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God in the brain: Experiencing psychosis in the postsecular United States

Nev Jones
Felton Institute

Timothy Kelly
University of Iowa

Mona Shattell
Rush University

Abstract

There is a growing literature on what contemporary cultural theorists have broadly termed the "postsecular": the abandonment of clear-cut boundaries between the secular and nonsecular in the industrialized West and an embrace of a complex understanding of what is real that neither accepts nor rejects the supernatural. These new cultural currents may affect not only philosophers and theologians, but also the ways in which individuals with psychosis make sense of their experiences. This paper reports on the key findings of an in-depth qualitative analysis of 19 interviews of individuals diagnosed with psychotic disorders. The majority of participants described ongoing and self-conscious struggles to demarcate their experiences as the products of the real world or a "crazy" mind. With equal frequency, participants weighed and debated competing secular and supernatural explanations, often juxtaposing and blending different explanatory frameworks. We found that this syncretic process affected not only the content of psychotic experiences—what delusions or hallucinations are about—but also the type of arguments or logics used to justify particular interpretations. We discuss the implications of these observations with respect to clinical practice and the broader phenomenology of psychosis, challenging often oversimplified discourse on "insight" and suggesting that polarization(s) between "biomedical" and "psychosocial" explanations may be of less relevance to patients' real-world experiences than is often assumed.

Corresponding author:
Nev Jones, Research & Evaluation, Felton Institute, 711 Van Ness Ave. Suite 550, San Francisco, CA.
Email: njones@felton.org

Introduction

Over the past two decades, the humanities and critical social sciences have directed increasing attention to the sociopolitical implications of "postsecular" life (Connolly, 1999; Gorski, Kim, Torpey & VanAntwerpen, 2012; Smith & Whistler, 2011), broadly understood as the cultural renegotiation of the religious as the presumptions of Western secularism begin to fray. The use of "post" in this literature does not suggest wholesale rejection of all aspects of older theories of secularization, so much as a heightened recognition of the ongoing entanglements (or, as Smith and Whistler put it "cross-contamination") of supernatural and scientific discourse. In the analyses presented here, we found that subjects with lifetime schizophrenia spectrum diagnoses often invoked both science and religion in their attempts to make sense of psychotic events. Our study participants also frequently expressed a complicated, self-conscious awareness of cultural tensions between the secular and nonsecular. We term this awareness "secular doubt." In addition, we identify a parallel, partly overlapping, awareness of tensions between psychiatric and nonpsychiatric interpretations of psychotic phenomena which we term "clinical doubt." After unpacking these twin manifestations, our analysis explores the ways in which participants combined not only secular and nonsecular *content* (e.g., God, demons, genes, and disrupted neurotransmitters) but also types of causal arguments and claims. For instance, some participants used a science-like language or logic to legitimize religious interpretations of particular experiences, others used a faith-like language to explain scientific interventions, including medications. We suspect that this is not simply a transhistoric feature of psychosis, but reflects specific cultural vectors in the 21st-century United States.

Background

Theories of secularization largely have revolved around the historical shift away from religious or spiritual values and institutions—particularly in the context of political life and national governance—toward secular (nonreligious) values and institutions (Gorski et al., 2012; Gorski & Altınordu, 2008). Other commentators have focused on the "progressive disenchantment" of traditionally "magical" acts, explanations and processes such as miracles, divine intervention, or spirit possession, and general demystification of both aesthetics and the natural world (Benjamin, 1968; Weber, 2002). Against this backdrop, contemporary theories of the postsecular help to articulate several more contemporary cultural shifts of interest to our work in ways that complicate rather than replace or disavow

processes of secularization. In Boeve's (2005) rendering, for example, secularism's disruption of the "unquestioned and quasi-automatic transmission of tradition" has helped engender a social context in which "[religious or spiritual] identity is no longer given but has to be constructed" (p. 191). Rather than prompting the whole-sale rejection of religious affiliations, older and more bounded religious identities have been replaced by an active and open-ended *process* of "spiritual formation." In this context, different kinds of spiritual practices have emerged which span both traditional settings such as congregations and synagogues, and informal meditation groups, Internet-based forums, and discussion LISTSERVS (Versteeg & Roeland, 2011). Similar contemporary manifestations of the "sacred" can also be identified in recent secular-sacred practices of yoga, hybrid sports such as "chi running," and "holistic" medicine (Utriainen, Hovi, & Broo, 2012). These activities are often individualistic and eclectic, with fewer established rules and less "reach" into other areas of the personal and social lives of practitioners.

As spiritual practices have drifted from their traditional anchors and become more individualized, ethnographers have noted increasing awareness of (actual or potential) secular criticisms (Beekers, 2014; Bender & Taves, 2012). In many cases, even strongly orthodox or fundamentalist faith leaders and congregations have begun to incorporate explicit strategies to deal with doubts or uncertainties they raise. Luhrmann (2012) provides an example of such efforts in her descriptions of the Vineyard Fellowship, a charismatic evangelical congregation in the United States. Church leaders, she observes, actively frame the spiritual exercises they recommend to congregants as designed to accommodate skepticism concerning God's literal, personal, presence and ability to directly intervene in everyday lives. In place of the expectation that 21st-century Americans can or will "just" believe, members of the church are invited to explore God's presence through a kind of serious play or "make believe." For example, in a Chicago Vineyard church the pastor recommended setting a second cup of morning coffee out for God, and pretending to engage in conversation with him as if he were a literally present, interactive friend. "The pastor did not think that in imagining God, he was saying that God was imaginary," she writes, "Instead, he was presuming that it was hard for congregants to believe deeply that God was real, and that their imaginations could help them" (2012, p. 379).

Central to Luhrmann's (2012) interpretation of such practices is her belief that congregants ultimately engage in a kind of epistemological "double book-keeping." On the one hand, their literalized communions with God were understood as "foundationally real," on the other hand—*simultaneously*—as "deeply satisfying daydreams that they had no difficulty recognizing as [such]" (2012, p. 380). Similarly Bennett (2001; Bennett cited in Khan, 2009), responding to the Weberian claim of progressive disenchantment, draws attention to the contemporary cohabitation of reductionist or mechanistic understandings of the natural world alongside an often affective or visceral sense of wonder. In some cases, the power of things to "enchant" endures less *in spite* of modern scientific rationality but *because*

of it: by virtue, as she puts it, of worldly things' "refusal to fit into the categories we bring to bear on them" (Khan, 2009, p. 100). Our mechanistic understanding of the optical science of rainbows, for instance, may paradoxically leave us all the more moved by their enduring mystique and ephemeral beauty. Beyond more formalized spiritual or religious beliefs, Bennett thus stresses a continued orientation to the supernatural in everyday life, albeit often taking a different form.

How might the conceptual and ethnographic work performed by these scholars illuminate the contemporary experience of psychiatric disorder? While the existing literature on psychosis includes research focused on the role (and even "hybridity") of explanatory frameworks and illness narratives, the nuances sketched above—including the blending and blurring of belief and doubt and a resurgent sense of wonder in and about material things—are seldom mentioned in psychiatric scholarship on psychosis. A small but important body of work on psychiatric "double book-keeping" (Gallagher, 2009; Sass, 1994, 2014) nevertheless couples well with some of the ideas articulated in postsecular scholarship. As Sass (2014) understands it, such double book-keeping involves the subjective comaintenance of clinical insight into the subjective and/or "irrational" status of psychotic experiences alongside enduring conviction. These scholars nevertheless leave undiscussed the particular complications (and import) of the experience of psychiatric "multiple realities" in the context of broader cultural tensions involving the secular and sacred. Mainstream definitions of delusional belief (for example qua beliefs "not ordinarily accepted by other members of the person's culture or subculture" [DSM-IV-TR]) further deflect attention from the extent to which typical psychotic experiences heavily implicate common culturally accepted and capacitated themes (such as understanding an ostensibly hallucinated voice as the voice of God). While we think that these complex science-magic double-register experiences reflect the historical specificity of the times, at least to some extent, our larger point is simply that "double book-keeping" is poorly understood and conceptualized in the clinical literature and in need of further investigation. The project described here was thus designed to explore the ways in which individuals with a psychotic spectrum diagnosis negotiate both cultural and clinical tensions between the real and delusional *and* the sacred and secular.

Methods

The arguments presented in this paper are grounded in 2 years of mixed-methods fieldwork in diverse community mental health and service user advocacy settings. This fieldwork included naturalistic and participant observation of psychosis-focused peer, professional, and family groups; clinical trainings and supervision meetings; drop-in centers and advocacy meetings. The analyses presented here focus on 19 individual interviews taken from this larger project. The 19 participants included were recruited through flyers posted on the Internet and in community

Table 1. Sociodemographic characteristics and self-reported diagnosis of participants (N = 19).

	n	%
Age (range: 19–78)		
<30	5	26
31–40	6	32
41–50	3	16
51–60	2	11
61–80	3	16
Gender		
Male	9	47
Female	10	53
Ethnoracial category		
Caucasian	13	68
African American	3	16
Latino/a	1	5
Asian or Asian American	1	5
Multiracial	1	5
Education		
Less than high school/GED	1	5
High school/GED	2	11
Some college	4	21
Undergraduate degree or current undergraduate	3	16
Master's degree or current master's student	6	32
Doctoral degree or current doctoral student	3	16
Self-reported diagnosis		
Schizophrenia spectrum	14	74
Bipolar disorder with psychotic features	4	21
Obsessive-compulsive disorder (previously paranoid schizophrenia)	1	5

field sites, as well as via clinician referrals and word of mouth (see Table 1 for demographics). Our protocol did not involve standardized ratings of clinical symptomatology or insight. However, all of our participants reported at least one hospitalization, past or present antipsychotic drug use, and repeated episodes of psychosis. Globally, some participants were clearly symptomatic during interviews (e.g., demonstrating tangentiality, association clanging, disorganization or active conviction in unusual beliefs), while others were not. In terms of religious

affiliations and history, virtually all participants described some childhood exposure to religion (most frequently attending Sunday school or church on holidays) but none reported a more intense fundamentalist or orthodox background. We limited participation to adults over the age of 18 with proficiency in English and a lifetime psychotic diagnosis. The project was approved by the DePaul University's IRB and all participants completed consent forms as per standard protocol.

The interviews followed a standard unstructured paradigm: an initial query asked each participant to "describe what had happened since she or he first developed unusual experiences," followed by individually tailored questions intended to clarify the material covered in these initial accounts and to encourage further elaboration (Thomas & Pollio, 2002). All but one interview was conducted by a member of the research team with personal experience of psychosis (experience that was made explicit to interviewees) and the interviews were conducted at locations of the participants' choosing. Interviews lasted between 1 and 3 hours. In line with Thomas and Pollio's (2002, p. 26) approach to phenomenological analysis, our assumption throughout the interview process was that all discourse is dialogically (co)produced: questions and prompts were thus designed both to elicit very open-ended responses and to explore developing hypotheses and check or confirm the interviewers' understanding of participants' claims. All interview participants were given the opportunity to review and clarify the transcripts of their interviews and to request additional interviews (in order to expand on, clarify, or complicate previous statements). In addition, participants who could be located at the time of *analysis* were given the option to review and critique them (three out of the 19 interviewees requested second interviews, six out of the 19 interviewees reviewed and amended their transcripts, and four out of 19 provided written or oral comments on the final analysis).

Our analytic strategy was loosely derived from constructivist-grounded theory (Charmaz, 2014; Clarke, 2005). The first (Jones) and third (Kelly) authors each independently open-coded three different transcripts, assigning codes to each segment of text. These independent open codes were then discussed at length and refined to create a focused code list. The first author then used these codes to analyze the remaining transcripts. Finally, coded passages were aggregated, iteratively read and reread, and collaboratively fashioned into the thematic categories presented in this paper. Feedback from study participants was used to further hone many of the subtler distinctions drawn in our final analyses.

We term these broader themes: (a) secular and clinical doubt, and (b) explanatory migration. *Secular and clinical doubt* centers on participant's self-conscious engagement with both secular and clinical doubts, and the implications of these doubts with respect to meaning-making. *Explanatory migration* describes participants' tendency to use both secular and nonsecular figures, logics, and explanatory strategies in their narratives. For instance, some participants used a clearly "science-like" language to explain seemingly magical events and others a "faith-like" language to explain seemingly scientific or medical processes (such as the mechanism of action of antipsychotic medications).

Analysis

Secular and clinical doubt

Across our interviews, participants frequently emphasized both personal uncertainties and awareness of broader societal doubts concerning the ontological and/or epistemological status of their psychotic experiences. These doubts often encompassed both clinical concerns as to whether or not their experiences and beliefs were "real" (i.e., God "really" spoke to them) and secular uncertainties as to the status of magical or supernatural explanations and events. At times clinical and secular doubts blended or overlapped in ways that made it impossible to code them as primarily one or the other. In an example from the current analysis, Joe alternately explained the status of the "impenetrable boundaries" he built around his head (to block voices or foreign thoughts) as "imaginary," real but "psychological," and/or best explained by analogy to concepts developed in "science fiction." At other times, he simply asserted the objective existence of these boundaries. For other participants, the tenuous social status of religious belief at times further reinforced personal doubts and at other times bolstered their potential legitimacy. Levi, for example, repeatedly cited the consistency between his (psychotic) experiences and Christian discourse as mutually reinforcing (he felt that his experiences legitimized claims made within Christianity but also that Christian dogma validated his own experiences) but at the same time noted that while he had posted these experiences on Christian sites and/or social media, he did so only under a pseudonym. "People," after all, might view belief in God and the devil, in and of themselves, as "crazy."

Participants frequently spoke in ways that underscored both the belief that their unusual thoughts and experiences were supernaturally or spiritually real and the belief that they were not.

> Levi: That's how I would—but I'm very aware that this is—like when I was talking to you, I'm aware that a lot of the claims that I'm making are far out, that [they] are hard to accept as being true, but sorry, all I can say is that this is what I believe to have been happening, even though I know that I shouldn't.

> Maurice: Even, to some extent, the spiritual stuff, as embarrassing as it is. I say embarrassing because I sort of, I don't really believe in a corporeal, nonbodied being [God]. I just don't believe that. On some level, I don't believe that, and yet, I've experienced demonic possession.

> Sophie: I mean one difficulty, and I think clinicians always ask me this as well: If you really believed in this other reality, why would you not just walk out in the street in front of a car? . . . [But] I really believe [these] two contradictory things simultaneously.

Here, participants assert the supernatural reality of their experiences *at the same time* that they frame these same experiences as clinical symptoms of an illness.

They commit to both views at once. Most of our participants also described explicit strategies for navigating such ostensibly conflicting beliefs. These strategies ranged from the selective inclusion of what we term "transitional objects"—selective, bounded "magical" beliefs or perceptions that the individual actively chooses to retain—to more elaborate systems of translation between the "delusional" or idiosyncratic and the consensual. For example:

> Andrew: As I said, [the floater in my eye is] kind of my souvenir from the experience. I recognize close to 100 percent of my experience was not—I'm searching for the word—not factual. It was my experience, but it didn't accord with reality ... I do [however] have this kind of strange symbol in my eye. Not that anyone else really cares about it, I realize now, but that I can kind of make a meaning out of it ... Sometimes, if I'm really stressed out, I'll see the—cuz I can't get away from it—the floater. I will choose not to believe in it at that time. If there are times when it helps me to think I can make meaning of this, and one meaning I can make of it is to not be as frightened of things at first glance [then I will]. It's not necessarily something I believe all the time, but it's something that, if I need it, I can extract that kind of cash value from it.

While he feels comfortably distant from more overwhelming (past) delusional beliefs, Andrew nevertheless continues to treat the existence of his floater as residual proof that he may have at least some special status or power(s). This belief appears particularly salient (and helpful) during times of stress or anxiety.

Sky, on the other hand, describes a broader system of "correspondence" rather than particular transitional objects:

> There's a whole different set of everything, really in all these different—yeah. There are some things that are, like I said, I sort of bridge it with meeting it with sort of like symbolism and so that things presented over here [in madness] correspond with things that are happening over here [in consensual reality] and vice versa. There's gobetween. It's not like rigid compartmentalization. Definitely there's some reflexivity. There's some responsivity. Things that are happening in consensual reality do kind of correspond or correlate or indicate some meaning about this other thing.

While Sky described herself as generally able to assign her experiences to one worldview or the other (mad or consensual), she nevertheless emphasized the intercourse between them, at least at times. Like Andrew, she also noted moments in which brief magical happenings in the midst of everyday life felt familiar and comforting—little reminders of the possible reality of her "nonconsensual" world:

> So if I see a series or a collection of incidences of seemingly meaningless like symbols or things, like a [particular] cat, for example. I'll think, oh, well, this is somehow indicating—this is just sort of like a little flag that says, "See we are." It's like here's a little bit of reassurance [that it's not just craziness]. Or something to that effect.

Virtually all of our participants also noted at least some degree of subtle, but unmistakable, phenomenological incongruence between their "multiple realities": for some, it was clear that their psychotic experiences were more solipsistic and less socially emplotted; for others, their psychotic experiences were perceptually stranger than the happenings of everyday life, simultaneously more vivid and yet less "real." As noted above, these accounts reinforce the interpretation that participants were not so much deciding between consensual versus psychotic belief so much as simultaneously endorsing both, albeit with subtly different inflections and qualities.

Many of our subjects also emphasized the agentive uncertainties of altered perceptions and thoughts. Sometimes the significance of particular objects or actions—handshakes, numbers or phrases appearing on billboards or product labels—might seem immediately clear (requiring no effort on their part). At other times, however, the unfolding strangeness of psychosis seemed to demand a far more involved process of interpretive labor. "I just feel stuck trying and trying to figure it out, trying to articulate it better . . . I'm just like trapped trying to figure it out" one participant said, while another described her delusions as "a puzzle or a game or something that I *had* to break down." For at least some of the interviewees, their ambiguous implications in this hermeneutic "game" strongly foregrounded their own subjectivity. Questions of the psychotic or delusional as controllable or imposed, real or imagined; as very distal to or inseparable from the "self"; as aligned or dis-aligned from broader matrices of social, cultural, and (folk) empirical possibility or impossibility, seemed to force a self-conscious reckoning with both social and individual tensions buried in the reflexiveness of ordinary life. In the absence of an assumed social bedrock, subjects were forced to consciously negotiate their experiences (and the implications of these experiences) in relative social and cultural isolation. At times, this engendered something close to what anthropologists have called "liminality," a state of being betwixt and between that has its own particular features, including a sense of proximity and exposure to the limits of human experience:

> Sophie: It's like [I've only finally reached the] point where I can resist [the temptation to fill in the experience with language] and just be comfortable with ineffability. More like almost a negative critique, so I can say what it's not. Like "no it's not that," "no it's not that," but I can't say positively what it is. I can't really put it into words.

At other times, clinical and secular uncertainties about psychosis seemed to inspire strategies closer to what Good and Good (1994) have termed "subjunctivizing tactics" or the tendency to "[traffic] in human possibilities rather than settled certainties" (Bruner in Good & Good, 1994, p. 838). Joe, a former computer engineer who had been hospitalized multiple times for paranoid schizophrenia, laughed frequently as he mused through a description of his conversations (or attempted conversations) with God:

> Joe: Talking to God, at some point, it's kinda like "Hey God, are you havin' fun today? [Laughs] What are you gonna surprise me with tonight?" Maybe after my last

hospitalization, I'd be talking to God and say "Hey God, are you there? How's it goin'?" I'd be testing to see whether it is God, so I'd say "Well, are you a loving God? Is this a loving thing that you're doing?" or kind of testing God to see if it actually is God and maybe going through a series of different types of voice as far as trying to find God, trying to find the right God to talk to and stuff. It's more of a struggle with—but lately it's just been like "Hey God, are you tired, too?" [Laughs].

Interviewer: Would, if—I mean, in particular, in trying to find the voice of God, did God ever self-identify to you?

Joe: Well, I'm never sure if it's God or not. It could be somebody in the neighborhood just acting as God, because I believe that there's people who, just for fun, might pretend to be God in their subconscious. You know, those megalomaniacs, things like that. There's a lot of crazy people who think they're God, so they might just respond in mental thought that they are God and maybe that's where all these ideas that people who think they're God come from is that they're actually responding to other people who are asking for God, you know?...I'm kinda just thinking this on the fly right now.

So long as a *definitive* commitment to a particular belief is held in abeyance, we might conjecture, the personal and cultural stakes of considering a variety of "magical" explanations is lessened. No single explanation need be endorsed and conversely, no possibility definitively foreclosed. Humor likewise capacitates a certain interpretive "lightness" that simultaneously maintains alternative possibilities and avoids affective commitment; Joe, along with many of our other participants, regularly cracked jokes, laughed at himself, embracing rather than avoiding humor.

Explanatory migrations

At some point in our interviews, most participants employed terms conventionally associated with biopsychiatry (e.g., "mental illness," "symptoms," "hallucinations"), but these terms more or less ubiquitously co-occurred—sometimes in the same sentence or paragraph—alongside invocations of religious or spiritual figures, creativity and art ("inspiration," "intuition"), and/or the paranormal or extrasensory ("telepathy," "precognition"). Similarly, ostensibly monothetic constructs such as "the brain," appeared across positions and contexts, and were employed both as explanatory constructs grounded in "consensus reality" *and* from within psychosis as the subject or site of strange or magical events. As we saw (above) in his description of the intersection of God's voice and secular telepathy, Joe tapped both pop science/science fiction and religious explanations. In order to unpack the nuances of these explanations, we focus here on three very distinct participants' accounts: those of Levi, Joe, and Sharlise.

Levi. Levi described himself as a secular Jew by birth, currently working as a massage therapist. He detailed an involved academic history, and aspirations to return to graduate school or otherwise carry out explicitly "scholarly" work. Although he professed to have had no prior interest in religion ("I was pretty much an atheist"), a chance encounter with "the devil," followed by experiences of demonic possession and divine cleansing, persuaded him to adopt an explicitly *Christian* theological narrative:

> I was definitely—I believed that when you die, that's it. I didn't really believe in God. I definitely didn't believe in the devil. It seems like when this happened, everything that I've kind of acquired through the cultural influence, came back to me. I don't know if it's just my way of conceptually grasping this experience so that I could process it, or if it's—I don't know.

Notably, the events that Levi described simultaneously serve explanatory, narrative, and "culturally capacitating" roles. Encountering the devil (and the even farther reaching battle between "the hell side and heaven side" in which his life became ensnared) is *what* happened to Levi (as he describes it), but also the inaugural event of a causal chain of happenings that served to situate his subsequent intellectual (religious and cultural) and personal ("my way of conceptually grasping this") negotiation of his experiences. A Christian narrative also allowed him to successfully translate otherwise liminal, and often pathologized, experiences into events that were "consistent with what's been going on in Christianity" for millennia.

Elaborating on the translational (or "trading") value of a recognizably Christian plot, Levi explained that he had recently:

> Creat[ed] a Facebook account, and . . . packag[ed] it as "I believe in Satan, believe in God." I've pinpointed like three or four of these experiences, and I'm able to articulate them. I think that they'll be received the way that I—properly—in the sense in which they kind of come across [as] convincing evidence of demonic activity.

Reading this description attentively, we can identify at least an undercurrent of the subjunctive—"*packaging* it as . . ."; "kind of . . . could be"—but also an intriguing epistemological inversion. The Christian framework Joe adopts helps validate his experiences as real rather than psychotic, but his experiences also help "prove" the truth of Christian dogma. The nature of this proof is decidedly empiricist—it derives from sensory experience. Levi has *physically* experienced the devil entering him, for example, and many of his other "encounters" engendered concrete "factual" physical signs and effects. The logics Levi employed throughout his narrative were also recognizably "rational": demonic possession, for example, immediately *caused* him to lose all sexual interest in women. Levi cites an evening at a strip club without any feeling of arousal as yet further "proof" that the devil has rendered

him asexual—a state, moreover, at odds with human nature and the evolutionary imperative to procreate.

Joe. Joe, the older middle-aged (former) computer engineer introduced earlier, repeatedly foregrounded the intersectional complexities of psychosis, spiritual faith, and the brain in his descriptions and stories. Throughout two lengthy interviews, Joe successively invoked, and sometimes juxtaposed, clinical, paranormal, pop scientific, and religious figures and motifs: one minute actively affirming the veridicality of "recursive universes" and time travel, the next expressing gratitude for medications that effectively eliminated at least some of his "schizophrenic symptoms."

After one particularly "clinical" sequence of narrative, the interviewer responded:

> Interviewer: [Given this] Would you say that, from your point of view today, you consider everything that you described to me to be "delusions," "psychosis," "schizophrenia"?
>
> Joe: No, I describe it as an experience [like any other].
>
> Interviewer: Okay, okay, but an experience taking place.
>
> Joe: My brain actually did those things, [just] nobody else experienced them.

Critically, as was made clearer by subsequent comments, Joe's insistence on a neurological locus of "experience"—the brain—in no way diminished the "magical" content of that experience. At one point, for example, Joe described a period in which "bubbles went out of [his] brain" into a writer's head, allowing the writer [a real person] to access compelling source material for works of fiction (albeit "on the spiritual plane"). ("The poor people with psychosis," he concluded, seemingly half in jest, "should get at least some of the money from the proceeds of these books.") *Having psychosis*—even psychosis as a neurological condition—need not imply that certain magical transactions are not taking place. The postulation of a "spiritual plane" of experience further complicates matters since the claim is no longer straightforwardly factual, but instead taps cultural allowance for a realm of happenings that is neither purely imaginary, nor colloquially "real" in the sense of the everyday world of people and things.

In a similar vein, Joe repeatedly affirmed that his endorsement of antipsychotic pharmacotherapy, although ambiguously described in his second interview as having likely "saved [his] brain," should not imply endorsement of a neurochemical model. Instead, he explained,

> One of my belief systems is, is that you have to trust something to get out of the psychosis . . . like, I trust my medication. When I lost faith in the medication by going

> to a seminar and pronounc[ed] that I no longer need, no longer wanted to take, the medication, *that* caused the medication to fail.

Here "faith" rather than biology, in a manifestation that is neither clearly secular nor (religiously) nonsecular, is framed as responsible for the helpful effects of a "biopsychiatric" intervention. Where Levi justified his religious explanations by recourse to sensory experience and the logic of cause and effect, Joe conversely employs the immanent logic of faith and belief. Just because something is not visible (or accessible) to others, does not make it unreal.

Sharlise. While there is a tendency in the psychiatric literature on psychosis to see certain beliefs or explanations as mutually incompatible (for example, "clinical insight" is often operationalized as a failure to endorse one's beliefs as symptoms of illness), postsecular theory reminds us that even "normal" people regularly entertain contradictory beliefs or, perhaps more accurately, beliefs tied to incommensurable underlying logics. An alternative interpretation, however, might hold that both faith and science, in their contemporary iterations, are nevertheless undergirded by common (tacit) epistemic principles and assumptions.

Endorsement of such an epistemic common ground (anterior to, and bridging, the secular and nonsecular) appeared across a subsection of our transcripts, but by far the most forcefully in our interview with Sharlise, an older African American woman from a poor urban neighborhood. What is arguably most striking about her account is less the diversity of figures and explanations she juxtaposes than the seemingly prereflective ease and immediacy with which she does so. Throughout her narrative, Sharlise expressed awareness of clinical and secular doubts that others might have, but no personal concern with them. Instead, religious and secular explanations are regularly integrated and juxtaposed.

At the beginning of her interview Sharlise explains that it was 26 years ago that she "started to hear voices and all this noise from God." While her voices—as well as the voices heard by others— are thus clearly "from" God (and, as she later explains, no different from Jesus' communications with God), those that hear them nevertheless "end up as patients: all over, all different people. They end up in jail and [as] patients." Sharlise nowhere claims that such institutionalization or imprisonment is the result of a misrecognition of the divine origin of voices; instead, she speaks comfortably of voices as "illness": "it's bothersome" she explains, "I feel like I'm sick with all that noise; it makes you sick." Viewed as sickness, medical intervention for the voices makes sense: "it makes you have to take your medication."

Later in her interview, Sharlise also implicates physical illness in the form of diabetes. At first she claims that the latter only "makes the voices worse" but subsequently she asserts that diabetes is also causally connected: "my diabetes causes the voices because they make you sick. It makes you sick." Asked to clarify these seemingly dual origins, Sharlise, unbothered by any implicit contradiction, explains "it's both; they're connected." In contrast to Levi and Joe, Sharlise's

explanatory logics revolve around the basic facticity of distress or discomfort. While she sometimes feels comforted by her voices (and the implied presence of God), they are nevertheless distressing and thus represent a "sickness" not clearly differentiated from physical illness.

General observations. While the three individuals we have profiled in depth help illustrate particular intersections of conventionally secular and nonsecular beliefs (and ways of knowing), all of our transcribed accounts implicated similar themes, albeit often in more limited ways. Simon, for example, described how, during periods of psychosis, he felt he could "move himself" into different brain hemispheres and thereby access alternative selves, a "magical belief" that he nevertheless tied to scientific theories of cerebral lateralization. Sky elaborated on her expansive spiritual sensibilities during extreme states, but nevertheless framed these experiences as contingent on how, at any given time, "[her] brain is working." At any given point, secular or folk-scientific explanation might underwrite magical or spiritual experiences or vice versa; doubts about the empirical basis of experience might be instigated by the magical (or, again, vice versa); and academic divisions between these domains or frameworks or systems might be fundamentally challenged.

Discussion

In the analyses presented here, we lay out some of the ways in which clinical and secular doubts enter into the experience of psychosis and are subsequently taken up in processes of interpretation and self-making. As we report, participants consistently demonstrated both continued conviction in the truth of at least some of their psychotic experiences as well as doubts about them. These doubts were both *clinical*, reflecting an awareness of certain experiences as "crazy" or psychotic, and *secular*, reflecting an awareness of broader societal skepticism concerning magic, faith, and spirituality. We then mapped a process of "explanatory migration" in which participants draw on and syncretically remix both, *concepts* from different or competing explanatory frameworks (such as demonic possession or neurochemical dysfunction) and explanatory *strategies or logics* (e.g., claims justified on the basis of empiricism, sequential causality, or faith).

In our view, these processes run both vertical and parallel to broader (nonpsychiatric) postsecular trends. On the one hand, the potential conflict between psychotic (or alternative) and "consensus" reality mirrors that between spiritual faith and a conventionally scientific understanding of the world. In this sense, as Jenkins (2004) suggests, psychosis/schizophrenia may serve as an "extreme" or "paradigm case for...understandings of culturally fundamental and ordinary processes and capacities of the self, the emotions, and social engagement" (p. 29). The struggle to negotiate competing cultural explanations and possibilities is one we all share and may simply be heightened in psychosis. At the same time, the altered perceptual and existential landscape of psychotic experience also introduces an additional

layer of complexity: beyond tensions between the secular and supernatural, psychosis foregrounds tensions between often idiosyncratic individual experiences—experiences not necessarily inhabited in the same concrete and literal way as everyday life—and consensus reality. To put this another way, if religion gives us answers (or at least suggestions of a path forward), psychosis often pulls the rug out from under us, throwing into question usually tacit assumptions about world and self.

Our analyses also caution against overly content-oriented approaches to explanatory frameworks—that is, approaches that fixate, for example, on whether religious explanations or biogenetic ones were invoked. Instead, we argue that it is not only the figures and objects invoked in patient narratives that matter, but also the strategies and logics used to link these figures and objects together and to justify or legitimize particular claims. As described above, a faith-like language may be invoked to explain pharmacological efficacy, while a science-like language may lay out the ways in which supernatural experiences empirically substantiate particular religious or spiritual beliefs.

An open intellectual question here is how historically specific the "double registers" described in this analysis are. Multiple and double bookkeeping have long been recognized as a common but conceptually elusive feature of psychosis (Bleuler, 1950; Sass, 1994, 2014). At the same time, the complexity of belief commitments around the supernatural and scientific raises the possibility that these strategies are more marked and more elaborated in the postsecular age, as Bellah et al. (2008) suggest in their seminal analysis of American society. Modern technology—particularly social media and the virtual spaces and forums engendered by the Internet—is also likely to play a strong role in shaping contemporary psychotic experience. In ways not possible just a few decades ago, it is now feasible, even easy, to join small virtual communities of individuals with common interests (e.g., alien abduction, time travel or tulpamancy [Veissiere, 2016]) and coproduce shared, if marginal, subcultural discourses that defy national boundaries. Patients may be able to find others with similar interests or convictions—including ostensibly "delusional" ones—that at earlier times they could only have explored in isolation. By the same token, greater social engagement (live or virtual) increases exposure to skeptics or critics and—more generally—heightens awareness of cultural tensions and doubt.

From a more clinical perspective, we believe that these analyses underscore the need for far greater therapeutic attention to the nuances and complications of doubt and insight, as well as the messy intersections of secular and religious explanations, in psychosis. Virtually all of the participants in our sample reported few or no opportunities to collaboratively explore the *meaning* of their experiences with clinicians; many described their feelings of professional misunderstanding of the enduring hold of their psychotic experiences and beliefs even during periods of ostensible insight or remission. Such missed opportunities remind us that, no matter how bizarre or mundane, experiences that help make the self what it is (or has become) are rarely easily divested, and perhaps should not be.

The syncretism of patient accounts of psychotic experience also calls into question a large popular and scholarly literature on psychiatric disorder revolving around an implicit dichotomy between "biomedical" and "psychosocial" treatments and approaches (e.g., Cooke, 2014; Moncrieff & Middleton, 2015). Such theoretical dichotomies poorly reflect the complex bricolage of explanatory accounts and logics and, by extension, their effects on patients' identities and sense of self. In addition, the high frequency of magical, religious, and spiritual themes among our participants (and in other studies) serves as a reminder of the potential richness of such connections, in addition to the more widely recognized (and clinically privileged) themes of trauma and stress (Cooke, 2014).

Limitations

This was a qualitative study with a small sample; the prevalence in the general U.S. population of the themes and interpretations we describe is uncertain. Our sample was predominantly White and an unusually high percentage of our participants had advanced graduate degrees or training. While many described active or current symptoms, none of these reached the level of "acute [positive] psychosis" in our interviews and the latter are likely a better reflection of the experiences of those "in remission." Our project was U.S.-based and cannot address questions of potential cross- or transnational differences or similarities. Finally, the majority of our participants identified as Christian. Given the very different historical trajectories and philosophical underpinnings of diverse world religions (including Buddhism, Hinduism, and Islam), we cannot predict what sorts of explanatory logics and tensions we might find among patients with non-Christian affiliations, inside *or* outside of the US.

Conclusion

While exploratory, our analyses foreground complexities of psychotic experience that often—perhaps even normatively—go unrecognized in both research and clinical practice. Biehl (2013) urges scholars to "attend to how people's struggles and visions of themselves and others—their life stories—create holes in dominant theories and interventions and unleash a vital plurality" (p. 395). Along these lines, we read our participants' stories as reminders both of the limitations of dominant clinical discourse and of the rich and difficult work of meaning-making they exemplify.

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Nev Jones, PhD, is a community psychologist and mental health services researcher and currently Director of Research at the Felton Institute in San Francisco. Her research has focused on early intervention, the subjective experience of psychosis and recovery, and cross-cultural variations in the phenomenology of psychiatric disorders. She has actively worked to promote greater service user involvement and leadership in U.S. research on mental health services and intervention.

Timothy Kelly, MA, is a doctoral student in Counseling Psychology at The University of Iowa. His research interests include the sociocultural determinants of psychosis and the sociopolitics of mental health activism.

Mona Shattell, PhD, RN, FAAN, is Professor and Chair of the Department of Community, Systems, and Mental Health Nursing in the College of Nursing at Rush University in Chicago. Dr. Shattell's clinical specialty is in psychiatric and mental health nursing. Her published work focuses primarily on the mental health of vulnerable populations, psychosis, therapeutic relationships, and various environments of care. She serves as the PI of mental health services research teams and as board member for several Chicago-area nonprofit mental-health-related service and advocacy organizations. Dr. Shattell is an active social media user, content developer, and public thought leader. She has published op-eds in the *New York Times*, *The Atlantic*, *Health Affairs Blog*, *Huffington Post*, *PBS*, and others.