The Silence Around Non-Ordinary Experiences During the Pandemic

Bettina E. Schmidt, UWTSD and Kate Stockly, Centre for Mind and Culture, Boston

Published in *Alternative Spirituality and Religion Review*
Vol. 13 (1) 2021, pp. 1-21.
DOI 10.5840/asrr20226889

Abstract: The paper presents new research about spiritual experiences during COVID-19. It starts with a wider discussion about the relationship between spirituality and wellbeing, based on research carried out in Brazil and the UK before the pandemic. The research showed a strict division between personal faith and medical treatment, reflecting a professional distance when treating patients that results in patients' unwillingness to speak about their experience to anyone in the medical profession, even when these experiences impact their mental health. The paper then explores findings of a new research project about spiritual experience during COVID-19 and reflects on three themes that emerged from the data: 1) changes in patients' relationships with their religious communities, 2) seeing spiritual figures and near death experiences, and 3) interpretations of COVID-19 as a spiritual contagion. The last section discusses the reluctance to speak about non-ordinary experiences and reflects on the importance of accepting non-ordinary experiences for mental health.

Keywords: spiritual experience; non-ordinary experience; spirituality; wellbeing; mental health; COVID-19

Introduction

On Good Friday, 10th April 2020, Hylton Murray-Philipson was interviewed on the BBC Radio 4 Today Show about his experience fighting against COVID-19. He had just recently been released from the hospital, after some days in critical condition, and was praising the NHS staff for the care he received. The interviewer expected to speak with him about the care and to celebrate the NHS. However, as it was Good Friday, and the previous speaker on air was the Bishop James Jones with the Thought for the Day, Murray-Philipson decided to mention a religious experience he had while in the intensive care unit. In a moment of life crisis, he had a powerful vision of Jesus calming the storm on the sea of Galilee. "I would like to think that was Jesus Christ coming to me, and helping me in my hour of need!"[1]The journalist was taken by surprise and responded, probably without considering the impact it might have: "Well, it's so powerful that you have that, partly, I have to say, partly because of the drugs you have to be on in order to be on the ventilator machine, which plays tricks with the mind doesn't it, really?" This dismissal of Murray-Philipson's faith upset many listeners. A former BBC reporter wrote

[1] BBC Radio 4, *Today*, on 10 April 2020.

on twitter, "I don't relish pointing out the casual on-air dismissal of sincere religious experience. Christian faith is not about 'tricks with the mind', in intensive care or anywhere else".[2] In particular, Christian newspapers and magazines such as The Church Times were harsh in their critique of the BBC. An article on *Catholic Canada* had the headline, "When a BBC radio guest mentioned Jesus, the response was telling".[3] However, it would be wrong to interpret this conversation on air as a stereotypical struggle between science and faith. Murray-Philipson, though open about his Christian faith, is a well-known environmentalist; and the journalist on that day, Nick Robinson, later tweeted that his own experience while on the ventilator was also filled with vivid dreams.[4] Both men probably share more than this short exchange implies. Nevertheless, this incident illustrates well what often happens when one speaks about non-ordinary experiences today, whether they are categorized as religious, spiritual, or just unusual. They are often dismissed as cognitive errors or tricks of the mind instead of important experiences that can significantly affect one's ability to cope with and make meaning out of existentially stressful life events. The consequence is that people may not speak about vivid dreams or hallucinations they had during the pandemic, even when these experiences cause long-lasting impact on their mental health and wellbeing. This silence decreases our ability to understand patterns of resilience and wellbeing in the context of the COVID-19 pandemic—a globally relevant physical and mental health crisis. Participation in a religious community is often rightly included within discussions of social determinants of health, but *spiritual experiences*, such as visions, a deeply felt connection with the divine (for example, feeling spoken to), or mystical experiences also have significant effects on coping and wellbeing whether or not they occur within the context of a religious community.[5] While William James described mystical experience as transient and argued it would be difficult for them to have long-lasting impact, studies have shown that people had an elevation in mood and a more positive outlook on life long after their experience. For example, Ken Pargament explains that "religion," which he defines less in terms of a social community and more in terms of a meaning-making process—"a process, *a search for significance in ways related to the sacred*,"—provides an especially effective way of coping with negative life events.[6] This

---

[2] Catherine Utley, 'When a BBC radio guest mentions Jesus, the response was telling', *Catholic Herald*, April 11, 2020. https://catholicherald.co.uk/when-a-bbc-radio-guest-mentioned-jesus-the-response-was-telling/ Downloaded on 30 November 2021, refering to Chris Landau.

[3] Utley, 'When a BBC radio guest mentions Jesus, the response was telling'.

[4] Utley, 'When a BBC radio guest mentions Jesus, the response was telling'.

[5] Simon Dein, 'Religion and Mental Health. Current Findings,' Royal College of Psychiatrists Special Interest Group Publication, (2013), pp. 1-5. https://www.rcpsych.ac.uk/docs/default-source/members/sigs/spirituality-spsig/spirituality-special-interest-group-publications-simon-dein-religion-and-mental-health-current-findings.pdf?sfvrsn=75384061_2, downloaded 10 July 2018; Mike Jackson and K. W. M. Fulford, 'Spiritual experience and psychopathology', *Philosophy, Psychiatry, & Psychology*, vol. 4, no. 1 (1997), pp. 41-65.

[6] Ken I. Pargament, *The Psychology of Religion and Coping: Theory, Research, Practice* (New York: Guilford, 1997); Ken I. Pargament, *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred* (New York: Guilford, 2007); Ken I. Pargament, 'Religion and Coping: The Current State of Knowledge', in

paper further explores the importance of considering and understanding the effects of spiritual and religious experiences as factors that play a significant role in mental health and coping through existentially distressing times. First, we present data that discuss the consequences of conceptual and social boundaries between mental health care and spirituality; and second, we analyze a set of narrative accounts of spiritual experiences people had while sick with COVID-19. Three themes emerged from these narrative accounts that help shed light on how spiritual experiences can affect health and wellbeing, especially in the midst of the COVID-19 pandemic.

Speaking about non-ordinary experiences with health care professionals

Before the pandemic, the Alister Hardy Religious Experience Research Centre carried out a research project on the relationship between spirituality and wellbeing, surveying mental health care workers on one side and people identifying as spiritual and religious on the other in both the United Kingdom and in Brazil.[7] Participants in both groups were asked to reflect on the significance of spirituality for wellbeing. Mental health care workers were then asked to consider the importance of it in their professional life while the other group was asked to reveal whether they would speak about their experience and faith with health care professionals. In both the UK and in Brazil, most participants identified with a vernacular form of religion (e.g., spiritualism) though had grown up in a Christian context. Even participants working in the mental health care sector acknowledged a spiritual or religious background though this aspect was the result of the selection process as the survey was predominately circulated among networks of psychologists of religion.

The research project used a mixed methodological approach with questionnaires, in-depth interviews, and participant observation. The initial online survey was developed in collaboration with Jeff Leonardi, a person-centered counsellor who conducted in-depth interviews with mainly person-centered counsellors in the UK. A survey with similar questions was translated into Portuguese and circulated via various social networks and mailing lists with the support of the psychologist Everton de Oliveira Maraldi in Brazil. While we collected just seven complete replies in the UK, the Brazilian survey received 96 replies. Afterwards a second survey was developed, first in English and then translated into Portuguese that aimed at people who self-identified as spiritual or religious. The surveys were also circulated widely via mailing lists and social media. This time the response to the English language survey was higher than to the one circulated in Brazil: 295 people replied to the English survey (though not all from the UK) and 97 to the Portuguese one. In 2018, a number of participants of the Brazilian surveys who had indicated on the survey that they were willing to answer further questions, were approached for interviews. They were selected based on gender, religious background, and profession. During a visit in São Paulo, 20 in-depth interviews were conducted, ten working in health care and ten from the other group. Some participants were also accompanied

---

Oxford Handbook of Stress, Health, and Coping, edited by Susan Folkman, pp. 268-288 (New York: Oxford University Press, 2011).

[7] Bettina E. Schmidt and Jeff Leonardi (eds), *Spirituality and Wellbeing: Interdisciplinary approaches to the study of religious experience and health* (Sheffield: Equinox, 2020).

to their place of work or worship where further conversations took place. All interviews were transcribed and translated into English. Unfortunately, interviews with participants of the English language survey could not be carried out as planned due to the outbreak of the pandemic.

The outcome was telling.[8] Across all groups there was a high recognition of the importance of spirituality for wellbeing. While these result are not necessarily representative of the general health care sector, it was interesting to learn that wellbeing was perceived as multi-faceted. Physical health was not sufficient to achieve wellbeing, and some participants even highlighted that wellbeing was possible to achieve without physical health, and that even a dying person can be in a state of wellbeing. Wellbeing was described as "more about state of mind than physiology. A mortally wounded or terminally ill person can achieve wellbeing. Acceptance of the things you can't change. Love of self. Respect for one's surroundings. These are telltale signs of wellbeing. Being happy with where you are in life while not stagnating." (#84, UK survey 2). Other participants mentioned balance, mental features, the divine, living in harmony, peace, and more as crucial aspects of wellbeing. The spiritual dimension was also identified as an important part of being human. One participant wrote, for instance, "Spirituality is essential for the wellbeing of a person, as it reinforces the recognition that love, the most powerful force there is, keeps us alive, heals us, and enables us to complete our life-plans here whilst we are in our physical bodies" (#16, UK survey 1). Other participants mentioned "communion with God, with others and with oneself" as important dimensions of spirituality; another explained, "Wellbeing is something that gets us in peace with ourselves... with nature… with others and with God, at last is happiness and joy different from the one we usually feel because it lasts" (#7, Brazil survey 1).

However, both groups noted a separation between personal faith and health care. Participants working in mental health care maintained the separation even when having declared their own faith in the first section of the survey. One participant for instance wrote that "I never tell a patient or client that spirituality ... that God ..., or rather, I do not approach as spiritual matters because this is spiritual rather than therapeutic care. Each practice has its space, time and place, not to be confused" (#52, Brazil survey). Health care training, both in the UK and Brazil, enforced this division between personal faith and professional practice. Though several training programs now include courses on religion and spirituality into the curriculum,[9] the emphasis is on understanding patients better, often for the purpose of more effectively persuading them to consent to medical treatments, not to consider the health effects of religious communities or spiritual experience or how to discuss these with patients. While this separation rightly prevents any attempt of evangelization, whether conscious or unconscious, and therefore protects the patients and their faith commitments from forms of

---

[8] Bettina E. Schmidt, 'Narratives of Spirituality and Wellbeing: Cultural Differences and Similarities between Brazil and the UK', in *Spirituality and Wellbeing: Interdisciplinary Approaches to the Study of Religious Experience and Health*, edited by B.E. Schmidt and J. Leonardi, pp. 137-157 (Sheffield: Equinox, 2020).

[9] Alexander Moreira-Almeida, Francisco Lotufo Neto, and Harold Koenig, 'Religiousness and Mental Health: a review', *Revista Brasileira de Psiquiatria*, vol. 28, no. 3 (2006), pp. 242-50.

coercion, the wider impact is silence on an important factor of wellbeing—patients refrain from even mentioning non-ordinary experiences for fear they might be declared 'nuts'. In the UK, only 27 out of 294 participants (9.2%) replied affirmatively to the question "Would you speak about your faith to your doctor?" while in Brazil it was 11 out of 96 (11.5%). The reason of this silence was addressed in a follow up question asking whether they have had any experience, positive or negative, with such a conversation. Here are some of the replies:

> "My husband did and was treated as though he was having hallucinations or having a mental breakdown!" (#37, UK survey 2)
>
> "Yes. I got rather harsh and skeptical (sic) comments thrown at me, so have learnt to be careful as to what I say to anyone else about my experiences." (#94, UK survey 2)
>
> "No. I would be too embarrassed. That they would think I'm a nutter" (# 43, UK survey 2)
>
> "No, I feel they would discriminate against me." (#50, UK survey 2)
>
> "No. Afraid he could think I am little crazy." (#12, UK survey 2)

In follow-up, in-depth interviews carried out before the pandemic, the division between medical and spiritual care became further emphasized. When asked what they would do in a case of a serious medical problem, interviewees spoke about consulting their priests or other people in their religious community first and medical professionals second, even when they had access to the national health care system. One interviewee even mentioned that he agreed to a necessary heart surgery only after having consulted the spirits and then found a surgeon who was listed as a member of the Associação Médico-Espírita (the Medical-Spiritist Association). Another interviewee initially mentioned that he would have no problem opening up about his commitment to Candomblé, an African derived religion in Brazil, when in a secular health care facility; but then when asked whether he would introduce his priest as his friend or as his priest to staff in a hospital, he considered the question for a short while and answered, "as my friend."

The interviews showed some differences with regard to which religious tradition the patients belonged to. There was less reluctance among Christians, mainly due to the accessibility of Chaplains in hospitals run by Christian churches. Non-Christian participants expressed reluctance even to acknowledge their involvement in non-mainstream religions, in particular ones that were targeted by Evangelical churches such as African-derived religions and even Spiritism. It seemed that praying for recovery by a Christian chaplain was seen as acceptable but not by a priest of a vernacular religion. This impression echoes David Hufford's comment that folk-beliefs are "under even greater official pressure than institutional religion, because folk religion consistently refers to spiritual events erupting into the everyday world: ghostly visits, angelic assistance, answers to prayer".[10] While Hufford made this comment decades before the pandemic, it predicted the clash between people having experiences that others would describe as 'strange', and the everyday, highly technological world of an

[10] David J. Hufford, 'Beings Without Bodies: An Experience-Centered Theory of the Belief in Spirits', in B. Walker (Ed.), *Out of the Ordinary: Folklore and the Supernatural*, pp. 11-45 (Utah State University Press, 1995), p. 26.

Emergency Unit in a hospital at the forefront of the war against the coronavirus pandemic. A notable exception were hospices. Caring for terminally ill patients, without hope for recovery, increased care providers' willingness to speak about the afterlife and to acknowledge patients' diverse faith practices and beliefs.

Non-ordinary experiences during the pandemic

Since the outbreak of the COVID-19 pandemic, most scholarly research dedicated to it has been focused on finding treatments and a cure. The success of developing vaccinations so quickly was rightly celebrated across the world. Since then new research projects began to study the impact of the lockdown. In addition to loss of life and long-time physical consequences of long-COVID, the lockdown had unprecedented effects on social life and everyday activities such as loss of wellbeing, social contacts, individual deprivation, poverty, financial insecurity and fear of the future.[11] As the UN warned in 2020, groups such as women and children were especially vulnerable to these dangers. During lockdown they suffered worldwide physical, psychological and other forms of violence.[12] In addition, ethnic and religious minorities were disproportionately negatively affected and became the target of scapegoating fueled by political and ideological movements.[13] Religious leaders were harshly criticized for not fighting against the closure of their buildings during lockdown to which the Archbishop of Canterbury replied "I am not the Pope".[14] The move to online services that was seen by some researchers as sign of a positive transformation of the traditional institutions into the 21st century, however, it drove some members away from the church.[15] While a recent study by Andrew Village and Leslie Francis[16] mentioned that people within the Church of England felt that they coped well or even very well with the lockdown, other research projects presented a more critical picture. Edelman and his colleagues[17]studied how religions adapted

---

[11] Nina Käsehage (ed.), *Religious Fundamentalism in the Age of Pandemic* (Bielefeld: transcript, 2021), p. 7.

[12] United Nations Chronicle, 'The Impact of COVID-19 on Women', 9 December 2020, https://www.un.org/en/un-chronicle/impact-covid-19-women

[13] Birgit Meyer, 'Dossier Corona', *Religious Matters in an Entangled World* research project, 21 April 2020, https://religiousmatters.nl/dossier-corona/.

[14] Craig Simpson, 'Archbishop of Canterbury denies sole blame for Covid church closures as he says 'I am not the Pope'', *The Telegraph*, 14 February 2022, https://www.msn.com/en-gb/news/world/archbishop-of-canterbury-denies-sole-blame-for-covid-church-closures-as-he-says-i-am-not-the-pope/ar-AATQR5v, Downloaded on 29 April 2022.

[15] Andrew Village and Lesley Francis, 'Why lockdown drove some away from church', *Church Time*, 18 March 2022, https://www.churchtimes.co.uk/articles/2022/18-march/comment/opinion/why-lockdown-drove-some-away-from-church, downloaded 29 April 2022.

[16] Andrew Village and Lesley Francis, 'Wellbeing and perceptions of receiving support among Church of England clergy during the 2020 Covid-19 pandemic', *Mental Health, Religion & Culture*, vol. 24, no. 5 (2021), pp. 463-477.

[17] Joshua Edelman, Alana Vincent, Paulia Kolata, Elanor O'Keeffee, 'British Ritual Innovation under COVID-19', The final report of the project Social Distance, Digital Congregation: British Ritual Innovation Under

during the first year of the pandemic. Focusing on the UK, the team made efforts to include a range of religious traditions by surveying a range of religious leaders and congregations as well as selecting diverse case studies. One of their key findings was that "by almost every metric, the experience of pandemic rituals have been worse than those that came before them. They are perceived as less meaningful, less communal, less spiritual, less effective, and so on".[18] However, while the disembodied nature of online practice was criticized, the technology was regarded positively, as helpful means to join communities from their homes, in particular for people with disabilities who had better access to community activities during the pandemic than before.

Along with involvement in a religious community, religious and spiritual coping mechanisms can include things like prayer, feelings of personal connection with the divine, mystical experiences, and spiritual interpretations and meaning-making about life events. In the case of the COVID-19 pandemic, when community participation was limited to online contact at best for many people, we hypothesized that these other spiritual coping techniques would be especially prominent. As sociologist of religion Nancy Ammerman explains, social and historical contexts play a role in shaping the spiritual dimensions of lived religion.[19] The COVID-19 pandemic has been an unprecedented globally relevant trauma. Its rate of spread, course of symptoms, lethality, global ubiquity, and potential for treatment have all been more unpredictable and seemingly uncontrollable than almost anything else in most people's contemporary lives. Extremely high levels of stress have surrounded not only concerns about how to avoid infection in oneself and one's loved ones, but also how to navigate social distancing mandates, hectic work from home conditions, and restrictions against hospital visitation. Moreover, its politicization has caused further uncertainty, lack of clear leadership, and fear, not to mention vitriol around masking rules and vaccine mandates. Although many particular factors of the COVID-19 pandemic are unique and unprecedented in modern times, research by Pippa Norris and Ronald Inglehart[20] has shown that contexts of existential instability contribute to higher levels of religious and spiritual behavior and beliefs. Therefore, we are interested in the particular types of religious experiences people had during the pandemic and the ways in which people have used spiritual meaning-making systems to help cope with and make sense of such a stressful and unstable time. With one's social networks and casual contacts massively restricted, a parallel epidemic of isolation and loneliness, which

---

COVID-19 (BRIC-19), funded by UK Research and Innovation through the Arts and Humanities Research Council (grant number AH/V008730/1). A joint research project of the Manchester Metropolitan University and the University of Chester (2021). https://bric19.mmu.ac.uk

[18] Edelman, Vincent, Kolata, and O'Keeffee, 'British Ritual Innovation under COVID-19', p. 7. https://bric19.mmu.ac.uk

[19] Nancy Tatom Ammerman, *Studying Lived Religion: Contexts and Practices* (New York: New York University Press, 2021).

[20] Pippa Norris and Ronald Inglehart, *Sacred and Secular: Religion and Politics Worldwide*, 2nd edition (New York: Cambridge University Press, 2011).

was already brewing prior to the pandemic, may have exacerbated distress and further increased the need for spiritual coping skills.

In addition, we had heard anecdotal evidence (similar to the stories described in the introduction of this article) of spiritually relevant visions and altered states of consciousness specifically among people who were actively sick with COVID. Since the suite of neurological symptoms caused by a COVID-19 infection is still not completely understood, we thought it pertinent to collect narrative accounts of these experiences to contribute to the growing understanding of COVID-19's effects on the body and mind. The suggestion that neurological intervention or influence might contribute to the particular way a spiritual experience manifests in consciousness does not mean that these experiences can be dismissed as an aberration. All conscious experience is mediated by brain activity, which is the product of internal and external countless factors. Indeed, spiritual experiences can be meaningful and transformative regardless of how they come about. Scholar of religion Ann Taves defines argues for an "attributional" approach to the study of religious and spiritual experiences, which she refers to as "experiences deemed religious".[21] Taves's approach is interested in how people ascribe "specialness" to experiences that they interpret as spiritually meaningful. She explains that this approach enables an important conceptual disaggregation of the term "spiritual experiences" and allows an interdisciplinary focus that incorporates psychobiological, social, and cultural factors. Such an approach also brackets any concerns about the whether or not the experience is an authentic experience of a divine reality. Indeed, those questions of authenticity are beyond the scope of this paper and are the purview of theologians. What matters for our purposes is that these experiences are deemed spiritually relevant by those who have them. They are often deeply meaningful, transformative, and harnessed as vital elements of spiritual coping strategies for those who have them. It is also out of the scope of this paper to assess whether someone has a mystical experience or a psychosis. As Dein and Littlewood[22] highlight, hearing the voice of God 'cannot be held to be ipso facto pathological and many reported its utility in situations of doubt or difficulty'.[23] Mystical experiences have usually positive impact on mental health, while a mental disorder is a negative experience.[24]

Methods

Our current research explores spiritual and religious experiences people had while they were sick with COVID-19. We created an anonymous online survey to collect narratives of religious and spiritual experiences. Along with some demographic details and items pertaining to the participants' illness (for example, were they hospitalized, how long were they sick, etc.),

---

[21] Ann Taves, *Religious Experience Reconsidered: A Building-Block Approach to the Study of Religion and Other Special Things* (Princeton: Princeton University Press, 2009), p. 8.

[22] Simon Dein and Roland Littlewood, 'Apocalyptic Suicide: From a Pathological to an Eschatological Interpretation', *International Journal of Social Psychiatry*, vol. 51, no.3 (2005), pp. 198-2010.

[23] Dein, 'Religion and Mental Health'.

[24] Mike Jackson and K. W. M. Fulford, 'Spiritual Experience and Psychopathology', *Philosophy, Psychiatry, & Psychology*, vol. 4, no. 1 (1997), pp. 41-65.

we asked them to describe their spiritual experiences with as many details as they felt comfortable sharing. We also asked how the experience affect their perspectives, behavior, relationships with family and friends, future plans, and relationship with their spiritual or religious community if they had one. We also included an option for participants to complete three validated survey instruments investigating the phenomenology of their experience: the Phenomenology of Consciousness Inventory – Religious and Spiritual Experience 2 (PCI-RSE v.2), Alister Hardy's Classification of Elements of Religious Experience[25], and the Mystical Experience Questionnaire (MEQ30).[26] These three instruments were chosen based on their use in an ongoing largescale research project at the Center for Mind and Culture (CMAC) in Boston, Massachusetts. Scholars at CMAC in the "Hardy Religious and Spiritual Experiences Project" are carefully analyzing thousands of narratives of spiritual experiences currently housed at the Alister Hardy Religious Experience Research Centre for various themes, features, and qualities in order to create a searchable database that will enable scholars of all sorts to conduct analyses, and which will provide a clearinghouse for collecting more narratives. By using these three survey instruments in addition to our own set of basic questions, our study's data can smoothly contribute to this database in the future.

We disseminated the survey online via social media postings and received responses from all over the world, including Nigeria, Ukraine, Pakistan, Australia, the US, Nicaragua, the UK, and Finland. Given the global reach of the pandemic, it is important to collect as diverse data as possible. This paper focuses on general themes that emerged regarding participants interpretations of their experiences and the effects the experiences had on their lives, future analyses of the data may include cross-cultural comparisons that discern and explore the features of experiences that appear to be culturally contingent. On the first survey, we received 33 responses; 15 of those 33 included narratives and are the topic of this article. There were 7 men, 7 women, and 1 non-binary person; participants were between 25 and 85 years old. Most participants reported adhering to various forms of Christianity (Catholicism, Byzantine Christianity, Church of England, or just "Christianity") but we also had Islamic and Buddhist participants. We are currently collecting a second set of data that invites people to describe their pandemic-related spiritual experiences whether or not they were ever diagnosed with COVID-19. Given that the biological factors involved with physical illness may contribute to the dimensionality of spiritual experiences, it is helpful to track this factor; this is why we initially focused on experiences people had while they were sick with COVID. However, among those who have not contracted the virus, the pandemic conditions still seem to have had spiritually meaningful consequences, and we are equally interested in those experiences. In the next section, we will present and discuss three themes that have emerged from the data thus

---

[25] Alister Hardy, *The Spiritual Nature of Man*.(New York: Oxford University Press, 1979); Alexander Moreira-Almeida, Marta Helena de Freitas, and Bettina E. Schmidt, 'Alister Hardy: A Naturalist of the Spiritual Realm', *Religions* vol. 12 (2021), pp. 713.

[26] Katherine A. MacLean, Jeannie-Marie S. Leoutsakos, Matthew W. Johnson, and Roland R. Griffiths, 'Factor Analysis of the Mystical Experience Questionnaire: A Study of Experiences Occasioned by the Hallucinogen Psilocybin', *Journal for the Scientific Study of Religion,* vol. 5, no. 14 (2012): pp. 721-737.

far: changes in patients' relationships with their religious communities, shifts in patient's subjective sense of spiritual connection and intuition, seeing spiritual figures and Near-Death experiences, and interpretations of COVID-19 as a spiritual contagion.

Relationships with their religious communities

One of the themes that emerged from our current research is that spiritual experiences while sick with COVID-19 often lead to shifts in people's relationships with their religious communities. Since in the literature pertaining to social determinants of health, involvement within a religious community is often considered to have a positive effect on wellbeing, it is important to note that spiritual experiences often happen outside of the bounds of a religious community and may be contributing to either an increase or decrease in participation. This presents a complicated confounding factor research that seeks to understand religion and spirituality's effects on mental health. For example, one of the participants of our study who had a deeply moving spiritual experience while her husband was battling the virus expressed a harsh critique of her church's leaders and community members. She felt let down and disappointed by her church community because they did not contact her or offer support when she and her husband were suffering from COVID-19. Therefore, even though her personal faith in God grew as a result of her pandemic experiences, she has subsequently distanced herself from her church. While before the pandemic she had been very active in her congregation, she stopped going when the church opened its doors again for in-person services.

In contrast, her husband, who before the pandemic went to church mainly to please her but did not describe himself as particularly religious, is now more involved in church activities and reported that he was considering becoming baptized and declaring his acceptance of Jesus as the Savior. This change was initiated by a religious experience he had while fighting for his life with COVID-19. He became infected by COVID-19 in the early phase of the pandemic. As the hospitals struggled to cope with the influx of patients, they were unable to admit him even though he tested positive and had spiking temperatures, a dry cough, and nearly collapsed when trying to stand up. He was simply sent home with Doxycycline 100mg. His wife, who had been self-isolating before due to her own developing symptoms (at this time home testing was not available and she never found out whether she had had COVID-19), decided to care for him alone so that the virus would not spread to family members. Even when her husband became critical and slipped out of consciousness, she was the only caregiver. Her only outside contact in this time was via phone or social media. She began to struggle with her faith and prayed "Why us Lord? When I say the Lord is my refuge, where are your Angels to protect us?" "Are we ill because of a lack of spirituality?" Listening to a song on YouTube called The Blessing she suddenly felt the presence of God. She explained, "It really felt that it was God saying over and over, 'He is for you, He is for you, He is for you.' Tears started to fall, 'He covers you, he's never leaving, He's still in control, let Him cover you.'" She expressed her anger with the lack of support by her congregation, saying, "Noone contacted me or my husband during the crisis nor afterwards. I felt they let me down… We did not get the support from the church in our hour of need, not even a phone call despite being active in the church

for over 18 years." Therefore, because her faith in God is still strong, she started looking for a new community.

Meanwhile, as her husband came in and out of consciousness, he experienced what can be described as Near-Death Experience. He saw or sensed the presence of a dark figure and was drawn to it, but in the end he turned away. He was so ill that he does not have any memories for a week of his illness save for this poignant memory: he remembers hearing God's voice telling him, "To be a child of God you must be born again." This experience was transformative, leading him to begin reading the Bible and listening to church services on the radio and television. His experience was within the context of an existential life crisis from which he only slowly recovered. Even at the time of the survey, over a year later, he still struggled with his health due to COVID-19. He also mentioned a new fear of the dark.

Although married, the experiences of these two people could not have more different consequences for their relationship to their religious communities. Both had transformative spiritual experiences which they interpreted within the framework of the same religious faith tradition. In this sense, both experiences confirmed their faith. However, one found refuge and support in the community while the other was driven away.

Although shifts away from religious communities were not rare, an increase in religious faith was more common. For example, echoing the above man's interest in becoming baptized, another person was inspired to become ordained after having COVID-19. They explained that their experience with COVID-19 "shattered" their sense of self in a way that led them to no longer live only for themselves, but rather for the whole. This increase in compassion and understanding for others also saved their marriage, which had been falling apart for years, and deepened their appreciation for their family, spiritual community, and nature. Similarly, another participant said his experience led him to become more committed to Christianity and "realize that there is life after death and [he has] to be focused on his spiritual journey." In fact, participants often spoke of spiritual insights leading to a reorientation of priorities, including both drawing closer to family and friends and also leaving toxic or uncaring communities. Poignantly, one man said, "I have lost all my freedom, free time, time to meditate or assist in religious services… spirituality have been helpful to make meaningful this shitty time."

Visions and Near Death insights

In addition to the man's Near-Death encounter described above, special visions of people, spiritual entities, or energies, non-ordinary perceptions, and voices were prominent throughout the data. In some cases, participants interpreted these as interesting neurological phenomenon, although this was not the most widespread type of interpretation. For example, one man reported intense dreams and hallucinations such as a curtain moving dramatically in the absence of wind or any other physical force. However, although the participant calls this a "hallucination" and a "distortion of everyday perception," that does not lead him to dismiss potential deeper philosophical meaning. He said, "It left me reflecting at length on Plato's cave, and the challenge of noetic vs. externalist perception. Other times, the visions and insights seemed to come about as a result of what is traditionally called a "near death experience" or simply as a result of increased mortality salience. One woman reported seeing bring lights in

her room on two different occasions. The second time was more prolonged and the lights consisted of a cloud of white and yellow light, interspersed with green pinpoints at the foot of her bed. She said, "I had a sense that I was not supposed to see it, but that it was okay that I had!"

The woman from the couple above had an impactful experience of seeing or sensing the presence of her late mother. She was putting washing out in the garden when she saw her mother standing in the dining room window. "I've stood up after dropping something into the bag at my feet and I look straight at her. I blink and she's gone. 'Did I just imagine that?' I say to myself, and then into my mind I hear 'I am the Resurrection and the Life he who believes in me will not die.'" She found relief in this experience and wrote in her diary "Thank you Lord for that moment, whether my Mother is with you in Paradise, or still in her grave until Judgement day, either way I thank you for giving me the privilege of knowing we have that reassurance that we have life eternal if we accept you as Savior. Even if it was my imagination, I saw her face. Help me to see yours this day." Interestingly, while she mentioned her experience to her husband, she was reluctant to mention it to other family members or her friends from church, explaining, "maybe they would think me nuts." Initially she didn't even tell her daughters, due to another non-ordinary experience. When she picked up her phone and started typing a message to her daughters, something happened: "As I struck the "M" of Mam, two emojis pop up a BIG Red Heart and a BIG White Ghost, both with sad eyes and fingers to their mouths telling me to be quiet and as quick as they appear they disappear…then the screen returns to the writing page and 2 face emojis have magically appeared one without a mouth and the other with eyes filled with tears. I'm NOT to tell anyone. So I don't." A year later, at the time of the interview, she had meanwhile mentioned it to her daughters but not to anyone else.

Other participants also reported seeing or sensing figures – often unidentifiable – and interpreted them according to their conceptional background. For example, one woman saw a large, vivid, distinct shadow/person watching her from her bedroom door for several hours—alternately hiding and re-emerging. She notes that she is 100 percent sure that she was not dreaming during this experience. She felt that it was death coming for her, but was certain she was not ready to die. She also had a spiritual dream in which her grandmother, who had already been taken to the hospital, was becoming light. In the dream, her grandmother asked the woman to hold her hand and help her until she reached the light. The woman did, and watched as her grandmother became light and her hand became light also.

We gained additional insight from the three inventories about Altered States of Consciousness. While not all participants decided to answer these questions, among those who did, the predominant emotion was fear and terror. Only few reported a feeling of happiness, joy or ecstasy and largely to a lower degree, and there were reports of moderate feelings of love or love-kindness. However, reports indicating that participants experienced a sense of peace, comfort, or tranquility were about as strong as the reports of feeling fear and terror. Some participants even reported a higher feeling of peace than a feeling of terror. Another question asked about their feeling of a sense of powerlessness or surrender, and as expected several participants responded with strong or high, including some who did not report the

presence of any other emotions in response to previous questions. However, most of our participants got infected by an earlier variant of COVID-19 when the fear of dying and the sense of powerlessness were extremely high. This may be different for patients infected by the Omicron variant with a better survival rate.

COVID-19 as a Spiritual Contagion

One less expected theme emerging from our data was the interpretation of COVID-19 as a spiritually charged contagion. Some respondents indicated that not only are experiences of illness, suffering, and near death spiritually potent, but that this particular virus affected them on a deeply spiritual level.

For example, one man recalled the exact moment that he knew, on a spiritual level, that he had made contact with the virus. "It was palpable," he said, and was characterized by a "definite spiritual perception." This was over 24 hours before his first symptoms began. He explained his approach to his self-treatment, saying, "Typically, when folks are exposed to illness or threat, they spiritually retreat. They back off from the threat… but this is a negative and erroneous response, for in doing so, the individual loses control of the arena. It is only by staying present and knowingly directing your spiritual capacities and powers that you can win." The man notes that, overall, his experience fighting COVID-19 "enhanced my skills and ability and certainty of spiritual capacity to deal with other life forms." He explained, "I've always had a high level of harmonious alignment with pets and domestic animals… but this event provided an awakening of my capacity to spiritually deal with ALL life forms." His reflection seems to indicate that he regards the virus as life form. This man's spiritual experiences and beliefs appear to have been a central part of how he coped with both the physical and psychological impacts of COVID.

Another respondent credited the vaccine with profound healing. A woman who suffered from chronic fatigue and disability prior to becoming sick with COVID-19, and who then endured a long and intense battle with the virus, reported she experienced healing not only from COVID-19, but also from her long-term chronic fatigue syndrome after receiving the vaccine. She said that she is now, post-vaccine, not only experiencing a deepening of her spiritual intuition and that the experience "confirmed [her] inner spiritual agreements about life and death," but also that she is strong enough to work for the first time in her adult life. At 67 years of age, she is experiencing strength and new creative work that is unprecedented for her.

On the other hand, others felt that the virus had a more spiritually destructive effect. One woman explained that even though, overall, her experience with COVID-19 reaffirmed for her the central importance of her divine connection and led her to feel an *overall* "heightened sense of the Divine," this is partially because her *initial* battle with the virus seemed to suppress or diminish her sense of connection and communication with the spiritual realm. She explained that prior to becoming ill, she had a daily practice and richly meaningful spiritual life. However, after contracting Covid, "it was a full six months," she said, "until I felt as though my energy levels had been restored and indeed that 'all was well' with my innate dialogue with Source." This temporary inhibition of what she called her "Divine connection" was so disturbing that she had opted to not receive the COVID-19 vaccine when it became available—based on her

experience with the virus, she was concerned that the vaccine "may cause a permanent closure of [her] Spiritual connection." This concern reflects a perception that it wasn't only fatigue or brain fog that that affected her Divine connection, but that there may have been something specific about this particular contagion that infects it's hosts on a spiritual level, and therefore poses a profound existential threat. She stated firmly that the experience reaffirmed not only her own Divine connection, but also the necessity of this connection for humanity to continue. "I am very concerned," she said, "about the damage Covid and its subsequent treatment may have upon humanity." This concern for the wider global human battle with the illness was echoed in others' stories as well. On the other hand, another person said that they experienced deep healing following their illness saying, especially in relation to their connection with "the whole." They explained, "We are healing things we do not see in form."

A feature that comes through from our data generally, and especially here is the seamless intertwining of medical and spiritual interpretations and treatment approaches to Covid, in particular on a personal meaning-making level. Several people in our study wove together spiritual and medical understandings of their symptoms and their conceptualizations of healing and treatment. However this seamlessness is not often seen when in direct conversation with health care professionals. Even though within the person, spiritual and medical knowledge and symptomology may be inseparable, there appears to be an understanding that, when speaking to medical professionals, spiritual insights belong to a different sphere of interpretation. While this separation in the context of medical offices makes some professional and logistical sense, given the time and training constraints of modern medicine, it highlights the importance of systematically collective narratives in scholarly research such as this so that we can begin to fit together the puzzle of how people harness spiritual experiences and coping mechanisms to create meaning and cultivated inner stability in the midst of illness and the existential stress that characterizes a global pandemic.

The Importance to speak about non-ordinary experiences for mental wellbeing

Non-ordinary experiences can have wide-reaching impact on one's sense of wellbeing. Writing before the pandemic, Chris Roe states that anomalous experiences are especially common in bereavements. However, while these experiences can occur "as a natural part of the bereavement process, and typically are regarded by the experient as beneficial for coping and recovery", he also mentions that sometimes the experiences are regarded as nonvolitional, intrusive and distressing. Some people can become so disturbed by the experience that they require counselling.[27] But whether beneficial or disturbing, the crucial aspect is that people need to speak about them. Roe's research highlights "the importance of connecting with a community that shares a belief system that is respectful of the phenomena".[28] However, this is rarely the case as he criticizes which results in even more anxiety for people experiencing

[27] Chris Roe, 'Clinical Parapsychology: The Interface between Anomalous Experiences and Psychological Wellbeing', in *Spirituality and Wellbeing: Interdisciplinary Approaches to the Study of Religious Experience and Health,* ed. by B.E. Schmidt and J. Leonardi, pp .44-65 (Sheffield: Equinox, 2020), p. 47.

[28] Roe, 'Clinical Parapsychology', p. 59.

something they see as inexplicable, uncontrollable and distressing. Only when the experiences are interpreted in a way that gives them meaning and purpose, they become less challenging.

COVID-19 has led to a surge in inexplicable phenomena. Among the study participants were people who did not regard themselves as spiritual or religious and had therefore no reference system for understanding and interpreting their experience. And others had a religious community, but felt uncomfortable speaking about their spiritual experiences within those groups. Without a community of likeminded people and due to the general reluctance to discuss non-ordinary experience with medical professionals, many people are left alone which can only increase their distress and its impact on their mental wellbeing.

The importance of considering and understanding the effect of non-ordinary experiences for wellbeing becomes evident when dismantling how wellbeing is understood. Instead of a universal definition of wellbeing, we see wellbeing as socially and culturally constructed, rooted "in a particular time and place".[29] Consequently, wellbeing can be seen as having a multi-dimensional nature that integrates various elements including being part of a community whether it is spiritual or with other humans.[30] Wellbeing is therefore relational and belongs to and emerges through relationships with others.[31] Given the widespread reports of the benefits of religious practices, the impact of religion and spirituality on health and wellbeing have been widely accepted.[32] However, the research focuses often on attending worship, praying, or faith more general, but not on actual spiritual experiences. Simon Dein argues this neglect of scholarly focus on spiritual experiences is due to its subjective nature.[33] But what do patients mean when they report that spirituality "is the key to accepting and coping with the situation in times of sickness"?[34] When Knight states that "loss of hope leads to impaired recovery from illness or even to premature death" [35], she follows it up with a reference to the work of David Hay. Hay argued already in 1990 for the importance of experience and pointed to a link between report of religious experience and personal wholeness.[36] But even Hay noted the reluctance of people to speak about spiritual experiences in particular when they do not fully understand their experiences, even though they add considerable significance and meaning to

---

[29] Sarah C. White, 'Introduction: The Many Faces of Wellbeing', in *Cultures of Wellbeing: Method, Place, Policy*, ed. by S.C. White with C. Blackmore, pp. 1-44 (Basingstoke: Palgrave Macmillan, 2016), p. 29.

[30] Iokiñe Rodríguez, 'Historical Reconstruction and Cultural Identity Building as a Local Pathway to 'Living Well' among the Pemon of Venezuela', in *Cultures of Wellbeing: Method, Place, Policy*, ed. by S.C. White with C. Blackmore, pp. 260-280 (Basingstoke: Palgrave Macmillan, 2016), p. 279, endnote 1.

[31] White, 'Introduction: The Many Faces of Wellbeing', p. 29.

[32] For instance, Eric C. Shattuck and Michael P. Muehlenbein, 'Religiosity/Spirituality and Physiological Markers of Health', *Journal of Religion and Health*, vol. 59 (2020), pp.1035–1054.

[33] Dein, 'Religion and Mental Health'.

[34] Hilary Knight, 'The contribution of the study of religious experience to spiritual care in the health service', Alister Hardy Religious Experience Research Centre Second Series Occassional Papers, 47 (Lampeter: RERC, 2006), p. 8.

[35] Knight, 'The contribution of the study of religious experience to spiritual care in the health service', p. 8.

[36] David Hay, *Religious Experience Today: Studying the facts* (London: Mowbray, 1990), p. 90.

their lives. Our data seems to indicate that this shyness may have become especially relevant during the pandemic with the combined influences of social isolation, existential insecurity, and widespread unpredictable physical illness that is understood to have mysterious neurological symptoms.

Focusing on non-ordinary experiences might seem trivial when confronted with loss of life, the long-time physical impact of Long COVID-19, the brutal increase of domestic abuse, and the increase of violence against ethnic and religious minorities. However, one should not underestimate the impact of spiritual experiences, whether comforting, empowering, or inexplicable and distressing. Käsehage pointed out that the fear of COVID-19 was fueled by its invisibility, and certain groups and actors used the fears of COVID-19 for their purposes.[37] While Käsehage is mainly interested in religious extremism, her comments about the misuse of fear for political or ideological reasons can be applied to other types of anxieties which can be seen as breeding ground for conspiracy theories.[38] It is important to understand that people use whatever conceptual frameworks are available to them to make sense of inexplicable experiences. This meaning-making process can lend credence to both the intensity of the experience and to the conceptual framework. Another factor to consider is the impact of frequent inexplicable experiences. As research has shown, traumatic experiences and chronic stress can inflict mental wounds—both acute and persistent. They are embedded, as Richter writes "in the biographies, social and cultural values and attitudes belonging to an individual's identity".[39] However, people can adapt to stress and anxiety, and develop a degree of resilience that enables them to maintain functionality and mental health.

Aspects that support developing resilience out of negative experiences include not only personal resources such as hope, optimism, and sense of coherence, but also spiritual and religious traditions. Richter and her group point out that "none of them is the result of an individual's active engagement nor can it be reduced to his/her passive reaction. Instead, they are based on the mutual interaction between biographical experience, cultural setting, the language in which they are expressed and the situated context in which they are formed. In all these aspects, individuals find themselves in a place where they can express themselves anew in the words of their given language(s)."[40] Applied to non-ordinary experiences one can argue that when people are able to interpret their experiences in a way that helps them make sense of their life situation, it may decrease their sense of powerlessness, increase resilience in the face of potentially life-threatening circumstances, and stabilize their mental wellbeing. This stability is particularly important in the context of the COVID-19 pandemic. The pandemic has led to an extraordinary level of powerlessness. In addition to the life-threatening development of the pandemic, the lockdown exacerbated feelings of vulnerability, loss of control and passivity.

---

[37] Käsehage (ed.), *Religious Fundamentalism in the Age of Pandemic*, p. 9, 2.

[38] Meyer, 'Dossier Corona'.

[39] Cornelia Richter, 'Integration of Negativity, Powerlessness and the Role of the Mediopassive: Resilience Factors and Mechanisms in the Perspective of Religion and Spirituality', *Interdisciplinary Journal for Religion and Transformation in Contemporary Society*, vol. 7, no. 2 (2021), pp. 491-513, here: p. 499.

[40] Richter, 'Integration of Negativity, Powerlessness and the Role of the Mediopassive', pp. 503-504.

For many people, resilience during the pandemic consisted, as Richter highlighted, in maintaining calm and following restrictions. "Facing limitations, isolation, powerlessness, and ambivalence in a resilient way requires both endurance and creativity in order to accept the situation and gain a new (hopeful) perspective."[41]

Considerations for practical applications in the health care settings

Research on the link between spirituality or religion and mental health often focuses on the question of whether religion and spirituality affects mental health positively or negatively. This study specifically focuses on the importance of non-ordinary experiences during the pandemic and highlights why it is important to not only understand them from a scholarly perspective, but also to provide space for the people who experience them to speak about them. We will construct a more comprehensive understanding of the factors that contribute to psycho-spiritual coping and resilience if we understand the effects of spiritual experiences. Following Moreira-Almeida, Neto and Koenig[42] we agree that "the clinician who truly wishes to consider the bio-psycho-social aspects of a patient needs to assess, understand, and respect his/her religious beliefs, like any other psychosocial dimension". However, training of health care professionals is based on a different conceptional framework that favors rationalistic, evidence-based approaches to mental health and psychosocial wellbeing, and excludes, according to Eyber, perspectives on spirituality and religion.[43] Therefore, "many health professions are uncertain about how to approach the topic [of religion] in the care of their patients. The response has often been to simply ignore it."[44] But ignoring it might have a negative impact health. This opposition between science and spirituality also does not resonate ethnographic findings and ignores the way many people make sense of their bodies and experiences. Participants in the first study described here on the relationship between spirituality and wellbeing demonstrated that one can be spiritual while also appreciating scientific medical care. Excluding therefore any reference to spirituality when in a health care situation means that a significant part of their understanding of wellbeing is ignored. As Eyber states, "if we are to take an emic perspective on how people conceptualize wellbeing we cannot afford to 'pick and choose' aspects of local understandings that we approve of, feel confident to handle, or can understand".[45]Understanding the multi-dimensional ways that people feel and experience wellbeing is crucial for an effective treatment. Only when a comprehensive, culturally competent understanding of wellbeing is expressed will people be open about their most private experiences. Consequently, health care professionals will be able to assess the

---

[41] Richter, 'Integration of Negativity, Powerlessness and the Role of the Mediopassive', p. 507.

[42] Moreira-Almeida, Neto, and Koenig, 'Religiousness and Mental Health'.

[43] Carola Eyber, 'Tensions in Conceptualising Psychosocial Wellbeing in Angola: The Marginalisation of Religion and Spirituality', in *Cultures of Wellbeing: Method, Place, Policy*, ed. by S. C. White with C. Blackmore, pp. 111-121 (Basingstoke: Palgrave Macmillan, 2016), p. 201.

[44] Harold G. Koenig, King Dana E. and Verna Benner Carson, *Handbook of Religion and Health* (2nd ed). (New York: Oxford University Press, 2012), p. 71.

[45] Eyber, 'Tensions in Conceptualising Psychosocial Wellbeing in Angola', p. 202.

wider implication for mental wellbeing only if they get the whole picture from their patients. Marta Helena de Freitas[46] therefore argues to increase awareness of the impact of spiritual practices and experiences. It is not sufficient, she writes, to focus health care professionals' training on only medical and psychological competences. Hospitals and mental health services require specialists in their teams who are trained in ways of handling spirituality within clinical settings.[47] This engagement requires skills for how to help patients who want to speak about non-ordinary experiences. It is crucial to avoid pathologizing their experiences and practices in order to ensure best care. Acknowledging that one can never be an entirely neutral observer, Moreira-Almeida developed methodological guidelines for how to deal with non-ordinary experiences in which he promotes the importance of avoiding dogmatic prejudice but also 'naïve credulity'.[48] His position paper on spirituality and religion, which was adopted by the World Psychiatry Association[49], insists on 'a tactful consideration of patients' religious beliefs and practices as well as their spirituality' and asks for 'an understanding of religion and spirituality and their relationship to the diagnosis, etiology and treatment.'[50] However, change is not easy, and there is still a long way ahead of us before patients and professionals will start breaking the silence around non-ordinary experience without the fear of being ostracized.

---

[46] Marta Helena de Freitas, 'Religiosity, Spirituality and Wellbeing in the Perception of Brazilian Health and Mental Health Professionals', in *Spirituality and Wellbeing: Interdisciplinary Approaches to the Study of Religious Experience and Health,* ed. by B. E. Schmidt and J. Leonardi, pp.199-224 (Sheffield: Equinox, 2020).

[47] de Freitas, 'Religiosity, Spirituality and Wellbeing in the Perception of Brazilian Health and Mental Health Professionals', p. 218.

[48] Alexander Moreira-Almeida and Francisco Lotufo Neto, 'Methodological Guidelines to Investigate Altered States of Consciousness and Anomalous Experiences', *International Review of Psychiatry,* vol. 29, no. 3 (2017), pp. 283-292, here p. 284.

[49] Alexander Moreira-Almeida, Avdesh Sharma, Bernard Janse van Rensburg, Peter J. Verhagen, and Christopher C. H. Cook, 'WPA Position Statement on Spirituality and Religion in Psychiatry', *World Psychiatry*, vol. 15, no. 1 (2016), pp. 87-88.

[50] Moreira-Almeida, et al. 'WPA Position Statement on Spirituality and Religion in Psychiatry'.