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## **Mental health and mediumship: An Interpretative Phenomenological Analysis**

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Mental health and mediumship: An Interpretative Phenomenological Analysis

Abstract

There is a lack of research examining the lived experience of mental health as a practicing medium, yet the nature of mediumship work inherently presents a number of challenges to the mental health of practitioners. In this study, we aimed to gain an understanding of how mediums experience their mental health in relation to their mediumistic practice and how they recognise and respond to psychological difficulties experienced by their clients.

Fourteen mediums from the North West of England took part in one-to-one interviews, which were transcribed and subject to interpretative phenomenological analysis. Four themes were identified: From past traumas to mediumistic identity; Spirit makes sense, mental illness is chaos; Being resilient but vulnerable; and Ethical mediumistic practice. The research highlights the value of not dismissing or attempting to change appraisals of valued aspects of mediums' anomalous experiences. However, the findings do indicate that support for exposure to clients' difficulties (such as vicarious trauma) might be helpful, in the same way in which other professionals might receive support with such experiences. Future research into mediums' help-seeking for mental health difficulties and their experiences of counselling or psychotherapy would be valuable in identifying if and how their psychological needs are met.

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## **Introduction**

Mediumship, involving the purported abilities of some individuals to communicate with the spirit of deceased persons, is most associated with spiritualist churches in the United States and Europe (Wooffitt, 2006)<sup>i</sup>. Within the UK, where the present research is conducted, displays of mediumship often take place at spiritualist churches<sup>ii</sup> or public gatherings (the latter may be paid performances, often advertised in the press) or on a one-to-one basis between a person (a ‘sitter’) seeking contact with the deceased and a medium (Wooffitt, 2006).

Typically, mediums report being able to communicate with the deceased through one or more of the senses during a meditative state, so that they might report being able to see (clairvoyance), hear (clairaudience), or feel (clairsentience) the presence of the deceased (Rock et al., 2008). Communication may take place through having the thoughts of the deceased directly communicated to the medium, or through discarnate spirit guides acting as intermediaries (Roxburgh & Roe, 2013). Less commonly, the deceased might communicate directly through (rather than with) the medium (e.g., in direct speech to the sitter), usually when the medium is in a trance-like state (Roxburgh & Roe, 2013).

Given the prevailing view in the West that a person ceases to exist with brain death, there is widespread scepticism concerning mediums’ claimed abilities (O’Keeffe & Wiseman, 2005). However, a sizeable portion of the public who are bereaved consult mediums in the hope of being able to communicate with deceased loved ones (Roe, 1998; Walter, 2008). For such people, mediumistic practice may provide therapeutic value (Evenden, Cooper, & Mitchell, 2013) and mediums themselves have reported the purpose of

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mediumship to be one of counselling or therapeutic support (Osborne & Bacon, 2015; Roxburgh & Roe, 2013).

Given the resemblance between some features of mediumistic experience and that of some people seeking treatment for mental health difficulties (e.g., hearing voices and clinical dissociation; see Andrews et al., 2008; Roxburgh & Roe, 2013; Taylor & Murray, 2012) it has been suggested that mediums may be at risk of developing mental disorders (e.g., Alminhana et al., 2013). In addition, mediums have reported that they themselves initially had concerns about their mental health when their mediumistic abilities first began to develop (Roxburgh & Roe, 2014). However, the small body of research that has directly examined the mental health of experienced mediums does not support claims regarding their poor mental health (see Bastos Jr et al., 2015 for a review).

In a series of Brazilian studies, the evidence indicates positive psychological health among mediums; Negro et al. (2002) found the large majority of mediums (94% of a sample of 110) had control over their mediumistic experiences, while Moreira-Almeida (2004) found them to have normal levels of social adequacy. Moreira-Almeida et al. (2008) also found mediums to have better mental health and adjustment than people with a diagnosis of dissociative identity disorder. Although mediumship is considered to be a form of dissociation (Peres, Moreira-Almeida, Caixeta, Leao & Newberg, 2012; Seligman, 2005), because it tends to occur at the medium's instigation, without distress or impairment, and as part of a particular socially sanctioned context (the medium-sitter encounter), this is generally considered normal (Somer, 2006).

Two studies within the UK also lend support to the conclusion that mediums do not generally experience poor mental health. In a study of voice-hearing, Andrews et al. (2008) compared a sample of mediums with a clinical sample of voice-hearers and found that,

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although both groups reported a high prevalence of traumatic life events, there was a higher prevalence of persistent psychological symptoms consistent with post-traumatic stress disorder among the clinical sample. In addition, Roxburgh and Roe (2011) found mediums scored significantly higher in well-being and lower in psychological distress than a control group of non-mediums with the same spiritualist religious affiliation.

While the above quantitative literature does not identify poor mental health in mediums, this research does not consider mental health difficulties that might surround mediumship work rather than any which might underpin it. Consequently, there is a lack of research examining the lived experience of mental health as a practicing medium, yet the nature of mediumship work inherently presents a number of challenges to the mental health of practitioners. For example, mediums often report directly feeling the discarnates' ailments (such as pain and sickness) and causes of death as part of their clairsentience experiences (Rock et al., 2008; Roxburgh & Roe, 2013). Similarly, long-term work with people who are bereaved may expose mediums to clients' distress that itself can affect their own well-being; much in the same way as for other professionals who vicariously experience the distress of others as traumatic (Newell, Nelson-Gardell, & MacNeil, 2016). In addition, although mediums may routinely work with distressed individuals (such as the bereaved), unlike counsellors or clinical psychologists, for example, they are not trained to help contain clients' distress.

In summary, the above review indicates that mediumship is a service frequently sought by some people who are bereaved. Although limited in size and scope, the research evidence available does not suggest that mediums have poor mental health. However, there is a lack of research on how mediums might experience their mental health in relation to their mediumistic work or how they might recognise and respond to psychological distress

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experienced by their clients. Understanding both of these issues would be useful in making recommendations regarding how bereavement services might work with or alongside both mediums and their clients.

Qualitative research has already proven useful in aiding an understanding of mediumship. This includes how mediums experience receiving communication from the deceased (Rock et al., 2008), the phenomenology and meaning of the experience of clairaudience (Taylor & Murray, 2012), their own understandings of mediumship (Roxburgh & Roe, 2013), how they come to attribute their experiences as mediumistic (Roxburgh & Roe, 2014), and their perceptions of their role as a helping professional (Osborne & Bacon, 2015). Therefore, in considering how mediums experience their mental health in relation to their mediumistic work, and how they recognise and respond to psychological distress experienced by their clients, the present research adopts a qualitative, phenomenological approach.

## **Method**

### *Design*

This study sought to privilege mediums' lived experiences of their own mental health in relation to their mediumistic work and that of their clients. Therefore, a qualitative approach was taken using Interpretative Phenomenological Analysis (IPA) (Smith, Flowers, & Larkin, 2009). IPA involves exploring experiences, meaning and sense-making of a phenomenon amongst a well-defined sample (Smith & Osborn, 2008). It has its theoretical origins in phenomenology, hermeneutics, and idiography (Smith, Flowers, & Larkin, 2009). In practice, the approach looks to explore how participants experience their world through the analysis of

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data from small, homogenous samples, acknowledging the active role of the researcher in the interpretation of these experiences. As Smith and Osborn (2008) report, “the researcher is trying to make sense of the participants trying to make sense of their world” (p.53).

### *Sampling and participants*

All participants in this study were practising mediums in the North West of England. Taylor and Murray’s (2012) have suggested that being affiliated with a religious body, such as the spiritualist church, may provide a particular framework for understanding lived anomalous experiences. For this reason, they have advocated research with mediums who do not have such affiliations. Consequently, participants in the present study were explicitly recruited for not being members of a spiritualist church. Participants were identified via their advertised contact details in local press or on-line and then contacted by post, telephone or email to ascertain their interest to take part. Where contact was made via post, participants received a participant information sheet and flyer that outlined what the study was about. Interested participants could then reply using an included pre-paid reply form. A reminder letter was sent after two weeks if no reply was received. When a reply form was received, the researcher then made contact with the participant to arrange an interview. For participants where telephone or email contact was initiated first, the participant was asked if they would like to receive a copy of the study information described above before deciding whether to take part. Interested participants were then invited to an interview at their convenience.

In total 56 potential participants were approached and fourteen of these (13 females, 1 male) took part in one-to-one interviews<sup>iii</sup> (5 face-to-face, 4 via telephone, 5 using video-call) (see Table 1). All reported experiencing clairaudience, clairvoyance and clairsentience as part of their practice. The mean age of the sample was 46 years (range: 25-63 years). All

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participants reported having psychic or mediumistic experiences from when they were children. Although not members of a spiritualist church at the time of interview, four participants (Alistair, Lisa, Mable, and Jane) had attended a spiritualist church on occasions earlier in their lives. One participant (Maddie) had a sister who was also a medium who attended a spiritualist church, and one participant (Meg) had a mother who began attending a spiritualist church ‘as she got older’. The mean length of time participants reported practising as a psychic professionally was 12.4 years (range 2-28 years). Participants reported not experiencing any significant distress at the time of their interview or having undergone any kind of treatment for distress in the 2 years prior to taking part. Participants received £30 for their time.

[Insert table 1 here]

### *Data collection*

A semi-structured interview schedule was used to scaffold the research interview. The interview questions covered a number of areas of interest, beginning with basic introductory questions concerning participants’ mediumistic abilities, time spent practising as a medium, and establishing how and when they used their clairaudience/voyance/sentience in practice. The interview then explored the phenomenology of participants’ experiences, including what it is like to be clairaudient/voyant/sentient. The remainder of the interview focussed on participants’ own well-being and that of their clients, which is the focus of analysis here. These open-ended, indicative questions were worked up in discussion between the third and fourth author. Example questions relating to mediums’ well-being included: Have your (mediumistic) experiences ever caused you problems, upset, distress, or affected your mental



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wellbeing in any way?; What did/do you do to cope with your experiences if you were/are upset or distressed? Examples questions relating to clients' well-being included: Have there been times when you have considered whether your clients' mental well-being is affected? Have clients become upset or distressed?; How did/would you deal/cope with a client who is upset? All interviews were audio recorded and then transcribed verbatim. The mean length of interviews was 56 minutes.

### *Analysis*

Transcripts were analysed using IPA (Smith et al., 2009). One transcript (Freya) was chosen to begin the analysis. In keeping with the idiographic philosophy of IPA, the entire text of the transcript was treated as a whole and coded thoroughly. Interpretative notes were made on the transcript in the left most column next to segments of text that were of interest in relation to the research aims/question. When coding was completed the interpretative notes were reviewed to identify patterns of meaning, or themes<sup>iv</sup> that ran throughout the transcript in relation to the focus of research interest. When these initial themes had been identified, these were then reviewed again to identify higher order, overarching themes. When this theme structure had been developed, the researcher returned to the transcript to identify quotations from the text to support the themes. This process was then repeated for each transcript. Each interview was individually analysed to saturation point, that is, until no new themes were identified from the resulting data. The final stage of the analysis involved reviewing the identified themes and their supporting quotes to identify common themes across the full set of transcripts that encapsulated the data and findings.

*Analytical rigour*

Within this research, we used a number of procedures to ensure the rigour of the analysis. The first author took the lead in analysis and collaborated with the last author to produce an audit trail (Smith, 2003). To begin with, the first and last author listened to the first interview and discussed their separate analysis and interpretations of the data. This allowed both authors to ‘sound out’ each other for alternative interpretations and divergent evidence within the transcript. The aim here was to identify our presuppositions and facilitate an openness to alternative interpretations. Having achieved these necessary sensitivities to analysing the data, the first author continued analysis of the remaining transcripts. As the analysis progressed, both authors met on a regular basis to discuss their independent analyses on a selection of the data. We compared and discussed each other’s interpretations of participants’ experiences. The aim of this process was not to provide an objectively true analysis, but rather to ensure that the analysis remained credible (Yardley, 2008). The theme structure was also subjected to this dual scrutiny, with each theme being reviewed, discussed and points of consensus reached. Two further quality criteria were also addressed; internal coherence, whether or not an argument is consistent and supported by data, and presentation of evidence (Smith, 1996). The themes presented in the findings section below are therefore adequately supported by an appropriate density of evidence as per Smith’s (2011) guidelines; namely that, for a sample size greater than eight participants, each theme should contain extracts from at least three participants as well as an indicative measure of prevalence for each theme. (The contribution that each participant made to each theme is provided in appendix A.)

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### *Reflexivity*

Mirroring Roxburgh and Roe's (2014) own reflexive detail regarding their qualitative study into mediumship experience, and provided to help the reader identify and appraise any possible biases, we consider here our guiding theoretical orientations, beliefs and possible anticipations prior to data collection. None of the authors has any direct experience of mediumship or of anomalous experiences related to this (such as hearing voices), but we have together extensive experience of researching anomalous or exceptional experiences. The first author has some training in counselling, while the last author is involved in the professional training of clinical psychologists. We are therefore aware of the often-distressing nature of mental health difficulties and the tendency for some researchers or clinicians to pathologize people whose experiences deviate from what is considered to be 'normal'. Our use of qualitative methodologies to understand peoples' experiences arises from our commitment to privilege the voices and experiences of those we involve in our studies. In considering the accounts of mediums within this study, "the analytic goal is not to explain away or corroborate participants' claims or experiences but to understand in more detail their significance as psychological, social, and cultural events" (Murray & Wooffitt, 2010, p.2). Therefore, our approach recognises that mediumistic *experiences* do occur but we set aside "the reality of ostensibly paranormal processes that are said to underpin them" (Murray & Wooffitt, 2010, p.2).

### *Ethics*

The authors received ethical approval from their employing University institution. Procedures for gaining consent, data storage, ensuring anonymity and confidentiality, responding to potential distress, and for withdrawing participation and data were considered. No participants appeared distressed during the interviews but sources of potential support

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(including the Hearing Voices Network, Mind and the Samaritans) were provided on a debrief sheet prior and following the research interview. No participants withdrew from the study or requested removal of their data. All data excerpts presented make use of pseudonyms to ensure participants' anonymity.

### **Results**

Four interconnected super-ordinate themes were identified from the analysis: From past traumas to mediumistic identity; Spirit makes sense, mental illness is chaos; Being resilient but vulnerable; and Ethical mediumistic practice. These themes are presented below supported by anonymised data excerpts.

#### ***“I talk to dead people...that's what I do, that's who I am”:* From past traumas to mediumistic identity**

For some participants, the development of psychic abilities was itself traumatic, and participants had often felt confused, isolated and afraid of what was happening to them:

^... the impact that it had on me as a child, growing up, has had a knock on effect all the way through my life and it made me very reluctant to want to gain more knowledge or to understand...because it made me feel different... I've always been a bit of a square peg, but I wanted to fit in and I wanted to be like everybody else...for me, it was when I stopped trying to explain it and stopped trying to understand it scientifically...it is what it is and I talk to dead people, I see them, I hear them, I interact with them and when necessary I deal with them... that's

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what I do, that's who I am...and since I've done that, things have become an awful lot easier to be honest. (Maddie)

In this extract, Maddie reveals the extent to which she has been affected by her childhood psychic experiences. She recalls that this formative period of her life was particularly difficult on a number of levels; psychic experiences that could not be explained, with no one to confide in about them, feelings of isolation, alienation, and being *“bullied all the way through school”*. Now, psychic work is a very big part of Maddie's identity and life, *“I wouldn't be the person that I am now without the work that I do it defines me almost”*.

All participants talked about how the traumas they had undergone in their early lives, such as sexual assault, abuse and violence, parental alcoholism and divorce, personal medical issues, and bereavement and loss, while concurrently handling their psychic abilities as they manifested. Personal troubles in their early lives also influenced how they practised as mediums, as Freya describes:

I had quite a lot of trauma, when I was little...my mum was a big drinker, and so I learned to read the undercurrents in a room very quickly...I used to get voices about how I needed to keep safe...when I shut my eyes, I'd see stressful pictures...But I didn't know that I was talking about psychic abilities, just how sensitive I was...<sup>[1]</sup>then later in the interview]...Seeing people suffer...That frustration of I can feel what you're feeling. I can see where you're going to end up...I think I have a preoccupation with trying to sort people out. (Freya)

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<sup>1</sup> Square brackets indicate any inserted text for purposes of comprehensibility.

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In the above extract Freya talks about the tensions of living with a “*big drinker*” while growing up and this influenced how she saw her later development as a medium, as a “*sensitive*” who tries to help others. Mable’s own development of her mediumistic abilities followed her bereavement of her father and a need to re-establish a father-daughter bond. Her father had “*took his own life*”, something that was kept from her by her mother until her teenage years and never discussed, until a visit to a psychic led to communication with her father’s spirit:

...he was still my father and I still wanted him to tell me he loved me and he did and from then on I felt like I was guided by him, so that was lovely. That was something I would never have expected to get because my dad was dead and buried and I would have never had any contact with him, and then of course during the course of, you know, I’d say, “Come dad, give us a lift, I need a lift today and I need a lift with doing that.” And I am 1000% certain that he does.

(Mable)

Mable felt that because of her mother’s silence and unwillingness to talk about her father, he remained anonymous to her. Contact with his spirit via the medium brought him back into her life in an influential way. As with Freya, this resolution of past trauma influenced Mable’s identity as a medium and the focus of her practice, as she notes later in her interview was not personal gain (“*it’s not about making a fortune*”), but about making a connection with the client, allowing them the opportunity to express their deepest feelings and heal, “*...that’s what I believe it’s about*”. Therefore, the initial confusing and often negative experience of developing mediumistic abilities experienced by participants evolved into one in which these abilities became valued aspects of self-identity.

*“There is a very fine line between psychic and psychotic”: Spirit makes sense, mental illness is chaos*

Participants talked about growing up with unusual abilities that seemed normal to them in that they occurred daily. They initially struggled to fathom what was happening to them and developed concerns about what these experiences meant for their state of mind. However, as their experiences continued and they learned to control them, they grew more confident and adept at using them.

A sense of helplessness and lack of appropriate mental health support was reflected in nearly all interviews, leading some to lament the systemic misunderstanding or lack of empathy regarding what developing mediums go through, as Lisa explained:

I think there's people with mental health [difficulties] who just don't know how to...they haven't got the ability to switch it off, and they went to the doctors and said they heard voices and then they were conditioned to tell that they were nuts. And I feel that's really sad because actually it's a massive gift. (Lisa)

In this extract, Lisa introduces an external element that the emerging medium needs to consider – the how, when and to whom they should disclose their clair-experiences. Nearly all of the mediums interviewed felt they had in some way been negatively judged by others. Lisa refers to individuals who experience hearing voices and are ‘conditioned’ into believing their experiences are indicative of poor mental health. Yet, Lisa’s framing of the psychic experience as *“a massive gift”* is reflective of how

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participants felt about their abilities, despite the difficulties they endured as they struggled to comprehend what was happening to them, culminating in finding meaning and purpose in the service they provide.

Participants drew distinctions between what they felt was psychic ability (where their experiences made sense) and what was mental illness (where experiences were confusing and chaotic):

I always say there is a very fine line between psychic and psychotic, and actually having had a psychotic episode, I've walked that line personally and so I do understand it...when spirit are communicating with you, you can make sense of it, so even if you're working clairvoyantly, and you're seeing images, those images will ultimately make sense. When it's the mind, those images become very chaotic. (Maddie)

Here, mental illness was something wild and disorderly; images based on what Maddie believes are peoples' fears that lead them to see "*the monsters and...badness in everyone*". This contrasts with how Rose and Anna construed the differences between the two states of being, firstly Rose:

I'd be extremely worried that there was something very wrong. In mental health terms, I do readings for people who unfortunately take a lot of drugs and have a lot of problems and some of those occasionally do hear voices that tell them to do bad things...and I just think that there's a fine line between psychic ability and spiritual things. Hearing thought voices, hearing voices that other people hear,



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and people who are told to do things. I think there's a dividing line and that is mental health. (Rose)

Drawing upon her own mediumistic practice, Rose is clear about the difference between healthy and pathological voice hearing; *"people who are told to do things"*. Rose also makes reference to *"a dividing line"*, suggesting that there is a difference between positive mental health of mediums and poor mental health of some clients that, without enough self-care in psychic practice, can be transgressed. Anna, too, expressed similar concerns:

...if it's a voice and I can't see anybody, and it's just talking about someone else, that's just fine. If it's then saying...do this, do that. I would be concerned and I'd be thinking...this shouldn't be happening and this isn't right...this is [a] mental health issue if it was talking directly to me, especially if it was suggesting what I did, or commenting on my life...that is mental health and not in the psychic spectrum. (Anna)

Like Rose and other participants, Anna differentiated what happens during mediumistic practice and mental illness according to the manner in which phenomena present themselves.

### ***"I might have a hard coating, but I'm human": Being resilient but vulnerable***

Participants recounted how they had adapted to the trauma they had endured in their earlier personal challenges and had become mediums. Key to this adaptation process was the creation of a psychic/spiritual framework within which they could learn to understand their abilities,

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and give a sense of meaning and purpose to who they are and what they do. However, the sense making process could be a long journey:

Well I think this is the first time in my life really that I've felt like I can make sense of it...I'm so relieved now that I've figured it out and a big part of it is that I've dealt with a lot of my trauma. Because my art and the psychic abilities and all of that, I had to first heal myself...And get all of that down, so I actually feel like I'm at a really good place... (Gina)

Anna also disclosed how she realised that it was up to her to restore her world to some sense of normalcy amid the confusion of trauma and psychic experiences:

The first thing for me was acceptance. Accepting that this was how it was and that it was up to me, rather than the idea that someone was going to fix me and make it go away. It wasn't going to go away! I had to do something about it or it was going to be that craziness. It was going to be out of control 'til I did something to make it not be...and so I think that was a big turning point...almost like this negotiating with whatever this is [Spirit]...to limit when and where that could happen and that worked perfectly for me... (Anna)

Anna described how the first stage of coping with her experiences was acceptance of her abilities for what they were, and that, in order to bring her world back into balance; it was up to her to take control of them. She also highlighted a key time for her knowing that she was the one who had to take charge of her abilities and, with no one to help her, she moved from a passive to a more active stance to control

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and understand them. The final stage was learning to negotiate with spirit to put boundaries in place to enable her to work and function effectively as a medium and a person, *“If I didn’t manage it, it would still be doing what it was doing, which is just flooding through”*. General health and wellbeing was something all participants were concerned about, with all of them noting that traumas from the past are always there to exert their influence and so were engaged with in a steadfast, active process of self-management:

...the degree to which I’ve experienced trauma in my own life, and that’s the degree to which I can take on negativity in a derogatory way to me. So this is why I have to make sure that I am very healthy, on a spiritual level, otherwise...my health could deteriorate, because...any wounds that I have...any experiences...help me to be very understanding...but at the same time, they can take me to a darker place, OK, so I have to make sure that I’m doing lots of healing. (Freya)

Freya expresses a need to engage in a holistic activity of self-care in order to remain functional and healthy. While she utilises her own traumatic experiences as an empathic tool for connecting and understanding her clients’ needs, she is simultaneously vigilant of how too much exposure can negatively affect her own spiritual, mental and physical health. To adequately cope, she has to, *“make sure that I’m doing lots of healing”*. Similarly, participants engaged in a range of self-care practices, such as Reiki, yoga, and meditation in order to maintain a mental, emotional and spiritual balance. However, mediumistic work could bring fresh traumas uncomfortably close:

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...when it's close to home, and the same age as one of your own kids, you can break...I might have a hard coating, but I'm human. They went to the same school as well, but, if I don't know of a personal circumstance like that and it's not close to home, it probably wouldn't have bothered me...and similarly, I've had murders, everything and because it's not me I just talk through it, usually.

(Jane)

In the above, Jane describes a situation where she connected with a spirit of young girl who went to her daughter's school. The experience hits Jane hard, she finds herself in a troubling situation that is emotionally wrangling, *"I was nearly breaking at that...but I kept going. I just kept going"*, Jane repeating how she *"just"* kept going underlines the sense of her forcing herself through the situation, drawing upon her inner mental and emotional toughness. Jane feels like she has a resilient skin, but some situations can still leave her open and defenceless, and she too needs a way to release.

### ***"I've never had it when anybody has gone away feeling distraught or in despair": Ethical mediumistic practice***

Nearly all participants drew parallels with their practices and those of counsellors. In fact, some participants over time had acquired training and qualifications in counselling. All participants were driven by a desire to help and heal other people and talked at length about the compassion they felt underpinned what they did. This was demonstrated in a number of ways, for example, monitoring their clients for signs of distress, bringing comfort to those who were in pain, managing difficult information, and knowing the limits of their practice

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leading to referrals to other professionals. Evie described how she responded to distressed clients during:

It is quite often that someone would be upset or emotional because of the type of work that I do, so it would usually be talking, helping them to relax a little bit. Perhaps it might be that we just take a little bit of time out...just to help them to get to the place where they feel more comfortable to continue. Always give them the option, you know shall we stop now? And then have some time afterwards as well that we'll just be talking about just general things so that they feel comfortable...I've never had it when anybody has gone away feeling distraught or in despair. And if that ever happened, then I would make it my purpose that I'd be with them, you know, to do whatever I can. (Evie)

Evie prided herself on never having a client leave "*distraught or in despair*", and outlined a variety of strategies to assist clients through distressing readings, such as talking, helping them to relax, diverting attention, and offering the option to stop the consultation. The strategies mentioned are similar to ethical procedures counsellors use in client sessions, or researchers use with participants in interview/focus group scenarios. However, participants also noted that client distress was not always an indicator of a client suffering; rather it was construed as a form of therapeutic release, as described by both Anna and Eileen:

If a client gets upset, I stop and ask, you know, "Would you like to stop the sitting?" I've never had anybody say yes, because it's the right sort of upset.  
(Anna)

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I consider that upset in a good way actually. I knew he'd got a lot of comfort from it. (Eileen)

Participants believed clients became 'upset' because they had been able to reach a loved one, to know that person is safe and happy having crossed over, or that the client has had questions answered that have been on their mind. Readings evoked powerful feelings of liberation and happiness, which could manifest physically as tears, which was made sense of in a number of ways; "*It's tears of joy. It's tears of relief*" (Maddie), an opportunity to "*release and let go*" in a "*process of healing*" (Lisa), and "*it's a loving upset*" (Beth). Anna described this as "*the right sort of upset*". For her, when clients became upset it was because the reading had been meaningful for them. A transient social connection had been forged in which the medium helped to bring healing and comfort to the client; they are able to feel love for their lost one, and this can radiate beyond the session. The benefits of the connection are taken forward by the client in the knowledge that their loved one is watching over them. However, despite participants' dedication to helping their clients, they acknowledged limits to how they could help people:

I get an awful lot of people who come with relationships issues...

Somebody...needs counselling, then I can let them talk to me...But I will advise them that they need to maybe go seek help...So, you have to refer all that on as well... (Alistair)

Whilst he remained open to talking to clients about their broader life problems, Alistair, like all participants, acknowledged there were times when he needed to refer on to others in

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the helping and therapeutic professions. However, clients could present with problems and issues, which were beyond the medium's capabilities; something that happened to Jane, "*I just said look, I really can't help you because that's far more specialist, spirit rescue [assisting spirit entities who are believed to have failed to make the transition into the afterlife]...you need quite a specialist referral there*". The unique nature of mediumship relies on the messages being received coming from someone the client trusts. A 'good' medium was judged not only on their ability to talk to the dead, but how well they could make any message received understood, credible and impactful. This required being able to shoulder a lot of responsibility because the nature of the information could be challenging to deal with:

What do you do with that information?..do you tell them? Do you make them anxious? Or do you keep it to yourself? It's kind of, it's, that is the stressful aspect to this I imagine. I know the message is right and I know it's going to happen and nine times out of ten, I know who, and so that is something that you have to come to terms with. (Mable)

In the above extract, Mable reveals that a problematic part of psychic work is not always knowing what to do with the information she receives. Revealing certain information could make the client anxious, but keeping it a secret could also compromise them in some way. Mable described the moral dilemmas she faced during mediumistic practice. Information is powerful and how it could and should be used was difficult to discern; the uniqueness of this is that information obtained from ostensibly paranormal sources cannot always be immediately verified, corroborated, and is open to misinterpretation from both the medium and the client.

### **Discussion**

In this study, we aimed to gain an understanding of how mediums experience their mental health in relation to their mediumistic practice and how they recognise and respond to psychological difficulties experienced by their clients. We identified four themes in relation to these research concerns: mediumistic identity; understandings of mental health; balancing residence and vulnerability; and practicing mediumistic work in an ethical manner.

All mediums in our study recounted early life traumas (often compounded by later life traumas) that pre-dated the development of their psychic abilities and mediumistic work. Roxburgh and Roe (2014) noted that some of their medium participants also spoke about initially experiencing hearing voices following traumatic events, while Andrews et al. (2008) found mediums reported a high prevalence of traumatic life events. Both the traumatic events and anomalous experiences (e.g., clairvoyance, clairaudience, clairsentience) that participants experienced were initially accompanied by psychological difficulties.

Taylor and Murray (2012) found that, for mediums who actively engaged with their clairaudient experiences and incorporated them into their biographical narratives, their experiences became normalised, mitigating against distress and difficulty. Similarly, findings from the present study suggest that as part of that narrating process, participants drew upon their traumatic experiences, made sense of them, and internalized the lessons they learned from them as fundamental values of their mediumistic identity; for example in developing their empathy with others who they helped in their mediumistic work. Mediumistic abilities could also aid one's own bereavement grief and facilitate the continuation of a bond with deceased loved ones (see Keen, Murray & Payne, 2013a, 2013b).

Mediums, such as those who took part in the present study, may seek the help of mental health professionals to address traumatic experiences or initially confusing anomalous



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experiences. Given this, it would seem important to take care not to respond in a manner that pathologises or stigmatises aspects of mediumistic experience that they may come to see as valuable and protective (see Valavanis, Thompson & Murray, in press).

Although studies show mediumistic experiences should not routinely be interpreted as psychological disturbance or as symptomatic of a mental disorder (e.g. Menezes & Moreira-Almeida, 2011; Negro et al., 2002), Seligman (2005) found that, at some point during their lives, 55% of Candomblé mediums (compared to 23% in comparison groups) in her study had consulted a mental health professional. Similarly, Roxburgh and Roe (2014) found that in early life, mediums and psychics said that they were disturbed, distressed, or confused by their experiences and often interpreted them initially as potential symptoms of a mental illness of some kind. In the present study, participants recounted how they had struggled to receive appropriate mental health support as they developed their mediumistic abilities. At this early juncture, participants felt that the support on offer focussed on a negative interpretation of their experience, which could be experienced as stigmatising (see Vilhauer, 2017, in relation to hearing voices).

Participants expressed concerns about and drew distinctions between mediumistic practice and poor mental health, although they had difficulty in disclosing their experiences and seeking help due to their perception of negative attitudes by others. In contrast to the anticipated negative responses of others, participants had developed clear ideas about what constituted mental health, mental illness and mediumistic ability for them, which they recognised did not fully accord with commonly held views in wider society or by clinicians (see Menezes & Moreira-Almeida, 2011). For example, hearing spirit voices imparting information, even insistently, was viewed as perfectly

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normal and psychologically healthy, particularly when under the medium's control. However, hearing voices that commanded a person "*to do bad things*", such as those deemed troubling or destructive, were seen as pathological and distressful.

The above findings emphasise the importance of a non-judgemental approach to the beliefs mediums may have regarding their anomalous experiences and further indicate the need to focus on distressing content of experiences rather than 'unusual' beliefs that may be valued and adaptive coping strategies (Valavanis, Thompson & Murray, in press). Mediums adapted to trauma through developing a mediumistic identity, and this understanding gave meaning and purpose to their experiences.

Despite the benefits of adopting a mediumistic understanding of the self to process past traumas and make sense of anomalous experiences, mediumistic work itself could at times provide its own challenges to mental health, such as in exposure to the distress of clients. Prior work has not highlighted this particular issue, although Rock et al. (2008) have previously discussed how some somatic symptoms of the deceased (e.g., ailments such as pain and sickness and causes of death) were vicariously experienced by mediums. Therefore, the nature of mediumistic work routinely involves working with bereaved persons experiencing grief and distress. Similarly to professions which may routinely be exposed vicariously to the trauma of others (Newell, Nelson-Gardell, & MacNeil, 2016), mediums may experience cumulative exposure to such distress that may affect their mental well-being. Whereas other professionals, such as mental health therapists, may have training (Sprang et al., 2007) and supervisory processes (Ennis & Horne, 2003) in place that mitigate such risks (e.g., Ennis & Horne, 2003), mediums do not have such formal training or mechanisms to aid them. This may make it more likely that they will need to seek out

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psychological support for such difficulties. However, clearly mediums value their anomalous experiences and therefore care is needed to focus on the effect of cumulative trauma rather than on mediumistic experiences per se.

Psychic and mediumistic practice has been compared to a form of counselling or therapy (Evenden, Cooper, & Mitchell, 2013). Similarly, mediums in this study drew parallels between their work and that of counsellors (see also Roxburgh & Roe, 2013; Osborne & Bacon, 2015) but also recognized differences in their roles and areas of competence. They viewed themselves as a helping profession managing client distress and bringing them comfort. As with the present study, previous research has found that mediums may undergo training in bereavement counselling (Roxburgh & Roe, 2013; Osborne & Bacon, 2015) or signpost other professionals who can provide appropriate support (Osborne & Bacon, 2015).

The present research provides further insight into the counselling parallels mediums draw between their work and that of mental health professionals by identifying how mediums attempted to recognize and monitor clients' distress and respond appropriately. Mediums recognized the ethical and moral dilemmas that faced them in acting as a conduit between deceased people and their loved ones in a manner that minimized client distress. This involved managing 'difficult' or sensitive information and acknowledging the limits of their own competence in helping clients contain their distress. Of particular interest, mediums made decisions regarding what was a 'good' or therapeutic 'upset' (such as tears of relief when receiving certain information) and when the intervention of other professionals was more appropriate. However, mediums decisions regarding responses to clients' distress were very much informed by a personal judgment rather than the result of professional training. Given the relatively large number of people who consult mediums, there does seem to be

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considerable scope, for example by bereavement services, to educate mediums about appropriately responding to / referring clients who are in distress.

### **Conclusions**

Although previous research has suggested that the work of mediums is not underpinned by poor mental health, research on mental health in relation to conducting mediumistic work is lacking. The idiographic, phenomenological approach taken in this research has been instrumental in highlighting a number of unique findings in this regard. Participants coped with troubled histories by developing life-story narratives that helped normalise what was happening to them. This enabled them to grow from their turbulent personal histories and give meaning to the service they felt they provided for their clients. Participants clearly articulated their beliefs regarding differences between the disorderly nature of mental illness and, what they perceived as, their own psychologically healthy state. They also reported having developed resilience to past traumas and potential harms from the nature of the work they engaged in. Participants displayed an awareness of and attitude to practising ethically, both in terms of caring for their clients' welfare and engaging in self-care.

The findings suggest a number of areas for consideration by clinicians who may work with mediums or their clients. In particular, the research highlights the value of not dismissing or attempting to change appraisals of valued aspects of mediums' anomalous experiences. However, the findings do indicate that support for exposure to clients' difficulties (such as vicarious trauma) might be helpful, in the same way in which other professionals might receive support with such experiences. In addition, help for mediums to manage or appropriately refer clients who experience mental health difficulties would also be useful.

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Given that traumatic life experiences are a salient aspect of mediums' experiences, and that the development of psychic or mediumistic abilities could also be experienced as traumatic, mediums may seek out professional psychological help. Therefore, future research into mediums' help-seeking for mental health difficulties and their experiences of counselling or psychotherapy would be valuable in identifying if and how their psychological needs are met.

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**References**

- Alminhana, L. O., Menezes Jr, A., & Moreira-Almeida, A. (2013). Personalidade, religiosidade e qualidade de vida em indivíduos que apresentam experiências anômalas em grupos religiosos. *Jornal Brasileiro de Psiquiatria*, 62(4), 268-274. Cited in Bastos Jr et al. (2015).
- Andrew, E. M., Gray, N. S., & Snowden, R. J. (2008). The relationship between trauma and beliefs about hearing voices: A study of psychiatric and non-psychiatric voice hearers. *Psychological Medicine*, 38, 1409–1417.
- Bastos Jr, M. A. V, Bastos, P. R. H. D. O., Gonçalves, L. M., Osório, I. H. S., & Lucchetti, G. (2015). Mediumship: review of quantitative studies published in the 21st century. *Archives of Clinical Psychiatry (São Paulo)*, 45(5), 129–138.
- Ennis, L., & Horne, S. (2003). Predicting psychological distress in sex offender therapists. *Sexual Abuse: A Journal of Research and Treatment*, 15, 149–158.
- Evenden, R. E., Cooper, C. E., & Mitchell, G. (2013). A counseling approach to mediumship: Adaptive outcomes of grief following an exceptional experience. *Journal of Exceptional Experiences and Psychology*, 1(2), 12–19.
- Hunter, J., & Luke, D. (eds.) (2014). *Talking with the spirits: ethnographies from between the worlds*. Daily Grail Publishing; Brisbane, Australia.
- Keen, C., Murray, C., & Payne, S. (2013a). Sensing the presence of the deceased: a narrative review. *Mental Health, Religion & Culture*, 16(4), 384–402.
- Keen, C., Murray, C. D., & Payne, S. (2013b). A qualitative exploration of sensing the presence of the deceased following bereavement. *Mortality*, 18(4), 339–357.
- Menezes, A., & Moreira-Almeida, A. (2011). Mental health of mediums and differential diagnosis between mediumship and mental disorders. *Journal of Scientific Exploration*, 25(1), 103–116.
- Moreira-Almeida A. (2004). Fenomenologia das experiências mediúnicas, perfil e psicopatologia de médiuns espíritas [tese]. São Paulo: Universidade de São Paulo, Faculdade de Medicina, Departamento de Psiquiatria. Cited in Bastos Jr et al. (2015).
- Moreira-Almeida, A., Lotufo Neto, F., & Cardeña, E. (2008). Comparison of Brazilian spiritist mediumship and dissociative identity disorder. *Journal of Nervous and Mental Disease*, 196, 420–424.
- Murray, C., & Wooffitt, R. (2010). Anomalous experiences and qualitative research: An introduction to the special issue. *Qualitative Research in Psychology*, 7(1), 1–4.

## MENTAL HEALTH AND MEDIUMSHIP

- Negro, P. J. J., Palladino-Negro, P., & Louzã, M. R. (2002). Do religious mediumship dissociative experiences conform to the sociocognitive theory of dissociation? *Journal of Trauma & Dissociation*, 3(1), 51–73.
- Newell, J. M., Nelson-Gardell, D., & MacNeil, G. (2016). Clinician responses to client traumas: A chronological review of constructs and terminology. *Trauma, Violence, & Abuse*, 17(3), 306–313.
- O’Keeffe, C., & Wiseman, R. (2005). Testing alleged mediumship. *British Journal of Psychology*, 96, 215-231.
- Osborne, G., & Bacon, A. (2015). The working life of a medium: A qualitative examination of mediumship as a support service for the bereaved. *Mental Health, Religion & Culture*, 18(4), 286–298.
- Peres J.F., Moreira-Almeida, A., Caixeta, L., Leao, F. & Newberg, A. (2012). Neuroimaging during trance state: a contribution to the study of dissociation. *PLoS One*, 7(11), e49360.
- Rock, A. J., Beischel, J., & Schwartz, G. E. (2008). Thematic analysis of research mediums’ experiences of discarnate communication. *Journal of Scientific Exploration*, 22(2), 179-192.
- Roe, C. A. (1998). Belief in the paranormal and attendance at psychic readings. *Journal of the American Society for Psychical Research*, 92(1), 25–51.
- Roxburgh, E. C., & Roe, C. A. (2011). A survey of dissociation, boundary-thinness, and psychological wellbeing in spiritualist mental mediumship. *Journal of Parapsychology*, 75(2), 279–297.
- Roxburgh, E., & Roe, C. A. (2013). “Say from whence you owe this strange intelligence”: Investigating explanatory systems of spiritualist mental mediumship using interpretative phenomenological analysis. *International Journal of Transpersonal Studies*, 32(1), 27–42.
- Roxburgh, E. C., & Roe, C. A. (2014). Reframing voices and visions using a spiritual model. An interpretative phenomenological analysis of anomalous experiences in mediumship. *Mental Health, Religion & Culture*, 17(6), 641–653.
- Seligman, R. (2005). Distress, dissociation, and embodied experience: Reconsidering the pathways to mediumship and mental health. *Ethos*, 33(1), 71–99.
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology and Health*, 11, 261–271.
- Smith, J. A. (2003). Validity and qualitative psychology. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 232–236). London: Sage.

## MENTAL HEALTH AND MEDIUMSHIP

- Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, 5, 9–27.
- Smith, J.A. and Osborn, M. (2008). Interpretative phenomenological analysis. In J.A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (pp. 51–80). London: Sage.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage Publications.
- Somer, E. (2006). Culture-bound dissociation: a comparative analysis. *Psychiatric Clinics*, 29(1), 213-226.
- Sprang, G., Clark, J. J., & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and burnout: Factors impacting a professional's quality of life. *Journal of Loss and Trauma*, 12, 259–280.
- Taylor, G., & Murray, C. D. (2012). A qualitative investigation into non-clinical voice hearing: what factors may protect against distress? *Mental Health, Religion & Culture*, 15(4), 373–388.
- Vilhauer, R. P. (2017). Stigma and need for care in individuals who hear voices. *International Journal of Social Psychiatry*, 63(1), 5–13.
- Valavanis, S., Thompson, C., & Murray, C.D. (in press). Positive aspects of voice-hearing: A qualitative metasynthesis. *Mental Health, Religion & Culture*.
- Walter, T. (2008). Mourners and mediums. *Bereavement Care*, 27(3), 47–50.  
<https://doi.org/doi:10.1080/02682620808657727>
- Yardley, L. (2008). Demonstrating validity in qualitative psychology. In J. A. Smith (Ed.), *Qualitative Psychology. A Practical Guide to Research Methods* (pp. 235–251). London: Sage.
- Wooffitt, R. (2006). *The language of mediums and psychics: The social organization of everyday miracles*. Aldershot: Ashgate.



<b>Participant number</b>	<b>Pseudonym</b>	<b>Age</b>	<b>Sex</b>	<b>Number of years as a professional psychic</b>	<b>Interview type</b>
1	Freya	46	Female	15	Face-to-face
2	Jane	49	Female	9	FaceTime
3	Anna	50	Female	28	Face-to-face
4	Mable	62	Female	15	Telephone
5	Gina	37	Female	5	Skype
6	Eileen	63	Female	20	Telephone
7	Anne-Marie	49	Female	12	Face-to-face
8	Maddie	52	Female	15	Skype
9	Meg	25	Female	2	Face-to-face
10	Lisa	38	Female	9	Face-to-face
11	Rose	45	Female	3	Skype
12	Evie	43	Female	15	Skype
13	Alistair	41	Male	10	Telephone
14	Beth	45	Female	15	Telephone

Table 1. Participant demographic details

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<b>Participant number</b>	<b>Pseudonym</b>	<b><u>Theme 1</u> From past traumas to mediumistic identity</b>	<b><u>Theme 2</u> Spirit makes sense, mental illness is chaos</b>	<b><u>Theme 3</u> Being resilient but vulnerable</b>	<b><u>Theme 4</u> Ethical mediumistic practice</b>
1	Freya	[X]	-	[X]	X
2	Jane	X	X	[X]	X
3	Anna	X	[X]	[X]	[X]
4	Mable	[X]	X	X	[X]
5	Gina	X	X	[X]	X
6	Eileen	X	-	X	[X]
7	Anne-Marie	X	-	-	X
8	Maddie	[X]	[X]	X	X
9	Meg	X	X	-	X
10	Lisa	X	[X]	-	X
11	Rose	X	[X]	X	X
12	Evie	X	X	X	[X]
13	Alistair	X	X	X	[X]
14	Beth	X	X	X	X
	<b>COUNT</b>	14	11	11	14

Table 2. Contributions that each participant made to each theme [square brackets indicate for whom exemplar data excerpts are provided in the results].

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### Endnotes

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<sup>i</sup> Although it is a robust part of other religious and cultural traditions (e.g., see collection of essays in Hunter & Luke, 2014).

<sup>ii</sup> According to the Spiritualists' National Union's (SNU) website (<https://www.snu.org.uk/about-us>), there are 'over 340 Spiritualist churches and centres throughout the UK with... approximately 11,500 paying members.' The Spiritualists' National Union (SNU) 'supports Spiritualist Churches all across the United Kingdom, including the training of spiritual healers, spirit mediums, public speakers and teachers.'

<sup>iii</sup> Those who did not respond may not have met the inclusion criteria as described in the participant information sheet: psychic practitioners who experienced clairaudience but were not regular participants in religious groupings or psychic networks; did not routinely experience distress as part of their mediumistic work; and had not received any medical or therapeutic treatment within the previous two years.

<sup>iv</sup> There are no objective criteria for determining what constitutes a theme in qualitative research. However, a theme in IPA can be summarised as a particular set of recurring features and interpretations of recounted experiences identified by the researcher that together comprise a discrete set of complementary elements or components of analysis in a coherent and explanatory manner.

<sup>v</sup> Ellipsis points denote a short pause in the flow of a participant's speech or where material has been removed.