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**ACCOUNTS OF CONSPIRACY BELIEFS WITHIN THE  
GENERAL POPULATION: A GROUNDED THEORY**

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## **ABSTRACT**

'If sanity and insanity exist, how shall we know them?' (Rosenhan, 1973, p.250). This question, posed almost 40 years ago, continues to pervade mental health debates and polarise opinion. The current research explores how unusual beliefs are negotiated and constructed by individuals in a non-clinical population. I considered this from the perspective of individuals who endorse conspiracy theories ('belief holders') as well as a friend, family member or partner. Previous research indicates that 'insanity' is often identified and constructed by systems around a person rather than by the person themselves. By taking this approach, I aimed to elucidate the intra- and inter-personal negotiation of claims from two different perspectives. Each belief holder and a self-selected friend, family member or partner were interviewed together to examine the intra- and inter-personal negotiation of claims, how claims were constructed by those around the belief holder and how emotions associated with claims were managed. Grounded theory was used to analyse the data.

Two core-categories were developed from the data; 'discovering and managing a new world' and 'experiencing and negotiating claims with others'. The first core-category focused on the intra-individual experience of claims, exploring how these were discovered, experienced and integrated into participants' sense of themselves and their identities. The second core-category explored the inter-personal negotiation of claims, how claims were constructed by those closest to belief holders and the strategies developed by participants to negotiate claims in diverse social contexts. Both core-categories were complementary, with many processes running in parallel between the two. A model of how participants experienced and negotiated claims was developed, combining the two core-categories and explicating the relationships between the two. The clinical and research implications of the findings are explored.

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## INTRODUCTION

Almost 40 years ago, in his seminal work into the validity of psychiatric diagnoses, Rosenhan asked; 'if sanity and insanity exist, how shall we know them?' (Rosenhan, 1973, p.250). This question has continued to pervade mental health debates and is central to this research. If the line between 'sanity'<sup>1</sup> and 'madness' is not as clear-cut as psychiatric labels imply, why is it that some people receive diagnoses such as 'schizophrenia' whilst others negotiate identities as 'eccentrics' (Weeks & James, 1995)?

This investigation aims to explore the accounts of people who endorse minority reality claims<sup>2</sup> within the general population. By considering the intra- and inter-personal negotiation of claims in a non-clinical sample, it is anticipated that this research will elucidate understandings of the boundaries between sanity and 'insanity'. Whilst the focus is on a non-clinical population, this research has been developed specifically with mental health service-users in mind. Research into the personal and social negotiation of 'unusual beliefs' in a non-clinical sample may have important implications for service-users, offering insights into strategies to manage and negotiate beliefs labelled as delusions. On a broader level, research such as this may illuminate some of the challenges highlighted by Rosenhan's (1973) question and the difficulties associated with categorical approaches to psychiatric diagnosis.

In addition to 'belief holder'<sup>3</sup> participants, this research focuses on the interpersonal construction of claims through the inclusion of a friend, family member or partner (FFMP). One possible answer to Rosenhan's (1973) question regarding the nature of sanity and insanity might be that madness is identified

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<sup>1</sup> Inverted commas will be used throughout to indicate an awareness of the use of problematic terminology. Inverted commas will only be used when problematic terms are used for the first time.

<sup>2</sup> The term minority reality claim is used where possible to describe the worldview endorsed by participants. This term was adopted as many participants in this research objected to the use of terms such as conspiracy theories or unusual beliefs since they felt that this undermined the validity of their ideas.

<sup>3</sup> Belief holder will be used as a shorthand term to denote participants who endorsed minority reality claims. Whilst the problematic nature of the term belief holder is recognised, it is used for the purposes of brevity.

and labelled by those around the person considered 'mad'. Thus, when considering the boundaries between sanity and insanity, it seems pertinent to also explore constructions of unusual beliefs from the perspective of those closest to the belief holder. How do individuals with alternative worldviews negotiate their ideas and what impact does this have on the people around them? This research aims to explore the experience of endorsing and negotiating minority reality claims from the perspective of the belief holder as well as a FFMP.

In this chapter I will begin by reviewing current psychiatric and psychological approaches to delusions. Subsequently, I aim to explore some of the difficulties with psychiatric and psychological approaches, making links between these problems and the present investigation. I will then discuss both the context of and literature on conspiracy theories and other unusual beliefs from a non-clinical perspective. I will then relate conspiracy research to clinical research on delusions. Finally I will summarise the research presented and discuss the rationale for, and questions guiding, this investigation.

### **Literature search**

A literature search was conducted on the following databases: SAGE journals (2002-2012), Science Direct (2002-2012), PsycINFO (2002-2012), PsycARTICLES (2002-2012), CINAHL (2002-2012) and Google Scholar (2002-2012). The following search terms were used combined with Boolean operators AND/OR; non-clinical, general population, delusion, unusual belief, psychosis, continuum, family, duration of untreated illness, help seeking, interpersonal, coping, discourse, social construction. Where searches resulted in 500 or more papers, subject terms/keyword searches were used to limit the results. Relevant papers were identified initially through reading the title then reviewing abstracts and the paper itself if deemed relevant. Relevance was determined on the basis that papers focused on unusual beliefs (or delusions) in clinical and/or general populations. Searches were conducted for the period 2002-2012 as it was inferred that research published between these dates would be building on existing theories. Older papers were then identified by reviewing references cited within the literature. This enabled the identification of relevant historical literature

as well as ensuring that current literature formed the focus of the search. Citation searches were conducted on particularly relevant papers to enable the identification of other relevant literature.

### **Psychiatric approaches**

Psychiatric constructions of the boundary between sanity and insanity rely upon categorical diagnoses such as schizophrenia. Thus, madness is identified through the recognition and labelling of symptoms which are assumed to reflect underlying pathology. Yet, as Rosenhan's (1973) research demonstrated, the labelling of pathology is somewhat more complex than simplistic categories of diagnosis may imply. In this section, I will examine unusual beliefs by exploring how delusions have been constructed and the influences on this process. I will also explore the questions raised by psychiatric research and consider criticisms of diagnostic approaches.

#### Psychiatric constructions of delusions

Since the focus of this research is on unusual beliefs, I will concentrate on the construction of delusions and associated psychotic diagnoses such as schizophrenia. Within DSM-IV, delusions are considered one of the 'positive symptoms' associated with a diagnosis of schizophrenia (Crow, 1980). Palmer (2000) asserted that delusions are present within over 75 psychiatric disorders, leading some to argue that delusions are 'central psychiatric concepts' (Georgaca, 2000). DSM-IV defines a delusion as:

A false belief based on incorrect inference about external reality that is firmly sustained despite what almost everyone else believes and despite what constitutes incontrovertible proof or evidence to the contrary. The belief is not one ordinarily accepted by other members of the person's culture or subculture (APA, 1994).

Despite the primacy of delusions within psychiatric diagnoses (Georgaca, 2000), upon reading the diagnostic classification, it is unclear how individuals considered 'delusional' are differentiated from those labelled eccentric or 'conspiracy theorists'. For example, conspiracy theories are, arguably, beliefs which are

sustained despite mainstream opposition, considered false by most people and are maintained irrespective of what is considered incontrovertible evidence of falsity by the majority of society. This raises the question as to why some people are labelled delusional yet others with beliefs which appear to meet diagnostic criteria are not. The following section focuses on psychiatric approaches to answering this question.

The key features of delusions outlined by DSM-IV and emphasised throughout research are falsity, conviction, incorrigibility and cultural aberration. This construction of delusions arguably promotes judgement on a categorical basis i.e. the presence or absence of 'symptoms' and has contributed to a largely bio-deterministic research and treatment focus (Georgaca, 2004; Palmer, 2000). Indeed, medical understandings have principally been based on the idea that delusions are a symptom of an underlying biological brain disorder such as schizophrenia. Various genetic studies have attempted to explore the link between genes and diagnoses such as schizophrenia; however, to date, genetic research has largely failed to produce consistent evidence of the genotypes implicated in schizophrenia (Bentall, 2004; Lowenstein, 2009). Lowenstein (2009) argued that lack of knowledge in this area, in addition to the inability to affect genes, should preclude further research. Yet such research continues (e.g. Andreasen, Wilcox, Epping, Ziebell, Zein, Weiss et al., 2011). If it is possible to explain the development of 'syndromes' such as schizophrenia through genotypes, it raises questions about how some people who hold unusual ideas, but do not access mental health services, are understood. Perhaps their experiences would be perceived as a lesser expression of an underlying genetic condition. It appears that instead of addressing these questions, genetic research primarily focuses on people with a diagnosis of schizophrenia and disregards any experience resembling this within the general population. This focus on the 'pathological' maintains the supremacy of biological processes and allows limited insight into the psychological and social processes which may determine how people are labelled as mad or 'psychotic'.

In addition to genetic studies, psychiatric research has focused on neural substrates responsible for the development of psychosis. The hypothesis that

abnormalities in dopamine levels are causal to psychosis has been an enduring idea within psychiatry (Howes & Kapur, 2009). Howes and Kapur (2009) chart the history of the 'dopamine hypothesis', assimilating the research and proposing a third version of the theory. The dopamine hypothesis has various guises but essentially states that an excess of dopamine within the brain is causal to psychosis. Howes and Kapur (2009) argued that various pathways lead to dopamine dysregulation within the brain, asserting that dopamine is the 'final common pathway to psychosis' (Howes and Kapur, 2009, p.557). Models proposing that neural substrates are almost exclusively responsible for the development of symptoms such as hallucinations and delusions fail to account for the presence of these experiences within community populations (e.g. Romme & Esher, 1989). Do non-clinical samples experience dopamine dysregulation in an attenuated form or is another process responsible for these experiences? Despite proposing that dopamine abnormalities are causal to psychosis, Howes and Kapur (2009) fail to provide an explanation for the presence of 'sub-clinical' psychosis within their model. Failure to consider non-clinical populations is common in research focusing on the dopamine hypothesis of psychosis; this approach leaves fundamental questions about the prevalence of psychotic-like experiences in the general population unanswered.

The notion of 'insight' remains central to psychiatric understandings of delusions as well as other mental health problems. David (1990) characterises insight as an awareness of illness, the ability to recognise psychotic experiences as a sign of pathology and compliance with treatment. This definition is readily accepted within psychiatric communities (e.g. Gillett, 1994), with clinicians working to enhance insight in order to improve outcomes such as hospital admissions (Gillett, 1994). However, the measurement of insight is contingent on clinician rather than service-user judgement (Hamilton & Roper, 2006). Literature on insight seemingly disregards the powerful position of the clinician in judging whether a service-user is considered to possess, or lack, insight. In addition, it assumes universal agreement over constructs such as schizophrenia and insight. Hamilton and Roper (2006) argued that service users' rejection of psychiatric labels presents a threat to clinician and researcher authority. They infer that clinicians and researchers respond to this threat by colonising service-user

experience, framing rejection of diagnosis as lack of insight and therefore reflective of underlying pathology (Hamilton & Roper, 2006).

The reification of insight in psychiatric research and practice leaves many difficult questions unanswered. How is insight defined? Is there universal agreement on what constitutes the possession or lack of insight? Is the language of insight available to everyone or used only by certain privileged groups? In the context of this investigation it appears unclear how people who endorse unusual beliefs in the general population would be constructed in terms of insight. It seems unlikely that individuals endorsing conspiracy theories would consider their beliefs delusional. This leads to questions about whether they would be considered to lack insight and therefore be in need of psychiatric input.

### **Psychological theory**

In contrast to psychiatric approaches, psychological research and practice has largely rejected unified diagnostic constructs such as schizophrenia, instead focusing on individual aspects of experience. The rejection of labels such as schizophrenia has been based upon the heterogeneity of symptom expression and the lack of reliability regarding clinician diagnosis (Bentall, 2004). In the light of these (and other) criticisms, many proponents have advocated a dimensional approach to psychiatric diagnoses (Bentall, 2004), acknowledging a continuum of experience between clinical and non-clinical populations (Strauss, 1969). To explore how individuals, and those around them, are able to manage alternative beliefs without seeking psychiatric input, it is necessary to understand how psychological theories might construct such individuals.

Since psychological theories largely focus on single symptoms, (Freeman & Garety, 2000) the following sections will primarily focus on research into delusions. The research discussed here broadly consists of models concerning the development, maintenance and treatment of delusions, and research attempting to account for the continuum of experience of unusual beliefs between clinical and non-clinical populations.

### Cognitive models

Within psychological theory and practice, Cognitive Behavioural Therapy (CBT) for psychosis, with its large and robust evidence base, has become the dominant approach. A single-symptom approach has been adopted within most CBT for psychosis research (Freeman & Garety, 2000).

Maher's (1974) conceptualisation of delusions being attempts to make sense of anomalous experiences has pervaded cognitive theory and arguably remains the central tenet of cognitive research. Indeed, the notion that delusions are based on an interaction between internal and external experiences and incorrect reasoning is integral to most dominant cognitive theories (Bentall, 2004; Freeman, Garety, Fowler, Kuipers, Bebbington & Dunn, 2004; Morrison, 2001). Thus, if applied in the context of a non-clinical population, it may be inferred that similar aberrant reasoning processes contribute to the development of unusual beliefs. Yet it appears unclear which aspects of the theory account for the division between clinical and non-clinical populations. Is it the internal and external experiences which differ or could it be reasoning biases that differentiate these groups?

Several broad multifactorial models have been developed, synthesising previous cognitive research, to explain the development and maintenance of delusions (e.g. Freeman et al., 2004; Morrison, 2001). Morrison's (2001) model suggested that delusions arise from culturally unacceptable misinterpretations of intrusions into awareness which are maintained by faulty self and social knowledge derived from life experiences. Other models emphasise different processes but similarly point to reasoning biases in the development and maintenance of delusions (Freeman et al., 2004). The idiosyncratic nature of cognitive models of delusions (Morrison, 2001) may, in part, explain the variation between clinical and non-clinical populations. It could be postulated that reasoning biases (Garety, 1991) contribute to the development of unusual beliefs within non-clinical populations and that processes such as self and social knowledge and cultural acceptability (Morrison, 2001) determine the impact on functioning and levels of distress experienced. This would mean the same processes would be implicated in the development and maintenance of unusual beliefs within the general population

and delusions within the psychiatric population; however, those in the general population would hold different interpretations of their beliefs activating different cognitive, affective, behavioural and physiological processes. Whilst cognitive models may offer some explanation of the differences between clinical and non-clinical belief processes, they seem somewhat limited. For every question cognitive theories answer, many more are raised such as who decides what is culturally unacceptable? What processes are involved in the transformation of a person with culturally unacceptable beliefs to a person with delusions? Individuals rarely identify their beliefs as delusions (deHaan, Welborn, Kirkke & Linzen, 2004) yet cognitive models appear to ignore the process of identification and labelling, emphasising instead internal processes. The identification and labelling of delusions is explored later in this chapter.

Research has been conducted to investigate cognitive approaches in non-clinical populations. For example, Freeman, Pugh & Garety (2008) investigated the jumping to conclusions bias in a non-clinical sample. The researchers found that this bias was present in 20% of their non-clinical sample and was associated with 'paranoid' thoughts. Cognitive research in non-clinical populations has been cited in support of the notion of a continuum of experience between clinical and non-clinical populations (Lincoln, 2007). Yet it appears unclear why individuals reporting paranoid thoughts and demonstrating identical jumping to conclusion biases remain in the non-clinical population. The usefulness of this research is limited as basic questions remain overlooked. For example, knowledge that some individuals in both general and psychiatric populations 'jump to conclusions' and that this tendency is correlated with self-reported unusual beliefs appears to ignore basic questions such as what processes or experiences differentiate clinical and non-clinical populations? The question posed by Rosenhan (1973) remains as relevant today as it was 40 years ago.

### Continuum theories

Despite a presence within research literature charting over 100 years (Peters, 2001), the notion that symptoms of psychosis are continuously distributed within clinical and non-clinical populations (Strauss, 1969) has only recently been taken seriously. A number of theories concerning individual differences have been

developed to account for the continuum of experience of unusual beliefs within clinical and non-clinical populations (Peters, Joseph & Garety, 1999; Verdoux & van Os, 2002). Much of the continuum literature has been written by researchers who are also interested in cognitive models of delusions. Thus, a reciprocal relationship between continuum theories and cognitive theory has developed (Campbell & Morrison, 2007).

Peters et al. (1999) developed the Peters Delusion Inventory (PDI) to measure the prevalence of delusional ideation within the general population. The authors found that a significant number of people within the general population held beliefs that were identical to those of a clinical population. However, it was the levels of distress and preoccupation associated with the beliefs which differentiated the clinical from non-clinical participants, with clinical participants experiencing more distress and preoccupation concerning their beliefs (Peters et al., 1999). These findings have been replicated across cultures (Verdoux, Maurice-Tison, Gay, van Os, Salamon & Bourgeois, 1998) and religious groups (Smith, Riley & Peters, 2009). Such research suggests that it is not the belief *per se* but the appraisal, distress and preoccupation which determines whether someone's perspective is considered problematic.

Cognitive and continuum researchers have increasingly been incorporating interpersonal factors into conceptualisations of psychosis. Through exploring unusual beliefs within clinical and non-clinical populations, Campbell and Morrison (2007) argued that a key difference between clinical and non-clinical groups was levels of cultural acceptability and appraisals of harm. The authors suggest that the clinical sample held less culturally acceptable beliefs and appraised harm as more likely than the non-clinical sample. Freeman, Garety, Bebbington, Smith, Rollinson, Fowler et al. (2005) conducted an internet survey into suspiciousness, distress and coping strategies within a general population sample. They argued that suspicious thoughts were a common occurrence for most people but that such ideas were distributed hierarchically with interpersonal suspiciousness at the lowest and most common level and conspiracy involving organisations and severe personal threat at the highest and least common level. They further argued that withholding feelings from others was associated with

higher levels of paranoia. Boyd and Gumley (2007) similarly explored the experience of paranoia and postulated that social isolation contributed to the worsening of paranoia as well as a perception of threats as external and interpersonal. Such continuum research appears to compliment cognitive theory, providing a research basis for 'normalisation' (Kingdon & Turkington, 1994) of unusual beliefs and integrating interpersonal factors into models of the development and maintenance of delusions. However, the interpersonal factors explored are limited to negative experiences such as isolation from others, experiences of interpersonal suspiciousness and social rejection due to the culturally unacceptable nature of ideas. What appears to be neglected within this research is the voice of those surrounding the person with unusual beliefs. Are all interpersonal experiences regarding beliefs exclusively negative and excluding and is this different in non-clinical populations? How are unusual beliefs appraised and negotiated by others and does this differ between those close to individuals within the psychiatric and general population?

Psychological research advocating a continuum approach to experiences proclaims that this explanation is less pathologising and enables experiences to be normalised (Turkington, Kingdon & Weiden, 2006). It appears instead though, that the notion of a continuum of experience promotes a polarity between 'normal' and 'abnormal' ends of the spectrum. Indeed, there must be a threshold at which a person tips from normal to abnormal although it is unclear about what criteria must be satisfied, other than absence of contact with mental health services, to remain at the normal end. Further, explanations offered from a cognitive perspective focus on faulty thinking (e.g. Morrison, 2001), prioritising individual accounts at the expense of broader systemic influences. Such research indicates, at the very least, that normality and rationality are complex constructs, with many people simultaneously being considered normal and rational yet also endorsing seemingly irrational ideas.

Evidence that identical beliefs exist within both clinical and non-clinical populations has inspired this research. Yet the explanations for the differences between clinical and non-clinical groups offered by some psychological theories seem somewhat simplistic. For example, according to Freeman et al.'s (2005)

hierarchical model, conspiracy involving organisations is at the highest and least common level yet conspiracies regarding government organisations are prevalent within the general population (Goertzel, 1994; Kay, 2011). Many questions remain unanswered including at what point a person's beliefs are considered problematic and who makes this decision. These and other questions are addressed below.

### **Criticisms of dominant psychological approaches**

Despite attempts to address problems inherent within broad, unified constructs such as schizophrenia, Harper (2004) argued that the majority of psychological research and theory has failed to address the problematic features inherent to psychiatric labels. Arguably, the reification of delusions silences opposition through alignment with psychiatric and therefore scientific taxonomy and appealing to the notion that there is a common understanding about what is acceptable to believe; an idea based on dubious foundations. The following section outlines some of the criticisms of traditional psychiatric and psychological approaches to research and practice concerning delusions, highlighting the links with, and rationale for, the present investigation.

#### Abnormality: A contentious construct

Central to much psychological research is the notion of a continuum from normality to abnormality; sanity to insanity. Synonymous with normality is the notion of rationality and that normal people are rational (Crowe, 2000; Georgaca, 2004). Yet few attempts have been made to define or measure the rationality of normal individuals (Georgaca, 2004). General population surveys demonstrate high rates of endorsement of unusual ideas such as paranormal phenomena (Gallup Poll, 1995). Thus, if individuals considered 'normal' and 'rational' endorse ideas constructed as irrational then arguably the assumed correspondence between insanity and irrationality is questionable. Therefore what, if not irrationality, leads a person to be diagnosed as delusional?

### The role of the diagnostician

Heise (1988) argued that when conflicts arise over beliefs coming from different epistemological positions, it is the powerful who decide what constitutes reality. However, the interactional nature of diagnostic decisions and the active role of the clinician are systematically ignored in mainstream psychiatric and psychological literature (Georgaca, 2004). Heise (1988) asserted that the judgement of pathology is based on an ascription of meaning which is legitimised by power and embodied within face-to-face interaction. Palmer (2000) argued that since irrationality is constructed within a social context, then it is this process, rather than an individual's pathology, that merits further exploration. Indeed, Heise (1988) discussed the dialectical process of delusion identification, arguing that social power determines which party's thinking is reified and which is stigmatised, with the 'deficient' party being subject to social control. Drawing on examples of unconventional belief systems, Palmer (2000) argued that it is not the belief but the negotiation of the belief in a context of power that is the key factor in decisions regarding pathology. This research is interesting in the context of the present investigation since it highlights the importance of the social negotiation of beliefs. If it is not the belief itself but how it is negotiated that is critical to decisions regarding pathology, then it would be interesting to discover how people with unusual beliefs who are not labelled as delusional socially negotiate their beliefs.

### The nature of truth

Heise (1988) argued that the label of delusion arises when a person demonstrates a lack of 'social commitment' through the expression of ideas that are not widely shared. Within western societies, truth is legitimised through scientific enquiry which is embedded within a realist epistemology. Heise (1988) argued that truth and reality obtain significance through systems of knowledge and learned concepts. Thus, cultures or subcultures with different epistemological positions may treat knowledge and understandings from competing systems with incredulity (Heise, 1988). Therefore, determination of truth and what constitutes meaningful and credible information sources can vary according to the epistemological position adopted within different cultural groups. Heise (1988) argued that this creates problems for clinicians when attempting to determine the

veracity of claims since notions of truth are contingent on a particular ideology which can vary within and between cultures.

Aird, Scott, McGrath, Najman and Al Mumun (2010) discussed the social shift from traditional religious to new age thought. The authors proposed that the increasing acceptance of new age thought may explain high rates of delusion-like experiences within the general population (Aird et al., 2010). However, if social belief systems are changing, what impact does this have on the construction of unusual beliefs? It appears that there may be a dichotomy between professional knowledge based on scientific enquiry and a growing social knowledge based on new age thought (Aird et al., 2010). This seems to pose yet another problem to the process of differentiating madness from sanity.

#### Rhetoric and practice: Epistemological inconsistencies

There are assumed to be differences between lay and psychiatric interpretations of madness. However, such differences appear fragmentary when the process of psychiatric diagnosis is explored. Rather than rigorous, scientific approaches to diagnosis, psychiatrists adopt tacit skills and 'common sense' to identify delusions (Harper, 2004; Palmer, 2000). Through adopting a naively realist position, exponents sidestep the difficult issue of how decisions regarding the veracity of claims are made (Harper, 2004). Harper (2004) argued that there is an inequality in the threshold required for claims to be considered valid, with service users being significantly disadvantaged and psychiatrists rarely investigating the empirical basis of claims. Heise (1988) reasoned that without taking an epistemological position, psychiatrists could not be using falsity as a criterion for diagnosis and therefore must rely on the extent to which claims maintain 'social currency'. As previously discussed, the very notion of truth and reality is contentious, yet this difficulty is ignored within clinical practice. This raises interesting questions about how people within the general population maintain minority reality claims which often do not have social currency or accord with common sense understandings, yet are not labelled as mad.

### Conviction and incorrigibility

Georgaca (2000) argued that since the content of delusions have been demonstrated to be present within both clinical and non-clinical populations (e.g. Peters et al., 1999) and determining 'truth' within the context of a conversation is problematic, then research should focus on levels of conviction and incorrigibility since these factors differentiate clinical from non-clinical groups. Through interviews with people diagnosed as delusional, Georgaca (2000) contended that individuals drew on culturally prevalent discursive devices to legitimise claims and that they were meaningful and negotiated within the context of the interaction. Garety (1985) argued that beliefs considered delusions are not held with absolute conviction but instead change across time and contexts. If delusions are neither based on culturally aberrant ideas nor held with absolute conviction, then arguably the standard against which diagnostic decisions are made and the validity of the delusion construct is questionable. Such ideas highlight the potential oversimplification of psychiatric research into delusions and raise questions about what it is that differentiates the delusional from the non-delusional.

### Contextualising experiences

Cromby and Harper (2009) argued that dominant models of psychosis are largely decontextualized and offer, at most, tokenistic acknowledgement of environmental factors whilst maintaining the primacy of cognition. For example, despite an acknowledgement of the interpersonal nature of paranoia and the impact of social isolation on experiences, Boyd and Gumley (2007) continued to privilege the role of cognition, suggesting that paranoia was primarily constructed in the 'imagination' of participants. Cromby and Harper (2009) emphasised the social, material and relational aspects of paranoia, arguing that 'acute' states are created within dialectical exchange of perception and the social, material and relational circumstances of a person's life. In contextualising people's experiences, rather than focusing on intra-individual, cognitive processes, broader questions about the material, relational and social aspects of experience are illuminated. If social and economic factors influence the likelihood of receiving a mental health diagnosis, then perhaps differences between clinical and non-

clinical populations who endorse identical minority reality claims are reflected in the social and economic systems around the individual.

### Interpersonal context

Researchers consistently point to the social negotiation of unusual beliefs and how beliefs are transformed into delusions and madness through conflicts over reality (Heise, 1988). Yet despite the ubiquitous threat of having beliefs reduced to insanity (Heise, 1988), many people are able to endorse minority reality claims without being constructed as mad by those around them (Peters et al., 1999). Palmer (2000) further suggested that since mental health problems such as psychosis are labelled socially, explorations of this interpersonal exchange are vital to understand the way in which madness is constructed. Smith (1978) explored the construction of mental illness and argued that despite an absence of clarity regarding what deviation from which norm classifies someone as mentally ill, verbal descriptions can powerfully illustrate a picture of mental disturbance in the mind of another. Smith (1978) pointed to the process in which discursively 'mental illness' becomes reified leading prior and subsequent constructions to be interpreted exclusively through this lens. Thus, despite an apparent intangible quality, mental illness can be effectively constructed through a variety of discursive devices (Smith, 1978). Mercer (1995) argued that the distinction between what is acceptable and what is not acceptable to say is learned socially and abided by to avoid labels of eccentricity or madness. What is unclear is the extent to which the ambiguity surrounding the construct of mental illness promotes caution when people discuss minority reality claims. This investigation aims to explore how people negotiate unusual beliefs and the extent to which caution is exercised when sharing ideas.

A number of researchers have identified the role of the system around the individual in constructing beliefs as unusual and the subsequent seeking of help from mental health services (deHaan et al., 2004). Research in this area largely assumes that the 'duration of untreated psychosis' should be minimised to ensure better outcomes (Bergner, Leiner, Cartner, Franz, Thompson & Compton, 2008). Thus, research has focused on how systems around a person diagnosed with psychosis came to identify symptoms and barriers to treatment initiation (Bergner

et al., 2008). deHaan, Peters, Dingemans, Wouters and Linszen (2002) argued that people with psychosis often do not recognise their experiences as being indicative of mental illness and therefore the role of family members and friends is critical in the process of help seeking and treatment initiation. For 91% of deHaan et al.'s (2002) sample, those around the individual were central to treatment initiation. Many other researchers have highlighted the integral role of the family and system around the individual in identifying psychosis and initiating help seeking (Judge, Perkins, Nieri & Penn, 2005; O'Callaghan, Turner, Renwick, Jackson, Sutton, Folley et al., 2010; Wong, 2007).

Judge et al. (2010) suggested that most individuals did not notice the behavioural and cognitive changes associated with the development of their psychosis. Thus, if individuals were not aware of changes, perhaps caregivers interpret and construct changes as being indicative of mental illness (Judge et al., 2010). Qualitative research charting entry to mental health services suggests that caregivers seek support from friends and informal social networks, with contact with mental health services being the last resort (Corcoran, Gerson, Sills-Shahar, Nickou, McGlashan, Malaspina et al., 2007; Wong, 2007). This apparent reluctance to contact mental health services and construct a family member's behaviour as pathological has been linked to the stigma associated with mental illness (Tanskanene, Morant, Hinton, Lloyd-Evans, Crosby, Killaspy et al., 2011). The reticence to access services could imply that initially, distress is located in the system around the person expressing unusual ideas or experiences and only when difficulties become acute is a decision made to access mental health services. Such research raises again the question of how unusual beliefs are constructed by people around belief holders in the general population. Are people close to belief holders concerned about their claims? Do belief holders experience emotional and social difficulties in relation to claims and how is this managed by themselves and those around them? These questions are examined by this research with the aim of explicating the constructions of people close to belief holders in the general population.

## **Conspiracy theories**

This research aims to explore unusual beliefs within the general population. To narrow this broad focus, I chose to recruit people who endorsed conspiracy theories. The following sections explore definitions of conspiracy, the context of conspiracy within Western cultures and conspiracy research.

Swami, Chamorro-Premuzic & Furnham (2010) defined conspiracy theories as “lay beliefs that attribute the ultimate cause of an event or the concealment of an event from public knowledge, to a secret, unlawful and malevolent plot by multiple actors working together” (p.759). Conspiracy theories can be broad and wide ranging. Several writers have commented on the meta-nature of many conspiracies, incorporating seemingly diverse events into broad narratives in which each conspiracy supports and provides evidence for another (Goertzel, 1994; Kay, 2011; Swami et al., 2010). It has been suggested that individuals who endorse one conspiracy are likely to endorse multiple conspiracies (Goertzel, 1994; Swami et al., 2010); leading Goertzel (1994) to suggest that endorsement of conspiracies is a generalised ideological dimension. Within this research, although conspiracy theories formed the major focus, it seemed pertinent to adopt a loose interpretation of conspiracy due to the potential diversity of ideas. Thus, for the purpose of recruitment, conspiracy was defined as having an understanding or perspective that is not widely shared or may be marginalised in some way, for example, by the media or the government. People who identified as part of a specific religion or church were excluded since this generally represents an institutionalised network readily available to gain support and elaborate claims. Since often people labelled as delusional are socially isolated (ODPM, 2004), it was hoped that by excluding people who were part of religious groups, the accounts of participants would be considered more relevant to some mental health service-users.

### The context of conspiracy and links with ‘madness’

Conspiracy theories are increasingly becoming part of the fabric of Western culture. The popularity and propagation of conspiracy is reflected in a broad range of media including books (with 10,413 books on Amazon with the word

'conspiracy' in their title<sup>4</sup>), magazines, websites, radio programmes and even a television channel (Edge Media TV) devoted to revealing the 'truth' behind diverse "cover-ups" from 9/11 to extra-terrestrial activity. Such ideas are further popularised by films, ensuring that knowledge of conspiracy remains firmly within the Western psyche. Arguably 9/11 proved pivotal for the development and propagation of conspiracy theories; Kay (2011) wrote 'when skyscrapers crumble...we demand a grander narrative than mere chaos, and grander villains than mere criminals and lunatics' (p.Xiii). Goertzel (1994) conducted a random general population survey measuring endorsement of conspiracy theories, finding that most people believe one conspiracy is at least partially true, with only 6.2% of the sample not endorsing any conspiracy theories. Yet widespread condemnation of conspiracies remains.

In a similar manner to diagnostic decisions regarding delusions, conspiracy theories are often discounted on the basis of common sense rather than systematic investigation into the claims. Aaronovitch (2009) exemplifies this scepticism, writing 'I was therefore sure, without even scrutinising it, that Kevin's evidence was wrong' (p.2). Conspiracy theories are often dismissed, marginalised and ridiculed by the media and politicians. Perhaps as a result of such stigma, there remains a reticence within the general population to openly endorse interpretations outside of mainstream accounts (Freeman et al., 2005; Wooffitt, 1992) due to the risk of being labelled and ostracised (Heise, 1988).

Talking about conspiracies is undoubtedly somewhat of a social risk. Within our culture, there is a prevailing sense of scepticism towards ideas that challenge common sense understandings of the world (Wooffitt, 1992). However, not all conspiracies are considered the same. Some appear to have more social currency than others and are possibly met with less scepticism or rejection (e.g. 9/11 conspiracies have been popularised through several documentaries perhaps enabling some social sanctioning of the debate). Wooffitt (1992) contended that by endorsing interpretations outside of mainstream accounts, a person positions

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<sup>4</sup> "Conspiracy" typed into book search in [www.amazon.co.uk](http://www.amazon.co.uk) on 25<sup>th</sup> April 2012

themselves inauspiciously in relation to others and risks labels of psychological deficit.

The link between conspiracy and delusional beliefs or paranoia has been diversely conceptualised within both clinical (Freeman et al., 2005; Oltmanns, 1988) and non-clinical research (Aaronovitch, 2009; Kay, 2011; Wooffitt, 1992). However, in practice, there are very real differences between having your ideas labelled as unusual or conspiratorial and being labelled as delusional. The question of how it is that some people are labelled as conspiracy theorists whilst others receive labels such as 'paranoid schizophrenic' and 'delusional' remains variously conceptualised but, as already discussed, remains largely unanswered. The varied conceptualisations perhaps reflect the complex and dynamic nature of understanding and labelling the beliefs held by others. Within this research, I hope to acknowledge, rather than minimise, this complexity and aim to add to understandings about how people who endorse minority reality claims remain within the general rather than psychiatric population.

Within much of the literature on conspiracies, writers remain firmly aligned to interpretations of events promoted by the media and government (e.g. Aaronovitch, 2009; Goertzel, 1994). In a discussion about parapsychology, Wooffitt and Allistone (2005) discussed the resistance within research, and in particular psychological communities, to accept that parapsychology has any scientific credibility. Wooffitt and Allistone (2005) argued that a discursive, constructionist approach to research into unusual beliefs liberates researchers from the need to adopt a position on the ontological status of claims. Instead researchers can focus on how individuals negotiate beliefs within a cultural context of scepticism towards ideas that challenge scientific and common sense understandings of the world (Wooffitt, 1992). Wooffitt's (1992) position of ontological agnosticism seems relevant to this research since it would enable the focus to be on the experience and negotiation of ideas rather than the veracity of claims.

## **The present investigation**

This research will explore the experience of endorsing minority reality claims in the form of conspiracy theories from the perspective of a belief holder, along with a FFMP within the general population. Since research has suggested that it is largely the system rather than the individual who construct expressions of ideas as signs of pathology (deHaan et al., 2004), it is vital to explore the construction of those around belief holders within the general population. The inclusion of a FFMP aims to facilitate exploration of the interpersonal construction of beliefs.

The rationale for studying a non-clinical population is to elucidate understandings of the experience and negotiation of unusual beliefs in the hope of expounding existing understandings of delusions. Many researchers have highlighted the importance of non-clinical investigations (Oltmanns, 1988; Harper, 2004). This research may have practical applications within clinical settings, allowing for the sharing of ideas about how others negotiate their ideas socially. Furthermore, in a study of experiences of psychosis, Dilks, Tasker and Wren (2010) highlighted the central importance of having a 'normal life' as reported by service-users. Therefore, research that explores how people with similar beliefs negotiate a normal life appears to be important and relevant from a service-user perspective.

As discussed, scepticism for beliefs outside the mainstream is common (Wooffitt, 1992). Previous research has suggested that emotional experiences such as distress explain why some people's beliefs are considered delusional whereas others are not (Peters et al., 1999). If it is assumed that distress arises within the context of minority reality claims, then it is important to investigate how people not considered delusional manage the emotional aspects of their ideas and experiences. In addition, this research aims to explore how belief holders understand their belief system and presumably are able to refute the disbelief of others.

## **Research questions**

How do individuals within the general population who endorse minority reality claims manage their beliefs on an intra- and inter-personal level?

How do friends, family members or partners of individuals who endorse minority reality claims understand the claims?

How is any distress or conflict resulting from minority reality claims negotiated by belief holders and their friends, family members or partners?

## **METHOD**

In this chapter, I outline the rationale for adopting a qualitative approach to this investigation and my choice of grounded theory as a method of data analysis. In addition, I will provide an overview of the procedure and participants.

### **Overview of approach**

I adopted a qualitative approach as I wanted to gather rich data regarding participant narratives and understandings of endorsing and negotiating minority reality claims. A qualitative approach was deemed most suitable for this since it enabled an open and flexible approach to data collection and analysis. A quantitative measure (the PDI, Peters et al., 2004) was also employed to contextualise this research in relation to previous work; enabling comparisons to be made between this and previous samples. Barker, Pistrang and Elliott (2002) advocated the combined use of qualitative and quantitative approaches within single research investigations. Whilst the inclusion of the PDI was deemed a useful method to contextualise the sample, I rejected the use of additional quantitative measures due to the lack of fit with my research aims. Previous research into non-clinical populations appeared somewhat dominated by approaches that emphasised individual experience explored largely through quantitative measures (e.g. Peters et al., 1999; Peters et al., 2004). The interpersonal context of claims was central to the research, being embedded with the inclusion of a friend, family member or partner as well as within the interview schedule. A qualitative approach therefore seemed to encompass the research aims, enabling a rich exploration of meanings and contexts.

Other methods considered included Interpretative Phenomenological Analysis (IPA) and discourse analysis. Larkin and Thompson (2012) described IPA as an approach that focuses on how people make sense of their experience through the use of phenomenological interpretative processes. Georgaca and Avdi (2012) described discourse analysis as a process of examining language in terms of construction and function. Since the primary focus of this research was on how claims were negotiated and constructed socially, the experiential focus of IPA and the exploration of discourses of discourse analysis did not fit the research

aims. Further, whilst both IPA and discourse analysis could have usefully been adopted in this research; I felt that grounded theory would enable me to develop a model that would have both clinical relevance and remain close to participants' accounts.

### **Grounded theory**

I chose grounded theory as it enables a flexible, data-driven approach to analysis and provides a framework for developing a theory. The key determinants underlying my decision to adopt a grounded theory methodology included:

- Grounded theory methods emphasise the exploration of social processes (Glaser & Strauss, 1967) which seemed particularly relevant to my research aim to explore the interpersonal negotiation of minority reality claims.
- Grounded theory enables researchers to develop a model, demonstrating relationships between categories. Whilst I did not intend to construct a theory generalisable across all contexts, I hoped that insights into the social and intrapersonal negotiation of beliefs might elucidate understandings pertinent to clinical research into delusions.
- Since the present investigation is novel, grounded theory was considered particularly useful as it enables a rich level of data analysis and does not require responses to be coded within preordained categories of interest.

Whilst there are differences in how grounded theory has evolved under different epistemological paradigms, all approaches share certain characteristics (Oliver, 2011), often adopting similar procedures (Dilks et al., 2010). Charmaz (2005) argued that a key strength of grounded theory was the provision of tools that could be flexibly applied to the process of analysis. Charmaz (2006) proposed that rather than having prescriptive rules, grounded theory should be seen as offering researchers a set of principles and heuristic devices that can be adapted according to the researchers' needs. Common approaches to analysis include a move from open, or line-by-line, to focused coding, the use of memos to document connections across the data and emergent ideas, theoretical sampling and negative case analysis.

Willig (2008) argued that it is important to differentiate between full and 'abbreviated' versions of grounded theory. According to Willig (2008), in the full version, the researcher moves iteratively between data collection and analysis. The abbreviated version applies grounded theory principles to data that has already been collected. Willig (2008) argued that many important aspects of grounded theory methods are not utilised in this version. For example, theoretical sampling involves selectively collecting data on the basis of categories developed from previous stages of analysis (Willig, 2008) and is a key aspect of grounded theory not utilised within abbreviated versions. Willig (2008) suggested that abbreviated versions should be reserved for use only when time resources are limited. An abbreviated version of grounded theory was adopted for this research due to the time-limited nature of the study and available sample. Attention was paid to Willig's (2008) suggested ways to enhance the quality of grounded theory within abbreviated versions, for example, line-by-line coding is considered particularly important, enabling a depth of analysis to compensate for the lack of breadth associated with reliance on the original data set.

Willig (2008) questioned the suitability of grounded theory for psychological research investigating the nature of experience arguing that methods were reduced to systematic categorisation techniques when not applied to the exploration of social processes. This was relevant to this investigation since whilst the focus was on the social negotiation of minority reality claims, the nature of the experience was also being investigated. Whilst Willig's (2008) critique was an important consideration, it seemed that grounded theory fitted my aim to investigate the social negotiation of minority reality claims. In addition, the development of a model or framework about what helped or hindered participants in the management and negotiation of their claims resonated with my desire for the research to remain relevant to service user populations.

### **Epistemological position**

There is some debate and uncertainty regarding epistemological positions within qualitative methods perhaps owing to realist traditions ignoring epistemological questions and differences in language adopted to describe epistemological positions. Willig (2008) argued that the conceptual differences between the

original authors and later developments in the methodology contribute to a somewhat confusing picture regarding the philosophical position that underlies grounded theory. Chamberlain (1999) asserted that researchers must be clear about the premises underlying their approaches to grounded theory, explicating those that they endorse or reject. Thus, it is important for researchers to make their epistemological position explicit. Drawing from Harper (2012), I define my epistemological position as critical realist social constructionist being ontologically realist and epistemologically relativist. Therefore, I will assume that the data reflects something about the reality of living within British society at this time whilst remaining aware of how language as well as social, historical and cultural processes shape the construction of experience (Harper, 2012).

A critical realist social constructionist position seemed helpful in exploring the meanings expressed by participants whilst recognising that any interpretation is likely to be influenced by the researcher, participant and context. The local and provisional nature of a relativist epistemology appeared to fit well with my understandings that rather than being static, unchanging and located within an individual, expressions of ideas labelled as 'beliefs' are changeable and negotiated within a social context. The realist ontology underlying my approach appeared to enable me to acknowledge and remain aware of the powerful nature of labelling both within and outside of mental health services. Being seen as 'mad' has tangible impacts on people's lives including social exclusion, enforced medication and compulsory detention. It seemed important to adopt a position that was sensitive to this social process.

### **Researcher reflexivity**

Since the epistemological position adopted highlights the inevitable influence of my perspective on the research, it seems important for me to articulate something about my experience and assumptions. Charmaz (2006) argued that researchers and participants are not objective, neutral arbitrators of an underlying reality but approach research with certain assumptions, knowledge and social status which impact upon the process. Charmaz (2006) asserted that whilst professional perspectives, interests and personal experiences all influence the research process, researchers should embrace such influences as a way of

developing ideas. Remaining open to and aware of such influences is integral to researcher reflexivity and facilitates a more transparent research process, enhancing the quality of the research. Thompson and Harper (2012) suggested that reflexivity involves critical consideration of the researcher's influence on the shape and interpretation of a study. Madill, Jordan and Shirley (2000) argued that there is a strong requirement for researchers to articulate the perspective from which they approached the data. Therefore, it seems pertinent to describe something about myself in order to enhance transparency. I am a 27 year old white British woman. Drawing on Charmaz's (2006) use of sensitising concepts, my experiences of training to be a clinical psychologist and working with mental health services with people with a diagnosis of psychosis has influenced the development and my approach to this research. My work with service users with a diagnosis of psychosis has taught me to be open and respectful towards ideas expressed that do not accord with my own sense of the world. With specific reference to conspiracy theories, I had some limited knowledge of popular conspiracies prior to starting this research. Prior to and throughout the research process, I attempted to adopt an agnostic position towards the ideas expressed. Being aware of my own opinions about the ideas expressed was integral to maintaining a reflexive stance. The use of a reflective diary as well as discussions in supervision and with peers helped alert me to the influence of my own ideas on the research. Further reflection about my influence over the research process is discussed later in the chapter.

### **Use of the PDI**

I used the Peters et al. (2004) 21-item Delusion Inventory (PDI; Appendix 1) as a method of contextualising my sample. The PDI is an abbreviated version of a previous measure (PDI, Peters et al., 1999) designed to measure 'delusional ideation' in non-clinical populations. In addition to delusional ideation, the PDI uses a 5-point Likert scale to measure how distressed participants are in relation to an item, how often they think about the item (preoccupation) and the extent to which they believe the item to be true (conviction). Peters et al. (2004) reported good internal consistency and test-retest reliability. The authors argued that their measure demonstrated good construct validity in that the questions related to positive symptomology associated with schizotypal diagnoses. In addition, validity

was measured through correlation with other scales based on similar constructs and the authors demonstrated convergent scores on similar scales (Peters et al., 2004).

The PDI was used with caution since, as previously discussed, the quantification of delusions is not unproblematic. Rather than using the PDI as way of reifying the construct of delusions, it was employed in response to the potential criticism that the experiences of this sample, and therefore the findings, are not comparable to a psychiatric population sample. In addition to contextualising this research, the PDI was also considered a potentially useful way to qualitatively explore some of the reported similarities and differences between clinical and non-clinical populations (Peters et al., 2004); for example, the content of beliefs as well as narratives about emotional experiences such as distress arising from claims.

## **Ethics**

Ethical approval for this investigation was sought and granted from the University of East London School of Psychology Ethics Committee (see Appendix 2 for confirmation of this approval). Distress as a result of the interview was a key ethical consideration. It was felt that the likelihood of distress would be low since the interview schedule was designed to be largely open and therefore directed by what participants wished to share. Distress was considered unlikely since previous research indicates that individuals within the general population who have experiences akin to those associated with diagnoses of psychosis are less distressed, and often find their unusual experiences or beliefs enriching and important aspects of their lives (e.g. Romme & Escher, 1989; Knight, 2005). The self-selection of participants and exclusion of people who had previously accessed mental health services was deemed to further limit the likelihood of significant distress. Finally, it was hoped that as I am a trainee clinical psychologist with experience of identifying and working with people in distress both in clinical and research contexts, any distress could be managed within the interview.

## **Participants**

Participants were self-identified belief holders from the general population and a friend, family member or partner. Inclusion criteria included: age of 18 years or older, had never received mental health services in relation to their beliefs nor were currently accessing mental health services and identification of a friend, partner or family member who was willing to be interviewed about the beliefs. Due to the time-limited nature of this investigation, a pragmatic approach was adopted to recruitment resulting in eight belief holder (one belief holder participant was interviewed twice with a different FFMP participant) and nine FFMP participants being recruited.

## **Recruitment procedure**

Diverse methods were adopted to recruit participants. An advertisement was placed in a national newspaper (the *Metro*; Appendix 3), social networking sites and online forums (see Appendix 4 for a list of forums contacted). Participants were asked to contact me via email if they felt that they met the inclusion criteria and wished to participate. In addition, two London-based discussion groups were contacted who advertised themselves as being interested in conspiracy theories. I attended both groups and explained my research to members. I gave my contact details to interested members and encouraged them to contact me should they wish to participate. Perhaps due to the way in which the research was described and forums used to recruit, initial contact was made exclusively by belief holders as opposed to friends, family members or partners of belief holders. People who contacted me were given an information sheet and asked to identify a FFMP who had a good understanding of the minority reality claim that might be willing to participate. Over 25 potential belief holder participants made email contact about the research but subsequently declined participation largely on the basis of not being able to find a friend, family member or partner to be interviewed with.

Belief holder participants who were able to identify someone to be interviewed with were asked to gain permission for me to contact interested friends, family members or partners directly about the research. In addition, I outlined the research and asked participants to confirm that their ideas seemed to fit with the

research aims. Interested friends, family members or partners were then contacted by me and given an information sheet. A mutually convenient time and place was then arranged to conduct the interviews.

Eight of the interviews were conducted face-to-face and one via telephone. One participant, Glyn, was interviewed twice as, at the time of interview, he stated that there was someone else who was keen to be interviewed with him. As I had only collected limited data prior to the interview with Glyn and predicted difficulties in recruitment, I decided to interview him on a subsequent occasion. Limitations of interviewing Glyn twice are considered within the discussion chapter.

Table 1 summarises belief holder participant demographics and recruitment method. Table 2 provides an outline of FFMP participant demographics and relationship to belief holder participants. One participant described their ethnicity as Indian, five participants described their ethnicity as 'white other', and nine participants described their ethnicity as 'white British'<sup>5</sup>. The remaining two participants did not complete this information. Further information regarding the minority reality claim endorsed by belief holders is outlined at the start of the analysis chapter.

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<sup>5</sup> Ethnicity has been reported here to protect confidentiality

*Table 1: Overview of belief holder participant demographics*

| Interview number | Name <sup>6</sup> | Recruitment method | Gender | Age <sup>7</sup> |
|------------------|-------------------|--------------------|--------|------------------|
| 1                | Adam              | Newspaper          | Male   | 61-65            |
| 2                | Roshan            | Social network     | Male   | 26-30            |
| 3                | Liam              | Online forum       | Male   | 51-55            |
| 4                | Glyn              | Discussion group   | Male   | 46-50            |
| 5                | Paul              | Discussion group   | Male   | 51-55            |
| 6                | Glyn              | Discussion group   | Male   | 46-50            |
| 7                | Tom               | Discussion group   | Male   | 41-45            |
| 8                | Peter             | Social network     | Male   | 46-50            |
| 9                | Megan             | Discussion group   | Female | 66-70            |

*Table 2: Overview of FFMP participant demographics*

| Interview number | Name   | Relationship to belief holder participant | Gender | Age     |
|------------------|--------|---|--------|---------|
| 1                | Sarah  | Family member                             | Female | 36-40   |
| 2                | Matteo | Friend                                    | Male   | 26-30   |
| 3                | Alice  | Partner                                   | Female | 31-35   |
| 4                | John   | Friend                                    | Male   | 21-25   |
| 5                | Jane   | Friend                                    | Female | 41-45   |
| 6                | Aaron  | Family member                             | Male   | 21-25   |
| 7                | Olga   | Partner                                   | Female | Missing |
| 8                | Sue    | Partner                                   | Female | 31-35   |
| 9                | Jack   | Friend                                    | Male   | Missing |

### **Interview schedule and data collection**

I developed a semi-structured interview schedule for the purpose of the present investigation. The interview schedule was developed with the aim of exploring the experience of endorsing minority reality claims, whether any conflict or distress was experienced intra- or inter-personally as a result of the claims, how this was

<sup>6</sup> Names have been changed to preserve anonymity

<sup>7</sup> Age ranges have been presented to preserve anonymity

managed and whether there were any challenges or difficulties in endorsing ideas considered different to wider social discourses. Questions for FFMP participants focused on whether they shared the claims, how they understood the claims and if there were any aspects of the claims that they found challenging or difficult. An overview of the interview schedule can be found in Appendix 5.

To enable explorations of the minority reality claims within a relational context, all interviews were conducted conjointly with the belief holder and FFMP participant. It was hoped that the presence of the belief holder would ensure that they actively consented to discussions about them and their ideas. The right to have sections of the interview removed or to withdraw consent to participate at any time was emphasised to participants at the beginning of the interview. Prior to starting the interview, participants were asked if they had read the participant information sheet and if they had any questions. Participants were then asked to sign the consent form. Interviews lasted between 50 and 100 minutes and were recorded on a digital recording device. I transcribed all of the interviews, allocating a unique identifier to recordings and changing all identifying information. An adapted version of the transcription conventions described by Banister, Burman, Parker, Taylor & Tindall (1994) was followed (see Appendix 6 for summary of conventions).

In an attempt to limit its impact on the responses given during the interview, belief holder and FFMP participants were asked to complete the PDI at the end of the interview.

### **Reflection on recruitment, interviews and analysis**

There are several ways in which I may have affected the interview process and subsequent data. From the outset, my status as a trainee clinical psychologist may have impacted the extent to which people were willing to participate or share ideas within the interviews. At one discussion group that I attended for recruitment purposes, several members asked questions about my motives for doing this research and stated that they thought I was planning to conclude that they were mad. In addition, some group members queried whether I might in fact be working for the government and therefore had a secret agenda to the research. Although I recruited one person from this group, it is likely that this had

an impact on the willingness of others to participate. In addition, prior to interview, several participants asked about my training and what I expected to find through interviewing them.

I made email or telephone contact with all participants before the interviews and often had some knowledge of their minority reality claims. Whilst I did not specifically seek out information about conspiracies before the interviews, I had some prior knowledge of these. This will have impacted on the construction of the interview schedule as well as the questions asked during the interviews. For example, as I am more familiar with conspiracies regarding the events of 9/11, I may have asked less questions compared with conspiracies I was less familiar with. Charmaz (2006) argued that researchers cannot approach research topics assumption-free. Charmaz (2006) advocated a reflexive position on research topics, highlighting the importance of detailing professional knowledge as well as experiences and ideas that may impact on the investigation. I have therefore attempted to remain as open and reflective as possible throughout the interviews and analysis.

The interviews themselves were diverse with varied descriptions of claims, approaches to negotiation and attitudes expressed by FFMP participants. The nature of participants meant that my role within the process was also varied. In some interviews, participants largely dictated what was discussed, speaking about claims with limited prompts other than about specific areas that I was interested in. In other interviews, I was more directive in the process through more stringent adherence to the interview schedule. This is likely to have affected the information shared by participants.

I will have also influenced the data whilst engaging in the analysis. Discussions with my supervisor and peers helped me to remain open and reflective about my assumptions during the analysis. Memos also enhanced my ability to reflect on my thoughts and ideas throughout the research process.

## **Analysis procedure**

Whilst various revisions have been made to grounded theory since its inception, the procedures have remained fairly constant. However, the epistemological position and subsequent claims that may be made on the basis of a grounded theory have been contested by various researchers. As previously discussed, it is therefore important to be transparent about the epistemological position and analysis procedures adopted. This analysis largely drew on the grounded theory procedures described by Charmaz (2006) and adopted a critical realist social constructionist epistemology.

Due to time limitations, it was only possible to transcribe each interview before conducting the next. The limitations of this abbreviated method of grounded theory have been discussed and are considered in my discussion. Whilst I was familiar with the ideas expressed in previous interviews through the process of conducting and transcribing them, analysis proper began after all the data was collected.

I started the analysis by reading sequentially through the transcripts to further familiarise myself with the data. Any thoughts or reflections were recorded in memos. Line-by-line coding was used at the initial stage of analysis which involved developing short summaries of the ideas expressed within each line of the transcript (example of line-by-line coding in Appendix 7). Charmaz's (2006) 'code for coding' (Charmaz, 2006, p. 49) was followed which included remaining open to the data and creating simple codes using participants own words. Willig (2008) considered line-by-line coding important when using abbreviated versions of grounded theory since it enables a greater richness to the analysis.

Following the initial line-by-line coding, focused coding was adopted (example of focused coding in Appendix 8). Charmaz (2006) described focused coding as both a method to sift through large quantities of data as well as synthesising ideas across the data. Charmaz (2006) recommended the use of gerunds in the coding process. I therefore used gerunds where possible in an attempt to preserve action and sequence (Charmaz, 2006). Tweed and Charmaz (2012) argued that focused codes should attempt to integrate lower level codes into

meaningful units. When developing focused codes, I attempted to construct codes that would transcend individual descriptions and interviews.

The use of memos enabled further development of focused codes into categories and facilitated the development of links between categories. Memos were kept throughout the data collection and analysis process enabling me to reflect on the process of analysis and developing ideas. Charmaz (2006) highlighted the importance of memos, alerting the researcher to their preconceived ideas as well as forming the pivotal step between data collection and the development of a grounded theory. Charmaz (2006) argued that memos were a useful way of comparing data at all levels of the coding process. Memos were written throughout the analysis process (Appendix 9). Charmaz (2006) recommended that when developing categories, codes should be raised to categories within memos and the concept defined clearly including the conditions in which the category was present or absent and links to other categories.

Charmaz (2006) advocated that subsequent to the development of preliminary categories, researchers should gather more data through the use of theoretical sampling. Since I adopted an abbreviated version of grounded theory, gathering more data was not possible. I therefore went back through the transcripts searching for exceptions to and examples and elaborations of categories. This is similar to Glaser and Strauss' (1967) constant comparative analysis. Memo writing enabled links to be made between data and categories as well as between categories and categories. Through this process the categories were gradually refined. With regard to their experience of grounded theory, Dilks et al. (2010) wrote that the development of categories involves a process of progressive abstraction until the data is summarised in as few categories as possible whilst still conceptually accounting for all of the data. Whilst arguably a grounded theory could be endless, the idea of a progressive abstraction of data into categories guided my analysis.

### **Evaluating the quality of the research**

There is significant debate regarding how and the extent to which qualitative research can be evaluated. Spencer and Ritchie (2012) summarised the key

aspects of the debate including whether notions of evaluation traditionally associated with quantitative methods can be applied to qualitative methods and whether there can be broad qualitative evaluation criteria or if criteria should be specific to the method adopted. Broad criteria for evaluating qualitative research are explored here.

Pidgeon and Henwood (1997) argued that traditionally, psychological research is evaluated by questions about reliability (i.e. replicability) and validity (i.e. correspondence between descriptors and what is being described) (Pidgeon & Henwood, 1997, p. 268). The authors argued for an approach to evaluation of research that is embedded within the assumptions underlying the research (Pidgeon and Henwood, 1997). I have therefore attempted to make my epistemological assumptions explicit as well as highlight experiences and interests that may have influenced my approach to this investigation. Drawing on critical realist social constructionist assumptions, notions of reliability become redundant since the interaction of researcher, participants, context and resultant theories are considered unique.

Cohen and Crabtree (2008) suggested broad evaluative criteria for all qualitative research. The authors argued that fundamental criteria for evaluating qualitative research included: ethical considerations, contribution of the research, clarity and coherence of report and the use of appropriate methods (Crabtree & Cohen, 2008). Within this section I will define and explicate how some of these evaluative criteria were addressed in this research. Those criteria not discussed here will be explored further in the discussion chapter. Ethical considerations pertain to making a positive contribution to the knowledge base whilst avoiding harm to those involved in the research process. The ethical nature of this research was validated by an ethics board. The importance of the research may be evaluated according to its contribution to the knowledge base and pragmatic and theoretical utility (Cohen & Crabtree, 2008). Cohen and Crabtree (2008) suggested that the clarity and coherence of a report should be judged on the basis of the provision of a clear description of the questions underlying the research, description of background material, study design and rationale for choice of methodology. These criteria have been addressed throughout the report and will be further

explored within the discussion. The study design and choice of methodology has been described within this chapter and will be further explored within the discussion chapter. The final criteria considered fundamental by Cohen and Crabtree (2008) was an understandable and unexaggerated interpretation of the data. This has been addressed throughout the method, analysis and appendices with details of the process of analysis.

## **ANALYSIS**

In this chapter, I will introduce the participants' minority reality claims to provide a context to the extracts used to illustrate the grounded theory. I will present participants' PDI scores and draw comparisons with previous research. Finally, I will present my grounded theory of the data using participant quotes to illustrate the constructed categories.

### **Overview of participant minority reality claims**

A short synopsis of belief holders' claims are presented here to contextualise extracts used within the grounded theory.

Adam was interviewed with his daughter, Sarah. Adam believed that there was a significant "UFO problem" being covered up by governments across the world. He previously volunteered as an alien investigator, visiting people who had witnessed UFOs or been abducted. Adam had concerns for future generations and believed that aliens were developing a hybrid race with humans. Sarah expressed an interest in aliens and reported witnessing a UFO. She said that she was sceptical about some evidence that Adam drew on to validate and elaborate his ideas but generally agreed that there is a UFO problem being covered up by the government and media.

Roshan described his ideas as being based on a questioning, sceptical attitude towards official information sources. He was interviewed along with his friend, Matteo who stated that he shared Roshan's scepticism towards authorities. Roshan appeared reticent to draw firm conclusions about his beliefs but instead highlighted his distrust of official stories about events such as 9/11. He stated an inclination towards seeing governments and powerful organisations as malevolent institutions that manipulate and control public opinion.

Glyn was interviewed twice, first with a friend, John and then with his son, Aaron. Glyn reported that his minority reality claims developed after seeing footage of 9/11 and believing it to be organised by the US government to justify wars against oil-rich countries. Glyn believed that the power structure of the world is

pyramidal, with a few people at the top holding all the power and making decisions to manipulate and oppress “the masses”. Glyn also believed that aliens regularly visit the planet and this is covered up by the government and media. John appeared to agree with many of Glyn’s ideas although was quiet throughout the interview, stating that he felt powerless to do anything. Aaron said that he agreed with Glyn’s ideas about 9/11 but strongly disagreed that aliens visit the planet.

Liam was interviewed with his partner, Alice. Liam and Alice appeared to share many of the same ideas although Alice reported being unconvinced that 9/11 was government orchestrated. Liam described his claims as being “esoteric”. He said that he questioned “who benefits” whenever national or world events took place. Alice similarly stated that she questions the motives of powerful organisations when significant events occur. Both Liam and Alice said that they wrote for an alternative magazine that researches conspiracies.

Paul was interviewed along with his friend Jane. Paul said that he had telepathically communicated with aliens for as long as he could remember. He reported seeing aliens as paternal in their relationship to humans, believing that they controlled major decisions made on earth. He described a longstanding distrust of the government, media and other powerful organisations. He said that events such as Princess Diana’s death and 9/11 were government conspiracies. Jane said she had used telepathy for many years and was very interested in the occult. She reported being uncertain about whether there is an alien presence on earth.

Tom was interviewed with his partner, Olga. Tom and Olga stated that they shared the same beliefs. They reported an interest in the work of David Icke although remained unsure about some of his ideas. Tom and Olga said that the government conspires against ordinary people in all aspects of their lives. They stated that both 9/11 and 7/7 were government-staged events. They reported that many solutions to problems such as the energy crisis and cancer are available but that the government suppresses them.

Peter reported that the world was likely to significantly change in November 2011 and will end in December 2012. He used the internet to research the movements of asteroids as well as the earth's path in space to support his ideas. His claims appeared further supported by the Mayan calendar which he said ends at the end of December 2012. He stated that aliens will arrive on the planet and to save some people who will then form a slave race on another planet. He said that governments do not publicise this information as they fear the population would panic if they were aware of the evidence. Peter's fiancée, Sue was interviewed with him. Sue stated that she was interested in Peter's ideas and did not discredit them, but believed that the world will not end, mostly as she does not want it to.

Megan was interviewed via telephone with her friend Jack. Megan and Jack appeared to share many of the same views. Megan's ideas were largely drawn from David Icke's writing. She stated that the royal family are shape-shifting satanic reptilians that practice child sacrifice. She also reported that the government intentionally poison children through vaccinations and suppress cures for terminal illnesses. She said that she was active in her attempts to channel alternative energy sources and expose the "lies" promulgated by the government and media. Jack stated that he shared many of Megan's ideas. He reported a particular interest in aliens and said that he had met a grey alien.

### **PDI scores**

The individual PDI scores for the present sample are presented in Table 3. Two belief holder participants and four FFMP participants did not complete the PDI. Scores for 'deluded' and general population samples from Peters et al. (2004) are reported in table 4 to provide comparison data.

Table 3: Present sample individual PDI scores

| Interview number | Participant | PDI total score <sup>8</sup> | Distress <sup>9</sup> | Preoccupation | Conviction |
|------------------|-------------|------------------------------|-----------------------|---------------|------------|
| 1* <sup>10</sup> | Adam        | 4                            | 4                     | 5             | 18         |
| 2*               | Roshan      | 5                            | 8                     | 9             | 15         |
| 3*               | Liam        | 8                            | 20                    | 27            | 31         |
| 4/6*             | Glyn        | 6                            | 15.5                  | 17            | 25         |
| 5*               | Paul        | 9                            | 9                     | 12            | 23         |
| 8*               | Peter       | 7                            | 11                    | 16            | 12         |
| 9*               | Megan       | 11                           | 15                    | 27            | 55         |
| 3                | Alice       | 7                            | 11                    | 14            | 25         |
| 4                | John        | 8                            | 13                    | 11            | 0          |
| 6                | Aaron       | 1                            | 1                     | 1             | 2          |
| 8                | Sue         | 10                           | 14                    | 15            | 25         |
| 9                | Jack        | 11                           | 13                    | 11            | 0          |

Table 4: Peters et al. (2004) sample PDI scores

|  | PDI total score<br>Mean (SD)<br>and range | Distress<br>Mean (SD)<br>and range | Preoccupation<br>Mean (SD)<br>and range | Conviction<br>Mean (SD)<br>and range |
|--|---|------------------------------------|---|--------------------------------------|
| Peters et al. (2004) general population sample | 6.7 (4.4),<br>0-21                        | 15.5 (14.1),<br>0-84               | 15.4 (14.1),<br>0-93                    | 20.4 (16.0),<br>0-103                |
| Peters et al. (2004) deluded population sample | 11.9 (6.0),<br>0-21                       | 36.7 (23.6),<br>0-95               | 36.1 (24.7),<br>0-98                    | 44.5 (27.4),<br>0-103                |

<sup>8</sup> Indicates total number of items endorsed. As there are 21 items, scores could range between 0-21.

<sup>9</sup> Distress, preoccupation and conviction were assessed using a Likert scale ranging from 0-5. Higher levels of distress, preoccupation and conviction associated with ideas are indicated by a higher score. Scores could range from 0-105.

<sup>10</sup> \* indicates belief holder participant.

Due to the small sample size, statistically significant conclusions cannot be drawn from the data and only tentative observations can be made. The present sample scored lower on all factors when compared with the deluded sample in Peters et al.'s (2004) research. The results indicate that the present sample scored comparably with the general population sample in Peters et al.'s (2004) research. The exception to this pattern is Megan who scored comparably with Peters' et al. (2004) deluded sample on total score and conviction but lower on distress and preoccupation. This observation appears congruent with Peters' et al. (2004) argument that it is the levels of distress and preoccupation that differentiate clinical from non-clinical participants.

Belief holder and FFMP participants scored similarly on the PDI total and distress scores. Belief holder participants' preoccupation and conviction scores were slightly higher than FFMP participants although were comparable with Peters et al.'s (2004) general population sample. However, as discussed below, some participants did not complete all items which may explain the observed differences. Since it is not possible to complete statistical analysis due to the small sample size, scope to interpret such differences is limited.

The comparable scores between participants in this research may be linked to the accepting attitude towards claims expressed by FFMP participants. In addition, FFMP participants often reported that they shared many of the claims which may also account for the similarity in scores. The overall low scores on distress may reflect participant descriptions during interviews of developing strategies to manage claims both intra- and inter-personally. The differences between scores of the present sample and Peters et al.'s (2004) research may also reflect the small sample size.

Finally, many participants found completion of the PDI very difficult, complaining about the wording of the questions. As a result, a number of participants refused to complete some items whilst others refused to complete the questionnaire altogether. For example, Jack did not complete the conviction rating, stating that it was obvious he believed that the item was true since he answered 'yes' to the question. Thus, it was not possible to report a conviction score for Jack. Similarly,

other participants found it difficult to complete the likert scale of distress, preoccupation and conviction for all items which will have impacted on the reported scores. Some participants annotated the questionnaire, indicating that options were unacceptable in their current form. The difficulties reported by participants in the completion of the PDI may reflect broader challenges of attempts to quantify dynamic and often idiosyncratic constructs such as beliefs.

### **Grounded theory**

The following section outlines the models developed from the interview data and description and elaboration of the categories. Two core categories were constructed; 'discovering and managing a 'new world'' and 'experiencing and negotiating claims with others'. The categories reflect my interest in the intra- and inter-personal aspects of negotiating minority reality claims and therefore the line of questioning in the interviews. The categories are complementary, with parallels running between the processes described in both.

### **Overview of model**

This section provides a brief overview of the models developed for the two core categories. At the end of the chapter, relationships between the categories will be explicated and one overall model presented. This research focused on the intra- and inter-personal experience and negotiation of conspiratorial beliefs. In addition, I examined FFMP participants' understandings and constructions of the beliefs and how distress or conflict is managed by claim endorsers as well as close others. Since most FFMP participants reported that they endorsed claims, extracts from both belief holder and FFMP participants are included in all areas of the models.

Figure 1 illustrates the first core category; 'discovering and managing a 'new world''. Participants described their experiences leading up to the realisation that the world was not as they had been led to believe. This triggered a 'questioning and searching for the truth' which further reinforced participants' sense that the world was not as it had previously appeared. Participants described the initial emotional impact of discovering the 'truth' and subsequent attempts to link claims with their sense of self and previous experiences ('storying claims and integrating

selfhood'). Participants described several ways in which storying their claims seemed to enable them to manage the emotional impact of claims and reduced the intensity of associated distress. For some participants, reducing the distress associated with claims involved acknowledging and rejecting madness labels whilst for others, seeing distress as temporary and personally distancing selves from claims were important strategies. Participants described how the discovery of new knowledge and management of claims evolved over time from the moment of discovery through to the integration of claims into selfhood. This category is both impacted by and impacts on the second core category. For the purposes of clarity, this category will be presented initially in isolation from the second core category. Thus, only the intra-individual processes are explicated in figure 1.

Figure 1: 'Discovering and managing a new world'

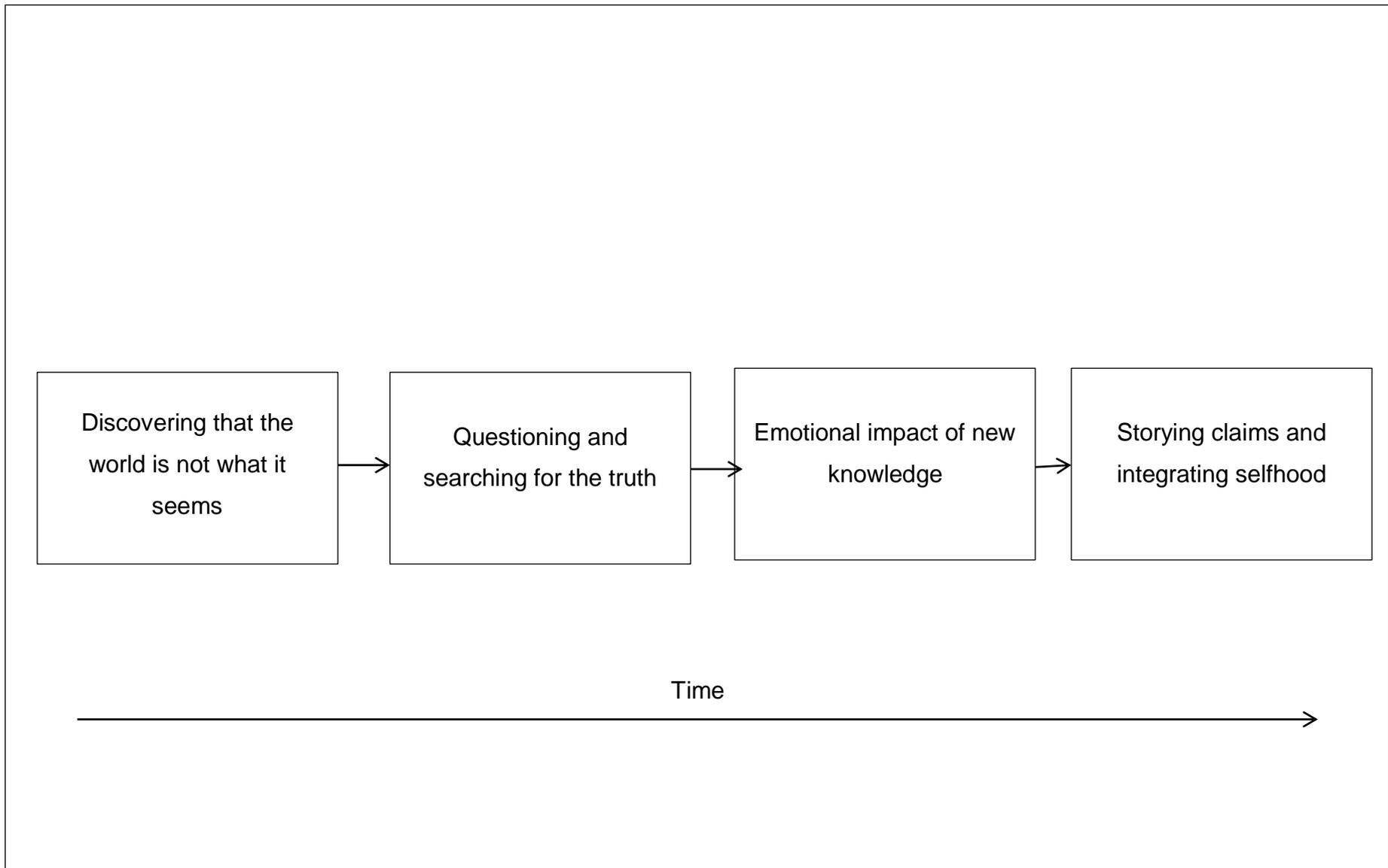
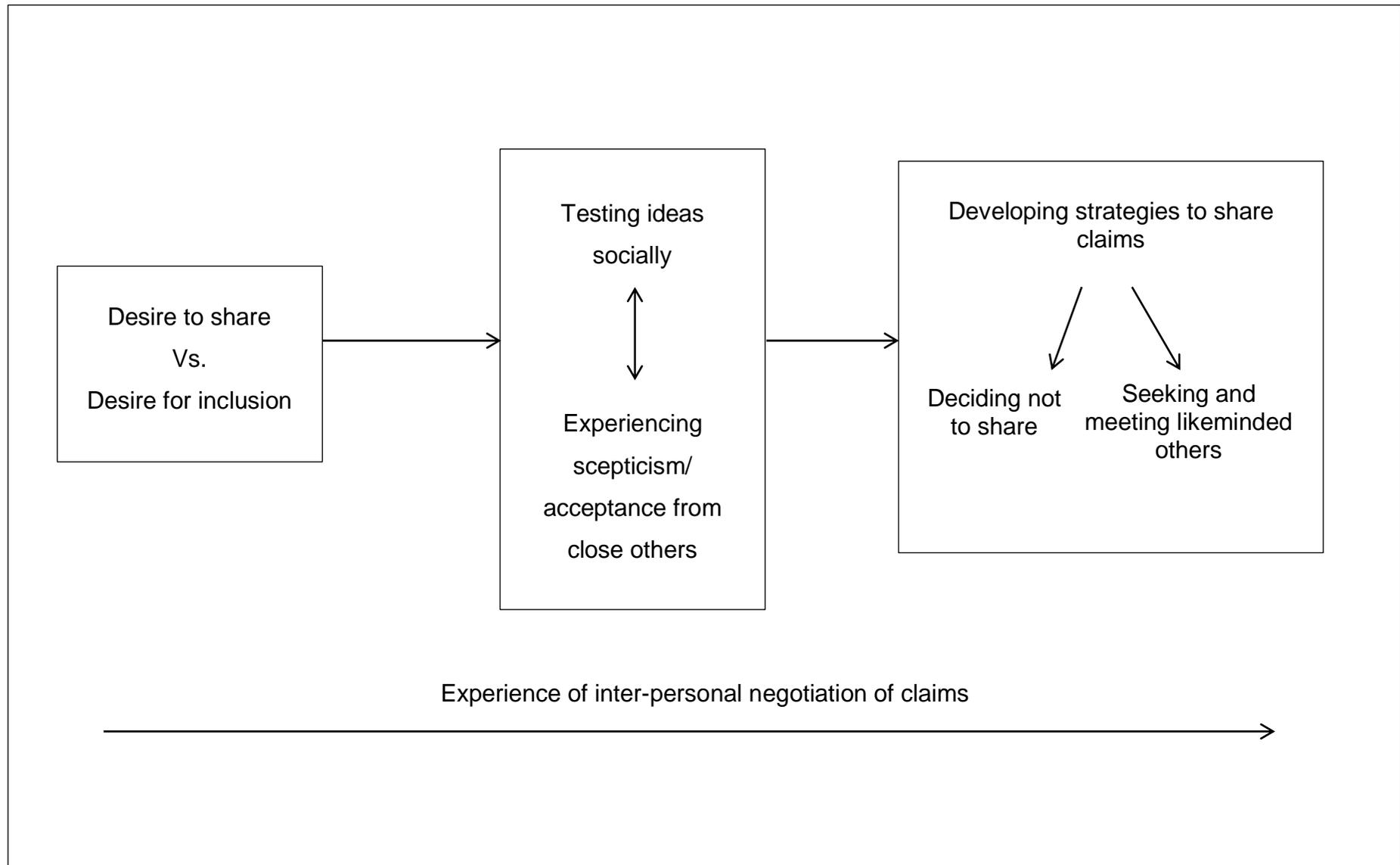


Figure 2 illustrates the second core category; 'experiencing and negotiating claims with others'. Participants described experiencing an initial dilemma regarding a desire to share their new knowledge about the world against a fear that they would be excluded. This was largely predicated on anticipated responses rather than encountered reactions of others. Participants described various ways that they tested claims with others. Some described testing claims in social broad social contexts, whilst others described initially sharing claims with close others. 'Scepticism and acceptance from close others' was described by belief holder participants retrospectively regarding attempts to share claims. FFMP participants described experiencing scepticism and acceptance from others over aspects of claims that they reported to share and also expressed scepticism and acceptance of aspects of claims not shared. Following experiences of testing claims, participants described how they had developed strategies to share claims. Participants described how experiences of social interactions impacted on the development of strategies to share claims (denoted by the continuous arrow at the bottom of the model). Participants described a variety of strategies employed to share claims in diverse social contexts. For some participants, not talking about claims was deemed the best way to avoid predicted negative responses to claims. Many participants also described how 'seeking and meeting likeminded others' provided them with a receptive outlet for ideas and supported them in developing strategies to share claims with others. Further links between the categories and subcategories will be explicated at the end of this chapter.

Figure 2: Experiencing and negotiating claims with others



## **CATEGORY 1: Discovering and managing a ‘new world’**

This category concerns participants’ discoveries of ‘new knowledge’. The category also concerns how participants described managing the impact of claims emotionally and on their sense of identity and personal narrative (selfhood). This category is developed and elaborated through the subcategories ‘discovering that the world is not what it seems’, ‘questioning and searching for the truth’, ‘emotional impact of new knowledge’ and ‘storying claims and integrating selfhood’. Subcategories (underlined titles) are summarised and illustrated using participant accounts below. Focused codes (*italicised titles*) are included to demonstrate the construction of subcategories from interview data. Where possible, the title of focused codes used participants’ own words which will be indicated using speech marks. All focused codes were developed from data across two or more interviews.

### Discovering that the world is not what is seems

Participants described the moment or point at which their view of the world was irreparably changed. As if lifting a mask, participants described an erosion of what they had been led to believe and an unmasking of the ‘truth’.

Glyn(BH<sup>11</sup>): ... I just looked...they slowed the film [9/11 footage] and I looked and it was impossible, it was the emperor’s new clothes, the king was naked, it was obvious that it was impossible (Glyn and John; 44-48<sup>12</sup>)

Tom(BH): ...I soon twigged that the people behind 9/11, not just behind it but also helping with the cover-up <Louise: mmm> uh, which is mainly the job of the US government, um, these people, they’re all connected in with the media as well and it’s all a big club, you know? (Tom and Olga; 125-129)

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<sup>11</sup> BH is used throughout to indicate that extracts were taken from belief holder participants. ‘FFMP’ will be placed next to names of FFMP participant quotes.

<sup>12</sup> Indicates the interview and line numbers from which the extract was taken.

Glyn and Tom both articulate the realisation that the world is not what they had previously believed it to be. Both participants looked at footage of the events of 9/11 and concluded that it was a government conspiracy. This moment or realisation led to a “tumbling” of ideas and further revelations that the world was not what it had seemed:

Glyn(BH): So they must have been lying, so I had to ask, why are they lying? <Louise: yeah> And that’s where it all sort of started tumbling (Glyn and John; 49-52)

Participants described diverse events leading them to suspect that the world was not as they had been led to believe. Whilst some participants cited a pivotal moment or event that precipitated their change in understanding, others talked of a cumulative gathering of information leading to the conclusion that things were not as they seemed.

Roshan(BH):...Um I’m always maybe suspicious of an agenda (.) what, I’m being told something, what am I not being told. So I guess that, um, opens up possibilities to (.) let the imagination run free <Louise: mmm> and um, yeah, you know, I guess joining bits of information together and a combination of logic or imagination or whatever it might be... (Roshan and Matteo; 30-35)

As if a lens through which the world is filtered, Roshan described suspiciousness permeating his processes of gathering information about the world. He seems to employ a somewhat idiosyncratic approach, drawing on both logic and imagination to develop his claims.

Liam(BH): well, I think, one naturally, at least I started out pretty gullible, and, and, you know, I mentioned Santa Claus in a joking, but I think that sort of sets the tone for things that you believe to be absolutely, um, true, weren’t (Liam and Alice; 49-52)

The realisation that Santa Claus is not real is a common childhood experience within Western cultures. It is interesting that such an event is cited by Liam as a precipitant to endorsing minority reality claims. Both Roshan and Liam's descriptions highlight the gradual nature of collecting information, drawing from seemingly everyday occurrences to conclude that dishonesty is widespread at all levels of society. What appears common to these extracts, and echoed across other participant accounts, is the sense that participants saw themselves as initially naive leading to the realisation that even seemingly benevolent acts had a malevolent undertone.

For some participants, a significant life event led to their 'moment of realisation':

Megan(BH): ...the big...catalyst for me was the opening the heart chakra [moment of spiritual awareness] when my daughter took her own life in 1993 <Louise: right> and it seemed that was the big traumatic experience that really did open the door, open the flood gates to a lot of first of all spiritual awareness... (Megan and Jack; 32-37)

For Megan, the traumatic experience of her daughter's suicide led to an opening of "spiritual awareness". Megan seems to echo Glyn's expression of ideas "tumbling" following the moment of realisation. Janoff-Bulman and Berg (1998) suggested that disillusionment with previous conceptions of a benevolent, meaningful world is a common response to traumatic experiences. Perhaps for Megan, the experience of her daughter's suicide resulted in a shattering of her assumptions about the world and a reconstruction of a malevolent world in which her daughter's suicide could be seen as meaningful (Janoff-Bulman & Berg, 1998). Megan later stated that she feels her daughter is "cheering her on from the side-lines", creating meaning from her suicide and reinforcing her commitment to her new understanding of the world.

### Questioning and searching for the truth

Participants described a continuous process of questioning and searching for the truth. Time and accessing information sources were central to this process.

Paul(BH):... yeah it takes up most of my time... I'll be up at 6 and I'll be doing between 1 and 2 hours writing in the morning before I even go to work <Louise: right> then I'll come home and I'll spend another 4/5 hours researching online (Paul and Jane; 190-194)

### *Validating claims personally*

For most participants, searching for the truth relied on an interrogation of evidence using science and logic to validate ideas.

Tom(BH): ...I am into conspiracies now, based on evidence <Louise: mmm> but, I'm not into all conspiracies <Louise: mmm> because I look at the evidence and it doesn't convince me (Tom and Olga; 144-146)

Tom emphasised evidence as well as the importance of information being personally convincing. This idea resonates with Roshan's earlier description of an idiosyncratic approach to information gathering, drawing on both scientific and logical reasoning as well as less tangible, perspicacious abilities to validate claims. Many participants relied on intuition to validate information, perhaps owing to their distrust in mainstream information sources.

Jane(FFMP): ...as long as I can prove it to myself then I'm fine, I don't need other people involved (Paul and Jane; 672-673)

Megan(BH): ...it's not that I need confirmation from other people <Louise: mmm> who've done research... I've dowsed [using a pendulum to gather unknown information] all, a lot of information myself... and that's how I've found out quite a lot of um, um truth and lies <Louise: mmm> (laughs) and that to me is the best thing and the majority of my knowledge has come from my own higher self <Louise:

yeah, yeah> and I just find I can't deny that (Megan and Jack; 1316-1325)

Both Megan and Jane emphasised their own intuitive resources rather than relying on others to verify claims. There appeared to be a focus in many participant accounts on the undeniable nature of information that personally resonates with them. Whilst most mentioned scientific evidence being important to claims, it seemed that claims were only accepted when they were personally salient. In addition, it seems that through the process of questioning and searching for the truth, participants perceived an increase in their skills and abilities to discern the truth from the "lies" promulgated by mainstream sources.

Adam(BH): and then I started reading a lot < Louise: yeah> actually ended up as a UFO investigator < Louise: right>. Uh, I investigated several different close encounters that people had had... (Adam and Sarah; 67-69)

Glyn's previous description of ideas "tumbling" seems similar to the momentum in Adam's account. Reading lead to investigation and broadening his knowledge about aliens.

Liam(BH): ...and I've had the good fortune of examining a lot of things like that, that people who are experts in that, in that field because I dabble in this area (Liam and Alice; 152-154)

Similarly to Adam, Liam described how an interest in a particular area enabled him to elaborate his ideas through focusing his research. Both Adam and Liam cite information that most people would not have access to, positioning themselves in possession of expert knowledge perhaps with the intention of validating the veracity of their claims. Similarly, Jack relies on an unusual personal experience to validate the authenticity of his account:

Jack(BH): ...I know aliens exist, I've actually met one <Louise: mmm>  
I've been in that situation so I know you can say what you like, you've  
only been told, I've experienced it (Megan and Jack; 808-810)

Jack's description highlighted the authority that personal experience imbues claims with, providing a way of legitimising ideas in the face of scepticism. Through questioning and searching for the truth, participants' understandings of the world were elaborated and developed, further reinforcing a sense that the world is not what it previously seemed. In addition, some participants linked questioning and searching for the truth to privileged access to unique or specialist information. It appears that accessing specialist information serves a dual function of strengthening belief in claims personally and as a defence against scepticism interpersonally.

#### Emotional impact of new knowledge

Participants described a variety of emotional experiences arising from endorsing a worldview that does not fit mainstream accounts. Perhaps owing to the existential nature of the questions asked, participants described experiences of distress associated with claims:

Olga(FFMP):... I became immediately very conscious that I am, my worldview is (.) going to be targeted <Louise: yeah> that my worldview is not the right one...in direct contrast and conflict <Louise: yeah> and that I was gonna, could be persecuted [by the government] really quickly <Louise: mmm> and I just sort of thought for a little bit, I had a real panic stations (Tom and Olga; 609-614)

Olga describes a fear that her worldview could be targeted and of the potential for persecution. She highlights the temporal nature of her panic, stating that it was present "for a little bit" rather than something that continues to characterise her emotional experiences.

Alice(FFMP): it scares the shit out of me, it really does, I think it's, um, it is really scary <Louise: mmm> ...and that, um, the people that are

supposed to be looking after us that we trust <Louise: mmm>, don't really give a toss about us <Louise: mmm> ...I think that's the most terrifying idea of all <Louise: mmm> that we don't actually matter (Liam and Alice; 1182-1191)

Alice's account echoes Olga's sense of fear but de-personalises the fear, suggesting that nobody matters to "the people...looking after us", thus problems are not personalised. Both accounts suggest that it can be helpful to maintain personal distance from claims. It appears that although highly distressing, Olga achieved distance from ideas by perceiving her emotions as temporary and likely to diminish over time. The focus of Alice's, and many other participants' claims, revolved around how conspiracies were culturally endemic and affected all members of society rather than them personally.

The distress associated with claims was problematic for many participants and something that needed to be resolved before they could share their ideas:

Glyn(BH): ...I know that my, I'm too passionate at the moment <Louise: ok> I've got to somehow work with that <Louise: yeah> um, because I get upset <Louise: ok>, and that's the problem (Glyn and John; 379-380)

Similarly to Olga, Glyn described being "too passionate at the moment", implying that being overly passionate about ideas is problematic but changes over time.

Tom(BH): ...then I probably hit about two months of depression <Louise: mmm> because, I was totally new to this so I thought no one's going to believe me, you know <Louise: mmm> if I talk to my friends and family, no one's going to believe me <Louise: mmm> and it really ate me up because I thought, people have got to know about this (Tom and Olga; 313-318)

Tom described experiencing depression as a result of discovering a 'new world' due to feeling that others needed to know yet predicting their disbelief. Again, the

time-limited nature of this experience was emphasised in this account, suggesting that strong emotional responses to claims fluctuate over time. Implicit within many participant accounts is the idea that emotionality is problematic, particularly in the context of sharing claims. This idea is explored further in category two.

Links with minority reality claims, distress and madness were made by some participants:

Paul(BH): ...obviously yeah, you are wondering if it's [telepathic alien communication] your own madness, your own schizophrenia <Louise: yeah>... (Paul and Jane; 1418-1419)

Paul explicitly questions whether his experiences are signs of schizophrenia, later concluding that they are not through discovery that others share his telepathic experiences.

Roshan(BH): I wouldn't say it's a paranoia because I'm not a paranoid person at all, not, oh big brother's watching me or someone's out to get me but, um, just to kind of be sort of a bit more open (Roshan and Matteo; 36-39)

Perhaps in an attempt to allay the potential of reduction of his claims to paranoia, Roshan rejects possible labelling of his ideas or self as paranoid. Heise (1988) described the process through which ideas not widely shared could be reduced to madness when conflicts over reality occur. Paul and Roshan's evaluation of claims may attempt to negate others' judgements through their explicit acknowledgement and rejection of madness labels.

A further way of negating strong emotional responses and madness appears to be through distancing self from claims:

Peter(BH):...it can be very frightening <Louise: yeah> however, there's nothing we can do about it (Peter and Sue; 223-224)

Peter acknowledges the emotional impact of his ideas yet appears to diffuse this through positioning himself as powerless. There was a sense of distance in Peter's and many other participants' accounts - claims may be frightening but they are problems that face us all - even if the majority are unaware of them.

Alice(FFMP):...it actually scares me once I get into it <Louise: mmm>  
I think oh my God, if I was to push a bit more with this, you know, if that's true and maybe that's true as well, and that's, that is actually terrifying <Louise: mmm> and I do think...that's a reason why some people go nuts. (Liam and Alice; 1225-1230)

Alice talks about balancing a desire to know more with a fear that further knowledge may lead to madness. Thus, knowing when to stop researching, when ideas are becoming too much and the experience is encroaching on sanity seems a vital strategy which is described by a number of participants.

Perhaps influenced by the questions asked during the interview, the majority of participants talked largely about the negative aspects of emotional experiences associated with claims. However, participants also emphasised their ability to manage negative emotional states. Participants described distancing themselves personally and emotionally from claims. The idea that we are all affected by conspiracies yet only a few are aware of the truth was central to participants' claims. Participant accounts reflect a sense that they have accessed privileged information and are therefore in possession of powerful knowledge. This specialist knowledge positions participants auspiciously in relation to the 'ignorant masses' and may help to diminish negative feelings associated with claims.

There was some explicit acknowledgement of the positive emotional experiences associated with claims:

Alice(FFMP):... when you feel like you've really uncovered something, when you feel like you've really uncovered the truth <Louise: mmm>

it's kind of thrilling and it's terrifying as well (Liam and Alice; 1246-1249)

Alice described uncovering the truth about something as both thrilling and terrifying. This suggests that investing and researching into claims has positive as well as negative emotional consequences.

### *Behavioural impact*

Two participants talked of moments where they became overwhelmed by ideas, leading them to feel compelled to tell others:

Olga(FFMP): ...I had a real panic stations <Louise: mmm, mmm>...I felt compelled to tell people <Louise: yeah> to such an extent that I actually, I actually one day um, stood up in the tube to tell people...and I told them that there is a police state and, and the war on terror is fake <Louise: mmm> something like that, I don't know what, exact, I can't remember exactly what I told them (Tom and Olga; 614-621)

Olga described how, if not managed effectively, the emotional impact of claims can have significant 'behavioural' consequences. Glyn similarly talked about how claims could become overwhelming, leading to him also to announce his ideas on a train:

Glyn(BH): ...I've stood up on trains and done it <Aaron: he's weird> I've just lost the plot a bit, it's been <Louise: mmm> it's been, you know, because I just think, people don't listen (Glyn and Aaron; 832-835)

Olga and Glyn described how the emotional aspects of claims led to a compulsion to tell others. Olga previously described feeling concerned about persecution and panicking about claims leading her to feel compelled to tell others about the police state. Glyn similarly described himself as being "too passionate". It appears that overwhelming emotional experiences associated with claims can lead to behaviours such as proselytising to people on trains. Such

behaviour risks being labelled as 'mad' by others, something deemed undesirable by all participants. It seems that an awareness of the emotional impact of claims is integral to managing and negotiating ideas.

### Storying claims and integrating selfhood

The final process evident in participant accounts regarding the discovery of a 'new world' is storying ideas and integrating claims into selfhood. This subcategory explores how participants' sense of self and life experiences contribute to the endorsement of minority reality claims as well as the impact that claims have on a participants' life narratives. Participants described how they created coherence between their life story and claims and integrated claims into their sense of self and identity.

### *Linking claims and life experiences*

Participants described attempts to fit claims into their life story. Integrating claims into a coherent narrative about the self seemed important even if participants had described themselves as previously unaware of alternative views of the world.

Tom(BH): ..because even, you know, when I was younger, I always did have something about the truth <Louise: mmm> I really didn't like being lied to just in ordinary day, day life and um, so, when I, when these lies were on this massive scale <Louise: mmm> I, I was just really, really (.) really angry (Tom and Olga; 321-325)

Tom previously described himself as a "relative conservative" in his views and prior to the moment that he "awoke", dismissing people with "outrageous" views about conspiracies. On reflection, Tom describes how an aspect of himself, an interest in the truth, resonated with his perception of the lies about 9/11 leading to anger and a desire to find out more.

Generally most participants saw beliefs as consistent with a sense of personal difference:

Olga(FFMP): yeah because for me, I've always been a bit odd and a bit of an outsider (laughter) so, in a way, it hasn't really changed anything, at <Louise: mmm> in my, in my way of dealing with things or way of life (Tom and Olga; 828-831)

Olga pointed to the potential impact that endorsing conspiracy theories could have on a person's life but how being "an outsider" has limited the extent to which this happened for her.

Roshan(BH): yeah and I think that's why I've maybe had it from a very very early age being, not Caucasian <Louise: mmm> in a predominantly Caucasian society so always standing out, always being the odd one out...I think it does get into your consciousness and, and um, it certainly does have a role to play in that (Roshan and Matteo; 962-968)

Roshan highlighted how his sense of difference contributed to his perception of the world. Both Olga and Roshan connected their sense of difference to a certain way of viewing the world, linking personal attributes with the propensity to endorse conspiracies.

Participants also linked experiences growing up to a tendency to see the world differently:

Paul(BH): I was also brought up in a traditional Christian household where mystical stuff is naturally part of life <Louise: right> it's the way my mum and dad brought me up; with Jesus and miracles and turning water into wine (Paul and Jane; 603-606)

Paul described how his upbringing influenced his outlook on life, creating an open stance to alternative ways of viewing the world. Whether it is through an individual's sense of difference or family influences, most participants expressed a sense of continuity between life experiences and minority reality claims. It appeared that linking claims and life experiences also served a discursive

function for participants. By integrating claims into a personal chronology of experiences, the listener is slowly exposed to increasingly unusual ideas, with the speaker able to rationalise and explain each step. By slowly revealing claims, participants may also be able to gauge listeners' responses, adapting what they share in accordance with this feedback.

*"It does affect how you do things"*

Many participants pointed to the effect that endorsing claims had on their lives.

Alice(FFMP):...I mean it's a hobby, it's something I'm interested in, something Liam's interested in as well <Louise: mmm> but it does affect how you do things, it affects the choices you make (Liam and Alice; 1261-1265)

Alice diminished the importance of claims by describing them as "a hobby" yet simultaneously acknowledged the tangible impact that ideas have on her life.

Glyn(BH):... every second, everything is filtered through what I now see as a charade, I basically see, it's difficult to explain, have you ever seen *The Matrix* <Louise: mmm> you know when he starts seeing everything as code <Louise: yeah> you see it in a different way, I can see things in a different way (Glyn and John; 522-527)

Drawing on an analogy to '*The Matrix*', Glyn described how endorsement of conspiracies enabled him to develop a unique perspective or insight into the world that is with him "every second" of the day.

Achieving a sense of balance between the importance of claims and the importance of not allowing claims to dominate seems integral to many participant accounts. Alice articulated this balance through the acknowledgement that it is likely claims may not be correct:

Alice(FFMP):... So um, you have to uh, I think you just have to be really calm about it and realise that you're never going to understand

everything <Louise: mmm> and you're probably going to get most of it wrong (Liam and Alice; 1243-1246)

Alice expressed a wish for certainty or closure regarding claims yet simultaneously described being aware that she would probably never know all of the answers.

Tom(BH):...Um, but I didn't sort of throw myself into it and think that everything they say is, I didn't go from like one world view to an <Louise: yeah> complete other extreme straight away <Olga: not at all, not at all> in fact I still don't <Louise: mmm> you know, one thing that it's taught me is to always ask questions (Tom and Olga; 139-143)

Tom described focusing on asking questions rather than drawing firm conclusions. Whilst participants' worldviews enabled them to develop a unique perspective on the world, it appears that decentralising the importance of claims was a helpful strategy employed by participants to moderate the effect of ideas on their lives. Perhaps facilitated through the integration of experiences and minority reality claims into selfhood, participants described balancing the centrality and importance of claims within their lives whilst maintaining some distance from ideas. Thus, whilst claims were omnipresent throughout life, there was a sense that preserving a 'normal' life was also important.

## **Category 2: Experiencing and negotiating claims with others**

This category explores the experience and negotiation of claims within interpersonal contexts. Participants described being confronted by an initial dilemma regarding a desire to share claims yet fearing social exclusion. It seems that this experience is managed through 'testing claims with others' leading to 'developing strategies to share claims'. 'Testing claims with others', involved sharing ideas in diverse social contexts, often with people previously unknown or distant from participants. Participants described experiencing a broad range of reactions from other people, many of which were negative and hostile. Participants also frequently described sharing claims and 'experiencing scepticism and acceptance from close others'. Experiences of scepticism and

acceptance enabled participants to develop strategies to share claims outside of immediate family and peer groups. For some participants, the primary strategy developed regarding claims was 'deciding not to share' in most contexts. Finally, participants talked about 'seeking and meeting likeminded others' which enhanced their interpersonal experiences of claims. All subcategories are elaborated below.

#### Desire to share vs. desire for inclusion

Participants described a dilemma concerning a desire to share claims with others yet simultaneously fearing exclusion as a result of sharing ideas. Descriptions focused largely on predicted reactions of others rather than direct experiences of exclusion. Many participants talked about initially not telling others about claims.

Paul(BH): well I lived, I lived with it for a lot of years, I mean I never really talked about it to anybody <Louise: mmm> right up until, well, a few people, me brother knew and all that uh, but I never really, really talked about it <Louise: mmm> 'cus people would think I was mad  
(Paul and Jane; 1591-1595)

Paul described not talking about claims based on a fear that others would judge claims as mad. Paul highlighted the role of close others (friends, partners or family members) as an initial forum to 'test claims'.

Tom(BH): I said, "I can't really tell you," because I wasn't ready to talk about it <Louise: yeah> um, and he said, "well if you, if you do then my door's always open" (Tom and Olga; 358-360)

Tom described not being "ready to talk". Both Paul and Tom's accounts are echoed in other participant descriptions about initially being reluctant to share ideas with others. Both descriptions seem to point to the dilemma about talking occurring at an early stage of the development of claims and an initial reticence to share ideas. The resolution of this dilemma, discussed later, often involved carefully selecting a person to share ideas with. However, as described below,

initial attempts to share ideas can reinforce the concerns central in the dilemma about claims.

### *Predicting others' reactions*

Central to many participant accounts was a sense that others might respond negatively to claims.

Jack(BH): well, first of all I decided not to tell everybody

Louise: right, why did you decide not to tell everybody?

Jack: because I'd seen the reaction to other people who'd said that they'd seen aliens and things... (Megan and Jack; 947-950)

Jack initially decided not to tell people based on previous experiences of others sharing unusual ideas. In this extract, Jack depersonalises the negative reaction predicted by others. Later he described how as a child he had seen a UFO and been ridiculed when he told his family. This negative experience then served as a template for others' reactions, leading Jack initially to conceal his ideas.

Louise: what stopped you from, because you said there was a part of you that felt like people need to know <Tom: yeah> what stopped you from letting people know?

Tom(BH): um, fear of ridicule <Louise: right> and them thinking I'm crazy (Tom and Olga; 342-346)

Tom similarly appeared to initially decide not to tell people, fearing exclusion through ridicule and being labelled as mad. Since almost all participants subsequently described experiences of sharing claims with others, it appears that the dilemma regarding sharing ideas and fearing exclusion is experienced at early stages of the formation of minority reality claims. Initial experiences of sharing claims are important and, if negative, act as a deterrent for further disclosure. Perhaps this dilemma echoes participants' own sense of claims - that they are important and personally compelling yet may be seen as signs of madness. Thus, the acceptance of others is vital in to the accommodation of claims within participants' lives.

### *“Conspiracy Tourette’s”*

Many participants described experiencing a sense of urgency or need to tell people about claims. This sense of urgency often arose due to the nature of claims (widespread conspiracy and lies against the population at large), but also may reflect a sense of fear that fantastical ideas might be just that. Therefore, sharing claims with others and seeking social validation was sometimes experienced as if a compulsion to tell others.

Alice(FFMP): ...because you can, you can come across an idea and you can think “oh my God, that’s absolutely amazing” and your initial reaction is to run out and tell everybody (Liam and Alice; 1238-1241)

Alice described the experience of discovering new ideas as being characterised by amazement and an initial urge to tell others. Implicit within her description is that the initial compulsion to tell others is not advisable. She later elaborated this, stating that it is important to “let things settle for a long time”.

Glyn(BH): ...it just comes out, it’s like Tourette’s! (laughter) <Louise: yeah> it is, it’s like, uh, conspiracy Tourette’s <Louise: mmm> I can’t stop it, I just feel if there’s a context in which there’s an issue being raised <Louise: mmm> I have to, it just comes up (Glyn and Aaron; 826-830)

Glyn joked about his desire to tell others being uncontrollable, likening it to Tourette’s. His analogy to Tourette’s powerfully evokes the sense that however ill-advised, at times, his desire to tell others becomes uncontrollable. It seems that, for Glyn and some other participants, the primary motivation to share claims is making others aware of the conspiracies around them. On other occasions and for other participants, a desire for social validation drives their motivation to share claims.

### Testing claims with others

The subcategory ‘testing claims with others’ concerns the process of exploring claims with others and their reactions. Through the experience of adverse

reactions, participants described developing sensitivity to, and understanding of, the social processes contributing to others' responses to claims.

### *Encountering negative reactions*

Descriptions of encountering negative reactions to claims were prevalent throughout most accounts. Most commonly, negative reactions included hostility and occasionally aggression. Negative reactions come from both close others as well as through encounters with more socially distant individuals. It seems however, that the most aversive reactions were experienced in broader social settings rather than with friends or family members.

Liam(BH): ...I mean, uh, a lot of people just get really, aggressively run you down if they know you have a non-conformist view (Liam and Alice; 333-335)

Liam linked non-conformist views with the experience of aggression in others. This indicates that endorsing claims that are not widely shared involves managing a degree of hostility and aggression in others.

Alice(FFMP): ...I think people are frightened of the unknown, I think they formulate a plan of what's going on and if anything threatens that plan <Louise: mmm> they get very, very fearful and very angry and very defensive...they don't really want you to disturb it <Louise: yeah> um, and any kind of attempt to disturb that, you, you get this incredible resistance... (Liam and Alice; 413-422)

Alice interpreted the response of others as stemming from a fear of the unknown. According to this view, in sharing minority reality claims, participants risk disturbing people's sense of the world and evoking fearful and defensive responses.

Paul(BH): ...you know this [taps three times on the table], this is the way it is and anything...outside that is, is lunacy or low intelligence

thinking <Louise: mmm> and that's what they're taught (Paul and Jane; 1733-1736)

Paul similarly accounted for the reaction of others being due to a rigid approach to ideas outside the norm. Throughout most interviews, participants described negative, hostile responses to claims but simultaneously attempted to explain why others reacted in this way. Understanding others' reactions may be a helpful strategy for participants when faced with negative responses as it enables them to intellectualise their responses. Through intellectualising scepticism, participants were able to reconstruct reactions as ignorance, reinforcing conspiratorial ideas that the truth is withheld from the masses and the supremacy of their knowledge.

*Being dismissed and experiencing exclusion*

Participants described being dismissed and excluded as a result of sharing claims with some people.

Alice(FFMP): ...they have this, um, hostility about it, they just reject you as a person <Louise: right> so you just become a blank space, they won't listen to anything you say, they won't discuss anything with you, they don't really want to be your friend...(Liam and Alice; 485-488)

Alice summarised both the experience of being dismissed as a person and experiencing tangible consequences such as others not wishing to be her friend. Her articulation of this seems to echo a sense of persecution from an oppressive other –"they". Alice's description implies that the expression of claims can lead to both her ideas and personhood being invalidated. This account illustrates the powerful negative reactions that people face when expressing minority reality claims.

Jane(FFMP): but they don't want to think about it so as soon as you say anything they just label you as a conspiracy theorist which is...a catchall phrase to dismiss anything (Paul and Jane; 1002-1004)

Jane suggested that others' dislike for ideas that challenge leads to a propensity to quickly label claims as conspiracies, therefore undermining their legitimacy and justifying their dismissal.

Adam (BH): society's been programmed to look at it as a joke or you know, dismiss it, it's, it's...like control <Louise: mmm> mind control almost (Adam and Sarah; 783-785)

Adam pointed to social processes through which conspiracies are ridiculed and dismissed. His description of programming and "mind control" implies a conscious effort to discredit conspiracies through dismissing ideas as impossible without the need to take any aspect of claims seriously. By implication, taking claims seriously might expose people to ridicule and being dismissed, thus reinforcing dismissive responses to claims.

Matteo(FFMP): ...basically it's just the loneliness you perceive in, in trying to conversate with the person, I've had that many times, like trying to conversate with a person and just not getting anywhere (Roshan and Matteo; 803-807)

Matteo described experiencing loneliness and isolation in the context of attempting to share minority reality claims. His description alludes to a barrier in understanding ideas, with the other person unable to access the claims.

Peter(BH): a lot of people, when you say the word aliens to them and you get a hand in the face <Louise: mmm> they go, oh, I don't want know, whatever it is that you're gonna say is nothing to do with reality (Peter and Sue; 330-333)

At the mention of the word 'alien', Peter similarly explained that many people immediately dismiss claims without further evaluation. This resonates with previous ideas expressed by Jane and Adam regarding the immediacy of others' responses and lack of consideration of ideas.

Glyn(BH): ...they walk away and you know, kind of, don't bother me, like a madman, like, like the crazy man on the train (Glyn and John; 374-376)

Finally, Glyn likened others' responses to the denigration and exclusion often associated with the treatment of mental health service users. Overall, it appears that participants' experiences of sharing minority reality claims is often extremely negative leading to exclusion and rejection of ideas and the participants themselves.

#### Testing claims with others

This subcategory explores the process described by participants regarding who to talk to about claims, how claims are shared and validated and how participants resist negative responses in others. This subtheme also explores how participants understand others' rejection of claims.

#### *"They don't want to know anything": Explaining mainstream conformity*

Participants appeared to account for their minority reality claims through explaining how others maintain dominant worldviews by rejecting or ignoring "awakening points":

Jack(BH):... from my personal point of view, everyone I know has a, an awakening point <Louise: mmm> you have a spiritual experience, most people don't do anything about it (Megan and Jack; 465-468)

Jack proposed that although "awakening points" are common experiences, most people ignore them.

Sarah(FFMP): and they've been trained by the media and propaganda...to not believe (Adam and Sarah; 770-771)

Sarah highlighted the role of the media in quelling people's propensity to endorse unusual beliefs, implying that people are socialised to believe a certain reality

rather than making a conscious choice. Perhaps by explaining how the majority of people maintain mainstream views, participants were more tolerant of, and able to respond to scepticism, negativity and exclusion.

Jack(BH): ...you see a lot of people are frightened of being ostracised  
<Louise: yeah> of being kicked out of society...and this is where the people who control us have their power (Megan and Jack; 469-372)

Jack integrated his understanding of why others reject minority reality claims with his belief that powerful institutions create a context whereby people fear non-conformity as a way of controlling and manipulating 'the masses'. The incorporation of the idea that most people do not endorse claims into participants' overall conspiracy theories was common. Indeed, mainstream conformity is the very thing that participants are rebelling against. It is possible that accommodating others' aversive reactions into claims is one strategy employed by participants to manage the experience of endorsing minority reality claims.

#### *Validating claims interpersonally*

Participants described the strategies they employed to validate claims when faced with scepticism and appeared to employ such techniques throughout the interviews perhaps in an attempt to persuade me of the validity of their claims. Interpersonal strategies for validating claims seemed contingent on two inter-linked processes: citing scientific, technical evidence and persuading the listener of the eventual inevitability of sharing participants' conclusions.

Peter(BH): if I didn't have the science...to back up what I was saying, I probably would be saying, I'd be a jabbering guy in the corner, wouldn't I, you'd be locking me in those coats with long arms! But um, because I've got the science <Louise: mmm> I feel more able to say...yeah this is what's happening, this is what's going on because of these reasons. (Peter and Sue; 490-496)

Peter's description counter-posed science and madness, stating that without the authority of science supporting his claims, they would be reducible to madness.

Adam(BH): I think that the average intelligent person, if they delved into it and actually were aware of the evidence, they wouldn't deny it (Adam and Sarah; 766-767)

Adam drew on another strategy, prevalent within many participant accounts, of pointing to evidence others may not have accessed. Adam's suggestion that a person of average intelligence with access to certain information would inevitably draw the same conclusion primes the listener to agree. Disagreement risks being seen as unintelligent either through lack of knowledge or faulty reasoning.

Paul (BH): ...it's like, uh, continental drift, um, was ridiculed...Alfred Wegener [first proposed continental drift theory]...he was thought of as an absolute crackpot and an idiot <Louise: mmm> by the scientific community for 50 years then in the 50s, some scientists said "oh, maybe it, it's continental drift" (Paul and Jane; 374-370)

Paul made reference to historical antecedents to support his argument; highlighting the changing nature of scientific understandings. This strategy, present in many participant accounts, serves to support claims through the suggestion that the nature of knowledge is in constant flux. Thus, whilst ideas might seem implausible now, this can quickly change.

All participants appeared to draw on scientific discourses to validate their claims. Many participants used technical language; perhaps to convince me that a wealth of information exists of which I was unaware. Most participants commented on the way in which knowledge and science evolves over time, supporting both the idea that new discoveries are imminent and that with time and access to the correct information, others would draw similar conclusions. These strategies seem to be helpful when trying to convince a listener of the plausibility of claims.

#### *Getting "a feel for someone's inclination"*

Participants reported experiencing frustration that others were unable to access or unwilling to listen to ideas.

Tom(BH): ...but then I realised, after banging my head against a brick wall with a lot of people, that you've just got to have acceptance, that some people are never, ever going to change (Tom and Olga; 911-914)

Tom described feeling as though he was banging his head against a brick wall when talking to others and eventually accepting that some people will not change. There appeared to be an experiential dimension to this process, experiencing frustration but slowly learning over time that there will always be people who resist claims.

Liam(BH): I think you, we, um, a baby step and sort of ask <Louise: mhmm> get a feel for someone's inclination... (Liam and Alice; 307-308)

Perhaps in response to experiencing frustration when sharing claims, Liam described learning to be sensitive to others' responses. He adopted a cautious approach, sharing a small piece of information to gain an understanding of a person's inclination towards claims. Through carefully testing claims, it appeared that participants were able to develop implicit criteria for deciding who to talk to. This seems like a helpful strategy to avoid feelings of frustration when talking about ideas.

Jane(FFMP): I mean you can't, I don't think you can be very sensitive in terms I mean, of criticism and things like that (Paul and Jane; 1377—1378)

Jane described the importance of not being sensitive, alluding to previously experiencing criticism in the context of sharing claims. This appears to be another potentially useful strategy employed by participants. Given the negative and hostile responses participants described experiencing; it seems that not taking others' responses personally may protect participants from feeling dejected after sharing claims.

*Ensuring worldview does not dominate*

A further strategy described by participants was ensuring that their claims did not dominate all their interactions. Adam described a nonchalant approach to people who are uninterested or do not go into ideas in “any depth”:

Adam(BH): ...he [a friend] doesn't go into it [discussions about aliens] in any depth so I just leave it, you know <Louise: mmm, mmm> if people aren't interested, it's up to them isn't it (Adam and Sarah; 648-650)

Paul: um (2) if it [conspiracies] comes up, I mean I don't go out of my way to talk about it with everyone I meet <Louise: mmm> in every situation <Louise: yeah> but if the situation comes up, then I talk about it (Paul and Jane; 550-553)

Similarly to Adam, Paul demonstrated sensitivity to context and not talking about his ideas with everyone he meets. Ensuring that the worldview does not dominate seemed central to many participants. Indeed, both Jane and Liam explicitly differentiate themselves from “evangelical conspiracy theorists”, criticising people who allow their views to totally dominate their interactions:

Jane(FFMP):...I take issue with the kind of, evangelical push that some conspiracy theories have ...it reminds me so much...they are fundamentalists and they don't see it because ...they're under this cloak of (laughs) there being an alternative conspiracy (Paul and Jane; 1231-1238)

Negotiating the balance between the importance of claims and ensuring views did not dominate was difficult for some participants. Aaron reflected on Glyn's interactions, stating that his minority reality claims did not dominate:

Aaron(FFMP): ...I don't think that it's something that's characterised your interaction with my friends, I think they remember you for lots of

other things than that, I don't see my dad as just the guy that goes on about conspiracy theories (Glyn and Aaron; 727-730)

Glyn previously talked about becoming overwhelmed by his ideas leading him to feel compelled to tell others. It seems that although he may experience moments where his ideas become overwhelming, he is mostly able to manage these experiences, ensuring that the majority of his interactions are not dominated by claims.

Other participants described how beliefs permeated interactions, leading them to look for ways to provide information in the context of everyday conversations:

Megan: ...I'm looking for windows all the while to try and jump in to give them a seed, a seed <Louise: mmm> of uh, information... (Megan and Jack; 1070-1071)

Megan's idea of "looking for windows" is echoed in many accounts. The analogy of "planting seeds" was also commonly used by participants regarding their approach to disseminating information. Participants acknowledged the need to ensure that claims did not dominate all interactions, however appeared to have developed strategies to maximise opportunities to share ideas through a careful and sensitive approach to integrating claims within everyday conversations.

#### Deciding not to share

Whilst all participants talked about not sharing claims in certain contexts, some participants talked about almost never disclosing ideas to others. Perhaps somewhat unsurprisingly, those who said they never talked about claims were exclusively the FFMP participants. Whilst this may reflect a lower level of 'belief conviction' (observed in PDI scores), the participants constructed the decision not to share ideas as being related to a variety of social processes. Three female participants said that they never talk to others about their ideas.

Alice(FFMP): I just don't talk about it ever. I've just got that policy with almost everybody <Louise: yeah> it's easier if you, if you don't talk about it (Liam and Alice; 502-504)

Sue(FFMP): no it's, I don't speak to anyone about it really, because maybe I don't have the understanding, I would feel self-conscious doing it because I don't have the understanding (Peter and Sue; 587-589)

Both Alice and Sue stated that they do not talk about ideas with other people. Sue justifies this as being due to her lack of knowledge which would lead her to feel self-conscious. During the interview, Sue stated that she did not share Peter's ideas although was interested in them. In contrast, Alice shared many of Liam's minority reality claims and had several ideas of her own regarding conspiracies. A third participant, Jane, similarly endorsed many minority reality claims yet stated that she did not routinely share her ideas.

Alice(FFMP):... guys kind of usually Liam's age and background, um, kind of lump it together with the, with the stupid feminine thing: you're a girl so you must be a bit thick and you're into all this tarot and stuff so you must be a bit of a ninny <Louise: mmm> and, you know, it really does change people's reaction to you <Louise: yeah, yeah> (Liam and Alice; 455-460)

Alice highlighted the gender context of sharing claims and how sexism may provide a further deterrent for women to share their ideas. This raises interesting questions about what it might be like to hold and share claims as a woman. Given the propensity for others to dismiss claims without investigation, it is possible that women are further disadvantaged when sharing claims. Exploration of the narratives of women with minority reality claims would be an interesting area for further research.

### Experiencing scepticism and acceptance from close others

Participants described encountering scepticism and acceptance from people close to them. FFMP participants highlighted the importance of having respect for others' ideas, even if they did not share them.

Jane(FFMP): no I mean we don't, we have enough respect for each other that you know, I'd never dismiss anything Paul says (Paul and Jane; 951-952)

Jane previously stated that there were things she and Paul disagreed about but emphasised that this disagreement was not about dismissing ideas. Here she seems to differentiate her response of scepticism from the negative responses previously described.

Sue(FFMP): ...I respect the fact that everyone's got different theories, different outlooks on things, different takes on life <Louise: mmm> and I'm quite fascinated to hear <Louise: mmm> the views and opinions and things that people think are gonna happen... some people might think, "oh aliens, whatever" but no, if that's what he believes...but ...for me ...there is a part of me that doesn't want to believe it [world will end in December 2012], not because I don't think it is real but because obviously I want to plan my life and...it's quite scary (Peter and Sue; 379-390)

Perhaps having respect for ideas is important when expressing disagreement in order to ensure that the speaker does not feel dismissed. Sue carefully balances her uncertainty about Peter's ideas by separating herself from dismissive others. She states an interest in different perspectives yet says she does not share beliefs due to fear rather than because she thinks the ideas are false. This account is interesting as Sue demonstrated some scepticism about ideas yet bases this on a desire for future life rather than logic and science.

Olga(FFMP): ...I mean my, my family <Louise: right> they don't, they aren't, I always thought they were really open minded but they're not

actually that open minded and they just, yeah, they, they think it's a, a horrible worldview <Louise: right> that you can't think like that, you can't live like that (Tom and Olga; 951-955)

Olga expressed surprise that her "open-minded" family do not share her ideas. She links their dismissal of her claims to their experience of the worldview as "horrible". This suggests an emotional rather than logical rejection of ideas. In addition, their objection was that Olga "can't live like that" pointing again to an emotional response to her claims. The simultaneous scepticism about, yet acceptance of, claims from people close to participants is interesting and perhaps enables participants to develop strategies to share claims within a safe context of respect.

#### Seeking and meeting likeminded others

Participants described seeking and meeting likeminded others to share ideas and disseminate information with. Both internet and face-to-face opportunities were sought by participants to share claims. Participants described valuing opportunities to meet likeminded others as it enabled them to be open and free in their ideas, abandoning many of the cautious strategies adopted in day-to-day life.

Tom(BH): oh yeah it would, it would, yeah. You know, if you were like virtually the only ones, it would be more difficult <Louise: mmm> yeah um and it, and it's refreshing to know that there are a lot of other... you realise there are so many people, not just in this country but across the world who feel the same way (Tom and Olga; 1206-1211)

Tom described how difficult it would be to be isolated in his claims and the importance of knowing that across the world other people share his ideas.

Paul(BH): ...and then I started finding out that it was obviously personal to a lot of other people and then obviously once the world wide web come along, you found out it's personal to millions of people all round the world (Paul and Jane; 98-101)

Talking about his experiences of telepathic alien communication, Paul highlighted the role of the internet in connecting him with “millions of people” who share his ability. Many participants found refuge in the ability to share ideas online and interact with people across the world that share similar views.

Tom(BH): you know, it, it is nice where you can just talk freely and openly about anything really <Louise: mmm> and not be judged  
Olga(FFMP): and also what’s nice is that it didn’t have, the group that we were involved in, it was just a social meet up with likeminded people (Tom and Olga; 674-678)

Tom and Olga discussed enjoying the social aspect of groups in which they feel able to talk openly and freely without judgement. Olga later stated that knowing there is a community of people with similar ideas protects her from feeling demoralised when faced with scepticism and negativity about ideas.

Liam(BH): yeah, I think that, I’m a, a [involved in] an organisation...that discusses these kinds of things, so, it’s nice to have an opportunity and, and people come together who have these ideas because sometimes it’s unsociable to discuss them in general context (Liam and Alice; 269-273)

Liam’s involvement in an organisation open to his claims provided a positive opportunity for him to discuss ideas considered “unsociable” in other contexts. Thus, it appears that seeking out likeminded individuals and groups both in person and online, is important to participants. Drawing support from likeminded others and having an opportunity to talk in the context of a receptive audience may help participants successfully negotiate their claims within other contexts. It seems that having a forum in which ideas can be shared and accepted is vitally important as it enabled them to receive validation of claims and better manage scepticism and hostility in social contexts with ‘non-believers’.

## **The intra- and inter-personal experience and negotiation of minority reality claims: A grounded theory**

The two core categories 'discovering and managing a new world' and 'experiencing and negotiating claims with others' are complementary with many processes running in parallel between the two. Thus, the linear presentation of the model here is simplified and developed as a prototype of how claims may be developed and negotiated. There were variations across participants and contexts, perhaps indicative of the dynamic nature of belief construction and negotiation. Relationships between categories are represented by arrows on the model.

Participants described initial processes surrounding claims taking place intra-individually. Both the realisation that 'the world is not what it seems' and the dilemma surrounding the 'desire to share vs. desire for inclusion' were characterised by participants as largely unarticulated processes, not shared in social contexts. The realisation that the world was not what it had previously seemed led participants to question and search for the truth. They described how this questioning and searching process was linked to the dilemma about whether or not to share claims socially. Over time and through experiencing inter-personal negotiation of claims, participants' intra- and inter-personal management of claims became more explicit and easily shared within social contexts.

Participants described a parallel process of managing the 'emotional impact of claims' intra-individually and gradually 'testing claims with others' in a variety of contexts with both socially distant and close others. For some participants, the emotionally overwhelming experience of claims occasionally led to sharing ideas in risky situations (e.g. Glyn and Olga reported proselytising on trains), leading to negative reactions from others. For other participants, experiencing acceptance from people close to them was an emotionally positive experience, enhancing their ability to test claims in broader social contexts. Participants described how managing the emotional impact of claims and testing claims in a variety of social contexts led to a greater integration of claims into their sense of themselves ('storying claims and integrating selfhood'). This integrated narrative between self and claims had an impact on the 'development of strategies to share claims', with

participants noticing that clearer, more integrated narratives were greeted with less scepticism and greater acceptance.

Through experiencing a variety of different reactions to claims, participants were able to develop strategies to more effectively share claims in social contexts and become aware of situations in which sharing claims was not advisable. For some FFMP participants, the primary strategy employed was to not share claims in most social contexts. It is unclear if this was due to less investment in ideas and therefore motivation to share, if this was simply a strategy adopted by some individuals or if this was reflective of less experience of negotiating claims which might change over time. Indeed, many belief holder participants described initially not sharing claims but this changing over time. This may be an interesting area for further research.

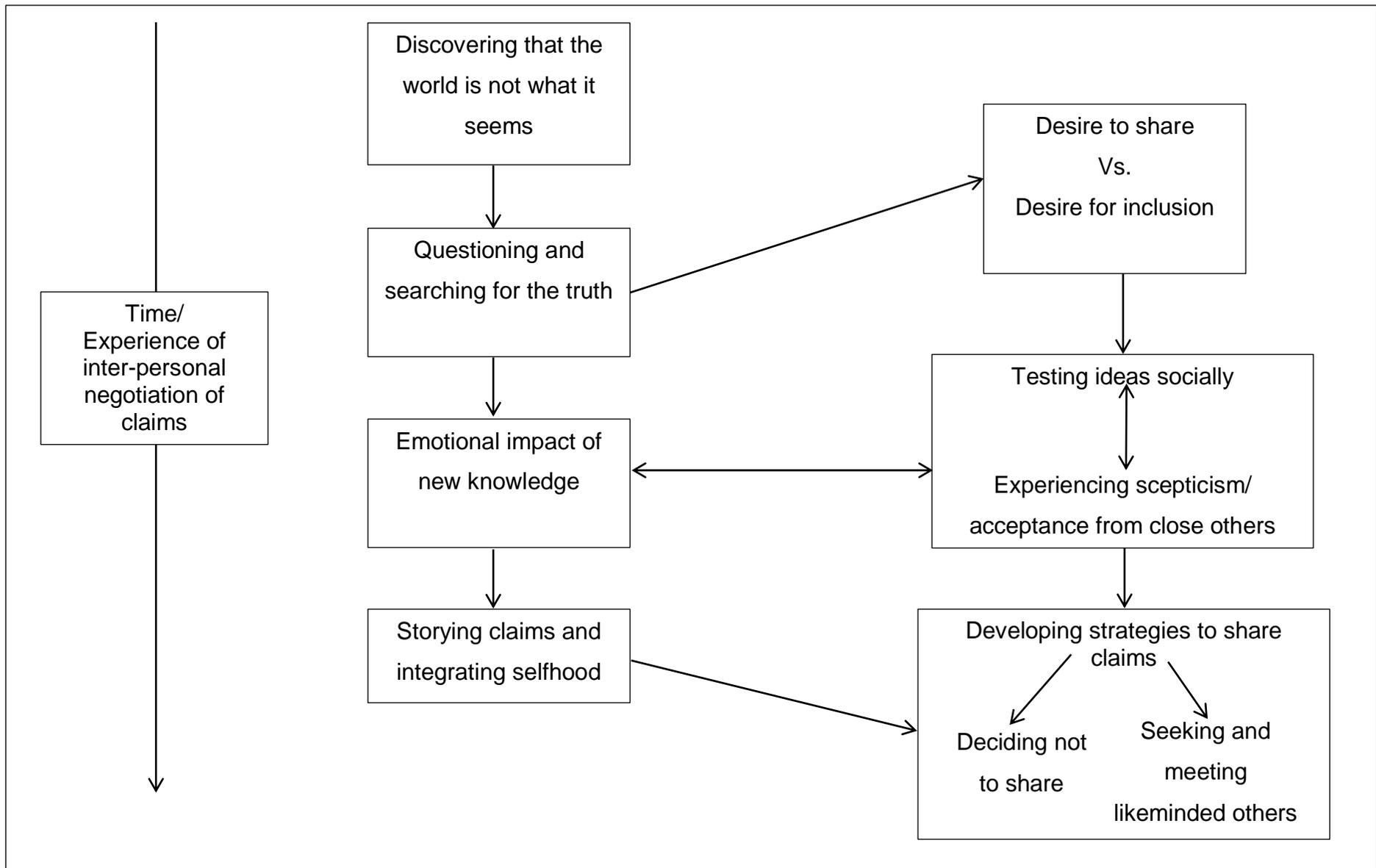
The scepticism and acceptance of close others led to a variety of responses from participants including initially not sharing claims as well as facilitating the development of strategies to share claims. It appears that the reaction of FFMP sometimes enabled participants to test out claims before sharing ideas in wider social contexts. This process links to the second research question regarding FFMP understandings of, and narratives about, minority reality claims. It seems that all these participants were open to and accepting of claims, regardless of whether or not they shared them. Close others may act as an interface with wider society, providing claim endorsers with a space to explore claims without the risk of social exclusion or judgement.

The first research question focused on the intra- and inter-personal negotiation of claims. Participants described the development of ideas and the importance of integrating new knowledge into their sense of self. This integration between claims and self was described by participants as having a reciprocal impact on intra- and inter-personal processes. By developing a coherent narrative, participants reported feeling more able to present claims in a manner that was convincing to others. In addition, it appeared that participants felt that the integration of claims into their sense of self was important.

The third research question concerned the management of distress and conflict associated with claims. Participants described a variety of emotional experiences arising from the development of claims including feelings of sadness and frustration but also how personally compelling and exciting claims were. The integration of claims into participants' narratives seemed an important process for them to manage the distress associated with claims. Sharing claims socially sometimes added to the sense of frustration and isolation associated with beliefs but could also serve to reinforce the developing narrative of the truth being withheld from the population at large. Seeking and meeting likeminded others provided participants with a supportive forum in which ideas could be shared. Further, through experience of negotiating claims interpersonally, participants became versed in strategies to share claims within different contexts. Through experience over time, participants reported more positive interpersonal experiences of sharing claims which impacted on their emotional wellbeing.

The research questions will be further elaborated and explored in light of the results and previous literature in the discussion chapter.

Figure 3: A model of how participants manage minority reality claims intra- and inter-personally



## DISCUSSION

This chapter focuses on discussion of the analysis in the context of the research questions and previous literature. The quality of the research will be evaluated and limitations described. Finally, research and clinical implications will be explored.

### Research questions

How do individuals within the general population who endorse minority reality claims manage their beliefs on an intra- and inter-personal level?

Processes underpinning the intra- and inter-personal negotiation of claims are often similar or complementary. For example, the emotional impact of new knowledge was an intra-individual process that was reciprocally related to testing ideas socially. Participants sometimes described how distress associated with claims gave rise to testing ideas socially whilst at other times, positive experiences of testing claims socially impacted on participants' emotional states. Storying claims both personally and interpersonally appeared central to the negotiation of claims through increasing participants' confidence to share claims in various contexts.

Taylor and Murray (2012) interviewed individuals who reported experiencing clairaudience (hearing the voice of a dead person). In their research, participants described the importance of developing a coherent overarching understanding of their experiences (Taylor & Murray, 2012). Taylor and Murray's (2012) research highlighted the importance of developing an explanation of experiences before they could be accommodated into daily life. Similarly, Heriot-Maitland, Knight and Peters (2011) interviewed clinical and non-clinical individuals about 'out of the ordinary experiences' such as hearing voices. The authors suggested that distress appeared to be associated with a failure to integrate unusual experiences into interpersonal and background personal contexts. Taken together, it appears that the integration of claims into selfhood may serve several important functions.

As discussed previously, some participants described traumatic experiences precipitating belief formation. Heriot-Maitland et al. (2011) found that existential questioning and emotional suffering was a precipitant to many participants' unusual experiences. In the context of religious conversion, Shaw, Joseph and Linley (2005) suggested that following trauma, people may rebuild their lives, creating meaning from events and enhancing existential awareness. The authors argued that traumatic experiences lead to reappraisals of threat, revealing positive personal outcomes and augmenting spiritual and religious life (Shaw et al., 2005). Such ideas may be applied to the experiences described by some participants that led to their 'shattered worlds' (Janoff-Bulman, 1992) (e.g. Megan's daughter's suicide) and subsequent reappraisal of the world and themselves.

Gergen (1994) suggested that self-narratives are conversational devices that create links among self-relevant life experiences. Rather than reifying notions of identity, Gergen (1994) argued that self-narratives serve social functions and may be considered to result from people's attempts to interact through discourse. This approach acknowledges the multiplicity of narrative environments and the impact of context on constructions and resonates with participant accounts. Narratives about claims appeared to be co-created socially with decisions regarding what information to share being contingent on the social context.

Participants described diverse ways of legitimising claims, drawing on science and logic as well as intuition to validate claims. This construction of claims, based on a variety of scientific and intuitive methods, may reflect the way in which participants narrate claims in diverse contexts. The personally compelling nature of claims provided participants with an intrinsic sense of the veracity of claims e.g. Jane described not needing others to validate claims. In social contexts however, it appeared that participants drew on discourses of science and logic to validate claims. It seems that a critical realist social constructionist epistemology fits with this dynamic approach to claim negotiation through recognising the varying contexts in which claims are constructed.

Participants generally described a cautious approach to the interpersonal negotiation of claims. This involved resisting occasional urges to proselytise (further discussed in question 3), an acute sensitivity and awareness of the reactions of others as well as developing strategies to validate claims interpersonally. Participants' social insight together with their strategies for validating ideas seemed to enhance their ability to negotiate claims interpersonally. Gergen (1999) discussed how incompatible ontologies can lead to communication difficulties. Drawing on discourses of science and logic, participants may counteract potential breakdowns in communication arising from divergent ontological frameworks (Heise, 1988). In addition, by maintaining social commitment through the use of scientific paradigms, participants were perhaps more able to preserve social power. Since Heise (1988) suggested that power rather than falsity is integral to madness labels, participants' abilities to maintain power interpersonally seemed an important strategy to prevent labelling and exclusion.

Some participants addressed the potential labelling of madness through explicitly rejecting labels such as 'paranoid' or 'schizophrenic'. Acknowledgment that ideas may be seen as a sign of madness, rejection of this identity and separation of emotionality from claims may be effective strategies for validating beliefs interpersonally. Thus, although participants described claims being personally compelling and drawing on intuition to validate claims personally, the interpersonal negotiation of claims involved instead highlighting the importance of scientific evidence to validate claims. Oliver (1991) argued that the power afforded to rationality within Western cultures leads people to feel compelled to demonstrate logical, rational thinking in order for their ideas to be considered valid. Rationality is conceptualised as being divorced from emotional attachments (Oliver, 1991). Participants' rejection of madness and emotionality discursively positioned them as logical, rational thinkers therefore legitimising the validity of claims. Gergaca (2004) argued that individuals diagnosed with delusions cited evidence in their explanation of claims but this evidence was not persuasive to others. For participants in this research, it appears that sensitivity to how persuasive evidence was for others was an important aspect of how successfully they felt that they negotiated claims.

How do friends, family members or partners of individuals who endorse minority reality claims understand and experience the claims?

It is important to initially contextualise the present sample. Over 25 people contacted me via email regarding the research but subsequently declined participation, largely due to the criterion of being interviewed with someone who knew about their beliefs. Whilst it is only possible to speculate, it may be that the present sample is unusual due to participants' willingness to share ideas and ability to find a FFMP to be interviewed with. Thus, this sample may only represent a certain portion of unusual belief holders within the non-clinical population.

FFMP participants reported largely sharing belief holder's minority reality claims, although often in an attenuated form. However, due to the conjoint nature of interviews, the extent to which FFMP participants would endorse claims alone or in other contexts remains unclear. Conversely, perhaps this provides an insight the dynamic nature of claim endorsement and how expressions of claims may be contingent on the social context.

FFMP participants described an interest and acceptance of ideas even when they reported not personally endorsing claims. A tolerant approach was generally described by belief holders regarding others close to them such as family members and close friends. Heriot-Maitland et al. (2011) argued that compared to clinical participants, non-clinical participants were more able to incorporate unusual experiences into their social worlds. The authors suggested that this was largely due to experiences of validation and acceptance from others (Heriot-Maitland et al., 2011). The present findings support this research and add the perspective of FFMP participants.

Participants described varying levels of acceptance and openness to ideas within multiple contexts of their lives. Thus, claims were constructed, negotiated and legitimised within diverse social contexts. Participants linked the accepting, open attitude of close others to the development of strategies to more effectively share claims in wider social contexts. It therefore appears that accepting and validating responses of people close to belief holders reduces distress (Heriot-Maitland et

al., 2011) and helps individuals to develop strategies to more effectively manage negative, hostile responses in broader social contexts.

deHaan et al. (2004) argued that families and close friends play a vital role in the identification of, and help seeking for, psychosis. This raises the question of how unusual ideas within the general population are understood by those close to belief holders. FFMP participants in the present investigation seemed to either endorse some aspects of claims or reported being open to ideas. The tendency for close others to at least accept claims is interesting. If, as deHaan et al. (2004) suggest, it is largely those around a person who label experiences as signs of psychosis, what is it that led participants within this research to not construct belief holders' claims as signs of psychosis? Arguably, those who also endorsed claims may have been motivated to understand ideas as reflecting an oppressed, marginalised truth that they too had discovered about the world. Taylor and Murray (2012) link family narratives to the positive acceptance of members' clairaudience experiences. It may be hypothesised that the unusual beliefs here resonated with participants' family and friends' narratives therefore leading to acceptance of claims.

Three female FFMP participants reported being less willing to share ideas due to fear of being dismissed. In addition, when women participants expressed scepticism regarding claims, they attributed their uncertainty to emotional rather than logical reasons for example, accepting ideas but not wanting to believe they were true. Oliver (1991) discussed the powerful cultural construction of emotionality as an impediment to rational thinking. Perhaps FFMP participants drew on discourses of emotionality in order to minimise the potential conflict arising from their scepticism. Scepticism arising from emotionality may be less confrontational than arguments based on logic or rationality (Oliver, 1991). Thus, perhaps close others rely on emotion-based exploration claims, ensuring that they do not replicate the dismissal and hostility often experienced by belief holders in other contexts.

Alice made explicit links to how sexism impacted on her reticence to share claims following experiences of being dismissed when sharing ideas ("they assume

that...you're a girl so you must be a bit thick"). Oliver (1991) discussed the dichotomised stereotype of men as rational and therefore superior and women as irrational and therefore inferior. Perhaps women are doubly disadvantaged when sharing claims that do not accord with mainstream understandings, leading them to feel reluctant to share ideas. This is supported by the fact that only one belief holder participant interviewed as part of the research was a woman, with all other women participants being recruited as FFMP participants. Indeed, only four women made email contact regarding participation in the research. The three women not interviewed stated that they were unable to find FFMP participants to be interviewed with. This is interesting since endorsement of conspiracy theories and other unusual ideas has been found to be equally distributed amongst men and women (Peters et al., 1999) yet may indicate a difference in willingness to share claims in social contexts. Further exploration of the gender context of minority reality claims may be an interesting development of this research.

How is any distress or conflict resulting from minority reality claims negotiated by belief holders and their friends, family members or partners?

Distress or conflict regarding minority reality claims arose in various contexts. Some belief holder participants described times in which distress regarding ideas was experienced as overwhelming, leading to proselytising in potentially risky situations such as on trains. Peters et al. (2004) argued that higher levels of distress, preoccupation and conviction differentiated clinical from non-clinical populations. Participants' descriptions of distress seem somewhat at odds with this finding, implying that distress can be variable within a non-clinical population. Taylor and Murray (2012) suggested that distress and fear were common reactions to unusual experiences and that unusual experiences required explanation before they could be integrated into participants' lives. This echoes participants' descriptions of the temporal nature of distress and how important it is to create coherence between self and claims to prevent outbursts of distress. Thus, acknowledgement of the temporal nature of experiences seemed one way to allay moments in which distress was experienced as overwhelming.

Conflict arising from sharing claims was reported to occur largely in social contexts with people unfamiliar to belief holder participants. Hostile, negative

responses were encountered at times when sharing claims. Participants appeared to counter negative responses by explaining the rejection of ideas by the majority of the population; further strengthening their argument that the truth is withheld from the masses. This appears linked with Tajfel's (1982) construction of in- and out-groups in which members of social groups identify with 'similar' others and separate and denigrate 'different' others. Participants' pejorative descriptions of mainstream, or 'out-group', ideology may serve to reinforce their status within a marginal belief group, enhancing understandings of the 'out-group' and diminishing distress experienced as a result of negative responses.

Participants also de-personalised their ideas and distanced themselves from claims, for example, participants did not feel that conspiracies directly related to them but were at a national level. This may be considered consistent with Green, Freeman, Kuipers, Bebbington, Fowler, Dunn et al.'s (2011) suggestion that personalising attribution styles are common in the severe rather than mild end of the paranoia-continuum. Discursively, de-personalising claims may serve to distance participants, allowing them to construct a dispassionate account and appeal to notions of science and rationality to validate claims.

Seeking and meeting likeminded others also enabled participants to share ideas in a safe environment, limiting the desire to share ideas with sceptical others. Knowing that there was a community of people sharing ideas was cited by participants as an important factor in helping them manage the demoralising or distressing experiences associated with sharing claims. In addition, opportunities for meeting with like-minded individuals were described by participants as important, even if claims did not feature in the interaction. Taylor and Murray (2012) postulated that contact with others who had similar experiences may be important in the development of understandings of unusual experiences. Within a clinical context, May (2007) suggested that social isolation is problematic for many people accessing mental health services. May (2007) argued that increasing opportunities for social contact with others who share some commonalities is a beneficial way of enhancing mental health. Participants' accounts here support suggestions that social contact may be an important

aspect of managing claims both intra- and inter-personally, decreasing distress and isolation experienced as a result of claims.

### **Evaluation of the research**

There is significant debate regarding the extent to which qualitative research can be evaluated and the most appropriate methods of evaluation (Spencer & Richie, 2012). I have endeavoured to complete good quality research drawing on the evaluative criteria for qualitative research developed by Cohen and Crabtree (2008). The ethical implications of the research (Cohen & Crabtree, 2008) remained paramount throughout the interviews and analysis. Many participants expressed concerns that their ideas would be labelled as madness. I remained sensitive to this concern, using participants' language where possible throughout interviews and analysis. Cohen and Crabtree (2008) suggested research should be evaluated on the basis of contribution to the knowledge-base as well as pragmatic and theoretical utility. I hope that this research has contributed to the knowledge-base, elucidating accounts of belief formation and negotiation within non-clinical populations. There are some aspects of this research that are novel or unexpected including links with previous research as well as similarities and differences between this grounded theory model and previous research into delusions. Finally, the inclusion of a FFMP in the research design, to my knowledge, is unique. The theoretical and pragmatic utility (Crabtree & Cohen, 2008) of this research is addressed in the following sections. Cohen and Crabtree (2008) argued that good quality qualitative research contains understandable, unexaggerated interpretation of the data. I have provided detail of the analysis process (Appendices 7-9) to promote transparency and enhance understanding.

### **Researcher reflection**

Throughout the interviews, I attempted to remain open and curious about claims, adopting an agnostic position on ideas shared. Whilst I hoped that this approach would facilitate openness in participants, it seemed at times to somewhat impede the process. Many participants asked about my opinion and knowledge of claims, insisting that I should share my personal perspective. Whilst I acknowledged that I had encountered many ideas (such as conspiracies regarding 9/11 or alien presence), I was reticent to offer any evaluation of the claims, emphasising

instead my interest in participants' own perspectives. In some cases, it seemed that this impacted on the process as participants provided numerous examples perhaps in an attempt to persuade me of the veracity of their claims.

My understanding and construction of the interviews often appeared at odds with participants'. Whilst I attempted to emphasise my focus on the experience and negotiation of claims, participants seemed keen to provide detailed descriptions of beliefs. I experienced this at times as attempts to 'convert' me into their worldview e.g. Glyn said "you know how this affects you! Look in your heart" and Megan and Jack ended their interview by inviting me to a paranormal conference. Whilst this is only based on my experience and interpretation of the interviews and therefore may not reflect participants' experiences, if their motivations were to 'convert' me, this may have impacted on what they did and did not share regarding claims. For example, participants predominantly talked about evidence supporting claims, ignoring or denigrating other possible interpretations. Future research may benefit from considering this potential dynamic.

I was aware of my own ideas regarding the plausibility of claims. Some conspiracies mentioned by participants are culturally prevalent (e.g. 9/11 conspiracies) however, I had not encountered other aspects of claims (e.g. telepathic alien communication) other than in the context of working in mental health services. My familiarity and previous experience of encountering claims (socially or in the context of mental health services) undoubtedly impacted on my evaluation of the feasibility of claims and may have impacted on the interview process. Participants reported an acute awareness of the reactions of others to claims so it is likely that at times, my lack of familiarity with claims impacted on how participants experienced me and what they shared during interviews. In addition, my status as a trainee clinical psychologist is likely to have further impacted the process, with many participants asking about my intentions for the research and whether I was planning to label their ideas as signs of madness.

I noticed that my evaluations of claims directly after interviews (documented in a reflective diary) often changed following transcribing and analysing the data. At the time of interviews, claims seemed more plausible and less unusual than when

reading over transcripts. Perhaps this demonstrates the skilled way in which belief holders are able to socially negotiate their claims. My experience may also reflect how claims can be constructed interpersonally and how this aspect of negotiation may be altered when reading through transcripts. Awareness of, and sensitivity to, this was important when completing the analysis.

I experienced a tension between my critical realist social constructionist epistemology and the apparently realist epistemology of the participants. Participants often drew on scientific discourses to validate their claims and appeared committed to constructing claims as reflecting an objective 'reality', something hidden from most people. In addition, there were many discussions about how to describe or label claims. Participants appeared sensitive to constructions such as 'beliefs' since they felt this undermined the validity of their ideas. Although social constructionist approaches enable researchers to accommodate agnostic approaches to unusual beliefs that are not overly preoccupied with whether a belief is true or not (Harper, 2004), this at times seemed to conflict with participants' apparent agenda to verify claims.

### **Limitations**

As previously discussed, the criteria of only interviewing belief holders along with FFMP participants appeared to impact participation. The exclusion of potential participants not willing to be interviewed with a friend, family member or partner is a limitation to this research since these perspectives and understandings have been omitted. Future research would benefit from being mindful of this consideration.

Glyn was interviewed twice as part of this research. This decision was made based upon John's limited contribution to the first interview with Glyn and predicted difficulties recruiting enough participants. Although beyond the remit of this research, it was interesting to observe Glyn negotiating his claims differently within different contexts. Interviewing people in different contexts about claims may elucidate aspects of the dynamic nature of claim negotiation. In an attempt to minimise the impact of interviewing Glyn twice, I ensured that his ideas were not overly represented in the category development.

An abbreviated version of grounded theory was used to analyse the data due to time limitations. Measures were taken to enhance the quality of the abbreviated version of the grounded theory, for example, line-by-line coding all interview transcripts (Willig, 2008). Despite this, the criticisms of abbreviated versions apply (Willig, 2008) and similar research would benefit from using the full version.

Through descriptions of 'beliefs' or 'claims', I am potentially reifying constructs and implying that they are 'real' aspects of internal experience. In addition, the focus of the research questions being on 'intra-personal experiences' and 'distress or conflict' is based on assumptions that beliefs are mental constructs that lie within an individual and experiences of distress or conflict are inevitable. These are all problematic assumptions. Sampson (1993) acknowledged the difficulties with attempts to describe an aspect of experience without 'essentialising' it. It was not my intention to reify constructs such as beliefs, claims or intra-personal experiences. Instead, I hope this research enabled exploration of how participants construct their ideas in a context dominated by realist notions of 'truth' and medicalised notions of 'madness'.

The completion of the PDI was variable, with not all participants agreeing to complete it. Due to the small sample size, only tentative observations may be drawn from the data. Many participants found the questionnaire difficult to complete, particularly the Likert scale of conviction which participants deemed axiomatic following endorsing that they believed/had experienced items. In addition, many participants reported that items did not reflect their experiences of claims. Finally, two participants refused to complete the questionnaire after looking at it, stating that they felt that it sought to link endorsement with psychiatric diagnoses. It is possible that other participants experienced the questionnaire similarly and adapted their responses to ensure they were not pathologised.

## **Research implications**

Experiences of distress associated with minority reality claims within non-clinical populations would benefit from further research. Whilst some processes helpful to the management of distress have been explored here, further investigation would be interesting. Perhaps inclusion of people who could not identify someone who they would be willing to be interviewed with would further elaborate understandings regarding the experience and management of claims in non-clinical populations.

The gender context of claims highlighted by this research, with some female participants describing difficulties sharing ideas, is novel. Further exploration of the gender context both in clinical and non-clinical populations may be an interesting direction for future research.

Participants' descriptions of the importance of logical interpersonal and emotional intra-individual validation of claims are interesting. Future research could focus on the different strategies used to validate claims and how participants decide which aspects of claims to share and how to validate them in different social contexts.

Further exploration of how people close to belief holders construct and negotiate claims would be an interesting extension to this research. Since FFMP participants were interviewed conjointly with belief holders, it is possible that they did not feel able to talk openly about their experience and construction of claims. Whilst ethically challenging, individually interviewing people close to belief holders in the general population may reveal further insights into the construction and experience of claims.

## **Clinical implications**

The importance of self-narrating claims and integrating claims into a person's sense of self seemed integral to many participant accounts. Thus, creating a coherent story that linked life experiences and personal attributes with claims seemed an important strategy to help participants reconcile old and new knowledge. Within mental health services, service users are often labelled

according to diagnostic categories, arguably restricting individuals' abilities to story their experiences. The difficulties experienced here in finding mutually agreeable terms to refer to claims provides further support for the potentially limiting and oppressive nature of psychiatric labels. Arguing from a service-user perspective, Campbell (2007) asserts that diagnosis can prevent individuals from authoring their experiences and understanding what led to their distress. Thus, rather than focusing on limiting diagnostic categories, empowering service users to make sense of their experiences and decide on how they construct them may help individuals create meaning and coherence within their lives and reduce the distress associated with experiences (Campbell, 2007).

The importance of linking claims to life experiences is acknowledged within much psychological research into psychosis (e.g. Morrison, 2001). However, from this investigation, it appears that participant narratives about experiences contributing to the development of beliefs are complex and not easily subsumed into traditional psychological formulations. This implies that an individualised approach to narrating claims may be important to enable individuals to develop a sense of coherence and ultimately reduce the potential overwhelming experience of beliefs. Cromby and Harper (in press) discuss exploring metaphorical meanings of beliefs as well as pragmatic approaches to managing beliefs that may interfere with everyday life. Exploring the meaning of beliefs was demonstrated here to impact positively on a range of social and emotional processes. Thus rather than applying preconceived models of formulation, exploration of meaning may help service-users to integrate claims into their lives.

Participants described developing an understanding regarding why other people rejected beliefs. This appeared an important coping strategy for managing scepticism and hostility when sharing claims. It may therefore be helpful to encourage individuals struggling with beliefs to consider why others might have a different perspective to their own. Within a clinical context, Knight (2005) suggested a number of creative ways to work within service-user's own reality including encouraging individuals to consider the reactions of others and adapting responses accordingly.

Knight's (2005) focus on working within client's own realities echoes many of the ideas described as helpful by belief holding participants. The importance of meeting with likeminded others was emphasised by participants and may therefore be beneficial for service users struggling with beliefs. Knight (2005) suggests that meeting with likeminded individuals provides service users with practical and emotional support as well as limiting the extent to which people feel isolated in their beliefs.

Participants described various ways in which they managed overwhelming or distressing emotional experiences associated with beliefs which may have helpful clinical applications. For example, recognising the temporary nature of acute distress was described by participants as enabling them to resist urges to proselytise to others regarding claims. Acceptance and commitment therapy (Smith & Hayes, 2005) encourages individuals to accept the inevitability of distressing emotional experiences but to develop alternative ways of relating to associated thoughts and emotions. Such approaches may enhance service users' abilities to manage times when the emotional aspects of beliefs are experienced as overwhelming.

Whilst further exploration would be beneficial, the gender context highlighted by some participants may have implications for clinical practice. It is possible that men and women have different experiences of sharing unusual beliefs socially. Sensitivity to this and exploration of the meaning for women may be helpful in clinical settings.

The connections made by participants between the open, respectful attitude of those closest to them and developing strategies to negotiate claims may have clinical relevance. Encouraging an open, respectful approach to understanding beliefs may enable service users to develop more effective strategies for socially negotiating claims and managing distress. Cromby and Harper (in press) suggest that if distress and discomfort is experienced primarily within the system around a service-user, individuals might be encouraged to engage in groups relevant to the belief, reducing the need to talk to family members about unusual ideas. Family-based interventions are recommended within NICE guidelines for the treatment of

people with a diagnosis of schizophrenia (NICE, 2010). Seikkula, Alakare and Aaltonene (2001) developed an 'Open Dialogue' approach to working with families. This approach uses a reflective team with families aiming to model acceptance of multiple interpretations of experiences and place difficult feelings in a meaningful context (Cromby & Harper, in press). This approach seems congruent with the positive experiences of close others described by belief holder participants.

Finally, this grounded theory suggests that beliefs and understandings about the world are extremely varied within the general population. Mental health service users are among the most excluded individuals within society (ODPM, 2004) perhaps due to limited tolerance to expressions of emotion or ideas outside the 'norm'. Thus, perhaps a community-based approach to unusual beliefs would promote the diversity of perspectives and beliefs held socially. Awareness of the multiplicity of ideas endorsed at a population level may foster greater tolerance to ideas traditionally constructed as unusual and reduce levels of exclusion. Whilst such a broad, educational approach would be complex, it is possible that a small shift in social attitudes may have a big impact on the lives and experiences of mental health service users.

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**Appendix 1: Peters et al (2004) Delusion Inventory (PDI)**

**P.D.I.-21**

This questionnaire is designed to measure beliefs and vivid mental experiences.

Please answer the following questions as honestly as you can. There are no right or wrong answers, and there are no trick questions.

**IT IS IMPORTANT THAT YOU ANSWER ALL QUESTIONS.**

For the questions you answer YES to, we are interested in:

- (a) how distressing these beliefs or experiences are
- (b) how often you think about them; and
- (c) how true you believe them to be.

On the right hand side of the page we would like you to circle the number which corresponds most closely to how distressing this belief is, how often you think about it, and how much you believe that it is true.

If you answer NO please move on to the next question.

**Example**

|  |  |
|--|--|
| Do you ever feel as if people are reading your mind?<br>(NO) YES<br>(please circle)        | Not at all distressing<br>1      2      3      4      5<br>Very distressing                |
|  | Hardly ever think about it<br>1      2      3      4      5<br>Think about it all the time |
|  | Don't believe it's true<br>1      2      3      4      5<br>Believe it is absolutely true  |
| Do you ever feel as if you could read other people's minds?<br>NO (YES)<br>(please circle) | Not at all distressing<br>1      2      3      4      5<br>Very distressing                |
|  | Hardly ever think about it<br>1      2      3      4      5<br>Think about it all the time |
|  | Don't believe it's true<br>1      2      3      4      5<br>Believe it is absolutely true  |

1. Do you ever feel as if people seem to drop hints or say things with a double meaning?

|                           |  |
|---------------------------|--|
| NO YES<br>(please circle) | Not at all distressing<br>1            2            3            4            5<br>Very distressing                |
|                           | Hardly ever think about it<br>1            2            3            4            5<br>Think about it all the time |
|                           | Don't believe it's true<br>1            2            3            4            5<br>Believe it is absolutely true  |

2. Do you ever feel as if things in magazines or on TV were written especially for you?

|                           |  |
|---------------------------|--|
| NO YES<br>(please circle) | Not at all distressing<br>1            2            3            4            5<br>Very distressing                |
|                           | Hardly ever think about it<br>1            2            3            4            5<br>Think about it all the time |
|                           | Don't believe it's true<br>1            2            3            4            5<br>Believe it is absolutely true  |

3. Do you ever feel as if people are not what they seem to be?

|                           |  |
|---------------------------|--|
| NO YES<br>(please circle) | Not at all distressing<br>1            2            3            4            5<br>Very distressing                |
|                           | Hardly ever think about it<br>1            2            3            4            5<br>Think about it all the time |
|                           | Don't believe it's true<br>1            2            3            4            5<br>Believe it is absolutely true  |

4. Do you ever feel as if you were being persecuted in some way?

|                           |  |
|---------------------------|--|
| NO YES<br>(please circle) | Not at all distressing<br>1            2            3            4            5<br>Very distressing                |
|                           | Hardly ever think about it<br>1            2            3            4            5<br>Think about it all the time |
|                           | Don't believe it's true<br>1            2            3            4            5<br>Believe it is absolutely true  |

5. Do you ever feel as if there is a conspiracy against you?

|                           |  |
|---------------------------|--|
| NO YES<br>(please circle) | Not at all distressing<br>1            2            3            4            5<br>Very distressing                |
|                           | Hardly ever think about it<br>1            2            3            4            5<br>Think about it all the time |
|                           | Don't believe it's true<br>1            2            3            4            5<br>Believe it is absolutely true  |

6. Do you ever feel as if you are, or destined to be someone very important?

NO YES  
(please circle)

|                                 |   |   |   |                                    |
|---------------------------------|---|---|---|------------------------------------|
| Not at all distressing<br>1     | 2 | 3 | 4 | Very distressing<br>5              |
| Hardly ever think about it<br>1 | 2 | 3 | 4 | Think about it all the time<br>5   |
| Don't believe it's true<br>1    | 2 | 3 | 4 | Believe it is absolutely true<br>5 |

7. Do you ever feel that you are a very special or unusual person?

NO YES  
(please circle)

|                                 |   |   |   |                                    |
|---------------------------------|---|---|---|------------------------------------|
| Not at all distressing<br>1     | 2 | 3 | 4 | Very distressing<br>5              |
| Hardly ever think about it<br>1 | 2 | 3 | 4 | Think about it all the time<br>5   |
| Don't believe it's true<br>1    | 2 | 3 | 4 | Believe it is absolutely true<br>5 |

8. Do you ever feel that you are especially close to God?

NO YES  
(please circle)

|                                 |   |   |   |                                    |
|---------------------------------|---|---|---|------------------------------------|
| Not at all distressing<br>1     | 2 | 3 | 4 | Very distressing<br>5              |
| Hardly ever think about it<br>1 | 2 | 3 | 4 | Think about it all the time<br>5   |
| Don't believe it's true<br>1    | 2 | 3 | 4 | Believe it is absolutely true<br>5 |

9. Do you ever think that people can communicate telepathically?

NO YES  
(please circle)

|                                 |   |   |   |                                    |
|---------------------------------|---|---|---|------------------------------------|
| Not at all distressing<br>1     | 2 | 3 | 4 | Very distressing<br>5              |
| Hardly ever think about it<br>1 | 2 | 3 | 4 | Think about it all the time<br>5   |
| Don't believe it's true<br>1    | 2 | 3 | 4 | Believe it is absolutely true<br>5 |

10. Do you ever feel as if electrical devices such as computers can influence the way you think?

NO YES  
(please circle)

|                                 |   |   |   |                                    |
|---------------------------------|---|---|---|------------------------------------|
| Not at all distressing<br>1     | 2 | 3 | 4 | Very distressing<br>5              |
| Hardly ever think about it<br>1 | 2 | 3 | 4 | Think about it all the time<br>5   |
| Don't believe it's true<br>1    | 2 | 3 | 4 | Believe it is absolutely true<br>5 |

|  |  |
|--|--|
| 11. Do you ever feel as if you have been chosen by God in some way?<br><br>NO YES<br>(please circle) | Not at all distressing<br>1            2            3            4            5<br>Very distressing                |
|  | Hardly ever think about it<br>1            2            3            4            5<br>Think about it all the time |
|  | Don't believe it's true<br>1            2            3            4            5<br>Believe it is absolutely true  |

|   |  |
|---|--|
| 12. Do you believe in the power of witchcraft, voodoo or the occult?<br><br>NO YES<br>(please circle) | Not at all distressing<br>1            2            3            4            5<br>Very distressing                |
|   | Hardly ever think about it<br>1            2            3            4            5<br>Think about it all the time |
|   | Don't believe it's true<br>1            2            3            4            5<br>Believe it is absolutely true  |

|  |  |
|--|--|
| 13. Are you often worried that you partner may be unfaithful?<br><br>NO YES<br>(please circle) | Not at all distressing<br>1            2            3            4            5<br>Very distressing                |
|  | Hardly ever think about it<br>1            2            3            4            5<br>Think about it all the time |
|  | Don't believe it's true<br>1            2            3            4            5<br>Believe it is absolutely true  |

|  |  |
|--|--|
| 14. Do you ever feel that you have sinned more than the average person?<br><br>NO YES<br>(please circle) | Not at all distressing<br>1            2            3            4            5<br>Very distressing                |
|  | Hardly ever think about it<br>1            2            3            4            5<br>Think about it all the time |
|  | Don't believe it's true<br>1            2            3            4            5<br>Believe it is absolutely true  |

|   |  |
|---|--|
| 15. Do you ever feel that people look at you oddly because of your appearance?<br><br>NO YES<br>(please circle) | Not at all distressing<br>1            2            3            4            5<br>Very distressing                |
|   | Hardly ever think about it<br>1            2            3            4            5<br>Think about it all the time |
|   | Don't believe it's true<br>1            2            3            4            5<br>Believe it is absolutely true  |

|  |   |                                    |
|--|---|------------------------------------|
| 16. Do you ever feel as if you had no thoughts in your head at all?<br>NO YES<br>(please circle) | Not at all distressing<br>1      2      3      4      5     | Very distressing<br>5              |
|  | Hardly ever think about it<br>1      2      3      4      5 | Think about it all the time<br>5   |
|  | Don't believe it's true<br>1      2      3      4      5    | Believe it is absolutely true<br>5 |

|  |   |                                    |
|--|---|------------------------------------|
| 17. Do you ever feel as if the world is about to end?<br>NO YES<br>(please circle) | Not at all distressing<br>1      2      3      4      5     | Very distressing<br>5              |
|  | Hardly ever think about it<br>1      2      3      4      5 | Think about it all the time<br>5   |
|  | Don't believe it's true<br>1      2      3      4      5    | Believe it is absolutely true<br>5 |

|   |   |                                    |
|---|---|------------------------------------|
| 18. Do your thoughts ever feel alien to you in some way?<br>NO YES<br>(please circle) | Not at all distressing<br>1      2      3      4      5     | Very distressing<br>5              |
|   | Hardly ever think about it<br>1      2      3      4      5 | Think about it all the time<br>5   |
|   | Don't believe it's true<br>1      2      3      4      5    | Believe it is absolutely true<br>5 |

|  |   |                                    |
|--|---|------------------------------------|
| 19. Have your thoughts ever been so vivid that you were worried other people would hear them?<br>NO YES<br>(please circle) | Not at all distressing<br>1      2      3      4      5     | Very distressing<br>5              |
|  | Hardly ever think about it<br>1      2      3      4      5 | Think about it all the time<br>5   |
|  | Don't believe it's true<br>1      2      3      4      5    | Believe it is absolutely true<br>5 |

|  |   |                                    |
|--|---|------------------------------------|
| 20. Do you ever feel as if your own thoughts were echoed back to you?<br>NO YES<br>(please circle) | Not at all distressing<br>1      2      3      4      5     | Very distressing<br>5              |
|  | Hardly ever think about it<br>1      2      3      4      5 | Think about it all the time<br>5   |
|  | Don't believe it's true<br>1      2      3      4      5    | Believe it is absolutely true<br>5 |

21. Do you ever feel  
as if you are a robot or  
zombie without a will  
of your own?

NO YES

(please circle)

|                                    |   |   |   |                                       |
|------------------------------------|---|---|---|---------------------------------------|
| Not at all<br>distressing<br>1     | 2 | 3 | 4 | Very<br>distressing<br>5              |
| Hardly ever<br>think about it<br>1 | 2 | 3 | 4 | Think about it<br>all the time<br>5   |
| Don't believe<br>it's true<br>1    | 2 | 3 | 4 | Believe it is<br>absolutely true<br>5 |

## Appendix 2: Letter confirming UEL School of Psychology ethical approval

### SCHOOL OF PSYCHOLOGY

Dean: Professor Mark N. O. Davies, PhD, CPsychol, CBiol.  
uel.ac.uk/psychology



### Doctoral Degree in Clinical Psychology Direct Fax: 0208 223 4967

June 2011

|                           |  |
|---------------------------|--|
| Name of Student           | Louise Gerry   |
| Title of Research Project | Experiences of conspiracy beliefs within the general population: A grounded theory |

To Whom It May Concern:

This is to confirm that the above named student is conducting research as part of the requirements for the Professional Doctorate in Clinical Psychology. The Ethics Committee of the School of Psychology, University of East London has approved their proposal and they are, therefore, covered by the University's indemnity insurance policy. This policy should normally cover for any untoward event provided that the experimental programme has been approved by the Ethics Committee prior to its commencement. The University does not offer "no fault" cover, so in the event of untoward event leading to a claim against the institution, the claimant would be obliged to bring an action against the University and seek compensation through the courts.

As the above named is a student of UEL the University will act as the sponsor of their research. UEL will also fund expenses arising from the research, such as photocopying and postage.

Yours faithfully,

Kenneth Gannon PhD  
Research Director

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## Noticeboard

# Do aliens visit our planet?

Was the US government responsible  
for 9/11?

What is it like to have a belief others  
don't?

If you or someone you know believes in  
conspiracies we want to interview you.  
Interested?

**Email [beliefstudy@hotmail.co.uk](mailto:beliefstudy@hotmail.co.uk)**

**Appendix 4: List of internet forums contacted**

| Name of forum  | Website address  |
|----------------|--|
| Scam           | <a href="http://www.scam.com">www.scam.com</a>                   |
| Disclose TV    | <a href="http://www.disclose.tv">www.disclose.tv</a>             |
| Armageddon     | Forums.armageddononline.org                                      |
| Truthed forums | <a href="http://www.truthed.com/forum">www.truthed.com/forum</a> |
| David Icke     | Forum.davidicke.com  |

## **Appendix 5: Interview schedule**

The belief – questions for belief holder

- Description of the belief
- Factors that influenced development of the belief – initial interest, particular influences
- Importance of the belief

Sharing the belief/social negotiation – questions for belief holder only

- In agreeing to participate in this research, you have identified your belief as unusual to others, what is it about your belief that others might find unusual? How do you know that others might feel this way about your belief?
- Have you shared your belief with others in the past? How have people responded?
- What happens if someone doesn't share your belief? How do you manage this? How does it make you feel to know that others do not share your belief?
- Do you think that many other people share your ideas?

Friend, family member or partner's perspective – questions for friend, family member or partner

- Do you share (belief holder's name) belief?
- ➔ YES: can you tell me a bit about your understanding of the belief? Do you think that it is important that you share the same belief? What might happen if you did not share the belief?
- ➔ NO: what is it like to be close to someone who holds a different understanding to your own? Does it ever cause any conflict? How do you manage the difference in beliefs?

Understanding of the belief – questions for friend, family member or partner

- Are there any aspects of the belief that you find unusual in some way? Do you think that others might find (belief holder's name) belief unusual? How have others responded to (belief holder's name) belief? In what ways do you think others might understand the belief?
- Do you talk to other's about (belief holder's name) belief? Why not/how do they respond?

Emotional responses to the belief – questions for both belief holder (BH) and friend, family member or partner (FFP)

- BH - Holding a belief that is important to you might make you feel a range of different emotions (e.g.s). Can you describe any emotions that you have experienced as a result of your belief? How do you manage these emotions (e.g. talking to others)? How do others respond?
- FFP - Does (belief holder) talk to you about the feelings that they experience as a result of their beliefs? What do you do when (belief holder) talks to you about their feelings? Do you ever experience an emotional reaction to the belief? How do you manage your own emotional responses?

## **Appendix 6: Transcription conventions**

Adapted from Bannister, Burman, Parker, Taylor & Tindall (1994):

| Symbol                                      | Explanation   |
|---|---|
| P1: thinking I was <l: mmm> somewhere       | Indicates overlapping speech where the interruption does not affect the flow of the speaker's speech.   |
| P2: during the war [World War 2]            | Square brackets indicate author's description rather than transcriptions  |
| P1: Yes (.) maybe that                      | Full stop in closed brackets indicates slight pause   |
| P2: It all started (2) a very long time ago | Number in brackets indicates a two second pause (number indicates duration)   |
| P1: it was <u>everywhere</u>                | Underlined text indicates emphasis  |
| P2: I don't know (laughs)                   | Indicates speaker laughed   |
| P1: I think it was...sometime in December   | Ellipsis indicates part of the speech (no more than 40 words) has been removed from the extract as it was not deemed relevant to the illustrated point. |

## Appendix 7: Example of line-by-line coding

|     |  |   |
|-----|--|---|
| 75  | Roshan: well that's, that's the harder question to answer but, um        | Hard to answer [who manipulates media]                              |
| 76  | essentially people who have power are very reluctant to relinquish       | Powerful are reluctant to relinquish [power]                        |
| 77  | that power so I imagine whoever that might be, whether it's, I don't     | Imagining whoever it might be                                       |
| 78  | necessarily think it's the US government because I think they are        | Not thinking it's the US govt                                       |
| 79  | puppets of something else. Um, so you know, I'm not, I guess some        | Thinking US govt are puppets.<br>Guessing                           |
| 80  | people are anti-Semitic or something, that all the Jews control the      | Linking anti-Semitic ideas about Jewish control and conspiracies    |
| 81  | world or whatever, it's not even that, maybe that's a part of it, or     | Rejecting anti-Semitism;  |
| 82  | it's just simply, just the wealthy, whoever they might be, whatever      | questioning if may be part of it<br>Simplifying just to the wealthy |
| 83  | race, religion, nationality, just that kind of group of elite. You know, | and questioning who they are  |
| 84  | or maybe it's the royal family involved in it because you never really   | Stating that regardless they are the elite                          |
| 85  | know, because obviously these (.) families or influential people have    | Perhaps royal family involved<br>Families or influential people     |
| 86  | very deep roots in, you know generations of wealth and power             | Having deep roots; generations of wealth and power                  |
| 87  | rather than someone who's, started a company and made a few              | Contrasting with an entrepreneur                                    |
| 88  | billion, that's not the same level of influence over society and         | Entrepreneur not having as much social influence                    |
| 89  | culture so, so, who exactly I think is behind it is not very clear but,  | Thinking it is not very clear who is behind it                      |
| 90  | um...  |   |
| 91  | Louise: do you think it is possible that it is, kind of, a group of      | Asking if it is possibly a group<br>If it is a conscious thing      |
| 92  | people, that it's a conscious thing or is it..                           |   |
| 93  | Roshan: um, yes and (.), yes and no because I think, just simply, it's   | Expressing uncertainty  |
| 94  | just human nature to be like that because, you know, I guess we are      | believing it to be human nature                                     |
| 95  | animals and it's survival of the fittest and that's the way I guess      | thinking we are animals; linking to survival of the fittest         |
| 96  | humans are, but then because there are so few people that have           | thinking due to few people having                                   |
| 97  | that kind of power, surely they deal with each other. Even if maybe      | power must deal with each other                                     |
| 98  | they're competitors in business, for example, um, I don't know, like     | even business competitors; being unsure                             |
| 99  | Rupert Murdoch and Silvio Berlusconi are competitors because they        | linking media competitors   |
| 100 | have got competing companies but essentially their agenda for            | competing companies   |
| 101 | power and control and wealth is the same, so (.) surely they have        | essentially sharing agendas   |
| 102 | some kind of, you know, they're not out to kill each other kind of       | wanting power and control   |
| 103 | thing, they're not like drug barons that are, um, at the end of the      | believing they're not out to kill each other                        |
| 104 | day, they've got a common interest, they're just trying to get a         | differentiating from drug barons                                    |
| 105 | bigger slice of the same pie but the pie is equally of interest to both  | common interests uniting  |
| 106 | of them...   | interest in pie [power] being the same                              |

**Appendix 8: Example of focused coding**

156 Glyn: but I, I think we have power to speak and we have power to  
157 learn. You teach yourself and then one way or another, you pass on  
158 information, you've made, I might not do it well, I rant, I shout, I  
159 argh! Too much information <Louise: mmm> but then you can email  
160 people, you can give them information on a disk but you get them to  
161 see the things you've seen <Louise: yeah> because I didn't know  
162 until I saw it <Louise: mmm> and then it's obvious (.) you know, the  
163 problem is economic control, that we're not given free access to  
164 land so we can live peacefully on our own land and to grow our own  
165 food to, to downscale, people are kept in debt and that's the big  
166 crisis right now, is the banking thing, that's come to a head, that has  
167 been predicted by all these conspiracy theorists as they're called or  
168 we're called <Louise: yeah> for years! And I, I, they predicted,  
169 they've told, everything that they've said, everything for 20 years,  
170 everything, even to the price of gold coming to where it is, has come  
171 true, everything <Louise: mmm> every single thing, including 9/11  
172 before it happened, every single thing. It, I could show you the  
173 documents from years ago, they, was already stated

Identifying where  
action can be  
taken

Identifying how to  
(/not) talk

Using the internet  
to validate claims

Idea/concept  
simple/obvious

Validating  
claims through  
reference to  
external  
sources

## **Appendix 9: Example memo**

Date: 28/01/2012

'Wanting to share ideas but not wanting to appear mad' – focused code/category?

Liam and Alice (lines 766-780) – Liam describes how ideas can be discredited through aligning them with a crazy person e.g. David Icke. Thus, even though others with credibility and intelligence may find out the same truths, no one will want to listen/publicise ideas because "the nutter's already been screaming about it". This is making me think about a balancing act of acknowledgement that ideas can be easily diminished to insane nonsense (with not only ideas but you being labelled as such) against a desire to seek out/tell others about the truth.

Participants describe acute awareness of the potential for ridicule and exclusion through being labelled as mad (?predicting reaction of others rather than testing out – seems that participants are describing initially not talking due to the fear that others would label and ridicule them. Sometimes this can be based on previous experience (e.g. Jack talking about aliens as a child) but seems to mostly be based on predicted responses). Reading through Peter and Sue's transcript, this appears particularly evident in Sue's account ?perhaps there is more awareness of the potential for labelling in those who don't endorse beliefs?

Possible category – acknowledging and resisting exclusion although this doesn't seem to fit with the desire to share ideas described by most participants – Olga and Glyn both discuss this compulsion leading to making announcements about claims on trains although this appears linked with feeling emotionally overwhelmed by ideas and ideas 'bursting out'.