive vulnerabilities (e.g., jumping-to-conclusions and externalizing attributional style; Garety, Kuipers, Fowler, Freeman, & Bebbington, 2001). This has prompted the emergence of integrative models of psychosis, which accommodate bio-psycho-social factors. However, because psychosis research has typically only included clinical samples, these models are unable to distinguish the factors involved with having an OOE in the first place from those involved with the development of psychosis. For example, in Garety *et al.*'s (2001) model, which highlights the importance of appraisal, it is unclear which contextual factors trigger the experience and which influence its appraisal. Indeed, with evidence from only clinical samples, it cannot be disproved that the same appraisal styles are also present in the NC OOE population.

To address the issue of disentangling experiences from appraisals and consequences, Brett *et al.* (2007) and Lovatt, Mason, Brett, & Peters (2010) have sampled NC participants with psychotic-like OOEs. This population is likely to share risk factors with the C population, but may also have protective factors enabling them to function without the need for clinical intervention. Studying this population may help establish which factors apply to which stage of psychosis development, and what factors constitute a protective appraisal; both of which would be useful in guiding clinical interventions.

Brett *et al.* (2007) employed the 'AANEX' (Appraisals of Anomalous Experiences) interview to compare appraisals of diagnosed (D) and undiagnosed (UD) populations reporting anomalous experiences. They found that while the D group were more likely to appraise their experiences as external and caused by other people, the UD group made more psychological, spiritual, and normalizing appraisals, and reported higher perceived understanding from others. Lovatt *et al.* (2010) replicated these findings and made further specific explorations into the role of trauma and social support. They found no group differences in traumatic life events, but did find trauma levels in both groups to be higher than in the general population. This could be an example of how something generally viewed as a risk factor for psychosis (Mueser *et al.*, 1998) might more appropriately be seen as a risk factor for psychotic-like OOEs (i.e., disentangling experiences from their appraisals and clinical consequences).

The only known published qualitative study of C and NC populations with OOEs was by Jackson (Jackson & Fulford, 1997), although Brett's (2004) thesis contained some qualitative elements. Jackson found that psychotic-like experiences were triggered in both groups by intense stress in the context of existential crises, and that the subsequent group distinction depended on 'the way in which psychotic phenomena are embedded in the values and beliefs of the person concerned' (Jackson & Fulford, 1997, p. 41). This implies that there are certain contextual factors involved with triggering experiences (i.e., creating an existential crisis), and different factors involved with their appraisal and incorporation (i.e., prior beliefs, knowledge).

Unlike the two quantitative studies mentioned, Jackson's study elicited contextual information about how OOEs arose from, and were incorporated into, someone's unique life narrative. It was therefore more sensitive to personal meanings, feelings, and goals. However, as it was designed as a 'descriptive case study comparison', the data were

not analysed within a structured methodological framework, and thus may lack some of the methodological and interpretive 'rigour' that is typically used to evaluate qualitative research (Fossey, Harvey, McDermott, & Davidson, 2002).

Aims

This study aims to build on the previous research by exploring the nature and context of OOEs using interpretative phenomenological analysis (IPA); a qualitative method applied within psychosis populations (e.g., Knight, Wykes, & Hayward, 2003; Perry, Taylor, & Shaw, 2007). The aim is to elicit a similar richness of data to Jackson & Fulford (1997) for making inter-group comparisons, but with a more structured analytic procedure, and with the additional benefit of more recent quantitative findings, such as the importance of inter-personal factors in distinguishing groups.

The current study also differs from the previous research in that it only includes participants whose OOEs started within the last 5 years. In contrast, Jackson's C participants had all been through a substantial period of recovery, and participants in the quantitative studies all had OOEs ongoing for at least 5 years. The problem with exploring phenomena starting so long ago is that much of the original emotional, cognitive, and contextual information surrounding their onset may be lost or distorted by subsequent experiences and appraisals. These effects are minimized in the current study, and there is a more specific focus on the first OOE.

Research questions

(1) What are the phenomenological and contextual similarities and differences between the psychotic-like OOEs of C and NC participants?
(2) By comparing the two groups, is it possible to distinguish the factors involved with triggering an OOE from those determining its clinical consequences?

Method

Design

It is an exploratory qualitative study, using semi-structured interviews. Data were analysed using IPA. Full ethical approval was provided.

Participants

Twelve participants were interviewed: six in the C group and six in the NC group. All participants reported psychotic-like OOEs commencing in the last 5 years, and were split into C and NC groups depending on whether they had mental-health service involvement as a result of their experiences.

The C group were recruited from two psychosis teams in the South East of England. The NC group was recruited by advertising through a number of UK organizations and networks involved with religious, spiritual, mystical, or psychic phenomena.

All participants underwent a screening process to determine the eligibility of their experiences against the Schneiderian First Rank Symptoms (SFRS), which are often used for diagnostic purposes (DSM-IV, American Psychiatric Association [APA], 1994). The screening tool was adapted from the AANEX inventory probes (Brett *et al.*, 2007), which were similarly adapted by Lovatt *et al.* (2010) for screening. Eligible

Table 1. Participants and their OOEs

Participant		Out-of-the-ordinary experience (OOE)	Group
Holly	(26F)	Receiving visions from God	C
Omar	(24M)	Body taken over by spirits	C
Beth	(25F)	Telepathic communication and speaking with God	C
Tom	(24M)	Receiving symbolic messages from other realms	C
Nessa	(24F)	Hearing voices, and thoughts of being watched/filmed	C
Leroy	(27M)	Hearing voices when nobody is there	C
Jenny	(27F)	Body taken over by spiritual energy	NC
Clive	(53M)	Visions of people who have died and religious figures	NC
Maria	(63F)	Receiving words directly from God	NC
Daniel	(30M)	Spiritual calling, and developing intuitive perception	NC
Flora	(20F)	Visions and voices of spirits (mediumship skills)	NC
Stefan	(23M)	Body taken over by an external force	NC

Note. Participants' names have been changed for confidentiality.

participants reported experiences, in the absence of any drug use, in at least one of the SFRS categories: 'thought transmission'; 'receptivity'; 'thought withdrawal'; 'controlled actions'; 'passivity'; 'reference experiences'; 'activity experiences'; 'loud thoughts'; 'voices experiences'.

Table 1 introduces the participants, with a brief outline of the OOE that established their eligibility.

Interview procedure

The hour-long interview was based on a schedule of open-ended questions designed to gather accounts of initial OOEs, regarding both their context and phenomenology. The schedule was used to guide, rather than dictate, interviews, and so the ordering of questions was flexible. Participants were remunerated for their time.

Analytic procedure

IPA is a systematic qualitative methodology primarily concerned with the personal meanings an individual holds for particular events (i.e., their lived experience of events). By acknowledging the researcher's own position in the analytic process, the IPA method can appropriately detect the two levels of interpretation involved: (1) the participant making sense of their experience, and (2) the researcher making sense of how the participant is making sense of their experience (Smith & Eatough, 2007).

The analysis of transcripts followed recommended IPA procedures (Smith, Flowers, & Larkin, 2009), broadly grouped into three stages: (1) noting exploratory comments and emergent transcript themes; (2) organizing into single case themes; (3) further organizing into group themes and super-ordinate group themes. To facilitate inter-group comparisons, the recurrence of group themes among C and NC participants was established. Credibility checking was performed on the analysis by the IPA supervisor, an external researcher with IPA expertise, and an IPA research group. To help acknowledge the primary researcher's own experiences and beliefs, a reflexivity commentary was compiled through all study phases, from conception to completion.

Results and discussion

The 12 interview transcripts generated a total of 85 single case themes, from which 16 group themes emerged. These were further organized into five super-ordinate group themes according to which aspect of the OOE they related (Table 2). The analysis results are presented under theme titles, using illustrative participant quotes, and paying particular attention to inter-group comparisons.

Immediate situational context

This super-ordinate group theme comprises three group themes relating to the situational context of participants' OOEs, immediately preceding the first experience.

Emotional suffering (6C, 5NC)

Nearly all participants in both groups reported a period of emotional suffering before their first OOE. This was either due to immediate issues (e.g., physical illness, grieving, stressful events/transitions, social problems), or to the processing or re-emergence of unresolved past issues (e.g., childhood family breakdown). Beth (C) and Clive (NC) gave typical reports of the kind of emotional difficulties experienced:

> 'I was depressed . . . I was not really having a good sort of life at those times, so I guess that's where the voice came in' (Beth, C, 51)

Table 2. Structure and recurrence of group themes

1. Immediate situational context[1]
   a) Emotional suffering[2] (6C, 5NC)[3]
   b) Existential questioning (2C, 6NC)
   c) Isolation (4C, 4NC)
2. Subjective nature
   a) Emotional fulfilment (3C, 4NC)
   b) Loss of ego boundaries/control (3C, 2NC)
   c) Fearful absorption (4C, 3NC)
   d) Insight into deeper meaning (3C, 5NC)
   e) New way of thinking (3C, 3NC)
3. Inter-personal context
   a) Awareness of others' views – pathologizing (6C, 6NC) or normalizing (3C, 6NC)
   b) Validation from others – validating/accepting ($1\,^1/_2$[4]C, 5NC) or invalidating (5C, 2NC)
4. Background personal context
   a) Previous knowledge/understanding ($3\,^1/_2$C, 6NC)
   b) Attitude of experiential openness (0C, 3NC)
5. Appraisal / incorporation
   a) Considering multiple appraisal possibilities (2C, 5NC)
   b) Desirability – desirable (4C, $5\,^1/_2$NC) or undesirable (2C, $^1/_2$NC)
   c) Transiency – temporary process (2C, 5NC) or permanent state (2C, 0NC)
   d) Acknowledging spirituality – psychosis link (4C, 6NC)

Note. [1]Super-ordinate group themes; [2]Group themes; [3]Recurrence of group theme among C and NC participants; [4]Recurrence value of $^1/_2$ indicates that group theme only partially reflects the experience of a participant.

> 'My experiences with my ex-partner were very strange and stressful. There was nothing pleasant happening to me during that period' (Clive, NC, 284)

There was a clear link noticed between the nature of emotional suffering and the nature of OOE. For instance, Leroy (C) had a period of 'anger and resentment' (76) towards his parents, which preceded the OOE of hearing his father's voice saying 'nasty things' (79). Similarly, both Clive (NC) and Flora (NC) had visions/visitations from spirits, who were initially identified as the person for whom they were grieving (although when Flora's spirit returned, she re-identified him as someone she had not met). There was a sense, therefore, that the first OOE was a direct expression of emotional concerns at the time. This was also true for those processing past emotional issues; for instance, Holly (C), who was 'bringing up all this tar and . . . negative feelings towards [her] family' (217), had an OOE involving visual templates (presented by God), which were related to these family-based emotional concerns.

Existential questioning (2C, 6NC)

This theme refers to the cognitive process of deep personal thinking and questioning about the meaning and/or direction of life. This may be partly linked to emotional suffering because it seemed that, in most cases, it was prompted by a sense among participants that they had reached some kind of dead-end in their lives:

> 'I wasn't getting anywhere, and er, lots of the values and things I had, and the way I looked at the world, I began to question' (Daniel, NC, 54)

> 'Suddenly I was back at home thinking, you know, where's my life going to now, kind of thing, feeling really ill, not seeing a way out' (Jenny, NC, 167)

In Daniel's (NC) and Jenny's (NC) cases, this was very much an internal problem-solving process; that is, searching for personal meaning and direction in a situation that seemed meaningless and directionless. In other cases, however, for example, Tom (C) and Stefan (NC), there was a clear external influence of existential philosophies:

> 'I was given a book . . . spiritual book about a particular way of thinking about things, and a particular way of living, which is all to do with, um, your ego, and you should try to dissolve your ego, and live your life in the present moment and things like this, and um, I basically really hooked into that whole philosophy' (Tom, C, 44)

Whether the existential questioning was internally or externally driven, the participants' OOEs appeared to have implications for the type of questions being contemplated. Clive (NC), who thought that his life had reached a dead-end ('I'd got to the end of it' (541)), spoke about the implications of his OOE: 'there's more meaning, there's more purpose, and there's more direction' (547). Therefore, similar to emotional suffering, there also seemed to be some direct relevance of OOEs to the context of participants' existential questioning. From this, it could be interpreted that the OOE actually emerged as a direct expression of, or indeed solution to, some kind of psychological crisis. The finding that existential questioning was a more recurrent feature of the NC group might reflect that the psychological crises of NC participants had both emotional and intellectual components, whereas those of (most) C participants were more emotionally based.

Isolation (4C, 4NC)

Isolation, which was reported equally across both groups, was either caused by intentional social withdrawal, or by private pre-occupation with other activities:

> 'I cut myself off like completely from my friends, like I didn't speak to them hardly ever' (Nessa, C, 187)

> 'Focussed only on reading, I was reading all day long and was getting involved with only a few persons, but was really like self-centred' (Stefan, NC, 47)

Isolation has been widely acknowledged in theories of psychosis, largely as it is thought to reduce access to reality testing and more normalizing appraisals of experiences (Garety *et al.*, 2001). However, the current data suggest that isolation may have been a factor in both C and NC participants in the lead up to an OOE, that is, before the appraisal stage. It may therefore be that isolation has more of a causal role in triggering the experience itself, perhaps because it encourages introspective focus on the kinds of emotional and/or existential concerns mentioned above.

Subjective nature

This super-ordinate group theme comprises five themes relating to the subjective nature of OOEs. These provide an insight into what it was like for participants to actually live their experiences, and what subjective meanings they conveyed.

Emotional fulfilment (3C, 4NC)

One of the most striking findings was the powerful language used by participants to describe the emotionally fulfilling and euphoric qualities of their experiences:

> 'Feeling it in my body, and it was giving me a lot of joy' (Maria, NC, 307)

> 'Really sort of profound sense of love . . . deeper and more magnificent than sort of anything else I'd ever felt' (Holly, C, 614)

> 'I got this terrific warm feeling, this very warm, loving feeling, and it was amazing. And I wanted it to go on. I didn't want it to stop' (Clive, NC, 114)

The experience of emotional fulfilment, which was expressed by both C and NC participants, could be seen to tie in with previous speculations about the OOE being some kind of 'solution' to a psychological crisis. For instance, Holly's (C) visions brought a 'sense of relief' (322) after a long period of depression, and Beth's (C) voice provided her with 'company' (357), as well as with love and guidance:

> 'God saw my suffering and he wanted to use me . . . to help me, you know, Yeah, that's why he gave me a guardian, which is the voice' (Beth, C, 140)

Loss of ego boundaries/control (3C, 2NC)

Another subjective phenomenon reported by both C and NC participants was the sensation of ego loss, what essentially seemed to be a breakdown of the normal psychological relationships between mind-body and/or self-others:

> 'I didn't feel like I existed any more. I couldn't feel myself in my body. I had to keep pinching myself . . . I felt like my body was dissolving' (Jenny, NC, 421)

> 'Feelings of people potentially being able to read your thoughts, or, you know, potentially just having your kind of whole internal world really much externalised' (Holly, C, 1098)

Stefan (NC) and Omar (C) reported complete mind-body dissociation, manifested by their bodies being controlled independently from their perception of ego or self:

> 'I went through a period where my body, which I felt was being taken over by something else, and screams used to come out of my mouth . . . it was uncontrollable, it was out of my hands' (Omar, C, 81)

Stefan (NC) remained in his out-of-body state for about 2 weeks, during which time he was merely an observer of his body's sensations and behaviours: 'it was belonging to [Stefan], not to me' (228). Again, this OOE could be directly traced to Stefan's existential questioning beforehand, which was driven by an Indian philosophy that promotes 'denying the body completely' (257).

Fearful absorption (4C, 3NC)

There was a sense among participants in both groups that although some aspects of their OOE were scary and confusing, they were still quite compelling and absorbing:

> 'At the beginning I started to be afraid of him [spirit], but then, yeah, I kind of got attached to him . . . I started to miss him' (Flora, NC, 149)

The fear reaction is likely to have largely come from the unfamiliarity of experience, and although some initial absorption may be due to an instinctive attention towards fear-inducing stimuli (Öhman, 2000), it is possible that more prolonged absorption was caused by the emotionally fulfilling role of the OOE in a psychological problem-solving process. In both groups, there was evidence of some underlying emotional motivation, which often defied or contradicted rational/logical motivations:

> 'It felt something that was very unfamiliar, and quite alien, I suppose . . . something I naturally had quite a lot of resistance towards, um, but at the same time it was really innately familiar as well' (Daniel, NC, 191)

Insight into deeper meaning (3C, 5NC)

This theme consistently emerged from both groups, and refers to a cognitive tendency (or style) of perceiving a different level of meaning in events; deeper than the surface level of reality:

> 'I was hearing everything on a completely different level of awareness than everyone else, like I sort of entered into this world of symbolic meaning' (Tom, C, 267)

> 'Moments of quite radical, striking, kind of intuitive perceptions of things, and being encountered by other peoples' really very striking intuitive perceptions of me. You know, the ability to look really deeply into someone' (Daniel, NC, 131)

This symbolic, deeper meaning perhaps reflects a quality of awareness that is not filtered or confined by the conceptual boundaries of ordinary day-to-day experience. There is a connection here with ego loss, because it is likely that one's conceptual framework for experiencing the world is concomitant with one's sense of ego or self. If the ego breaks down, then it may be that perception of the world becomes unbounded and limitless

(Clarke, 2001), and driven by emotional intuition instead of conceptual reasoning. Holly provided an account of this subtle perceptual difference:

> 'You're so conditioned, just from life, of being taught what a chair is that you can expect to see the shape of a chair and all this stuff. I was seeing the object in its own right, without labels and, from every angle . . . without the kind of attachments, and like any conditioning' (Holly, C, 566)

New way of thinking (3C, 3NC)

Following on from the previous theme, which conveys an awareness that is free from the influences of a 'conditioned' conceptual framework, this theme suggests the implementation of a new conceptual framework, or a new way of looking at the world. This was expressed by half of the participants in both groups:

> 'This just did something to my consciousness that just started a process that meant that I was really never going to be the same again' (Jenny, NC, 318)

> 'Everything else that I used to think or I used to know just totally changed' (Tom, C, 149)

> 'The way I see things changed' (Beth, C, 169)

This cognitive shift may be an important key to understanding the role of OOEs in the lives of both C and NC participants. It could be that the initial psychological crisis arose in many participants due to an inadequacy of their existing conceptual framework in making sense of their emotional experience. Eleven of 12 participants were experiencing an intense emotional experience, accompanied by deep existential questioning in eight participants. It may be that a new way of thinking was the necessary, adaptive 'solution' to this crisis; that the old conceptual framework had to be replaced by a new one for the emotional experience to become integrated.

This portrayal of a conceptual-emotional crisis, leading to ego breakdown and new fulfilling insights is suggestive of an adaptive psychological problem-solving process, similar to that hypothesized by Jackson & Fulford (1997). Also, the fact that, apart from existential questioning, there has been no notable difference up to this point in the OOEs of C and NC groups implies that this problem-solving process is neither pathological nor indicative of clinical psychosis. It is only when we move onto the next super-ordinate themes that inter-group differences emerge.

Inter-personal context

This super-ordinate group theme comprises two group themes that concern the participants' views and experiences of relating to other people about their OOEs.

Awareness of others' views – pathologizing (6C, 6NC) or normalizing (3C, 6NC)

All participants in both groups showed some awareness of the pathologizing views of other people towards their OOEs, whether this was people they knew personally, or just the public at large. However, regarding normalizing views, there was more awareness among NC participants. In the C group, it was only Omar's mother who initially took a spiritual view, although she later sought medical advice. Holly had no initial awareness of others' normalizing views, but later found some Christian followers who could relate

to her experiences. Beth was aware that people had religious experiences, but did not know anyone personally to whom she could relate. In the NC group, there was recognition of both extremes for viewing experiences, and what seemed to be a more considered approach to negotiating these extremes:

> 'I wouldn't share it with anybody, because if something is important to me, I don't want somebody else to laugh at it' (Maria, NC, 655)

Validation from others – validating ($1^{1}/_{2}$C, 5NC) or invalidating (5C, 1NC)

This theme refers more to participants' actual interactions with people; that is, the views that were imposed, or otherwise received, from people they had direct contact with. This reveals more substantial group differences, in that more of the NC participants received validating/accepting responses from others, and more of the C group received invalidating responses, as these quotes illustrate:

> '[I] relayed this experience to psychiatrists in the [hospital] and was sent for EEG tests, was told that I was hallucinating, was, this guy just didn't listen to, just obviously hadn't heard anything really that I'd said . . . I just felt that this really positive experience was just scrutinised and just not, just like mocked. I didn't feel offended, I just thought they were being really stupid, and disregarding this kind of, yeah, really important thing' (Holly, C, 984)

> 'Somebody came up to me and said "well, you know, we really need to hear from you. That's a very powerful message to people, and they need to hear that message". And that did matter to me' (Clive, NC, 440)

For the individual who is, perhaps, already slightly hesitant about how best to incorporate their experience into their social worlds, the difference between these two social interactions could be immense. This seems to be the first major difference between C and NC groups, who until this stage of the report have generally reported quite similar experiences (in both triggers and subjective nature). Daniel (NC) neatly summed up why he believes inter-personal context is so important:

> 'I needed affirmation, that's what I needed, er, to help me contextualise it and make sense of it . . . I suppose I did need kind of affirmation from other people that it was all ok' (Daniel, NC, 236)

Background personal context

This super-ordinate group theme comprises two themes about personal background, concerning participants' prior knowledge of, and attitudes towards, OOEs.

Previous knowledge/understanding ($3^{1}/_{2}$C, 6NC)

All NC participants demonstrated some prior understanding or interest in their OOEs. The same was true for just half of the C group, with two participants specifically saying that they had no knowledge whatsoever (e.g., Leroy (C): 'I didn't know that what I was experiencing had been like experienced by anybody else ever' (162)). Flora (NC), whose OOE was being visited by spirits, spoke of her childhood interests:

> 'I always believed in ghosts when I was little, but I was terrified from them . . . I always wanted to know if they were true or not, so I used to watch ghost programmes' (Flora, NC, 437)

Jenny (NC) also reported some previous knowledge, and highlighted the difference between having a concept about something, and having direct experience of it:

> 'I kind of knew it more intellectually maybe before, and like from my Buddhist stuff, I started to believe in the concept of enlightenment and waking up, being a more awake human being and stuff, so I did kind of believe it . . . but this was more profound and more strong' (Jenny, NC, 370)

Previous knowledge is likely to facilitate the process of incorporating an OOE into one's life because of the meaningful context it provides. In the same way that inter-personal context was found to be so important in accommodating OOEs, background personal context is likely to have played a crucial role in conceptual meaning-making. Although, at an emotional/perceptual level, the meanings conveyed by an OOE were very similar in both groups (symbolic insights, unbounded awareness, etc), at the conceptual level, the meanings attached to the OOE were greatly dependent on contextual factors. It may therefore be the lack of suitable context, either through no prior understanding, or through invalidating interactions with others, which left C participants more vulnerable to maladaptive appraisals and inter-personal conflicts.

Attitude of experiential openness (0C, 3NC)

This theme was only identified in the NC group, and refers to a general attitude of openness and readiness for OOEs. Because this attitude seemed to precede the experience, it may represent a personality feature rather than a transient state:

> 'It was almost like part of me knew that I would allow myself to really open in that way' (Jenny, NC, 632)

> 'I was very open to, um, strange experiences, what synchronicities or the idea that there were kind of nature spirits or fairies' (Daniel, NC, 456)

This is essentially a form of preparation for the experience. So, in addition to having a prior general concept of OOEs, the suggestion is that some NC participants actually had a prior concept of their own personal relationship to OOEs. This amounts to a more tailored contextual framework with which to integrate their experiences.

Appraisal/incorporation

The final super-ordinate theme comprises four themes on the subject of appraisal/incorporation.

Considering multiple appraisal possibilities (2C, 5NC)

There was a sense, especially among NC participants, of there being more than one appraisal option for their OOE. Stefan (NC), for example, relayed a whole list of possibilities: 'schizophrenia'; 'bad trip'; 'meditation'; 'higher natural being'; 'magic'; 'overloading my brain' (134–370). Clive (NC), who described himself as a 'complete non-believer' (52), explored rational explanations before accepting that there must be some spiritual dimension that he does not understand. Daniel (NC) felt that he was

presented with a choice between a religious appraisal and a personal-growth appraisal: 'I was kind of caught between these two different ways of looking at it' (256). In the C group, Omar seemed to adopt parallel explanations, choosing to seek help for his 'evil gin' possession through both the spiritual and medical routes:

> 'I think, personally, that both things helped me: the spiritual side and the medical side' (Omar, C, 237)

The group difference in theme recurrence may relate to the earlier finding of fewer C participants having prior conceptual knowledge, because a fear of uncertainty might encourage jumping-to-conclusions or fully accepting the first explanation that becomes available. For instance, Leroy (C) and Nessa (C), who both lacked a prior conceptual context, instantly adopted a medical appraisal from their first GP contact.

Desirability – desirable (4C, 5 1/2NC) or undesirable (2C, 1/2NC)

In the NC group, five participants wholeheartedly embraced their OOE as desirable and enhancing to their lives, and just one remained ambivalent about its desirability. In the C group, four described their OOE as enhancing, although three of these only arrived at this view after a period of experiencing it at undesirable and debilitating. The remaining C participants viewed it as purely negative; these were the ones that had adopted a medical explanation. Interestingly, in some cases, the perceived life-enhancing qualities seemed to determine which appraisal option was chosen:

> 'There's been a lot of positive effects, whereas I'd expect, um, if it was a sign of a mental illness or a disturbance, that I would be having the opposite effects' (Clive, NC, 263)

> 'It was such a positive thing, and was such a, kind of, enlightening thing . . . just full of these realisations that were kind of setting me free from this darkness, that it just, yeah, I would definitely ascribe it to God now' (Holly, C, 799)

However, in other cases, it seemed to be the other way round, whereby the reflective appraisal process determined the perceived desirability of OOEs:

> 'It happened at a point where I was considering what to do, and this experience gained me the time to reflect . . . it helped me a lot to like order my thoughts about how I should proceed . . . somehow it fitted in the moment' (Stefan, NC, 475)

These life-enhancing qualities, which were reported by the majority of participants, add further support to the psychological problem-solving hypothesis. Not only did the OOEs provided many participants with relief from emotional suffering, but they also added a dimension that enriched other life domains:

> 'It generally tends to add an enrichment to what I'm doing, and a dimension, and a sense of meaning . . . the consequences of it, in the sense of psychological benefits and stability in life, are fantastic' (Daniel, NC, 346)

The medical (illness) explanation clearly presented barriers to similar reflections in the C population, and even if this explanation was resisted (e.g., Holly and Beth), the stigma and conflicts of opinion with professionals, families, etc. created inter-personal difficulties that affected the perceived desirability of OOEs.

Transiency – temporary process (2C, 5NC) or permanent state (2C, 0NC)

More NC than C participants viewed their experience as a temporary stage or process. Stefan (NC) even considered how he might go about re-experiencing his out-of-body state: 'I do think that I could get in this state again if I let go of myself, and like read a lot, and start to evade social contact' (513). In contrast to this, there were participants in the C group who conveyed an unwelcome sense of permanency:

> 'I'm told that they might never go away . . . so going forward is quite difficult because I'm still living with the effects of the mental illness that I've had. And basically the most salient fact is that it might never go away. In fact, it probably won't. That's the problem' (Leroy, C, 417)

Again, the influence of the medical explanation can be implicated here. For Leroy, it seemed that it was not so much the OOE that was 'the problem', but the fact he had been told that his 'illness' was permanent. The way that Leroy's OOE had been incorporated begs the question if there is any scope at all for desirability, growth, and future well-being. Holly (C) described how her attempts to take something positive out of her temporary OOE were directly hampered by medical opinions:

> 'It was very frustrating for me because I felt like it was a stage, and I knew for myself that it was a stage. But it was like they [services] didn't accept that it was just a stage, like a process, that it was very much the end' (Holly, C, 1190)

It could be interpreted from these findings that medical advice might, paradoxically, be a hindrance to positively incorporating OOEs. However, it is also probable that those participants receiving medical advice are the ones who were struggling to positively incorporate their experiences in the first place. Either way, if the causes and subjective nature of OOEs are no different between NC and C groups, then it seems misleading for professionals to inform one group that their OOEs signal 'the end', while the other group continue with their (enhanced) lives. Indeed, this is precisely the time that professionals should be facilitating the incorporation process.

Acknowledging spirituality – psychosis link (4C, 6NC)

Nearly all participants gave some acknowledgment of the link between psychotic and spiritual experience. This was either in reference to the earlier theme of considering multiple appraisal possibilities, or was in their more general reflections on this experiential realm. Jenny (NC) felt that she was 'balancing a really fine line' (426) between spiritual and psychotic experience, and emphasized that what helped her through was trust: 'just trust that you're ok and that everything's ok, and the universe is, just trust' (522). Like other participants, Jenny (NC) also contemplated the idea that perhaps the two phenomena are actually one and the same:

> 'I remember going back and saying to my Dad, "you know Dad, do you think sometimes when people are in mental hospital, they're actually undergoing some sort of spiritual phenomena?"' (Jenny, NC, 626)

Summary and implications

Summary of findings

If the table of participants and their initial OOEs (Table 1) were to be mixed up, it would be impossible to identify which six participants belonged to the C or NC group. This, of course, was the intention of screening: to control for the experiences themselves, so that phenomenological and contextual comparisons could be made. The results revealed five super-ordinate themes of phenomenological and contextual interview data, within which group comparisons were carried out. In the super-ordinate themes of immediate situational context and subjective nature, there were many clear similarities between the two groups, and in the super-ordinate themes of inter-personal context, background personal context, and appraisal/incorporation, there were more noticeable group differences emerging from the data.

Regarding similarities, the OOEs of both groups were found to have occurred during a period of significant negative emotion, which in most cases, was accompanied by isolation and deep contemplation about the meaning and direction of life. The initial OOEs typically provided emotional fulfilment to participants in both groups, and the deep insights revealed by them were subjectively meaningful in the context of their emotional concerns. Because the OOEs of all participants seemed, at some level, to fulfil a psychological purpose, they were interpreted as being a part of an adaptive psychological problem-solving process, which frequently involved the breakdown of conceptual ego boundaries, and the formation of a new conceptual outlook.

Regarding group differences, there was a sense that NC participants were better able to incorporate their OOEs into their personal and social worlds. This was partly due to more NC participants having prior conceptual knowledge of, and in some cases, open attitudes towards, their OOEs; however, the more prominent reason seemed to be that more NC participants received validation and acceptance from others. There was awareness among all participants in both groups about how their OOEs could be invalidated or pathologized, but more C participants were directly subjected to this invalidation, and had less access to those who could validate and accept their experiences. Another protective factor among NC participants was the perceived desirability and transiency of their OOEs, which might also have been influenced by the differences in inter-personal validation. Finally, while most participants in both groups recognized a link between C and NC OOEs, more NC participants demonstrated an ability to consider multiple appraisal options, and conveyed a sense of less urgency in considering which appraisal 'option' to adopt.

Implications and limitations

The findings of this study are consistent with those of Jackson & Fulford (1997), in that the contextual factors involved with triggering the experience are different to the contextual factors involved with incorporating the experience, and that it is the latter which are implicated in the development of psychosis. As the NC participants have demonstrated, the OOE itself is not pathological; to the contrary, it is adaptive and generally enhancing. The 'pathology' seems to be a separate matter altogether; that is, when the purpose and meaning of the OOE is failed to be acknowledged through a lack of integration with the inter-personal and background personal contexts. The particular emphasis emerging on inter-personal context for positively incorporating OOEs reinforces the previous work of Brett *et al.* (2007) and Lovatt *et al.* (2010).

One finding of Brett *et al.* (2007) and Lovatt *et al.* (2010) that did not feature in the current study was that of C participants being more likely to appraise their experiences as external and caused by other people. In the current study, the majority of participants in both groups adopted appraisals that could be described as spiritual; that is, OOEs were appraised as externally generated by spiritual beings, rather than by other people. Unlike previous studies, this suggests that an externalizing attributional style was present in both groups, and may therefore be more closely linked to the OOE phenomena themselves, rather than being a predictor of their clinical consequences.

The main theoretical implication of these findings is that integrative bio-psycho-social vulnerability models are not suitably precise, and that psychosis may be better understood if the OOE vulnerabilities are separated from the clinical vulnerabilities. It would seem that the more OOEs are associated with clinical psychosis, the less chance people have of recognizing their desirability, transiency, and psychological benefits, and the more chance they have of detrimental clinical consequences.

An important clinical implication is that psychotic experiences should be normalized, and people with psychosis should be helped to re-connect the meaning of their OOEs with the genuine emotional and existential concerns that preceded them. A normalizing rationale is already recognized as a useful therapeutic tool as it reduces stigmatization, improves therapeutic alliance, combats distress, and entails greater hope for recovery (Kingdon & Turkington, 1991). However, the current findings suggest that the argument for normalization goes far deeper than just its clinical usefulness; they imply that a more 'radical normalization' approach is needed, where normalizing OOEs becomes an intrinsic formulation and treatment principle.

Linked to normalization is the therapeutic tenet of validation, which was found to be a key protective factor in the NC group. Clinically, this might involve identifying the subjectively valid emotional expression underlying the delusional/hallucinatory content. Treatment could then be geared towards accepting this emotional validity, and conceptualizing it in a way that is not so detrimental to the individual's well-being. Unlike antipsychotic drugs, which can suppress the emotional expression, this approach would validate and encourage the emotional expression, whilst working on building a more helpful conceptualization or narrative about the emotional concerns.

One of the limitations to this study is that the findings cannot be generalized to the wider C and NC populations with OOEs, and the best that can be hoped for with such a small, select sample is that the results and discussion can build a platform for future quantitative research and theoretical developments. Another limitation is that qualitative designs are clearly not as well suited to inter-group comparisons as quantitative designs. However, while IPA is most typically applied to single homogenous groups of participants, its flexibility for comparative and multi-perspectival research has been demonstrated (e.g., Clare, 2002; Larkin & Griffiths, 2004). Indeed, Smith *et al.* (2009) state that 'the exploration of one phenomenon from multiple perspectives can help the IPA analyst to develop a more detailed account of that phenomenon' (p52).

Although group comparisons can be useful in qualitative research, they can also bring limitations around the issue of confounding factors. In this study, there may have been confounding effects of factors not controlled by screening, such as other dimensions of experiences (e.g., frequency and pre-occupation) and participant characteristics (e.g., age, medication, and stigma). While qualitative research, in general, might view such factors as adding richness to a phenomenological investigation, in this two-group study, the possible limitations they bring to the group comparison process, and to the conclusions drawn, must be acknowledged.

For future research, measures will need to be developed to tap the perceptual and conceptual phenomena revealed in this study. The AANEX (Brett *et al.*, 2007) is a useful tool for measuring the appraisal-related phenomena surrounding OOEs, but additional measures are required to access the more subjective aspects, including ego breakdown, dissociative states, and intuitive perception. These aspects appeared to play an equally important role in participants' appraisal processes, in that they conveyed a subjective meaning that influenced appraisal style, as opposed to the objective, conceptual meanings that influenced appraisal content. It may therefore be an idea for future quantitative research to explore these subtle appraisal differences, so that further refinement of psychosis models is encouraged.

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