Paranormal activity or psychotic symptoms?

Yesterday I had a really interesting Email from a paranormal investigator. I’ve met some absolutely fascinating people on line. As a skeptic myself I’m always interested in the way that such investigators conduct their business and as a mental health nurse I’m also fascinated by the interface between delusions and hallucinations (mental disorder) and socially acceptable perceptions/phenomena.

In this case I was impressed. This particular investigator, Hayley Stevens, also seems to share my concerns that some of what people report may well be evidence of mental disorder rather than paranormal phenomenon. In those cases, over-zealous investigators who set out to find something ethereal for their own purposes could cause very real psychological damage.

So Hayley, whose web site is well worth a visit, by the way:

http://www.hayleyisaghost.co.uk/

asked me for a bit of guidance on the matter.

In fairness I don’t think my first attempts to reply to her were all that likely to help. I suspect I merely (and lazily) overloaded her with information that wasn’t all relevant. So I’ve decided that since she was conscientious enough to ask I should do her the courtesy of responding properly. This blog post then is my second attempt at a more reasonable reply to Hayley. I’m posting it here because it will be of wider interest than just to paranormal investigators and sceptics. Anyone who has concerns about the mental health of another might find this information useful.

We’ll begin with a little information about hallucinations and delusions.

An hallucination, put simply, is a perception in any sense that other people don’t experience. That’s the basic notion but it gets complicated – especially in the field of paranormal investigation. After all – the fact that you or I may not see the ghosts or hear the whispering spirits doesn’t mean that they don’t exist. Many of us choose to believe that they’re not real because we have no evidence of them but that’s not necessarily a view shared by everyone.

A good illustration of this comes from the world of religion. I know a vicar who has reported previously that she talks to God and that God answers her – audibly answers her. She has also reported actually seeing demons on more than one occasion. My own view is that these were hallucinations generated entirely by her own mind but I can’t call her psychotic because society says that she’s ‘supposed to’ have these sorts of experiences. She’s a vicar.

Hallucinations then are not just sensory experiences that other people don’t share, they’re also sensory experiences that other people won’t ‘accept’.

If an hallucination is what we experience a delusion is what we believe. Often these go hand in hand. The delusion is the way that we interpret what we see, hear, feel, touch or taste. If, for example, someone hallucinates whispering and decides that it must be the ghost of a loved one then that may well be a delusional interpretation of an initial hallucination.

My vicar friend (in my view) has a delusional belief that she saw a demon when in fact I think that that was an hallucination. But, as I said earlier – it’s not up to me to tell her that she’s psychotic. Society is quite happy for her to believe such things. We get into an interesting societal double standard when, as happened recently, the pastor says God’s voice told him to burn copies of another religion’s Holy Book but that’s a different issue.
Anyway – back to the point. The traditional ‘textbook’ definition of a delusion is:

**A fixed, false belief, not amenable to reason**

To put it another way it’s impossible to dissuade the delusional person from their belief by presenting them with evidence or by attempting to use reasoned argument to dissuade them. I’m sure you’re familiar with the notion that:

**You cannot reason someone out of an opinion that they didn’t reason themselves into in the first place.**

Actually that’s not strictly true – it is possible to help people to reason through their delusions but it’s a specialist skill in its own right. The ‘not amenable to reason’ part of the definition is losing ground rapidly but unless you’re specifically trained in this kind of work you probably won’t manage.

Delusions and hallucinations are both are classified as psychotic (two of Kurt Schneider’s ‘big 3’ or ‘first rank’ psychotic symptoms). The medical model assumption is that they are caused by abnormalities or chemical imbalances in the brain. This is because since reason doesn’t work there must be some other process going on. Psychiatrists are doctors and as such are trained to look for physical abnormalities – hence they make a biological assumption that the ‘something else’ must mean chemical problems.

The reality is that the delusion is indeed formed in response to a different problem but it’s not necessarily a chemical one. It might be chemical but body chemistry and brain structure represent only a small part of the larger group of vulnerabilities and stressors we need to consider.

Often people interpret their experiences in delusional ways because they need to. In your field I’d imagine it would sometimes be a way of coping with grief or an inability to accept that we all will die one day. It’s the same psychological need that drives people to mediums to contact dead loved ones. I’m sure you know how difficult it is to dissuade people from believing in ‘contact’ with their ‘passed over’ relatives because giving up the idea also means giving up the comfort they get from it.

Alternatively it may result from a need to feel ‘special’ (that’s why the spirits talk to/visit me) or to justify another functional problem:

**It’s not agoraphobia if the angels tell me to stay inside.**

The textbook criteria for a delusion are:

1. It’s fixed – the belief is not fluid. It doesn’t adapt to circumstance but remains constant;
2. It’s false – it doesn’t match with the available evidence;
3. It’s not amenable to reason – no amount of reasoned discussion will dissuade the person from holding this belief;

Delusions need to be maintained and in large part this means that the deluded person needs to practice self-censorship. They must be careful to ignore evidence that doesn’t fit and accept as evidence only those things that seem to support their world view even though such ‘evidences’ wouldn’t stand up to serious scrutiny.

Of course, I wouldn’t recommend traumatising delusional people by fighting against their treasured beliefs anyway. It’s better to discover what need the delusion fills and then rather than remove the benefit, meet that need in another way that doesn’t depend upon a delusion. But that’s not your job. Really all I’m saying is don’t worry too much about delusions – we all have them about something or other anyway.
Actually I believe extremely strongly that it is very wrong to go around indiscriminately attacking people’s cherished belief systems.

These beliefs, however delusional they may be, serve a vital purpose in maintaining self-esteem or in keeping the individual safe. If the individual is having difficulty then there is a case for examining their belief systems with them but before we even attempt to help them to make any lasting change we must work to provide the benefit of that belief system in some other way. Otherwise we are guilty of nothing more than intellectual bullying. And again – I’d always advise the lay person to steer clear of that sort of work – it’s more complicated than it first appears.

The bottom line is that most people will live with delusions and hallucinations indefinitely before they seek any help. Many people never ask for assistance and that’s ok. We all have irrational beliefs about something. There’s no need for services to get involved just because of that – unless it’s with the person’s consent. Even then there are very real limits to what is possible (and desirable).

Generally speaking services will only get involved if there’s distress or a functional problem resulting from the delusion. Functional problems are issues around interaction, self care, concentration etc. – they’re about being able to cope with life and society.

To get a sense of the irrationality that people have a right to continue with have a walk around Glastonbury and eavesdrop on some of the conversations (assuming you haven’t already 😋). Here you will hear people seriously discussing the relative merits of pleasing various spirits, the power of past life memories and how fairies can be employed to help motivate them to do the washing up. I personally recall overhearing a woman insist that she was ‘Karmically fated’ never to be able to find a café that serves fried onions and have sat in amazement as two of my companions talked sagely about the problem with the twin energy vortices at the bottom of Glastonbury High Street.

The woman who insisted that she couldn’t get fried onions was actually in a café in Glastonbury that I’m sure could have supplied her with some had she actually asked for them.

So far as I’m concerned these things are just nonsense. But – and this is the important part – **who cares what I think?** If someone believes themselves to be denied the delights of ingesting fried onions then that’s up to them. The two friends I heard discussing mischievous energy vortices loitering maliciously in a built up area weren’t harming anyone and they were both very functional people – however deluded I might consider them to be.

In these situations you can suggest they contact their GP but other than that you can’t do anything. It’s their right to believe what they wish

**UNLESS.....**

If you reasonably believe that the person presents a risk to self, a risk to others or is at risk from self neglect as a result of mental disorder then the mental health act comes into play. You have no power, personally to detain (section) someone under the Mental Health Act but in an emergency you can contact the local social services’ duty AMHP (Approved Mental Health Professional) via the Local Authority switchboard or the police. You can also contact their GP if you know who that is but really the AMHP is the best bet.
They will arrange for the appropriate assessment. However this only ‘works’ in serious situations because of the European ‘Winterwerp’ rules. This says that a person can only be detained ‘in their best interests’ as a result of mental infirmity if having been assessed by a ‘competent person’:

1 they have an impairment of mind;
2 that impairment is sufficiently serious to cause significant difficulty and;
3 it presents a current problem at the time of the assessment.

Mr. Justice Munby reaffirmed this in 2007 (GJ v Salford) when he said:

"our domestic law must give effect to the principle that an individual cannot be deprived of his liberty on the basis of unsoundness of mind unless three minimum conditions are satisfied: he must reliably be shown to be of unsound mind; the mental disorder must be of a kind or degree warranting compulsory confinement; and the validity of continued confinement depends upon the persistence of such a disorder."

The MHA can also be used detain people in the best interests of others (risk to others) but there are still strict principles to abide by. If you are ever concerned about risk to others you can call the police for assistance whether you’re unsure about their mental health or not. The other thing to note about the Mental Health Act is that in most cases detention tends to be dependent upon there being a realistic treatment option and that won’t always be the situation. However the Mental Health Act isn’t the only legal framework we have.

Outside of the Mental Health Act there are common law options you can rely upon such as the neighbour principle. This allows you to alert appropriate authorities if you reasonably believe there to be a risk to that person, yourself or others. There is also a legal way to restrict a person’s liberty (in an emergency) using the Mental Capacity Act but for your purposes common law should suffice. I don’t think you’d be expected to get involved in restraining someone so long as you contact the police if an emergency did arise.

It’s also worth getting your head around confidentiality. Essentially confidentiality isn’t secrecy – it’s ‘need to know’. I genuinely don’t know what duty of care you might have regarding mental health as a paranormal investigator but as a private citizen under the neighbour principle you can report risk if you think it reasonable. Just don’t expect the authorities to tell you what they know. It’s a one way information flow in the vast majority of cases – and that’s how it should be.

So in summary – suggest that they talk to their GP if you’re not too worried. If you think that there’s a serious risk contact the local authority’s AMHP who can arrange assessment.

Also don’t humour anyone – this is important. You don’t have to get into an argument about it either – it’s OK just to acknowledge that you found no evidence and leave it at that. That way you’re not confirming the delusion but you’re not giving the other person a reason to dig their heels in either. That sort of conflict tends to result in a more fixed delusion anyway because the way people deal with cognitive dissonance is often to reaffirm and reason away objections. I imagine you’ll be familiar with that sort of process already.

Hope that helps.

Cheers,

Stuart