

AN EVALUATION OF THE UK SPIRITUAL CRISIS NETWORK (SCN)

SUMMARY REPORT

3rd March 2022

AIM OF THE STUDY

The aim of this study was to evaluate the services provided by the UK Spiritual Crisis Network (SCN). The SCN offers support and information to anyone affected by spiritual crisis, including experiencers and their carers.

I define spiritual crisis, or spiritual emergency, as any a spiritual or anomalous experience that causes concern or distress for the person who experiences it, or others around them.

Spiritual crisis sometimes overlaps with mental health issues and is part of the wider discourse about spiritual emergency in the transpersonal psychology literature.

This is the first study to evaluate the work of the SCN and it is hoped that this research can be used to facilitate future funding applications, evidence the efficacy of the SCN's work, and raise awareness of this complementary approach to spiritual crisis amongst health care professionals.

METHODOLOGY

I invited feedback from 1605 people who had contacted the SCN between 2011 and 2019 by using an online questionnaire survey. SCN volunteers and service users were included in a pilot survey.

Participants were asked to rate the SCN services using Likert scales and to provide further information in response to open-ended questions.

Where permission was granted, the original emails sent to the SCN by these participants were also included in the analysis. I used Thematic Analysis to analyse the qualitative data using pre-coded categories and also identified emergent themes.

Ethical approval for this study was granted by the SCN, Canterbury Christ Church University (CCCU), and the Professional Development Foundation (PDF).

RESULTS

Overall, 107 people (6.7%) participated in the survey.

- The majority (**64%**) of participants who contacted the SCN found it to be *moderately* or *very helpful*. However, it was also clear that the SCN approach does not necessarily work for everyone as **10%** found it *unhelpful*.
- Although self-help interventions in the form of self-help practices, attitudes, and behaviours can be helpful during spiritual crisis, the personal qualities, attitudes and behaviours of the SCN volunteers are important factors in helping people feel less alone and that their experiences had been validated and normalised.

DEMOGRAPHICS

61% female, **36%** male, and **3%** preferred not to say.

39% no-religion, **28%** Christian, **24%** other.

48% had a degree, **33%** postgraduate qualification.

69% White British.

Age when crisis began: **24%** 25-34 and **30%** 35-40 years old.

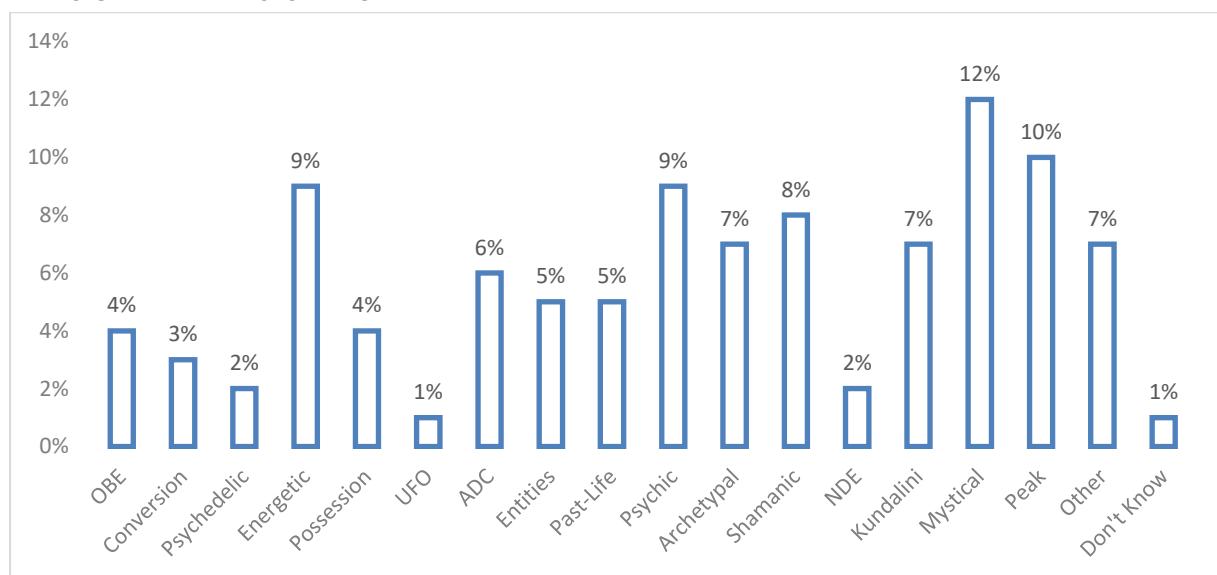
74% - their crisis caused some or great distress for themselves.

72% - their crisis caused some or great distress for those around them.

75% - felt they have integrated their spiritual crisis.

75% - felt their spiritual crisis was a positive, transformational experience for them.

TYPES OF EXPERIENCES REPORTED



FEEDBACK ABOUT THE SCN

63% were *satisfied* or *very satisfied* with the support they received from the SCN, whilst **13%** indicated that they were *dissatisfied* or *very dissatisfied*.

76% were *likely* or *very likely* to recommend the SCN to someone else, and **51%** were interested in volunteering with the SCN.

Emergent theme #1: after contacting the SCN people felt “**less alone**”, “**understood**”, “**supported**”, “**hopeful**” and “**comforted**”.

“It felt extremely personal, empathetic and helped me feel less alone, and more grounded.”

Emergent theme #2: was the qualities, attitudes and behaviours of SCN volunteers such as, being “**welcoming**”, “**non-judgemental**”, “**empathic**”, “**compassionate**”, and “**understanding**”, “**good listeners**”.

“The relief of being around a group of understanding, empathic people was immense.”

SPIRITUAL CRISIS AND MENTAL HEALTH

37% of survey participants reported that they had received a mental health diagnosis during their crisis. The most frequently mentioned diagnoses were psychosis, anxiety disorders, and depression.

70% of respondents contacted a mainstream mental health service during their crisis.

47% reported that the mental health service was *helpful*, whilst **40%** reported that the mental health service was *unhelpful*.

18% found their diagnosis *helpful*, whilst **49%** found their diagnosis *unhelpful*.

80% reported that contacting the SCN was *slightly or much more helpful* than contacting mental health services, whilst **11%** indicated that contacting the SCN was *slightly or much less helpful*.

"It gave me hope that there were others out there who saw mental illness differently to mental health services."

CONCLUSIONS

NOT THERAPY BUT THERAPEUTIC IN EFFECT.

The SCN was rated as helpful, to a greater or lesser degree, by the majority of participants. However, this approach is not appropriate for everyone.

NOT WHAT WE DO BUT HOW WE DO IT.

The importance of volunteer qualities, attitudes, and behaviours was highlighted. Self-help practices, attitudes & behaviours can be helpful. However, what appears to be most helpful is how people respond.

COMPLEMENTARY NOT ALTERNATIVE

The SCN offers a complementary approach to mainstream mental health services, not an alternative.

PROJECT OUTPUTS

In addition to the full report and this summary, the SCN benefitted from several other outputs:

- An SCN Privacy Policy.
- An SCN Non-Disclosure Agreement.
- A research participants database.
- An opportunity for new SCN volunteers.
- An SCN research webpage.
- The SCN Research Group.

FURTHER INFORMATION

This study was part of my PhD research into spiritual crisis/emergency at Christ Church Canterbury University, supported by the Professional Development Foundation and the Alef Trust.

This study was funded by myself with a small bursary from the PDF.

For further information about this study, please contact me at mikerush@virginmedia.com or visit www.talkaboutspiritualcrisis.uk

For further information about the SCN please visit www.spiritualcrisisnetwork.uk