Exploring the Experiences of Depression Within Krishna Consciousness Devotees:

An Interpretative Phenomenological Analysis

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By

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Declaration

I hereby declare that the work submitted in this thesis is the result of my own investigation, except where otherwise stated.

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Glossary

Abbreviations

KC	**Krishna Consciousness**
IPA	**Interpretative Phenomenological Analysis**
CoP	**Counselling Psychology**
UK	**United Kingdom**
ICD-10	**International Classification of Diseases version 10**
DSM	**Diagnostic Statistic Manual**
CBT	**Cognitive Behavioural Therapy**
CLR	**Critical Literature Review**
SD	**Sanatan Dharma**
ACT	**Acceptance and Commitment Therapy**
HCPC	**Health and Care Professions Council**
BPS	**British Psychological Society**
APA	**American Psychological Association**

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Abstract

Background: Depression is a widespread difficulty seemingly increasing around the world. With the prevalence of this concern having grown in the past few years in the UK and other areas (Lewandowski et al, 2016), researchers have dedicated their time and resources in trying to uncover solutions and prevention methods, if not management strategies to better help one work through their depressive experiences. Research has since steered away from focusing on medicinal practices to manage depression better and instead have turned their focus to alternative forms of management such as holistic and traditional forms of therapy. With some positive statistics indicating the effectiveness of such practices, depression has since progressively received attention in relation to spirituality and religion, a growing area of research in Counselling Psychology (CoP), particularly examining its use as a protective measure for depression. A new religious movement known as Krishna Consciousness (KC) has lately become a topic of interest with research indicating a large presence of depression alongside other mental health difficulties in this growing movement. Investigations have consistently explored follower's mental states due to their uncommon lifestyle displays and perspectives.

Rationale: Despite the movement's philosophy of 'chant and be happy;' research has pointed to a prevalence of numerous mental health difficulties in followers of KC. Indeed, focal studies have indicated a presence of delusional ideations within followers (Richardson, 1995), whilst developed research and contemporary online forums have pointed to a large presence of depression within this community (Wright, 1991). One key quantitative study even boldly labelled devotees of KC as depressive personalities (Magaro et al, 1985) though were unable to answer, what, why or even how followers understood and interacted with their depression. As such, qualitative research investigating depression within this group remains non-existent, whereby exploring such depressive experiences could uncover potential susceptibility factors, triggers and insight into these unusual patterns.

Methodology & Results: Seven semi-structured interviews were analysed using Interpretative Phenomenological Analysis (IPA) whereby ten subordinate themes emerged which were then subcategorised into three superordinate themes. This provides one of many understandings of devotee's depressive experiences. The themes which emerged were: 1) finding opportunity within difficulty – 1a) a process of self-reflection, development and reidentification, 1b) a developed sense of drive, meaning and purpose, 1c) a developed resilience, stability and detachment. 2) Coping mechanisms found within faith – 2a) a

normalisation and validation of experiences, 2b) acceptance and commitment (continuance) 2c) spiritual tools and resources, 2d) a complementary process to therapy. 3) Exacerbating and maintaining factors - 3a) cognitive dissonance – a battle between instinctual needs and spiritual expectations/ideals, 3b) a stigma/taboo around therapy and opening up, 3c) a sense of risk to the self.

Conclusions & Implications: the results of this research indicated that devotee's spiritual identities as 'the soul' played a significant role in the understanding, conceptualisation, and management of their depressive experiences. From this stance which drew on KC philosophies, this appeared to negate the depressive experience as being an external experience which could not harm their true internal selves. This lens seemingly exacerbated symptoms of depression through the neglect of self-care and conflicts of cognitive dissonance, but also displayed a reduction of symptoms of depression via the use of positive religious coping. The findings also suggest, devotees indicated conflicts around the management of stigma and deeper fears around seeking help. Implications of findings are discussed in the context of clinical practice.

Reflexive statement

Investigating a topic of personal interest means I am preconditioned to enter the research with potential bias at stake (Barry et al, 1999). Researching one's faith augments the difficulty of tackling unconscious biases effectively unless one becomes reflexive, demonstrating awareness of them. Malterud (2001) claims preconceptions are dissimilar to biases unless the researcher fails to mention them. Therefore, divulging any unconscious/conscious predeterminations before building the research could provide a closer, more balanced representation of the 'truth.'

Personally, I have battled with many internal conflicts growing up. Prior to KC, I identified as a Hindu worshipping numerous Demi-Goddesses in the hopes of building a materially comfortable life. During periods of anxiety and low moods, I would turn to faith to ease my discomforts despite not understanding them, nor my purpose in life.

Introduction to KC subtly shifted my consciousness, where I began viewing life from an entirely different lens devoid of self-interest and material benefits. Understanding the philosophy helped restore purpose and meaning to my life, providing answers to not only *what* but *why* it felt unfulfilling. My grasp on faith inspired perseverance and resilience through difficulties which now felt manageable.

Naturally my unconscious partisanship initially encouraged me to begin my literature search selecting favourable research viewing KC in the same respectful, fulfilling light as myself. I began by identifying positive aspects which deeply resonated with me whilst overlooking any negative views and its unhelpfulness to some.

However, the reflections I noted into my journal which kept track of my progression and patterns, highlighted my predispositions. Upon exploring this further within personal therapy and supervision, I became aware of my unconscious biases shaping the review before providing it an opportunity to develop itself. I became cognizant of overlooking literature discussing negative traits in devotees.

Therapy highlighted my guilt and slight fear approaching this topic. I felt 'guilty' for possibly critiquing the positive aspects of my faith but also frightened that questioning it would perhaps provoke a similar attitude within me. Critiquing studies exemplifying the positives of my religion felt somewhat disloyal considering its importance to my life.

As such, this conflict left me feeling somewhat disordered with my identity. This can be understood through Poll & Smith's (2003) paper about religion and spirituality being strong facets of identity, suggesting if one perceives this as being attacked or questioned, the consequences could feel distressing.

Noticing the impacts of such biases, I utilised therapy to delve deep and create change within my unhelpful perspective. I was foundationally challenged, whereby all my unconscious internal conflicts were discomfortingly highlighted and confronted. With gradual work and encouragement, I adopted the psychologist's 'mindset' and 'duty,' to unbiasedly explore this topic.

Suddenly I felt alleviated by understanding I carried two important aspects to my identity. One being KC and the other being a Counselling Psychologist. With this awareness, I learnt how to consciously switch off my KC perspective when necessary and utilise my psychological knowledge.

Thus, realising KC was a subjective understanding and experience, I no longer felt the need to prove to myself and others how KC was. Irrespective of what was written, my faith was immovable, therefore enabling me to conduct my work in a less-biased manner. Now instead of glorifying KC, I began considering the 'negative' views which allowed me to effectively begin balancing my arguments.

Papers drawing out negative perspectives of KC were most difficult to read as it felt my faith was being perceived undesirably if not destructively, which left me feeling uncomfortable, defensive and upset. However, being exposed to the alternative perspectives also allowed me to become more realistic and less deluded in my views.

I removed myself from a defensive stance by reminding myself that every experience and perspective was valid in its own right, nor was it my job to change them. As Smith (2011) suggested, these were "insider's perspectives" which carried meaning to them. As such, I learnt to be open to judgements, criticisms and compliments of KC to appropriately conduct this research.

I wish to explicitly state, despite my efforts to bracket preconceptions and biases through various means, some semblances may have nonetheless spilled into the research. This inevitability is acknowledged in IPA as double hermeneutics, whereby my understanding of other's experiences will be naturally informed by my own preconceptions and ontology/epistemology (Smith, 2011). However, the checking-in systems previously described encouraged continuous reflexiveness and like a mantra, I constantly recalled "let the research guide you to where it will, rather than trying to take control of it."

I wanted to introduce this research as a way of informing the counselling psychology practice of KC. To consider my personal relationship to the topic; I've witnessed people close to me and devotees experience depression and hold beliefs that professionals and general support systems would be unable to understand them.

Somehow, even as a therapist I have always been able to keep some distance from client's difficulties as a way of preserving a wider perspective and meaning. However, witnessing someone I deeply care for experience depression, made the gravity of it truly emerge, which made me feel incapable, crushed and helpless. Expressing feelings of being trapped and lost created concern in me that such a pervasive and incomplete understanding and management of depression without external support existed. My personal attempts to convince them of therapy were quickly dismissed which left me feeling frustrated, despite knowing its importance and usefulness.

I would hope this research provides a better platform of understanding to help such devotees should they approach a Counselling Psychologist's help and some rationale for devotees to consider therapy when needed. If I could even partially nudge the existing presumptions and barriers, I could hope that a bridging between one's needs and considerations around therapy are met.

Chapter 1: Introduction

The layout

This thesis aims to explore and answer the research question, what are the experiences of depression within devotees of Krishna Consciousness? This begins by outlining relevant areas for further exploration in the critical literature review (CLR).

Subsequently, the CLR discusses the current understandings of depression and the problems associated with them. I bring to question the applicability of such understandings to modern practices to establish the first important strand and context of this investigation. After gaining this critical understanding, the KC religion/movement/faith is then introduced, understanding its origin, principles and uniqueness to other religions to establish the second strand of this investigation. Identity is then explored as a construct in light of follower's identification with KC philosophies, how it is currently understood, subsequently its relation to depression.

The focus of the CLR thereon shifts onto KC and depression, merging the two paradigms within the context of existing literature, theories and current understandings about their relation. Online journal papers, contemporary forums and books are used to gain a wider stance of the existing understanding. Here, studies and theories are critically analysed and highlight the current unanswered questions and the gaps in the existing knowledge of CoP. This CLR ends with a brief conclusion drawing out the chosen research question which requires further attention.

What is depression?

Depression is a worldwide complex phenomenon which has been given numerous definitions. Some have referred to it as the 'common cold' of mental illness considering its prevalence impacting millions globally (Robertson 2002). The wide-ranging classification used to diagnose and treat depression in the UK is via the ICD-10 (WHO, 1993), which categorises it as follows:

"Persistent sadness or low mood and/or loss of interests or pleasure, fatigue or low energy- most days, most of the time, for at least 2 weeks" alongside*: "disturbed sleep, poor*

concentration/indecisiveness, low self-confidence, poor/increased appetite, suicidal thoughts/acts, agitation or slowing of movements, guilt or self-blame."

According to this definition, depression is treated using a variety of modern methods, the most prominent and efficacious being Cognitive Behavioural Therapy (CBT), considered a viable alternative to medication (Driessen & Hollon, 2010). CBT suggests thoughts, behaviours and beliefs are interconnected and influence one another, whereby transforming one would sequentially change the others (Beck, 1979) therefore reducing or helping one manage their depression better.

However, what western structures (ICD-10/ DSM-IV) perhaps overlook is how definitions of depression rely upon how the phenomenon is understood, explained and experienced (Behere et al, 2013). For instance, culturally Hussain and Cochrane (2002) suggested the DSM-IV (APA, 1994) definitions of depression were obsolete and unhelpful within the South Asian community, as are the contemporary definitions. This qualitative study used grounded theory to explore perceptions of causes and cures of depression in south Asian women. Findings suggested participants experiences of depression were centralised around conflicting cultural issues which were not considered in the DSM-IV for instance, cultural expectations and communication problems alongside factors such as spiritual and physical health problems. The research also indicated, when discussing treatment options, participants displayed a preference for spiritual healers who offered culture-specific approaches to mental health treatment above western forms of medical help. Participants indicated a lack of faith in western models to understand and treat their depression in light of the cultural conflicts they experienced.

Similarly, research by Fazil and Cochrane (1998) who explored depression within married Pakistani women suggested there were six factors significantly related to participant's depressions of which four were culturally specific e.g., inter-generational conflicts. Moreover, in the presence of provoking agents (major difficulties and severe events) of depression, culturally specific factors played significantly stronger roles in their depression than non-cultural-specific factors. Participants similarly displayed a preference for culture specific treatments above western interventions.

Hence, localised experiences of depression and the methods of treating them appear dependent on the religion, culture or ethnicity.

Mezzich et al (1999) acknowledged this difficulty in their research when reviewing the cultural validity of the DSM-IV and its recommended treatments for diagnoses. Researchers concluded the arguments for universal (cultural) contextualisation of illnesses, diagnoses and

treatment were ‘minimally incorporated’ in the manual and ‘marginally placed.’ As such, nosological assumptions were generalised without much regard for other cultures despite challenges against this.

Indeed, plenty of cross-cultural research has commonly pointed to an incapacity in existing western models of depression such as the DSM-IV, criticising its applicability to other cultures and lack of consideration and acknowledgment of culture-specific factors which affect these groups (Hussain, Creed & Tomenson, 1997; Mumford et al, 1991; Sonugra-Barke & Mistry, 2000).

Hussain and Cochrane (2004) argue, the current cultural deficiency in western models of depression may have an impact on the help available as clinicians may continue attempting to impose this model of depression and its treatment in contexts where it conflicts with client’s cultural or religious norms. Kleinman (1987) coined this limitation as ‘the category fallacy’ whereby the utilisation of research and treatment developed in accordance with one particular population fails to identify those same issues in another group as it lacks any meaning for other cultures. This concept provides central understanding around the need for broader mental health models which consider cultural differences whilst underpinning the issue with assuming the relevance of meanings across all cultures.

Hence, these understandings, the methods used to alleviate symptoms and current resurges of depression (Andrews et al, 2011) altogether raise further questions around the use of the ICD-10 definitions outside of Western contexts, cultures and societies.

In light of this, depression in relation to religion and spirituality continues to be a growing area of psychology. This field to date has been thoroughly examined with religions such as Christianity, Islam and Buddhism via quantitative measures, providing alternative perspectives (Levav et al, 1997; O’Connor et al, 2012). No real research however has been undertaken exploring KC.

What is Krishna Consciousness and why should it be studied?

Followers of ‘Ancient Vaishnavism,’ refranchised and modernised to form Krishna Consciousness (KC), have been defined by their ascetic lifestyles, discussed more later. The motto of the movement “chant and be happy” is indicative of the Hare Krishna mantra as preached by its founder AC Bhaktivedanta Swami Prabhupada (Mukunda & Drutakarma, 1982) who established 225 KC temples across many continents and within 60 countries by 1990 (Rochford, 2007; Harvey, 2000). With this motto, devotees are often seen chanting the ‘Hare Krishna mantra’ loudly in the streets, coining followers the “Hare Krishna’s.”

Due to the Hare Krishna's distinctive displays and growth of followers estimating over a million devotees by 1991 (De Backer, 2020) and an estimated 560 million followers worldwide by the end of 1996 (Britannica, 1996), researchers have taken an interest to their mental health states. Prior research making this movement unusual and considerable to be investigated is the number of mental health difficulties and conditions associated to its followers. Some studies have described followers as exhibiting narcissistic retreat from society (Johnson, 1977), whilst experiencing delusional personality traits and perceptions uncommon to more prominent groups like Christianity (Richardson, 1995; Peters et al, 1999). More commonly however, research has pointed to a prevalence of depression within followers of the Krishna Consciousness faith. This is something which is illustrated, substantiated and discussed further in the following sections though mentioned more briefly here. A literature review conducted by Singer (1979), indicated a pervasiveness of depression upon devotee's exit from the KC movement whilst inferring an exacerbation and/or fostering of depression during ex-follower's time in the religion. Furthermore, qualitative research interviewing therapists who treated devotees exiting from the KC religion similarly suggested, depression was a common symptom they all seemed to display (Wright, 1991). All of this research therefore pointed to an indication of depression relating to factors after joining the KC movement. However, more recent research by Koenig (2011), who conducted a thorough literature review exploring mental states and depressive factors in KC disciples amongst other new religious movements suggested, specific to Krishna Consciousness, followers of this faith were 75% more likely to report depressive chaotic lives prior to their conversion into KC as well as a history of psychotic episodes. Ullman (1988) who interviewed a number of Hare Krishna's as well as member of other new religious movements similarly suggested, there were indications of depression preceding follower's conversion into Krishna Consciousness in at least 55% of the interviewed participants. Whilst Namini and Murken (2009) suggested, followers of KC displayed depression prior to joining the religion and indicated signs of improvement in well-being and depression after joining.

Unfortunately, to the researcher's knowledge, there is no work comparing followers who have converted into Krishna consciousness and those who are born into the movement. Though this isn't the intention of the current research, it does indicate potential areas of work for further investigation and signifies the importance and need for such work as this could help to more clearly define whether depressive factors were more inherent in this religion or an experience subject to those who convert.

Nonetheless, a focal study by Magaro, Miller & Sesto (1984), investigated the presence of depression in a Krishna consciousness cohort and other new religious movements via quantitative measures i.e., questionnaires. Researchers concluded and boldly declared devotees of KC were 'depressive personalities.' Though, there is indeed some indication around the prevalence of depression in this group, I later argue that this study provides an indication and opportunity to explore these phenomena further as opposed to providing hard evidence/rationale for drawing such reductive conclusions based on questionable measures.

Moreover, the research not only indicates a frequency of this issue amongst the KC cohort but also points to potential susceptibility and/or difficulties in managing depression. Indeed, one online forum underpinned this notion when highlighting 19 ways to overcome or prevent depression from a KC perspective (Das, 2017), though seeking a therapist was never mentioned.

What could be achieved with this research?

With such a potential pervasiveness of depression in this movement, it brings to question, what are the reasons behind such mental health problems? Are KC followers predisposed to mental health difficulties or possibly developing such mental health problems once introduced to the religion? This requires further investigation.

Though exploring 'mental health' as a paradigm seems compelling, 'depression' was selected considering its relevance and prevalence in today's world (Lepine and Briley, 2011) and KC.

If one can possibly delve into devotee's subjective accounts of depression, this could uncover experiences, how they are understood, maintained and managed (Smith, 2017). By understanding what depression means to devotees and the contributing factors; future interventions could be targeted based on broader definitions of depression. Moreover, one could possibly uncover mechanisms alongside the prescribed methods currently used and better determine whether they are helpful or hindering. Currently, a barrier preventing devotees from considering therapy is present however the reason why has not yet been unpacked. Such research could provide clinical implications, gain insight, inform practices and contribute to resolving this.

Chapter 2: Critical Literature Review

Depression

Complex phenomena such as depression tend to exceed the simplistic definitions given to it. In the UK, to diagnose a client, the ICD-10 is generally utilised where common basic symptoms are composed of affective traits and cognitive styles. This medical model tends to regard depression as an illness existing solely within a person (Lothane, 2004). As such, research through this lens has embossed a view of depression as a "fixed reality" (Cohen et al, 2005; Nasser & Overholser, 2005).

However, phenomenologically this perspective of depression arguably remains inadequate as it dismisses the view of it being a discursive phenomenon (Parker et al, 1995). In support, Bullard (2002) and Burr (2003) suggest the definition and understanding of depression indeed changes over time and culture. Bringing to question, how generalizable and contemporary are the existing perspectives?

This possibly provides reasons for why the model has increasingly come under attack in recent years (Robertson, Venter & Botha, 2005). Although the model provides basic symptoms for depression which seemingly are universally present, debatably the revisions and conditions of the ICD-10 indicate an 'incomplete' view of it by excluding important factors such as cultural differences (Kleinman, 2004).

Kleinman (2004) suggested, all conditions of depression are meaningful within their particular contexts. However, some are more universal and others more culturally distinct. This informs the current differences found in definitions of depression from various cultures, religions and countries (Zhang, 2007), further implying depression is context-dependent, highlighting the importance of considering these factors.

What do we know about depression?

Depression is said to affect more than 264 million people worldwide (James et al, 2018). It is usually long-lasting and when moderate-to-severe can impact one at work, school and home (WHO, 2020). In its worst case, depression has been suggested to lead to suicide, a leading cause of death estimated at 800,000 individuals per year (WHO, 2020). The increasing number of sufferers and suicides have created a large appeal to find solutions to this global difficulty. Global economic costs supporting those suffering have been estimated at over $210 billion

per year (Greenberg et al, 2015), whereby researchers have heavily focused upon cost-effective and efficacious treatments.

Of all, CBT has been considered the most effective for moderate-to-severe depression, alongside antidepressant medication (NICE, 2016). Despite its availability, it has been suggested that 76%-85% of individuals in low-middle-income countries do not receive treatment for their depression (Wang et al, 2007), though several factors may provide reasons why.

Eastern vs western views of depression

Research has acknowledged some fundamental differences between eastern and western cultures i.e., suggesting eastern cultures embody collectivist views and behaviours whilst western cultures undertake more individualist stances (Cohen, Wu & Miller, 2016). Indeed, expressions of depression have highlighted such differences (Teja, Narang & Aggarwal, 1971), providing indication to why eastern and western cultures have displayed distinguishable experiences, conceptualisations and explanations of their depression.

Arguably, depression definitions change amongst culture, religion and spirituality (Falicov, 2003). In a review of cross-cultural studies (Zhang, 2007), depression was examined within the Chinese culture where diagnosis rates of depression were very low in China, however there were larger complaints of somatic symptoms. Conclusions suggested somatic symptoms of depression were more culturally accepted than affective expressions which were generally kept more concealed, implying depression within the Chinese culture related more to bodily sensations as opposed to the western outlook of the 'inner-psyche' (Papageorgiou and Wells, 1999).

Though Zhang provided some basis of understanding around culture and depression, despite being from the same culture investigated, he neglected to mention some salient concepts e.g., whether conclusions were influenced by his 'insiders' preconceptions and the importance of cultural norms and expectations.

It could be argued, the reason for low depression rates were due to social aspects such as stigma. Zhang (2007) does mention social, political norms and language-use relating to emotional expression, indicating potential reasons for why rates were so low e.g., cultures being unaware this is a form of depression or choosing to not speak about it.

Correspondingly, Fogel and Ford's (2005) cultural quantitative study exploring stigma beliefs in those who suffered from depression implied, Asian-Americans overall displayed larger

stigma beliefs of their depression in front of friends, family and employers than European-Americans. Indicating the prevalence of stigma within Asian and eastern cultures.

Nonetheless, the studies highlighted some shortcomings in the current western understandings of depression which currently overlook the cultural lens/perspectives. For instance, in a study by Loveys et al (2018) who explored cultural differences in online language markers of depression, the results suggested there was a significant variance between different culture's expressions of depression particularly relating to emotion expression, cognition and functioning.

Indeed, research by Hussain and Cochrane (2004), found the word 'depression' had no direct translation in some Asian languages, whereby the lack of linguistic equivalents would seemingly result in conceptual differences when drawing comparisons between different cultures which could therefore confound the conclusions drawn (Bhui & Bhugra, 2001). In some cases, research revealed various cultures also questioned whether depression was even considered a medical problem which they should seek treatment for instead of considering them as social or moral problems (Kirmayer, 2001; Aggarwal et al, 2014).

Collectively, this reinforces the necessity to consider these factors and provides rationale for expanding the research to look at wider ethnicities, cultures and religions to gain further understanding of their conceptualisations, experiences and potential stigmas, which would effectively add to the existing knowledge.

With Krishna Consciousness being a multi-cultural faith adopting eastern philosophies (Kutty, Froese & Rae-Grant, 1979), exploration into this cohort would possibly present an opportunity to gain a wider understanding.

However, one must first determine what KC is, its beliefs and how they relate to depression. This is discussed next.

Krishna consciousness vs Hinduism

Over time, research has primarily documented associations between Hinduism and mental health (Kang, 2010). Whilst some relations have been made, little has looked into Krishna Consciousness.

KC has existed for decades if not centuries, therefore one may ask, how is KC different from Hinduism? If Hinduism has been studied in regard to mental health, why go through the difficulty of exploring KC? Indeed, the distinct, subtle aspects which differentiate the two religions truly gains KC its independence from Hinduism. Whilst there is no intention to get

into the political debates regarding 'modern' Hinduism, for the sake of this research a distinction is made.

Hinduism and KC are more formally known as Sanatan Dharma (SD), meaning the way of life (Avasthi, Kate, & Grover, 2013). Whilst Hinduism has been arguably considered to be a polytheistic religion whereby worship of thousands to millions of demigods are sanctioned; KC focuses solely on one. It is this monotheistic factor which initially differentiates KC to modern Hinduism.

SD observes serving God with the acknowledgment of existing as a soul, principles enforced within KC. 'Modern Hinduism' is mentioned as a distinguishable factor primarily as the focus of SD has arguably shifted from its worship of mainly Krishna with respect for Demigods, to a direct worship of such demigods instead.

Demigods[1] supposedly ease follower's material discomforts and reward material gratifications. However, for followers of SD/KC this is considered a conflicting interest to their life focus. This life focus being pure, selfless service to Krishna and nourishing their soul through this service. Hence, with this shift of focus and these subtle factors, a distinction between KC and 'modern' Hinduism arises.

Interestingly, this concept of the soul is what truly exemplifies KC principles, this is discussed below.

Krishna consciousness, how are these devotees different?

Devotees of KC seem to differ from Hinduism and other mainstream religions by *fundamentally* focusing on their soul (Hagerty, 2008). Here spiritual practices nourishing the soul and operating from a platform of constant consciousness are encouraged and engaged in. As such, their particular lifestyle follows four regulative principles amongst other expectations. These serve as a means for not disturbing the soul and distancing from bodily conceptions.

The regulative principles as established by their leader/founder of the movement, Swami Prabhupada, encourages devotees to lead an ascetic life refraining from eating meat,[2] illicit sex,[3] gambling and intoxication. Amongst these four regulative principles, devotees are encouraged and live by chanting a minimum of 16 rounds of the Maha-mantra[4] on their

[1] Demigods- 'lesser' divine objects of worship who manage Krishna's 'material orders'
[2] Due to animals having souls, non-violence and refraining from sensory pleasure
[3] Outside of marriage for any reason other than procreation
[4] Hare Krishna, Hare Krishna, Krishna Krishna, Hare Hare, Hare Rama, Hare Rama, Rama Rama, Hare Hare

chanting beads/japa mala daily. The daily practice comes from the understanding and belief that the sound vibrations of this mantra transcend one's material, sensual and intellectual understanding whilst having a direct impact on their soul, awakening their spiritual reality which has been covered or forgotten (Hagerty, 2008).

With such goals and social norms, KC devotees are notoriously known for their displays of chanting in the streets to spread the word of God. Arguably less seem to know what Krishna Consciousness is however recognise the individuals dressed in orange robes chanting "Hare Krishna."

So, whilst Hinduism and other religions hold an understanding of the soul (Avasthi, Kate, & Grover, 2013), KC devotees fundamentally identify as the soul, considering it the most important aspect of their life, highlighting identity as a potential key theme.

Accordingly, another distinct KC factor upholds an expectation for adhering devotees to renounce all worldly possessions, relationships and material needs (Hagerty, 2008). Thus, any experiences, emotions, or actions devoid of KC are possibly viewed in the frame of 'material' needs and experiences. Indeed, Dein and Barlow (1999) suggests the cohort could be viewed as a "world rejecting religion," bringing to question whether devotees display signs of 'splitting' (object relations theory) (Klein, 1948), whereby objects are viewed as either purely good or bad.

Nonetheless, such identity evolvement, spiritual expectations and the impacts of adhering to them arguably make devotees a topic of interest. Could such factors contribute to the development of devotee's difficulties? Below identity development is discussed and its relation to depression.

Identity development

In psychological literature, 'identity' has gained plenty of interest to determine its influence over individual's everyday lives and wellbeing (Manuela and Sibley, 2015). Identity has been considered a fundamental factor for behaviour and belief development which determines one's interaction with others, the world and the self (Uba, 2003). With such an established importance, many have tried to understand how exactly identity is formed.

Often theories have attempted to look at identity in relation to the self and the social parameters for example one's relations, values and roles (Erikson, 1996). In the psychosocial theory of development, Erikson proposes a model of eight stages an individual must accomplish to create a healthy lifestyle and development (McLeod, 2013). He suggests, identity formation is a vital task of development, where one asks essential questions such as

"who am I? And "what do I want to become?" Erikson suggests identity confusion emerges upon failure to develop a sense of self whereby difficulties regarding roles, values and choices emerge.

Though Erikson provides some insight into identity and self-development, some criticisms can be made, for instance failure to consider those whose life experiences and changes inform a rediscovery of the self, thus a fresher understanding of their life. Moreover, the expectation that every individual will chronologically experience each life stage at the same time, overlooks individual differences enabling completion of stages earlier than predicted. Furthermore, Erikson overlooks social influences upon identity development, perhaps more at an individual subjective level despite briefly mentioning this.

The social identity theory (Tajfel, 1979) suggests identity is formed through one's social interactions. For instance, association with a group of high achievers will encourage the individual to identify and adopt such factors in adherence to group qualities. This provides some indication of how a follower of KC may develop their group identity as a 'devotee,' however overlooks the importance of spirituality as a concept which exists *within* a devotee irrespective of social groupings and norms.

One theoretical framework which accounts for the limitations of the former theories is the identity process theory (IPT) (Breakwell, 1986) which proposes an individual has agency over their identity and actively seeks to create and maintain their identity by constantly revising, replacing, renovating or even removing aspects of identity over time (Breakwell, 2014; Timotijevic & Breakwell, 2000). In its most basic form, IPT proposes an individual's identity will constantly change over time and with experiences and that an individual's whole identity will encompass factors which derive from every aspect of their experience for instance their interpersonal relationships, their social category memberships, vicarious learning and more (Breakwell, 2014). This process supposedly occurs via two dynamic identity processes known as assimilation-accommodation and the evaluation process (Breakwell, 1986; Breakwell, 2014).

The assimilation-accommodation strand refers to the individual's process of constantly assimilating new information and new identities and making space to accommodate them into their existing identity structures, this could include factors such as group memberships, labels, values and attitudes (Jaspal and Breakwell, 2014). The evaluation process refers to how one appends meaning to this new information and new identity and evaluates it (Jaspal and Cinnirella, 2012). Factors from both the individual aspects such as personal goals and social aspects such as societal norms supposedly play a role in one's evaluation process (Jaspal and Cinnirella, 2012). Researchers have also suggested, this process sometimes requires

adjustment and accommodation of pre-existing components which are already present in the identity structure for example, “if I am an alcoholic, can I still be a devotee of Krishna Consciousness?”

Moreover, the framework suggests our identity is guided by four motivational principles namely: self-esteem, control, continuity and finally uniqueness (Breakwell, 2014). Daramilas and Jaspal (2016) suggest, when these principles are enhanced and abided by, they could often lead to positive identities however, when they are obstructed or threatened this will disturb an individual and challenge their sense of self whereby, they will utilise their coping strategies to minimise this threat regardless of whether they are healthy or unhealthy, these could be psychological in nature perhaps even interpersonal etc.

For example, if one were to challenge a devotee about their drinking habits in a place of worship, this may disturb their principle of self-esteem and self-efficacy. As such, they will draw upon their coping mechanisms to manage this, for instance using denial as a coping technique.

Breakwell’s theory does well in providing better insight into how we construct our sense of self, what may threaten our identity and how we cope with such threats. Though this model does not make any distinctions between one’s personal and social identity it does make distinctions between the content dimension (including personal and social identity) and the value dimension (positive or negative evaluation of these identities). Moreover, one may argue that the principles outlined in the model overlook salient factors such as coherence, belonging and meaning. Coherence refers to a need for coherence between interconnected identities in our self-concept. Belonging regards the need to feel close to others and accepted by them and ‘meaning’ regards the need to find significance and purpose in one’s life and existence (Vignoles, 2011; Jaspal and Cinnirella, 2010).

Nonetheless, this model provides a steady foundation of understanding which could be built upon. Arguably researchers in other models have ironically pinned identity to be a concept external to the individual themselves. For instance, identity in both Erikson’s and Tajfel’s theory is a concept of not ‘who am I’ but rather ‘who am I to everyone else’ e.g., I am: a psychologist, a parent, a friend. Thus, identity theories have subtly focused upon social parameters and externalities which although provide some insight into how identity may develop in respect to such factors, largely ignores the concept of ‘me’ devoid of other’s understandings, perspectives and roles. Even those theories which do perhaps look at the “I” and “me,” have often overlooked the salience of spirituality within the development of one’s identity/self despite researchers positioning this as a possible key component of personality in their early work (James, 1968).

James (1968) as cited in (Gordon & Gergen, 1910) however posited, the study of one's identity must consider two conceptualisations of the self: namely the "I" and the "me." He suggests, the "me" is created by the "I" which assists in creating and connecting the social, material and spiritual "me" stemming from it. The material and social "me" includes ones' body, clothes, how one is seen and interacts with others whilst the 'spiritual me' regards one's thinking and feelings, being the truest, most intimate and core version of the self which exceeds the material and social "me."

Interestingly, James (1890) suggests a more metaphysical explanation of the "spiritual me" and "I" can be more closely understood through the concept of the soul. However, despite the proposal of this early model of the 'self,' it appears theorists have extended identity development theories by largely overlooking the factor of spiritual self-conceptualization; hence a central unifying agent of identity is disregarded (Coon, 2000). Perhaps this may be due to the difficulty in identifying such concepts empirically. In the initial theory proposed by James, instead of providing an empirically supported theory, James proposes a philosophical one supported through his own experiences.

As such, Poll and Smith (2003) attempt to further extend James's theory by presenting a spiritual identity theory merging Jamesian principles into existing theories from the psychodynamic, cognitive and system perspectives. Though they provide some interesting links and compelling insight into the spiritual identity, their extension to the theory displays many flaws.

For instance, Poll and Smith (2003) propose a chronological stage of developing this spiritual identity, failing to consider the dynamic and directional changes of one's spiritual journey.

With the presumption that spirituality is a concept indefinitely relating to God and the reality of the soul, this theory offers little merit, displaying limited applicability for only those spiritual beings who believe in the existence of their soul and God and a stagnant process towards obtaining him.

Thus, the validity of this model strongly depends upon the closeness of the theistic assumptions to the individual which are still less considered within other identity theories.

Though Poll and Smith attempt to develop James's theory, numerous biases and presumptions seemingly setback its reliability. However, despite James making a philosophical theory not yet empirically tested, this provides room for further exploration for those who do believe in the reality of a soul and it being an important factor in their identity.

Identity and mental health

Notably, research has indicated a link between identity and mental health, behaviour, perception and decision-making (Uba, 2003; Bruner, Boardley & Cote, 2014). Identity development is suggested to be a key factor in warranting different impacts upon one's future difficulties. Generally, research has approached this topic with a specific scope in mind whereby healthy identity development has been considered a protective factor for depression, (Kotesky, Little & Matthews, 1991) and psychological wellbeing, whereas identity change has been linked to depression (Pulkkinen and Roenkae, 1994).

When embracing a new faith/religion/movement like KC; the aim to adopt values and meanings derived from it could have an impact upon one's identity, particularly if a sense of shared meaning is gained through adopting mirroring behaviours and beliefs (Tajfel, 1979).

In one study by Demir et al (2010), researchers aimed to explore this relationship between identity and depression. Thirty-one depressed adolescents with major depression were explored against 31 control subjects. They all completed questionnaires and the major-depressive group were given an antidepressant treatment. Conclusions suggested the major-depressive group showed higher identity confusion than the control group and following the antidepressant treatment, showed a decrease in identity confusion. Thereby suggesting a possible relationship between depression and identity confusion.

Whilst researchers provided some insights, the conclusions could be questioned as researcher's Turkish backgrounds meant the lens they viewed identity and depression through was substantially different to western perspectives. For instance, this research was indicative of a Turkish sample, where researchers failed to point out the potential differences between eastern and western perspectives of identity and depression i.e., vital considerations such as individualist and collectivist views.

Moreover, identity seemed to be defined by Erikson's psychosocial theory of development, which as previously discussed overlooked important concepts. Not only could the theory be considered somewhat outdated but also limited in its understanding.

Nonetheless an interesting topic emerges, bringing to question what relation identity change and depression have. With the questionable conclusions drawn, one may ask if a depressive personality is likely to demonstrate identity confusion, does identity change play a role in the apparent prevalence of depression within the KC community, if so, how? Exploring the nuances of devotee's identities seems necessary to better understand the impact of such identity development upon their mental health, thereby broadening the identity scale to consider spiritual factors such as the soul.

Existing research exploring the relation between KC and depression are discussed below.

Krishna consciousness and depression

With the growing number of depressive cases, devotees have exhibited increasing signs of being impacted by depression however stunted in their management of this.

The KC movement is one which has been under intense scrutiny, with many researchers implying followers of this religion have mental health problems (Ross, 1983). Given the growth of the movement and unordinary lifestyles of the Hare Krishna's, it is unsurprising that many researchers have investigated devotee's psychological wellbeing (Weiss, 1987) and mental health.

Certainly, outstanding pieces of research have defined followers of KC as individuals suffering narcissistic retreat from society (Johnson, 1977) with signs of delusion (Peters et al, 1999). Most commonly however, various forms of research though scarce, have indicated a prevalence of depression in the KC cohort.

A literature review conducted by Singer (1979) investigated depression within ex-followers of KC and other religious movements. It was suggested, amongst a few existing mental health difficulties experienced by ex-followers during their time within the faith and upon exiting KC, there was a large presence of depression in the devotee population. Similarly, in a qualitative study exploring therapist's experiences of working with devotees exiting the faith via interviews, researchers concluded the resemblance all devotees seemed to display was the severity and presence of their depressions (Wright, 1991). It appeared, both pieces of research seemingly inferred depression to be a product of follower's time in the KC religion whereby the faith fostered if not at least exacerbated members depressive experiences/depression. However, both studies failed to even consider any pre-existing variables which may have contributed to these experiences, thereby bringing to question the conclusions drawn. Indeed, research by Koenig (2011) who later conducted a literature review exploring depression in relation to new religious movements including Krishna consciousness, suggested followers of KC displayed a 75% increased likeliness to exhibit depressive, chaotic lives prior to their conversion particularly in comparison to other groups who displayed lower percentages. Similarly, research by Ullman (1988) suggested, in at least 55% of the participants they had interviewed, followers displayed indications of depression prior to their conversion into Krishna Consciousness whilst Namimi and Murken (2009) suggested there was an overall improvement in depression and wellbeing after joining.

As such, the question remains as to whether the religion fosters follower's experiences of depression or whether they maintain, exacerbate or minimise followers pre-existing depression. Kraus (1999) attempted to make this distinction and conducted a literature review investigating psychological difficulties including depression before and after joining new religious movements involving KC. Kraus suggested, depression often preceded followers' conversion into religions like KC however were exacerbated following the conversion process. Unfortunately, this paper failed to mention how this exacerbated their depressive experiences and only looked at German papers which raised questions around generalisability. Nonetheless, this review still provided some indication into the possible prevalence of depression in the movement prior to and after joining and gives some indication to where one could direct their investigations.

As such, though there is arguably such scarce research looking into Krishna consciousness and depression, nonetheless a few pieces of research have indicated some presence in the faith.

A focal piece of research by Magaro et al (1984) which is key to the rationale for the current investigation, directly draws connections between depression and followers of KC. Here, followers of four religious organisations including KC were given personality style inventory questionnaires to assess their personality styles. Results implied, followers of KC displayed the highest scores on the depressive scales above any other group whereby researchers concluded that all members were composed of depressive types and therefore labelled 'depressive personalities.'

Although scores on the depressive scales provided some empirical support to suggesting KC members express depressive factors, it can be questioned to what extent this can be taken as 'strong' evidence to be labelled 'depressive personalities.' Scores on the questionnaires were on a 5-point scale, where 0 suggested feeling really negative about the item question and 5 meaning they strongly preferred it. Questions were given in pairs e.g., "I prefer: 1a___ Making decisions after finding out what others think. 1b___ Making decisions without consulting others." For each pair, the scores required a total of 5, meaning if question 1a was scored with a 2; question 1b would have had to be scored 3. Only whole numbers were allowed and used.

Given the rules of the questionnaire, it can be argued that scores on the personality style inventory were too demanding to obtain a truly genuine response. Whilst an individual may score a 3 on the first item, they are then obligated to score a 2 on the second item even if this score did not represent their true feelings. Not to mention, there was no opportunity to expand on their scores and provide reasonings or explanations for their responses. In this way, it is

unlikely that by oversimplifying partakers emotions and thoughts to fit the questionnaire criteria, can a true representation of their personality styles and feelings be obtained.

Though the responses and results cannot be disregarded, quantitative measures could only provide a limited understanding. Therefore, to gain a closer account and understanding of this, the depressive factor within the Hare Krishna's would have to be re-explored and reappraised from an alternative paradigm; this time taking consideration of experiences, mood and reasoning.

Moreover, in light of previous research highlighting a potential susceptibility to depression in this particular cohort, questions around help-seeking behaviours emerge.

Interestingly, a few online forums targeted towards devotees of KC discuss and indicate a predominant need for help with depression. In one online forum, the author discusses 19 ways to overcome and/or prevent depression from a KC perspective (Das, 2017), though seeking a therapist is never mentioned. Research has continually indicated a preference for the use of spiritual practices to better manage one's depression as opposed to therapy (Maurya et al 2018). As such, this brings to question, what prevents devotees from reaching out to professional help? Could it be stigma, the fear of not being understood or something else entirely?

The World Health Organisation (2020) have suggested nearly two-thirds of individuals with mental health disorders never seek professional help. Furthermore, stigma, discrimination and neglect create barriers which prevent help and treatment being reached by those who need it. One must however question, does neglect occur from the party offering help or the party in need of receiving such help?

Collectively, this indicates a need for further investigation. If researchers can sharpen the attention on these factors, it could possibly uncover how depression is experienced and maintained through qualitative means. Qualitative measures have been mentioned due to the phenomenological nature of the topic, the prevalence of such topics being approached via quantitative methods and the arguably partial conclusions gained. Therefore, being inclusive of lived experiences would lead researchers to better understand participant's personality types (Byrne 2001), the connection between the Hare Krishna's and depression and the resistance in seeking help via therapeutic means.

Only one study has attempted to explore KC qualitatively. This is discussed below.

Qualitative evidence on Krishna Consciousness

With over a million followers by 1991 and the continuation of growing conversions into KC (Rochford, 2007), researchers have attempted to explore individual's gravitation to KC and the process/reasoning behind this (Barker, 2007). Religion proposedly satisfies cognitive needs through the provision of explanations, relieving anxiety, enhancing social solidarity and more (Dein and Barlow, 1999).

Dein and Barlow (1999) revisit the deprivation theory (Stouffer and Hoyland, 1994) in light of this, using qualitative means to understand what initially attracted devotees to KC. This theory posited members of new religious movements enter the religion being somehow deprived and seeking various needs including satisfaction.

Semi-structured interviews were conducted on ten devotees in London, arriving from many previous religions, cultures and ethnicities. Conclusions indicated followers gained psychological benefits and resolution to some level of existential deprivation and crisis.

Principally as this theory is limited to converts, one must question why followers specifically chose KC and remained when there are fundamental values every religion carries i.e., salvation, possibly noticed in their previous religions?

Not to mention, despite finding rationale for entering the movement, the study fails to consider whether individuals suffered from such deprivations prior to KC or became aware of such deprivations within the KC faith, which were simultaneously reconciled by those same philosophies.

Such questions encourage further enquiry employing a prospective frame. With this, researchers may possibly better determine whether those who perceive deprivation go onto join the movement, or whether KC gives rise to feelings of deprivation (and possibly depression), thus providing some insight into the dynamics of the movement.

Quantitative research surrounding Krishna consciousness practices

Interestingly, aside from Magaro et al's (1984) research, studies have more commonly explored KC practices in its relational and causal effects to depression.

Plante (2007) proposed the importance of including religious/spiritual interventions for recovery of depression. In some studies, researchers looked at the effects of integrating religion into therapy against traditional therapy and suggested levels of depression decreased more in the religion-integrated group (Koenig et al, 2015). Indicating a usefulness in obtaining spiritual methods to inform future practices.

A study by Wolf & Abell (2003), investigated the effects of chanting the Maha-Mantra on stress and depression within 61 participants. The groups were split into three, one with prior experience in yoga, meditation and chanting, another group with no experience of these practices and a control group. The experienced group were instructed to chant three rounds daily of the Maha Mantra on Japa beads whilst the non-experienced group were given a placebo mantra. All participants completed weekly surveys. Results suggested from pre-test, pro-test and follow-up, chanting the Maha-Mantra lowered levels of stress and depression.

Though the lead researcher David Wolf mentions researcher bias in relation to his involvement in the study, he fails to mention being a devotee himself with previous experience chanting the Maha-Mantra. As this is never made transparent in the paper, alongside the use of two measures created by the authors themselves, Vedic Personality Inventory (Wolf, 1999) and Index of Clinical Stress (Abell, 1991), it brings to question whether such conclusions were clouded by researcher bias. Moreover, participants who disclosed prior experience in meditation, chanting and yoga, arguably were more likely to exhibit positive effects of the mantra, being already predisposed to experiences like this. Nonetheless, the results do indicate some level of improvement in mood, though one could argue participants displayed no history of depression, therefore it is questionable whether such results could be generalised and are indicative of a depressive sample.

Wolf relates his study to a Vedic theory proposed by Prabhupada (1976) who suggests withdrawing from chanting the Maha-mantra diminishes enlightening influences and increases the effects of inertia which intensify stress and depression. This philosophical theory makes it difficult to determine the reality of this, though exploring effects of Maha-mantra indicates an area of knowledge that can be investigated further.

More information is needed, particularly in light of the discrepancies around chanting the Maha-mantra lowering levels of depressions and the existence of depression within followers who indeed chant a minimum of sixteen rounds of Maha-mantra daily. This study uses a random sample of participants who have some experience in chanting and meditating, however, do not use actual devotees of the religion. Now that the effects have been tested on a random sample, it may be useful to explore this within KC devotees to discover the impacts of chanting upon their depression.

By allowing devotees to simply share their depressive experiences may offset the predicament of social-desirable answers. Prompting devotees to discuss KC tools used to overcome depression (if they did i.e., chanting) could better determine how the Maha-Mantra works for this sample (by minimising, managing or even maintaining depression). Such knowledge may

inform how to conduct religion-integrated therapy (Plante, 2012) to help KC clients better manage depression through their own religious tools.

Anjana & Raju (2003) similarly explored the impact of reciting the Bhagavad Gita[5] upon depression. This study looked at 31 participants experiencing maladjustment variables such as depression and anxiety. Participants were split into two groups, reciters with previous experience and non-reciters. Participants completed questionnaires which indicated reciters of the Bhagavad Gita could effectively manage their maladjustment problems more so than the non-reciters.

However again, it can be critiqued that some participants exhibited bias in favour of the Bhagavad Gita having been predisposed to learning it. Moreover, although the research suggests some indication for a relationship, the journal paper views depression through the lens of the Indian/eastern culture, a seemingly different lens to the western one. This brings into question how generalizable and relatable this study can be to the western-medical model whilst providing some insight into the existing knowledge and underpinning missing factors in the ICD-10 i.e., cultural perspectives.

Thus, these studies reinforce the importance of conducting phenomenological research which bypass the limits of quantitative research. Though they have indicated a relationship between KC, its tools and depression, uncovering *how* KC plays a role in depression would be valuable and currently undetermined.

Conclusion and summary

To date, existing and ex-devotees have been labelled as depressive (Magaro et al, 1985; Wright, 1991; Singer, 1979), however no real endeavour has been made to explore devotee's experiences and conceptualisations utilising a phenomenological stance.

Previous studies attempting to understand any relationship between KC, its practices and depression displayed a latent misuse of quantitative research displaying bias, sweeping generalisations and questionable conclusions. However, one must question what is the discrepancy between the coping mechanisms suggested and the prevalence of depression within KC devotees? Do such methods help or actually hinder devotees? Either outcome could shed light upon the prevalence of depression in this cohort. As such, an opportunity to more thoughtfully re-explore this and the perceived avoidance of therapy emerge.

[5] A central, fundamental KC scripture

With Dein and Barlow (1999) attempting to understand conversion into KC through the deprivation theory, the research fails to determine whether such deprivations and depression existed upon introduction to the faith or whether it had developed during. Furthermore, uncovering the role of identity and whether there is a relation between identifying as the soul and depression seems necessary.

Subjective lived experiences and the values they carry provide the foundational humanistic principles of Counselling Psychology (Woolfe, Dryden & Strawbridge, 2003). As an important yet vacant area of research, a qualitative approach provides room to uncover devotee's experiences of depression whilst obtaining responses to unanswered questions. This research will therefore provide insightful and compelling contributions to the field of CoP by gaining insight into experiences, triggers and susceptibilities around depression as well as the barriers to therapy which would altogether provide a closer understanding of the faith dynamics itself that would help practitioners to feel better informed when working with devotees. For instance, if the analysis were to reveal devotee's reasons for their reluctance to attend therapy, practitioners would be better informed of these potential concerns and can target ways to overcome these.

Chapter 3: Methodology

Introduction

This chapter outlines the rationale for choosing a qualitative approach to investigate this research and a discussion on the developed epistemological position and its influence over the topic area and elected method. A brief discussion on the similarities between CoP values and qualitative principles are mentioned, followed by a discussion of the chosen methodology and rationale. This chapter concludes with a detailed description of the recruitment process and ethical considerations.

The Basis for Using a Qualitative Approach

The positivist paradigm has governed psychological research which has been prevailing with quantitative studies (Ponterotto, 2005) despite its many disadvantages. The typical cause-and-effect models used within quantitative research are useful in providing firm foundational knowledge to be developed, though demonstrate many limitations. Often the knowledge obtained reveals an inadequacy in its capacity as such models often establish an association between two factors however, important information such as *how* this relationship works and *why* it works this way, are generally lost in the reductive conclusions.

As a result of my critique on the existing literature around my topic and the nature of the research question, rationale for using qualitative methods emerged. Exploring and understanding the complexities and emotions behind individual's lived experiences felt imperative whereby access to these seemed less amenable via quantitative methods.

As such a qualitative methodology was elected enabling participants and researchers to enter the internal world of lived experiences, similar to Counselling Psychologist's role within therapy (McLeod, 2001). Here I would gain complex and in-depth understandings of participant's thoughts and feelings whilst using individual experiences to inform understanding, which compliments my ontological and epistemological position.

Reflexivity on epistemology and ontology

Ontology refers to the philosophical study of existence and being. It poses questions such as 'does God exist?' 'What is existence?' 'What is the nature of existence?'

Epistemology refers to the study of knowledge, having a locus on what is supposedly known, what can be known and how it can be known for instance, 'how do we know God exists?' Whilst the methodical branch refers to how we can go about discovering and finding answers to these questions, what methods can be deployed and how we can gather such data (Guba and Lincoln, 1994). Epistemological reflexivity encourages researchers to reflect upon the influence that one's epistemological positions may have over their research, such as the chosen methodology (Willig, 2001). In light of this, I will now reflect on the transitions I underwent in my personal and professional development and discuss how these changes shaped and influenced the way the research was conducted.

Since the beginning of my journey with 'knowledge' which began in school, attention has most commonly been placed upon statistics and numerical data. Though I studied psychology during college, I displayed a stronger connection with physics which I had been accustomed to for longer and relied on formulas and statistics to obtain information about proposed questions which provided in my view then, 'correct' answers. Being given the opportunity to conduct research of my own choice during my undergraduate psychology studies, it was apparent how my topic and chosen methodology was strongly influenced by my own background as well as the guidance of my supervisors who displayed strong preferences for quantitative research which relied upon cause-and-effect models. This constant exposure to data obtained through quantitative methods strongly influenced my perception of what 'psychology' looked like. Interestingly, my initial gravitation towards psychology stemmed from my interest of the 'unknown' nature of the mind however quickly transformed into understandings of standardisation and replication, which I became increasingly comfortable with. As such, before my post-graduate training, I often sought comfort in the regulations and 'reductions' of this broad phenomena into diagnostic manuals and medical models which were more comprehensible to me, easier to understand and represented a place of safety and competence for me. Moreover, I initially displayed strong preferences for forms of care relating to medication above therapeutic means as medication and the management of symptoms represented 'control' for me, in particular its capacity to find 'solutions' to 'problems.'

Though I was able to recognise these experiences as incredibly important particularly for the containment of mental health difficulties, I also felt the root causes of difficulties were being disregarded whereby the other aspects of the 'mind' such as feelings, conflicts and dilemmas were overlooked.

Collectively, my educational experiences and conceptualisations of mental health obtained through these academic facilities continued to convince me that positivist paradigms and the

quantitative approaches utilised for research were the most effective forms of obtaining knowledge about reality. My views reflected the 'epistemic fallacy' as coined by Roy Bhaskar (1998) which referred to the misguided notion that ontology can be reduced to epistemology and that the whole 'reality' can empirically be known through the use of scientific research. In light of this positivist stance, during this time, any research opposing a quantitative method which aligned itself to this stance, in my view was 'vague,' 'unreliable,' and most likely 'invalid.'

However, my succeeding clinical practice which I experienced within my post-graduate studies helped me to develop and evolve my existing epistemological position. My perspectives were broadened mainly via two factors, 1) my exposure to religion which completely transformed my perceptions of 'reality,' what can be known of it and how and 2), my clinical work which encouraged interactions and engagement with diverse clientele with various presenting difficulties which were beyond the scope of my knowledge. This lack of knowledge somewhat forced me into a position where I had no choice but to utilise other skills akin to qualitative natures which I found to be useful, interesting and powerful for not only the clients but also myself. These factors fostered the development of an open-mindedness in myself and encouraged me to seek information beyond the scope of what I had been traditionally taught. This journey stimulated a maturing in me which led me to the realisation that the factors which I was mostly discomforted by e.g., vagueness, unreliability and invalidity, were the most interesting aspects of humans as well as the world.

Such developments in my perspective enabled me to let go of the feelings of comfort I initially sought within the positivist paradigm which focused on obtaining 'factual scientific knowledge' deriving from empirical observations which provided 'trustworthy' results. As such, cause-and-effect models initially represented my version of finding the truth. However, I eventually began to see the importance of subjectivity in relation to our knowledge of the world (House & Mcdonald, 1998) and thereon rejected this positivist position. This process of change also inspired my epistemological position to become more in line with critical realism which I felt more affiliated to and is the position I currently adopt.

The critical realist position believes there is an objective truth which exists independently of our consciousness however, our comprehension of this truth makes our experience and perception of reality different (Eatough & Smith, 2008). This is due to the way that individuals utilise their social processes, prior beliefs and expectations to construct these truths and the meanings attached to them (Finlay, 2006). In respects to this, I believe attempts to obtain an understanding of such reality can only be somewhat considered through the exploration of accounts provided by the individual experiencing it, hence exploring their views and

conceptualisations of phenomena (BPS, 2010), which are parallel to the phenomenological nature (Giorgi and Giorgi, 2003). In adherence to this, the chosen approach to investigate the experiences of depression within the KC cohort is IPA, which is underpinned by phenomenological roots particularly crucial to the current research as it is interested in participant's subjective, lived experiences which in my eyes would provide a closer understanding of their 'truth.'

Similar to IPA, critical realism proposes an individual's perception of reality is subjective (Bunge, 1993). As critical realist research methods are primarily focused on understanding above merely describing, it posits that in order to obtain an understanding of these 'realities,' researchers would have to adopt methods typically aligned to qualitative empirical methods which encourage their participants to express their views and interpret this data to get closer to this. Critical realism assumes a relativist epistemology in that it proposes individual's meanings and perceptions of phenomena are constructed by their social, historical and cultural contexts (Parker, 1998). Moreover, it places significance on the connection between an individual's thinking process, speaking and emotional states. Willig (2013) suggests, this position also indicates a capacity in obtaining and extending our understanding of phenomena but does not assume the position of understanding the whole reality.

Likewise, this research does not propose nor assume that the data obtained will provide a clear-cut reflection around the phenomena of depression, but rather that the data acquired must be interpreted in order to extend our understanding around the lived experiences of depression from a devotee's lens.

This position comparably reflects the stance of the interpretative phenomenological analysis (IPA) approach which similarly suggests 'reality' is 'stable' irrespective of individual's conceptualisations of it, moreover that the existence of meanings which individuals attach to experiences are available due to them experiencing and viewing different aspects of this same reality (Fade, 2004).

Another similarity which makes these stances compatible are the views that one can gain an individual's perspective on chosen phenomena though also recognises that this understanding will never be gained completely due to different views of the same reality. Accordingly, Smith (2004) suggests the stance of IPA is an approach which is harmonious to the epistemological position of a critical realist and that IPA is "theoretically rooted in critical realism" (Fade, 2004). It also acknowledges the interpretative account of data being a result of the relationship between researcher and participant and a production formed through their encounter (Larkin, Watts & Clifton, 2006).

I appreciated being able to find an epistemological stance and methodology which closely reflected my feelings as a trainee practitioner who is interested in different perspectives of reality and encourages clients to share their worlds. Though positivist views initially provided me a sense of security, my development enabled me to let go of control and embrace this stance that not all can be known which was what attracted me to psychology initially. As Finlay (2009) suggested, being able to utilise a phenomenological attitude means researchers/practitioners are attempting to understand and see the world in a fresh and different way whilst recognising not all will be known (Kasket, 2011), which for me is the most meaningful part of the role.

Rationale for Using Interpretative Phenomenological Analysis (IPA)

Consistent with my epistemological alignment and area of investigation, IPA founded and developed by Smith (1996) was the chosen methodology deemed most suitable for my research for various reasons.

Due to its more general and all-encompassing approach, IPA has become increasingly popular within clinical and counselling psychology (Smith, 2010). Unlike other approaches, IPA places importance on the phenomenological factor pertaining to individual's lived, subjective experiences (Smith, Flowers & Larkin, 2009), parallel with my research aims.

By encouraging exploration of depression qualitatively and inspiring individuals to follow their own process (similar to therapy), IPA enables the possibility of understanding how individuals make sense of their personal world (Smith and Osborn, 2003) and their depressive experiences. This aids the researcher to get closer to the individual's truth and cautiously make more general claims about others in similar positions whilst recognising the role of the researcher's interpretation (Smith & Rhodes, 2014).

Dallos and Draper (2000) highlight IPA's ability to accept and accommodate the researcher's ideology and background certainly becoming a part of the investigated topic area, subsequently influencing the investigation and exploration. Additionally, being aligned to the position of a critical realist, it was imperative to find a fitting methodology endorsing the assumptions of my epistemological position. IPA most closely mirrored the assumptions recognising the importance of sociocultural and historical processes on individual's experiences and how they understood and made sense of their personal world (Eatough & Smith, 2008). It is stated that a match between one's own epistemological position and the chosen methodology which incorporates assumptions from one's own position, is one recommended in research (Willig, 2001).

Interpretative Phenomenological Analysis: A description and its characteristics

IPA aims to achieve various gradations of individual's lived, subjective experiences, whilst encouraging them to interpret and make sense of them (Smith & Eatough, 2007). IPA embraces three theoretical keystones namely: phenomenology, idiography and hermeneutics (Smith, 2011).

The phenomenological aspect of IPA places importance on the individual's account of their experiences and events whilst casting the notion of reality being 'objective.' This enables researchers to better grasp the heart of individual's perceptions (Giorgi & Giorgi, 2003; Brocki & Wearden, 2006) and get closer to their 'subjective truth' (Reid, Flowers & Larkin, 2005).

Edmund Husserl (1859-1938) who founded transcendental phenomenology argued there is an incapacity in successfully isolating subjective human experiences from an objective world (Zahavi, 2003). Husserl suggested, in order to get a closer understanding of the importance of subjective experiences, one must adopt a phenomenological attitude which underpins the importance of reflexivity. The 'phenomenological method' as coined by Husserl consists of epoché, phenomenological reduction and imaginative variation (Moustakas, 1994). Epoché regards the technique of 'bracketing' one's natural individual biases, experiences and assumptions as much as possible in order to prevent it having an impact on the data. Phenomenological reduction is concerned with the paring of abstraction, generalisation, theorisation and even belief in the existence of what we consider "real" or "not real" around conscious phenomena, to reveal its 'essence' (Willig, 2016). Finally, imaginative variation is the consideration of various structural elements such as time, to better understand how an experience may have manifested (Brann, 1991).

The second theoretical keystone which underpins IPA encompasses a 'double hermeneutics' technique. Hermeneutics is principally a theoretical study concerned with interpretation. Heidegger (1889 – 1976) suggested access to individual's lived experiences could only be gained via interpretation which are not necessarily distinct from descriptions (Heidegger, 1962). As such, prominent beliefs driving this principal place an importance on not only exploring that which presents to us apparently but also a deeper examination of meanings which are yet to be uncovered, via the process of interpretation (Moran, 2000).

Though importance is generally placed upon descriptive data, Heidegger argues making sense of data is in itself is hermeneutic and denies the possibility of completely bracketing preconceptions whenever we encounter new 'objects' as they are inherent in our understanding. Moreover, Smith et al (2009) argue, such preconceptions can inform our understanding and interactions with new 'objects,' whilst these objects could illuminate the

nature of such preconceptions. As such, when a participant attempts to make sense of their world, this encourages a hermeneutic process, however when researcher's attempt to make sense of the participant making sense of their worlds, this is known as double hermeneutics (Smith & Osborn, 2003). In essence, the researcher must try to understand and interpret participant's subjective accounts to ensure they themselves get as close to their 'truth' and 'reality' of the experience.

The final keystone of IPA regards its idiographic stance, which emphasises focus on specifics and details alongside in-depth analysis of individual experiences and viewpoints within a particular theme or context (Shinebourne, 2011). This facilitates researchers to draw specific statements about included participants whilst also gaining knowledge around similar contexts or themes (Smith et al., 2009).

Alternative possible qualitative methods and why they were excluded

Alternative methods for the research were cautiously overturned for justifiable reasons. Thematic analysis (Braun and Clarke, 2006) was initially considered for the research question as it allows researchers the flexibility to search across data sets qualitatively i.e., interviews to pinpoint key areas, examine these further and subsequently record repeated patterns of meaning within the data. Such a methodology also allows for social and psychological interpretations of data through a rigorous process of data familiarisation, coding, theme development and revision (Gavin, 2008). However, due to constraints e.g., not being able to retain a sense of contradiction which may arise during discourse and being unable to comment on language-use which is useful especially for a researcher adopting the critical realist position, it seemed best to use another methodology more consistent with my position and aims.

The thought to use grounded theory (Charmaz, 2006) was also overturned as it is used to formulate theories and models about connections drawn on within larger samples of typically eight to twelve participants (Willig, 2016; Strauss & Corbin,1994). This would have been interesting especially for a religious movement which is becoming more investigated within the psychological world. However, before attempting to create a theory (Strauss & Corbin, 1994), it would be necessary to first uncover detailed contents of key phenomena as much as possible (depression and KC).

With IPA's fundamental idiographic stance and the aims of this research to uncover detailed, lived experiences of depression within KC devotees, IPA was elected as it provides a means for that. Moreover, the small sample size and focus upon individual's lived experiences, understandings and perceptions of events facilitates a 'micro' analysis of data (Smith, 2019)

which further enables more closeness to the dataset and attention to rich details as opposed to a 'macro' analysis used in grounded theory which more commonly focuses upon social systems and populations on larger scales.

Design

Procedure for Data collation and recruitment

The recruitment process began by firstly identifying the most popular KC temples within London, once completed, I then distributed my flyers there (see appendix B). Any individuals who felt interested in this research could register their interest by contacting me via email after understanding the criteria, here they were given an opportunity to discuss more about the study. These prospective participants who confirmed their interest were then sent the participant information sheet (see appendix C) for their use. The researcher here also obtained further details regarding prospective participant's preference for how they felt comfortable completing questionnaires eg. via post or online and distributed them accordingly. Subsequently, clients completed these questionnaires and were given the option to return them via email or post, all participants returned their completed questionnaires via email. The questionnaires sent included the shortened Centrality of Religiosity questionnaire (Huber & Huber, 2012) (see appendix G) formally used to help determine an individual's level of religiosity and/or spirituality in previous studies (Huber & Huber, 2012). It included questions such as: "to what extent do you believe that Gods, deities, or something divine exists?" "How often do you take part in religious services?" To which the participants were asked to select a response they felt best represented them. Questionnaires were split into 3 sections and an average score of 4-5 out of 5 represented high religiosity, whilst scores averaging 2.1-3.9 were considered medium religiosity/spirituality and scores of 1-2 were regarded as low religiosity and/or spirituality. This questionnaire was previously deemed reliable in its ability to consider a wide array of religious aspects deriving from various religions such as Christianity, Hinduism, Buddhism, Sikhism etc and religious acts possibly exclusive to each i.e., singing, congregating, reading and reciting (Fradelos et al, 2018).

Additionally, participants were asked to complete the PHQ-9 (Kroenke, Spitzer & Williams, 2001) (see appendix E) and were screened for any issues regarding risk e.g., risk history, suicidal ideation, attempts etc.

Upon completion of the screening process, prospective participants who met the criteria were contacted and invited for an interview at a convenient time and place. Once again, participants

were briefed and asked about any issues regarding risk before being asked to sign a consent form (see appendix D) at the time of the interview.

Participants

In line with previous recommendations by researchers exploring depression qualitatively, Kyigne, Gjengedal and Kirkevold (2002) proposed three considerable factors when sampling for participants. The first being participant's openness to discussing their experiences, next an ability to maintain focus within the interview when discussing the phenomenon and finally, narrative competence to provide detailed and coherent accounts of their experiences. Foss & Ellefsen (2004) add, researchers and interviewers should additionally evaluate the participant's vulnerability, integrity and autonomy and consider any factors which perhaps feel too risky or unsafe to proceed with the interview. An example of this may be provided by Kirkevold and Bergland (2007) who suggest participants should not be seriously depressed or confused and show interest and willingness to speak about their experiences.

Accordingly, the criterion for the current study was inclusive of participants who had been previously diagnosed with depression or experienced severe depression in the past but had since moved past the severe stage and were now experiencing 'mild' depression to ensure ability to comfortably discuss their experiences (see table 1 for demographics). Brazier at al, (2014) suggested those who experienced mild-to-moderate depression were more able to discuss their experiences and provide more 'balanced' perspectives as their levels of distress were lower in comparison to highly depressive participants. As this was an IPA study focusing upon phenomenology, participants who agreed with their diagnosis or deemed themselves to have had a severe depression were chosen as this was more indicative of their 'truth.' This 'truth' derived from their subjective understanding and experience of depression as opposed to the objective medical lens which has displayed limitations in its current view of depression. Brinkmann and Kvale (2014) suggests, participant's personal feelings and experiences are richer within interviews predominantly when the participant views themselves as sufficiently knowledgeable and experienced in the topic area, particularly as they are able to provide different dimensions and meanings to behaviours, experiences, interactions and social contexts (Fossey et al, 2002).

To abide by homogeneity guidelines (Smith & Eatough, 2007) and recommendations around sample size, I chose seven participants who had been devotees of KC for over ten years. Plenty of research like that of Wright (1991) and Coleman (1988) have explored convert's transitions into religion whilst providing their timeline theories for the 'transitioning process.' Many like Barker (2020) argued those who enter religious groups could consider their membership

‘successful’ if they had surpassed the three-year mark whereby, they would have endured the beginning stages of optimism and bliss to secondary stages of regret, ambivalence and conflict to final stages of accommodation and commitment (Robbins, 1988). Though Levine (1984) argues most individuals who ‘defect’ from religions generally do so within the first 2 years, Coleman (1988) argued, even for those who have defected, there is still a period of roughly 3.5 years whereby ex-members display desires to re-join and sometimes do. As such, though there was no specific guideline on criteria around years of being a devotee, this research provided some indication for a benchmark. Accordingly, I had chosen participants who had been devotees for over 10 years, a timeline seemingly sufficient to also increase the likelihood that their depressive experience was existent during their time as a devotee and to further ensure any relations between the two phenomena could be discussed. Moreover, in order to have ensured this, participants confirmed the existence of their depression/depressive experiences whilst being a devotee during the screening process.

In light of the sample size, six participants were initially chosen for the research. However, due to concerns which had arisen during one interview where I felt the participant had been endorsing KC contrary to discussing their experiences of depression to their capacity, I had taken this to supervision. Smith et al (2009) suggests, concerns regarding data can be overcome via other professionals who could similarly analyse the data. As such, I took this step with my supervisor and discussed my observations as well as my apprehensions of this having an impact on the data which lead me to a decision to interview an additional participant in an attempt to counterbalance any potential bias at stake and its impacts on data. This is discussed in more detail within the discussion chapter.

The chosen participants scored ‘high’ on the religiosity questionnaires ensuring KC was a predominant factor in their daily life. Additionally, participants who scored ‘mild’ on PHQ-9 measures were chosen as the criteria intended to find participants who had been through their severe experience of depression but were now no longer there. If any participants scored above the ‘mild’ threshold for the PHQ-9 and/or disclosed any signs of current risk such as suicide ideation or attempts in the past two years which was discussed verbally in addition to the questionnaires, they were immediately omitted from the study and signposted to relevant support services (Improving Access to Talking Therapies, Mind). This was decided to safeguard against any risk which could possibly be induced by the interview in line with HCPC (2016) student regulations and guidance on conducting ethical research which encourages promoting and protecting participant safety above research needs and minimising risk. All participants with any associated disorders such as bipolar disorder etc, were omitted as this research aimed to solely focus on depressive experiences.

All participants had converted into KC and had either previous experiences of being in therapy or seeking emotional counsel e.g., guided self-help, spiritual counsel, emotional support. Such participants were included to determine the depths of help obtained through such methods and to possibly provide some guidance on how one could help devotees suffering from depression.

Table 1

Participants (pseudonyms)	Age	Length of time in faith	Attended therapy or sought emotional counsel	Years of residence in UK	Scores on spirituality and religiousity questionnaire	PHQ9 scores determining current level of depression: 0-4 none, 5-9 mild, 10-14 moderate, 15-19 moderate/severe, 20-27 severe
Kim	50	15+ years	Emotional counsel	10+ years	High	8 (Mild)
Sam	56	15+ years	Therapy	10+ years	High	9 (Mild)
Raj	37	15+ years	Emotional counsel	10+ years	High	9 (Mild)
Paul	31	15+ years	Emotional counsel	10+ years	High	7 (Mild)
Mary	32	15+ years	Therapy	10+ years	High	7 (Mild)
Yasmeen	30	15+ years	Therapy	10+ years	High	8 (Mild)
Priya	29	15+ years	Therapy	10+ years	High	9 (Mild)

Inclusion criteria

- Participants who are longstanding devotees of Krishna Consciousness and during their time as a devotee, have at least once been diagnosed with depression ***or***
- Have experienced significant depressive experiences or depressive illness at least once in their own view. The current study aims to gain an understanding of their perception and experiences of depression, so it made sense to recruit with this inclusion criteria which enabled the participants to determine whether they agreed with the diagnosis or felt this was a substantial depressive experience for them. This also corresponded with my critical realist epistemological position.
- Participants aged 18 and above, to ensure independent consent, mental capacity and maturity.

- Participants who have been followers of Krishna Consciousness for over 10 years. The rationale for this decision was three-fold, a ten-year period was considered a sufficient amount of time to have processed their depression/depressive experiences and be able to discuss this in a manner which was less likely to induce stressor distress. Secondly, in light of previous research around those converting into religions, an estimated time of roughly three to six years were given in order for one's membership in a religion to be 'achieved,' as such I wanted to recruit participants who had settled into Krishna Consciousness and gone through the stages of transition as previously mentioned. Thirdly, this was to improve the chances that they were following Krishna Consciousness at the time of their depressive experiences so the interactions between both phenomena could be discussed.

- Participants will have conversational level English speaking thus making it easier to interpret meanings.

- Participants will have had either previous experiences of being in therapy or seeking emotional counsel e.g., guided self-help, spiritual counsel, emotional support. The rationale for this was discussed in supervision and considered useful for obtaining information around current possible obstacles and stigmas alongside potential interesting implications for research, therapy and the CoP discipline.

- Participants will be given the Centrality of Religiosity scale (CRS) and asked to self-select based on level of centrality of their faith in their life. Those who self-select as 'high' or 'medium' will be invited to an interview. This was to ensure a homogenous sample of devotees where Krishna Consciousness wass a dominant factor of their day to day lives.

- Finally, participants who are given the PHQ-9 and score low on this questionnaire, to ensure comfortability in speaking about this topic whilst remaining precautious of any concerns.

Exclusion criteria

- Those who were currently in therapy at the time of research or had been in therapy at some point in the past 2 years, the rationale for this through discussions with my supervisor lead to an agreement this would help safeguard against extreme sensitivity to the subject which may induce symptoms of depression.

- Had been diagnosed with any other disorders i.e., borderline personality disorder or medical disorders which may interfere with the data collated on experiences of depression

- In the event of any concerns about suitability, all participants were given a PHQ-9 to complete. Those who scored above the 'mild' threshold were excluded from the interview to ensure that depression is not still present and signposted to relevant services to manage risk (Improving Access to Talking Therapies, Mind).
- At the time of research, participants were asked about their current and historical suicidality in the recruitment stage. Those who presented with any risk determined by the researcher were excluded. Additionally, any participant who indicated some suicide ideation on question 9 of the PHQ-9 were similarly omitted from the interview and given contact details for services who can provide help.

Interview

The main purpose of the research was to gain an understanding into subjective experiences of depression within devotees, to obtain rich, unexplored data which would better help us understand their perspective of depression, hence a semi-structured interview was the proposed data-collation technique (Smith, 2017).

Although, semi-structured interviews limit the control over how the interview runs, simultaneously this enables participants to become the 'expert' of their experience and describe their accounts as so (Reid, Flowers & Larkin, 2005). Similar to the humanistic approach, this method emphasised the importance of the participant (Graham, 1986). This is important because we obtain a closer and truer representation of what individual's think and feel via experiences, thus complying with the phenomenological nature of IPA (Smith, 2005). All interviews were conducted only once per participant which included a set of questions (see appendix A) and lasted roughly 60 – 90 minutes long. These questions constituted a guide for stimulating more meaningful discussions and reflections as opposed to forcing processes of account giving (Smith & Eatough, 2007).

The interview questions were developed as a result of the previous literature critique relating to the topic question. These interview questions aimed to cover points of interest that previous studies overlooked whilst still following the participant. The ordering of questions was guided by recommendations of Flowers et al (2009); Zhang and Wildemuth (2009), whereby the interview began with broader descriptive questions to invoke client's comfortability and open-mindedness before leading into more specific and evaluative questions which draw out more insightful responses. Initial questions looked at participant's understandings and conceptualisations of both Krishna Consciousness and depression alone. This was to get a better grasp of their benchmark for conceptualisation to build further understanding which

would be evoked by subsequent questions. Moreover, as encouraged by Reid, Flowers & Larkin (2005), by inviting clients to speak about something they felt was important to them was a valuable way to engage their interest and make them the expert in the dynamic.

The questions thereon shifted onto how participant's felt the two phenomena interacted with one another in their lives. This was important to draw out their experiences of depression as devotees whilst better understanding the nuances of these experiences for the participants e.g., how they worked, in what way they worked and perhaps even why they may have worked in this manner. Fontana and Frey (2005) suggest, at this point in the interview some level of trust and rapport would have been built which is essential to encouraging and enabling interviewees to share more openly, particularly if the topic is sensitive. As such, the suggestion of only asking more specific, explorative questions once a harmonious and trustful relationship had been built (Zhang and Wildemuth, 2009) was something I took into account when creating my interview schedule.

Indeed, many factors played some role in my decisions for how I wanted the interview schedule to look. My many discussions with my supervisor and my peers played a role particularly in how they felt I could organise my interview schedule to maximise the data obtained. Moreover, my research looking into devotees alongside my personal interactions with devotees in general also had some influence, particularly where I felt they displayed a reluctance in 'oversharing' any personal experiences which I felt could possibly cast a shadow over the interviewing process. As such, it was important for me to present my questions in this manner, as I felt this was a sensitive way to delve into this subject area gradually through the constant use of open-ended questions to help familiarise the participant with the interview process and myself as the interviewer.

At the very beginning of this research process, the use of focus groups were initially considered in light of its ability to stimulate a number of discussion points to gain information on unanswered questions which are posed to a group of like-minded individuals. However, due to its nature of being a research technique mostly concerned with confirming or refuting pre-existing assumptions (Tomkins & Eatough, 2010), which were not in line with my position as a critical realist nor in line with the aims of my research, this strongly reinforced my favouring towards the utilisation of individual semi-structured interviews where I felt I could obtain richer, more deeper and therefore meaningful data through individuals experiences which they would perhaps also feel more comfortable to discuss on a one-to-one basis. Moreover, focus groups appeared to have a tendency in providing only limited understandings of individual experiences (Hollander, 2004) whereas using semi-structured interviews meant I could follow up interesting points that may or may not have been expected and prompt

further information whilst still following the agenda. This enabled deeper insights into participant's experiences of depression and the capacity to reword questions to ensure they were asked sensitively and clearly (Smith, 2018).

Ethics of Interpretation

Willig (2012) argues, in order to engage with research ethically one must not only consider the impacts the research may have on participants but also be cognizant of the ethical dimensions of the analytic process. Often in research, ethical clearance is related to how participants may experience psychological effects to sensitive topics raised within data collection processes like interviews i.e., signs of distress, however fail to acknowledge the ethical challenges seemingly inherent within interpretative analysis (Willig, 2012).

It is said, interpretation is a form of assigning meaning to a chosen phenomenon in order to help us make sense of certain events, interactions and feelings (Willig, 2012). Often, however in the process of doing so particularly in the context of research, practitioners naturally attribute motives, intentions and implications beyond the spoken word of participants in an attempt to uncover the 'true meaning' (Willig, 2012). Carla Willig argues, many researchers here blur the boundaries of ethical interpretation whereby they interpret another's experience without the recognition an acknowledgement that the material comes from within them. Furthermore, interpreting a participant's experiences also means claiming the right to transform, translate or even convert this material into something different to what was presented and relate to this version as its 'real' meaning.

From this, I recognise my professional responsibility and the importance of engaging with 'ethical interpretative practice' (Willig, 2012) which encourages me to acknowledge these challenges in light of the interpretative analysis in my research. In line with IPA and my epistemological position as a critical realist, these stances recognise that any interpretative work undertaken around participants experiences involve processes of comprehending their original material, which inherently adds to this material resulting in a "blend of meanings, articulated by both participant and researcher" (Lopez and Willis, 2004). With this, I am mindful of the responsibility I hold in presenting my participants experiences of depression and how this is contextualised alongside the concerns this may raise particularly if interpretations are deemed as hurtful or disadvantageous (Willig, 2012).

The approach I have taken to manage such conflicts are in line with Willig's (2012) suggestions of being 'open and tentative,' which underpins the importance of being modest about what I can come to know, corresponding to the IPA and critical realist's positions.

Moreover, through the constant use of reflexivity, supervision and journaling, I am able to better check myself when navigating through participant's experiences whilst avoiding a 'suspicious approach,' whereby one adopts the role of an expert and claims to uncover what participants 'truly mean' through the imposition of their theories and presumptions to better understand the unknown.

I acknowledge constantly through this research that the accounts presented are but an indication of my interpretations of data as opposed to 'facts' or 'true meanings' of the original accounts. I also recognise and again reinforce the point that if another researcher were to investigate this topic area and interpret participants accounts, there is a high likelihood that the data would be presented in an alternative manner as the process of interpretation belongs to the researcher alone which does not invalidate any other accounts (Madill, Jordan & Shirley, 2000). The analysis is an amplification of meaning inferred from the participants accounts from the perspective of the researcher but cannot reduce meaning to the layers associated to the account (Willig, 2012).

Moreover, I acknowledge this research project is motivated by a particular research question which focuses on experiences of depression within KC devotees, and that being a devotee myself with personal experiences of seeing depression around me, will have some influence over how I shape my interpretations. However, I feel I have maintained honesty and modesty in recognising the limits of my research and ability to only shed light on the chosen area as opposed to answering questions about the phenomena in general and claiming to know 'true meanings.'

Analysis

According to the IPA guidelines (Smith, 2004), the process began by listening to each recording a number of times after all interviews had been completed in order to become more familiar with the data (Flowers et al, 2009). I deliberately chose to listen to the interviews after they had all been completed to avoid going into any succeeding interviews with any assumptions in mind which could impair the data collection process. After completion, I began carefully transcribing each interview immediately to ensure less impairment and better quality. A prerequisite of reading and re-reading each transcript thoroughly whilst listening to the recordings was undertaken whereby, I could make any necessary amendments to transcripts in order to maximise accuracy and enhance familiarity to the content. This constituted the first step of the analysis.

The next stage of the analytical process entailed making, initial thoughts about interesting points and preliminary observations in the left-hand margin whilst re-reading and listening to

the audio tapes. Three forms of exploratory comments were noted namely descriptive notes which focused and linked most closely to the content. Linguistic notes which specifically focused on language and the way in which language was applied by interviewees and finally conceptual notes which concentrated more on the interpretative nature (Smith et al., 2009). This stage focused more so on recognising how participants spoke, understood and possibly thought about their experiences of depression as KC devotees.

Following, there was a transition towards an advanced level of interpretation requiring more critical engagement with the material and the researcher's reflexivity (Smith, 2004). This involved identifying developing emergent themes, abstractions and psychological concepts from the exploratory comments made earlier (Smith et al., 2009) which were then noted in the right-hand margin (see appendix H for examples). Here, the role of the researcher required tentatively shifting away from participant's explicit text and attempting to form interpretations within the psychological prism, whilst not breaking links with the original accounts (Smith & Eatough, 2007). At this stage of the process, I kept my research question at the forefront of my mind to ensure I was not deviating away from the research aims whilst still remaining grounded within the text but still making links to psychological theories and concepts.

Subsequently, I highlighted and created themes within each transcript emerging from previous notes and relating to the research question (see appendix I). In order to achieve a better visual frame where I could more clearly see potential emergent patterns amongst themes, I wrote them down and highlighted them with distinguishable colours in accordance with what I felt could help distinguish themes and meanings from one another. I repeated these steps with every transcript using similar colours if certain themes were coming up but not forcing this process for the sake of creating patterns. I was mindful this would be a disservice to my research nonetheless as the act of forcing patterns would create incongruences which would be picked up in my analysis. Once I had completed this with every transcript, I was thereon able to move onto the next stage which required clustering. This technique involved identifying patterns across all data and drawing in themes which shared similar meanings across all datasets into groups to build structure and eventually giving them titles to create subordinate themes. The technique employed was based on Smith & Osborn's (2008) suggestion of imagining a magnet enabling themes to pull in other themes. At this stage, I found it incredibly useful to have highlighted themes as it helped me to pull in themes from other transcripts with more ease. During this stage of the process, a number of themes were also moved into different groupings and some relabelled to make better sense of them.

Subsequently, a table was created to entice a superordinate theme corresponding with the subordinate themes for each transcript. Here a lot of reshuffling took place amongst the

subordinate themes as I felt numerous themes could have been placed elsewhere or into other groupings, however having highlighted each theme with colours which represented different meanings, this truly helped me visualise patterns across these themes in a manner which provided more clarity and structure. Once the superordinate themes and matched subordinate themes were finalised, an extract reflecting the participant's accounts and my associated interpretation which supported each subordinate theme was matched and added into the table. These were later compared to one another and then refined to help fashion a master table of themes which integrated superordinate and subordinate themes from all transcripts (see table 2).

In an attempt to provide more 'closeness' to my data analysis, I checked in with three of my participants regarding the emerged themes.

To ensure participant's words were not lost and 'bracketing' occurred, a conscious effort of returning to the original transcript and checking my own interpretations was made. Bracketing refers to identifying the researcher's preconceptions which could affect the research process and suspending such preconceptions to effectively focus on the experience being discussed and analysed (Chan, Fung & Chien, 2013). To support bracketing, I kept a reflexive diary as advised by Biggerstaff & Thompson (2008), to indicate any potential biases and agendas to prevent tainting the participant's accounts.

Finally, narrative accounts were formed where representations of the researcher sense-making the participant making sense of their world were supported by excerpts from the transcripts alongside the researcher's interpretations. This took consideration of the existing research to help build a case for what it all meant.

Ethical considerations

Ethical standards

Through the University's ethics committee who deliberated upon my proposed work, I was granted Ethical approval for my research (see appendix J), which declared that the ethical standards proposed by the board were met. Throughout the course of my research process, I remained consciously aware of my ethical responsibilities and conduct in line with the BPS Codes of Ethics and Conduct (2006/2018) and HCPC (2016) regulations.

Informed Consent

All participants were aged above eighteen to ensure legal written informed consent (NICE, 2016). Participants were provided with extensive information verbally and non-verbally through the information sheet (see appendix C) about details of the study, requirements, ethical issues and their involvement. They were given the opportunity to ask any questions prior to and after the interview. Once satisfied, participants signed the forms so that full informed consent was received prior to the interview stage. The consent form included information regarding their ability to withdraw up to 14 days after the interview and the data being kept in a password protected cabinet and USB stick until completion of the thesis, which would be deleted immediately if participants withdrew from the study in line with BPS (2018) codes of conduct.

Confidentiality

All aspects of confidentiality including its limits/extents were outlined verbally to each participant face-to-face before, during and after interviews where it was also made clear if information arose indicating risk i.e., harm to self or another, then confidentially may have to be breached to effectively handle this concern (HCPC, 2016). Participants were provided information sheets reinforcing the importance of confidentiality in written format. Anonymity was preserved by removing all identifying information about the participants and giving pseudonyms according to the ethical codes of conduct (BPS, 2018).

Monitoring distress

Prior research has implied, participants who reflect upon their experiences can find this therapeutic (Birch & Miller, 2000).

Participants were screened prior to interviews to assess their current level of well-being. They were asked questions regarding risk face-to-face e.g., suicidal ideation, history etc and their moods (in relation to depression), how they have been recently which was compared to the PHQ9 results for consistency. Those who declared any signs of risk i.e., revealed any forms of self-harm within the past two years were omitted from the research for safeguarding measures (WHO, 1993). Moreover, those who scored within the 'high' threshold (15-27 out of 27) of depression on the PHQ-9 (Kroenke, Spitzer & Williams, 2001) (see appendix E), were immediately omitted from the study and given contact details for support (Improving Access to Talking Therapies, Mind).

To further offset any chances of distress, participants were debriefed at the end of the interviews and some time was taken to ground them. Although this did not happen, a distress

protocol (see appendix F) was pre-planned to follow if any participant had begun exhibiting signs of distress.

I remained alert during the interview process monitoring and evaluating participant's well-being and/or distress levels through verbal and non-verbal communicators.

Data protection

To follow data protection regulations (BPS, 2018), all interviews were recorded on a password protected dictaphone which only I had access too. Electronic data were stored on a password-protected computer accessible by only me. Hard copies of paperwork and research materials i.e., notes, consent forms, transcripts etc. were all locked in a filing cabinet only accessible by myself and my supervisor. In line with BPS (2014) guidelines, participants were made aware if they chose to withdraw consent, all their data would be destroyed and for those who continued, the research materials would be kept until *two* years after the completion and publication of the official thesis.

Chapter 4: Analysis and Results

Introduction

In this chapter, I present findings emerging from the analysis of my seven interview transcripts. Before beginning, it feels imperative to make prospective readers aware of two essential premises. This affords me the opportunity to discuss and acknowledge the difficulty of potential 'overlaps' running throughout the analysis and the resulting sequential arrangement of my themes.

Overlap of themes

During the analysis, it became apparent the possibility of overlaps being present within each subordinate theme and superordinate themes. Considering the "inevitably subjective" nature of IPA (Brocki & Wearden, 2006), this difficulty in producing clear dichotomies and having overlaps are regarded parts and parcels of the methodology (Biggerstaff & Thompson, 2008).

Voicing my concerns within supervision indicated an opportunity to guide this work in a meaningful direction whilst simultaneously staying true to the participant's accounts and experiences. As such, it was decided, instead of going against this possibility it felt better suited to embrace it. I instead created a story board highlighting the similarities and overlaps between all themes, but also individually justifying each theme, their uniqueness and significance.

Sequential arrangement of themes

Correspondingly, this insightful approach gave rise to a sequential arrangement of themes resulting from lengthy discussions which determined one of many reflective understandings of participant's accounts.

I hereby, briefly discuss the chronology to aid understanding and the comprehension of themes inclusively and exclusively. I wish to first state the importance it had for me to present this storyboard in the manner I did as it acknowledged the possible existing overlaps which could have been either neglected, altered or ignored entirely. Though such results are a reflection of my understanding of participants accounts, such overlaps and corresponding feelings of uncertainty which continually appeared from the interviewing process to analysis felt significant to me and indicated some sense of journey throughout this all. The overlaps and uncertainty arguably seemed to point to devotee's journeys which indicated a beginning,

middle and end to their transition into KC which as I will suggest, seemingly played a role in their depressive experiences.

This journey seemed to draw out a number of dichotomies and nuances which devotees had to navigate through their transition into KC. Indeed, the uncertainty felt in these overlaps simultaneously seemed to give rise to such dilemmas and feelings within me and my decision-making processes regarding the ordering of themes. Nevertheless, this seemed to provide an opportunity to gain more closeness and empathy towards devotee's lived experiences and the internal struggles they seemed to face.

I felt these themes, in the order they are presented depicted this journey in a manner which still felt very true to the participant. It felt, this sense of confusion experienced throughout their journey manifested within the overlaps and fine lines presented whilst the ordering of the superordinate themes simultaneously represented devotee's navigation through their journey of transition.

I wish to explicitly state the importance of the interactions between the themes and the way these superordinate themes communicate with one another as they not only represent the depth of analysis undertaken but also provide some insight into the fine lines and complexities within this religious movement and its role within depression. To be clear, those fine differences which distinguish the favourable from non-favourable factors in depression.

The storyboard chronology goes as follows, beginning by highlighting superordinate theme one: finding opportunity through difficulty, which encapsulates the preconditions set within the KC movement. Superordinate theme two: coping mechanisms found within faith, which goes on to discuss the benefits of such preconditions, for instance highlighting coping mechanisms developed for the use of managing depression. Finally, superordinate theme three: exacerbating and maintaining factors, which explores the negative impacts of these preconditions.

To note, although this storyboard helps to clearly define and divide each superordinate theme, let it be known the analysis nonetheless results from heavy supervisory discussions, revisions and adjustments in order to acknowledge the overlaps with subthemes which could have been placed elsewhere. However, by respecting this chronological order and the precise choices made regarding categories; I am able to justify the significance of each theme by stating their relevance in their subordinate roles and superordinate groupings without convoluting the points I intend to make.

Themes

Three superordinate themes and ten subordinate themes arose from the analysis (see table 2). The most representative quotes were selected best encapsulating the participant's account and subsequently the theme. In order to aid readability and understanding; some words were omitted from the chosen quotes.

Table 2:

Superordinate theme	Subordinate theme	Relevant supporting quotes
Finding opportunity within difficulty	***A process of self-reflection, development and reidentification***	"I think depression can be good. As in, I was thinking sometimes it's good to go through depression because sometimes we are stuck with feelings that we cannot express, all our fears all those emotions that we were hiding. So, I would even think that depression is a good thing if you actually do something about it.."
Coping mechanisms found through faith	***A developed sense of drive, meaning and purpose***	"It gave my life meaning that it didn't have before, meaning that I was looking for desperately, and then I just could carry on finally and feel like actually I was living a life of purpose and actual meaning and reason."
	A developed resilience, stability and detachment	"I can give an example like my mum left her body a few years ago, that was a very difficult situation of course. But I think if I didn't understand that she is her soul… and that she is going on to her next journey, erm if I didn't have the understanding it would have been more difficult somehow."
	A normalisation and validation of experiences	"That enabled me to feel ahh I'm not crazy to be having these types of feelings. The philosophy was giving me this understanding that people in general couldn't."
	Acceptance and Commitment (continuance)	"I think the beginning, it's a type of acceptance or an understanding. Allowing that, this is what is happening for me right now, why is that happening? … And if I can't see a reason for it then maybe it's just a sense of acceptance and allowance and, and just chanting."
	Spiritual tools and resources	"I can make myself do some activities that may push me out of that inertia feeling and do something go for a walk or try to come out a bit, do something. Doing activities, with other people is very helpful, especially spiritual activities. Like we try and hear a kirtan, which means that we chant very loudly, sing, play instruments together, in a group."

	A complementary process to therapy	"The counselling; it kind of showed me where I was, what is going on for me, what am I feeling and what is my truth and then hearing the other conceptions on top of that; made me see that ok I need to work on this, and I need to work on that"
Exacerbating and maintaining factors	***Cognitive dissonance – a battle between instinctual needs and spiritual expectations/ideals***	"If I was like a normal person, you wouldn't really worry about 'oh I have so much anger and so much lust and material desires,' you don't worry about that, you kind of just go for it or something."
	A stigma/taboo around therapy and opening up	"I've actually heard of people relating their own experiences, that some therapists will actually intervene with your faith or your beliefs or things like this, which is not beneficial at all right?"
	A sense of risk to the self	"I am thinking oh I'm not going to be able to obtain that, and at the same time we are lost or are losing the desire to be happy in the material world. So that could be a bit of a quandary I think for a lot of devotees, and how to balance that could be very important,"

Superordinate theme 1: Finding opportunity within difficulty

When asked about their experiences of depression; all participants reported viewing certain occasions as opportunities for development. It seemed, introduction to KC presented pivotal moments which drove identity and self-reflection, a desire for change and spiritual re-evaluation. Such preconditions indicated how devotees viewed and subsequently managed such difficulties.

Subordinate theme 1A: A process of self-reflection, development and reidentification

All participants revealed a sense of reassessment in terms of their constitutional position prior to their depressive experiences. Seemingly, at the time of their depression, reflection on this evaluation was considered and mandated how they would view their depressive experience.

Raj provides an illustration of this:

> *"I think depression can be good. As in, I was thinking sometimes it's good to go through depression because sometimes we are stuck with feelings that we cannot express, all our fears all those emotions that we were hiding. So, I would even think that depression is a good thing if you actually do something about it, by staying in it. If you are faced with a depression and actually deal with those emotions, seek help and fix them, then you become a better person." (Raj 397-404)*

My interpretation of this is although Raj discusses the difficulties and impact of experiencing depression; in general, he seemingly displays a conception of this triggering an opportunity for personal growth. The lens which Raj adopts fashions an opportunistic outcome as he signifies his depression as leading him towards facing his difficulties. Raj's comment '*depression is a good thing if you actually do something about it,'* interestingly may indicate his understanding of depression being an accumulation of difficulties leading to an overall climactic change in mood and perspective. Relatedly, he seems mindful the typical reaction to this would be becoming possibly inactive and perhaps even hopeless. However, relates this culminating moment as something which by perchance forces him to confront those difficulties he was potentially avoiding, indicating a sense of simultaneous fear and preparation.

Paul shares a similar perspective:

> *Some might have depression that you know would just affect them in a negative way, and some others would deduct that as positive thing because they are actually progressing towards uh eternal well-being. (Paul, 223-227)*

Interestingly, it seems to me the scales of depressive experiences against spiritual advantages are bought into question. It seems, Paul regards his depression as a secondary effect to a much larger priority possibly regarding an opportunity for spiritual development highlighted by the words '*eternal* wellbeing.' With this perspective, it appears Paul works from a stance of optimism, comfort and opportunity, perhaps considering depression a stimulus for progression. Therefore, the depression he experiences instead seemingly present feelings of stability and detachment, with beliefs of a wider universal perspective and longer-term gain.

This is further conveyed by Kim:

> *"It's not being attached to it because it is ultimately not our real self. If we want to take another step back from that even, is that that we are not this mind, this body but we are actually the Soul. So, if we can take another step back, you know using our intelligence, that ok this is happening, but it is not me, then at least I'm not going with all those emotions." (Kim, 398-404)*

Relatedly, Kim reflects upon fundamental philosophies which promote contemplating 'true' existential identity when facing difficulties. Referring to these philosophies during her experience; Kim interestingly indicates a perspective isolating this depressive experience as occurring to a part of her which she does not consider her real self. My interpretation here is, an identification with a deeper, more meaningful part of herself recognised as her soul is appraised as indestructible and 'the *real self.*' Thus, by viewing depressive difficulties as

something only occurring on a bodily level to a part of her existence not considered 'the real self;' seems to reveal a sense of stoicism, resilience and protection. In some manner, this may enable her to continue and persevere hence *"not going with all those emotions*."

Mary echoes this perspective when discussing how she believes she could manage depression:

> *"It's a life practice to become more conscious of Krishna and not to identify with my own body, this mind and everything that affects me in this world, but actually focus on who I really am and my relationship with Krishna." (Mary, 15-19)*

My understanding here is, Mary also depicts her identity as something relating to an essence deeper than the body and mind, which she interestingly highlights as two of many factors which affect her in this world. It appears, Mary views an identification with the body and mind as triggers for depression and something which exacerbates the experience. By stating her priority remains on understanding her true self and her relationship with Krishna, it seems to me as though she abandons any consideration to the depressive experiences altogether. Interestingly, Mary seems to practice using difficulty as a driving force for spiritual reconnection and engagement whilst identifying the mind, body and world as perhaps causes of depression. Perhaps she more effectively breaks the vicious cycles of rumination and downward spiral by instead refocusing her attention on spiritual matters.

In discussing her view and understanding of depression, Kim mirrors this perspective:

> *"So, this philosophy was showing me that we can't really be happy in the material world and that's ok, its natural." (Kim, 219-221)*

Interestingly, Kim indicates a law of nature regarding depression. My interpretation here is that Kim views depression as a natural and consistent state of being, paired with the perspective of the material world being an inevitable catalyst for depression. By having this 'inevitability' perspective of depression perhaps enables Kim to sidestep typical feelings of hopelessness during depression therefore encouraging a state of readiness and action. Perhaps by seeing depression as an inevitable experience allows Kim to have a 'prepared' and 'equipped' mindset. Moreover, this expectation possibly enables a reflection on self-care methods, adaptive coping mechanisms and perhaps even preventative mechanisms, to actively deal with depression should it arise.

Raj provides his account below:

> *"You kind of get the idea that you are the soul not the body and because you become aware of the soul so much more than the body, you open up to a new*

dimension of existence that there is more beyond this planet, basically everything that we can see, feel, hear or touch." (Raj 30-35)

Raj seems to describe this philosophy as simultaneously helping him prepare and understand his experiences of depression, but also something heightening his experience of simply existing. As opposed to the focus being taken away from depression, it seems devotee's priorities were drawn towards spiritual practices which would seemingly work on both platforms. This seems to add a level of purpose to Raj's 'ordinary' existence which not only puts depression into perspective in the wider context of spiritual existence, but also provides meaning. Interestingly, a sense of protection seemed to emerge in all accounts resulting from separating themselves from aspects of their depressive experience altogether. I wonder to what degree this was helpful and for how long.

Subordinate theme 1b: A developed sense of drive, meaning and purpose

Crossing paths with KC philosophies seemed to reward devotees with a fresh and profound sense of meaning in life. This section discusses the impacts of these in devotees' general lives and their management and views of depression.

Priya discusses her initial impression upon introduction to KC:

"It gave my life meaning that it didn't have before, meaning that I was looking for desperately, and then I just could carry on finally and feel like actually I was living a life of purpose and actual meaning and reason." (Priya, 38-41)

My interpretation here is that Priya seemingly views KC being a supplement to her life providing meaning, purpose and value whereby previously life appeared to be potentially incomplete and frustrating. She indicates an extensive philosophical conquest seeking and failing to find resolution in answers however a sense of completion upon introduction to KC. Perhaps, finding meaning from the philosophy provided a sense of satisfaction as this not only elucidated her questions but also validated her existence. Possibly, this newfound sense of meaning and purpose inadvertently drove Priya to thereon live life more meaningfully including times of depression, as she was able to reflect upon this *'meaning and purpose'* at those times. Priya's comment, "*and then I could carry on"* seemingly indicated this lack of meaning being an obstacle which halted her life, whereby ordinary daily actions perhaps felt dissatisfying and meaningless.

Sam echoes this experience:

> *"Through what we have been taught brings us joy in a normal human life: going out, holidays, socializing, making money, developing a career, it didn't really bring enough joy to me. The real satisfaction came, and it's only when I realised that there is this word 'spirituality.'" (Sam, 17-21)*

Sam similarly seems to highlight a lack of fulfilment and satisfaction in day-to-day life. Intriguingly, Sam isolates himself from '*normal human'* lives by stating these ordinary agendas which may bring others joy i.e., making money, did not for him. Sam states, he only felt "*real satisfaction*" upon realising the word "*spirituality*." My interpretation here is that Sam categorises daily tasks as being unsatisfying and therefore short-lived. He appears to discover a sense of meaning, purpose and drive through this word 'spirituality.' Perhaps engaging with tasks on a spiritual platform feel more joyful and satisfactory as Sam is engaging with his own values, which would inevitably feed meaning and purpose therefore prompting '*real* satisfaction.'

Yasmin continues, discussing the impact of faith on her depression:

> *"Before I would have probably gone into a deep, deep depression I probably wouldn't have been able to get out of it because I wouldn't know how to handle it. Whereas now I'm in the position where even if I was to get that low, I know how to maintain myself so that I would never go to that level." (Yasmin, 133-138)*

Perhaps developing meaning and purpose through KC enabled Yasmin to feel driven towards working on her depression proactively. Yasmin describes an increased ability to manage her depression and prevent herself from going into a downward spiral. It seems to me, she has gained preventative factors through her faith to more effectively manage her depression. This does not mean to say her depression is eradicated through KC but rather, perhaps better managed through tools found in the faith. Similarly, Yasmin describes her previous experience of depression without her faith as something which feels inescapable, perhaps meaningless and overpowering. However, now seems to display a sense of self-management to prevent ever falling to that level again. A protective factor supplementary to meaning and purpose seemed to present itself in devotees accounts.

Priya voices the impact of depression prior to discovering meaning/purpose through faith:

> *"depression is like, you see no possibility of the future, the future doesn't exist, you don't see past the darkness and the loneliness and the meaninglessness, you cannot see anything." (Priya, 220-223)*

Priya seems to demonstrate feelings of being trapped and lost in her depression before becoming a devotee. She describes an incapacity to see the future and a feeling of *"meaningless,"* which to me indicated a sense of purposelessness and lack of support. Her comment *"you cannot see anything,"* perhaps indicates a sense of disorientation and blindness to stimulation, feeling and being. Interestingly, Priya later explains the role KC has taken in her life and how this has impacted those tendencies:

> *"Krishna consciousness helped, it helps in giving me a meaning to life, in giving a purpose to everyday, because you have to practice Krishna consciousness every day if not every moment." (Priya, 429-432)*

> *"When I'm following and doing what I'm supposed to do in Krishna Consciousness, then I feel fulfilled and I feel like I have a purpose and a future, oh my God beyond this life and so many lifetimes. So, it's accounted for, it's all accounted for, there's no loophole." (Priya, 289-294)*

Priya seems to describe KC as providing meaning and practical change to every moment in life. It seems her faith has provided a nourishing and fresh perspective to life, whereby seizing the opportunity emerges. Priya seems to demonstrate a sense of relaxation and trust in her faith- "*there's no loophole,"* perhaps viewing KC as the 'light in the darkness.' This indicates a sense of completion and satisfaction, whereby engaging with spiritual development amidst depression is "*accounted for."*

I wonder whether seeing an added value in daily tasks would encourage and drive devotees to complete them. Perhaps tasks being dovetailed to faith would possibly engross devotees in a spiritually nourishing manner whilst also providing an alternative perspective about daily duties.

Subordinate theme 1c: A developed resilience, stability and detachment

Interestingly, an important premise which emerged during the interviews uncovered the level of resource KC devotees seemed to display. Devotees indicated a sense of resilience, stability and detachment which would later help in managing their depression. It seemed KC and its

prescribed methods encouraged devotees to take a step back from their depressive experiences and restructure their perspectives of it.

Mary provides an example of this in the following excerpt:

> *"I can give an example like my mum left her body a few years ago, that was a very difficult situation of course. But I think if I didn't understand that she is her soul, of course I haven't realised it, but I do have some understandings that she is not this body and that she is going on to her next journey, if I didn't have the understanding it would have been more difficult somehow." (Mary, 637-643)*

Mary highlights the importance of recalling the philosophy to reconfigure her thoughts, which seemed to help her feel more stabilised during a depressive experience. She reveals a perceived difficulty in coping if she were unable to rely on the philosophy to help understand the way of life. My interpretation here is, in some ways Mary intellectualises the death of her mother to cope better. Though this could be viewed as unhelpful, it also showed signs of promise as there seems to be a feeling of resolution and closure through the understanding. Mary additionally highlights a sense of continuance and invincibility by stating her mother is moving onto her next journey, reiterating the indestructibility of the soul and underpinning a feeling of resilience and stability. With Mary highlighting the situation as being more difficult without the spiritual understanding suggests to me she is better able to detach or disengage from the vicious cycles of depression and accept the bereavement more comfortingly.

Yasmin similarly describes the impact of her faith upon depression and vice versa:

> *"Maybe my life would have been different, but would I be in Krishna consciousness and am I grateful for going through that? Yes, because it's made me stronger in my faith, it's given me more in my life and it's given me a way of living." (Yasmin, 835-839)*

It seems Yasmin relates to KC as a presence providing a way of living and meaning. A feeling of strength and stability seems to transpire as Yasmin reflects on the difficulties she has experienced and the presence of her faith being felt during it all. Perhaps seeing her faith remain secure and unbroken reiterates the idea of herself being more resilient to life events. This new way of living perhaps enforces strength and steadiness during life adversities and the utilisation of KC as a tool to help stability. KC seemed to mould itself into the shape of comfort and protection for such devotees. It seemed to not be a philosophy with a sense of duty attached, but rather something tangible and personable. Thus, by KC being so accessible

and supportive in times of need, perhaps enabled devotees to feel more confident in facing such difficulties.

Mary echoes this below:

> *"It also makes you see that ok even though things are difficult right now, if I go through it, it will be better. Then I actually have experience of difficult times, but that is where I learn the lessons. The most difficult times in life are actually the most strongest lessons." (Mary, 359-363)*

Mary indicates an ability to draw upon KC philosophies during difficulties and adversities and view them with a wider perspective. She seemingly approaches depression with a perspective it will teach an essential life lesson which she must readily accept. Mary shows signs of strength and resilience as she indicates the benefits of embracing such experiences as opposed to avoiding them. Perhaps by previously using her faith as an anchor to face and get through difficulties enabled Mary to gradually develop a feeling of resilience and stability. She seems to indicate 'the light at the end of the tunnel' perspective, determined she will gain resolution from the adversity and simultaneously learn from it. Perhaps a sense of stoicism would materialise when future difficulties arise as strong levels of conviction are placed upon spiritual beliefs that devotees will get through them by remaining firm in their faith.

Yasmin reiterates this:

> *"being involved in it I understand it and take a seat back and understand that ok this is what I am going through, I understand why I am going through it, and I will get over it. This gives me encouragement to carry on and push through. I don't feel hopeless." (Yasmin, 123-127)*

It seems to me, by viewing this as a temporary depression or difficulty; Yasmin can more effectively pull through it. As opposed to engaging with the emotional rollercoaster she may typically face, it seems she has gained a sense of control and resilience over time through her faith. In fact, it seems to encourage Yasmin to work towards adaptively managing her depression whilst providing hope as it encourages her to reflect upon prior experiences of depression and 'recovery.' As opposed to disengaging with her lifestyle during depression, it seems her faith and its philosophies reiterates her capability to manage and overcome her depression. In this way, Yasmin is encouraged to continue with this newfound sense of resilience discovered through faith.

Raj similarly displays his faith acting as an anchor in the face of crises:

> *"how fallen I am, how this is going wrong in my life, that is going wrong in my life, still no matter what; I still have my faith and you, and you are still helping me." (Raj, 199-201)*

Interestingly, a prioritisation of faith in the face of material difficulties appears significant here. Raj seems to highlight the presence of his faith and God as protective/supportive presences during difficulties. In some ways, he displays hope, comfort and resilience in their presence, whereby without this it's questionable whether Raj would be left feeling vulnerable and alone.

Superordinate theme 2: Coping mechanisms found through faith

With the preconditions now established as the foundations; it seems a number of spiritual resources were called upon as tools for managing depression in light of the philosophies. This section discusses coping mechanisms discovered by devotees through their faith which showed signs of promise and signs of avoidance, portraying one of the "fine lines" previously mentioned.

Subordinate theme 2A: A normalisation and validation of experiences

In reference to the preconditions developed by KC philosophies which established a 'higher order power,' and an 'inevitability' perspective around depression, it seemed devotees were able to take a step back during times of depression and feel simultaneously understood and understanding of the experience. With this, devotee's often exhibited signs of feeling normalised during/around depression and validated through their faith.

Kim discusses her understanding of the philosophy during her depression:

> *"that enabled me to feel ahh I'm not crazy to be having these types of feelings. The philosophy was giving me this understanding that people in general couldn't." (Kim, 187-190)*

In light of the 'inevitability' perspective, it seemed this provided illumination of Kim's difficulties where she could recognise her depressive experience as being natural and normal. My interpretation here is, by finally being given a philosophical explanation and perhaps a

therefore more meaningful understanding of what she was experiencing, possibly enabled Kim to feel more normalised and satisfied. Understanding this seemed to validate Kim's emotions and state of being by providing answers to questions she had been previously seeking elsewhere.

Priya mirrors these emotions upon discussing her introduction to the faith:

> *"It was a proper overwhelming moment, I had never found a book like that ever in my entire life and no religion that I had ever seen before had shown me such clarity and you know like, its more than clarity, it's like structured logic at the same time emotionally-fulfilling." (Priya, 91-96)*

Confusion and dissatisfaction seemed to dissolve upon Priya's introduction to the philosophy. By having her queries resolved on an intellectual and emotional level, possibly enabled Priya to feel validated as her previous encounters perhaps provided answers lacking on either scale. Being introduced to the philosophies possibly enabled Priya and Kim alike to now feel understanding of their own experiences and causes of depression, whilst subsequently feeling understood, validated and normalised. Perhaps accepting the philosophical viewpoint of depression being inevitable is what enabled devotees to feel validated and correspondingly normalised. Interestingly, faith in a higher-order-power enabled devotees to more rapidly become accustomed to 'a way of things,' seemingly making it easier to accept their depression.

Kim displays a semblance of this below:

> *"maybe if I'm feeling... depressed because of what someone has said to me that was harmful or hurtful, and I'm feeling disturbed by that, that might trigger a depression. But if I'm leaning on the philosophy and understand, oh this is my karma, this is because of activities I have done before, the result of that is coming back to me, it's easier." (Kim, 274-280)*

Kim displays a "what goes around comes around" perspective, viewing her difficulties as a result of karma. With these perspectives, I interpret the experience of depression is regarded as a result of a higher-order power, indicating a loss of individual power as the control has been placed into non-tangible, worldly causes. However, it seems Kim views her understanding of these philosophies as something which cushions her from some depressive difficulties. She continues:

> *"It's not that, 'I'm not suffering anymore,' but 'I understand why I am suffering'" (Kim, 285-286)*

Interestingly, the philosophy seems to awaken answers to her depression, which perhaps minimize her suffering through these understandings and enables normalization. With this, she seems to indicate an ability to thereon better manage her depression. Though devotees seem more accepting of their depression, it could be questioned whether they may be less likely to act on it with adaptive coping mechanisms, but instead remain impassive or non-proactive in their approach.

Sam highlights this in the following extract:

> *"I think mostly it's that I can feel that my wellbeing or my disturbances that I may have, will be taken care off, because I've tried to practice." (Sam, 63-65)*

Due to his faith in a higher-order power, it seems to me Sam believes he *"will be taken care off"* displaying a sense of confidence and hope in his delegation of responsibility to this higher power. It can be questioned whether this belief perhaps hinders Sam from drawing upon his self-care methods and management techniques as he believes he can leave everything to this higher-order power. Therefore, in some ways, Sam displays an impeding perspective whereby instead of using these adaptive methods, he submits to the 'order of things' instead. A question arises regarding this philosophy being helpful or hindering. One might wonder whether this philosophy encourages Sam and devotees alike to remain submissive to their depression or encourages an opportunity to utilise their depression to reconnect them with their faith.

Paul however states:

> *"Whilst they may cause depression, they will also make you pray because were essentially hopeless, and hopelessness is a good thing when I use it to actually pray to the Lord and ask him for his mercy and blessings." (Paul, 53-57)*

Viewing depression as an experience which is out of his control, perhaps leaves Paul with feelings of hopelessness but simultaneously stimulates him to reach out to his faith to deal with his difficulties. It begs to question, whether such beliefs remain adaptive or maladaptive to managing depression. Perhaps one of the many 'fine lines' highlights the battle between self-action and renunciation, in terms of how much devotees will attempt to work on their depression alone and how much they will leave to their faith and relationship with God to help manage this better.

Subordinate theme 2b: Acceptance and Commitment (continuance)

Whilst depression could often be difficult to experience, devotees seemed somewhat accustomed to depression and displayed a mindset similar to therapeutic frames of reference.

Kim discusses her developed handle of depression:

> *"I think the beginning, it's a type of acceptance or an understanding. Allowing that, this is what is happening for me right now, why is that happening? Maybe I need to look at certain things in my life, and there might be a reason, a cause. And if there is then I can understand why that is. And if I can't see a reason for it then maybe it's just a sense of acceptance and allowance and just chanting." (Kim, 691-698)*

Kim seemingly takes a reflective stance on her depression. As opposed to denying or avoiding her experiences, it seems to me Kim displays a need to understand the root cause of her depression and problem-solving if possible. However, with this not being an option, she interestingly seems to resort to handling her depression with an attitude of acceptance and perhaps 'commitment' in the form of continuing to work towards her values i.e., chanting in spite of her difficulties. Kim indicates an ability to operate from a level of reflection and engagement which seems to surpass the ordinary manner of dealing with depression. It seems, her ability to continue engaging with values despite her depression, exceeds the initial step of simply accepting one's depression. Perhaps this advanced level of operating could be rewarded by the initial preconditions previously discussed and set by the philosophy.

Sam echoes this:

> *"you have a better understanding of how to deal with life difficulties in a spiritual way, and it really is quite comforting." (Sam, 83-86)*

Sam similarly highlights a heightened ability to view his difficulties from a wider frame but also an ability to use faith as a tool for managing his depression better. Sam indicates a practice which acknowledges his difficulties whilst encouraging spiritual reconnection, which perhaps inadvertently also provide adaptive coping mechanisms highlighted by the word *"comforting*."

Kim mirrors this:

> *"If I choose to use that philosophy, I can see clearly my position. I don't, you don't actually have to suffer. You have got the tools to be able to appreciate your situation and work through it." (Kim, 260-263)*

Perhaps being accustomed to these preconditions enabled Kim to more effectively work on her depression using one of the many tools/interventions gained through her faith, i.e., chanting. I interpret, this preconditioned standpoint perhaps enables devotees to change the narrative during their depressive experiences and gain perspective as opposed to *"suffering"* i.e., avoiding more typical behaviours like rumination. Similar to acceptance and commitment, this perspective encourages understanding factors within one's control and what is not and making an active decision on how to respond to depression.

Yasmin also displays this:

> *"I've started to understand who I am as a person, and that things good or bad will naturally always happen. When were happy were bound to be distressed and when were distressed were bound to be happy. We live with that consciousness and understanding." (Yasmin, 74-79)*

It seems Yasmin works from a lens of acceptance, whereby she detaches from engaging with the fluctuating experiences of depression by viewing it as an inevitable experience with a temporary means. Whilst this may sometimes work to her advantage, it could be questioned how helpful this belief is as it possibly reinstates a stoic behaviour. Yasmin describes living with this consciousness and understanding, signifying a need to remind herself to remain constantly detached, a consciousness she abides by. However, my interpretation here is that it may not necessarily be a constant self-reminder, but rather a way of self-soothing and enabling commitment to engage with values despite the obstacles and difficulties she faces.

Yasmin continues, providing a more practical example:

> *"however, if I had woken up, stubbed my toe, got angry and then decided that "oh, actually I've only just stubbed my toe, calm down" because it does hurt (laughs) "but calm down," then you take your day as it comes, and you're like, I'm not going to let this disturb me." (Yasmin, 384-388)*

It seems, Yasmin highlights a perspective which reiterates the importance of stepping back and reflecting on events and feelings to break old cycles of rumination, reaction and anger. With this perspective, it appears she reiterates a key principle of acceptance and commitment which underlines the importance of distinguishing factors within her power to change and those which are not.

Subordinate theme 2C: Spiritual tools and resources

When asked about how devotees dealt with their depression, a number of spiritual tools and resources emerged. Whilst most mechanisms were used daily as a part of their day-to-day practice and were seemingly helpful, this section examines to what degree they were helpful.

Kim describes the coping mechanisms she used at the time of her depressive experience:

> *"I can make myself do some activities that may push me out of that inertia feeling and do something go for a walk or try to come out a bit, do something. Doing activities, with other people is very helpful, especially spiritual activities. Like we try and hear a kirtan, which means that we chant very loudly, sing, play instruments together, in a group." (Kim, 416-422)*

Kim's self-care methods appeared closely related to the prescribed religious methods. Interestingly, an important aspect for Kim seemingly was being able to utilise her self-care methods to better herself and more importantly, encourage her spiritual progression. Kim seems to experience a sense of nourishment when engaging with her methods, possibly as she is able to transform that feeling of *'inertia'* into a creative outlet which has meaning. Kim describes a number of methods used to better herself however emphasises the spiritual methods. My interpretation here is that perhaps, engaging with simple self-care methods which are not associated to spiritual development would not feel as nourishing because the feeling of importance and meaning is removed.

One particular method which arose in all interviews was chanting/singing the holy name and songs. All devotees seemed to associate these to a level of consciousness indicating a sense of mindfulness and meditation.

Raj provides his take below:

> *"there were two things that I would do a lot and would keep doing. One of them was obviously chanting and the other one would be singing devotional songs, I kept doing that and I feel that kind of pulled me through a lot." (Raj, 175-179)*

Perhaps for Kim and Raj alike, this consistence around chanting was considered an anchor during difficult experiences. Raj refers to it as something which pulled him through his difficulties, as if it were a tangible being. It seemed to me, the meaning associated to the tasks or coping mechanisms used perhaps played a larger role in the restorative and recuperative methods as opposed to the self-care methods itself, as devotees were engaging with values.

Opposingly, it brings to question whether the mechanisms deriving from their faith were being used in a manner which questionably may not have been adaptive but rather maladaptive. Arguably, the chanting, singing, and reading religious scriptures could instead represent forms of avoidance thus exhibiting maladaptive coping mechanisms.

Sam provides his account of the same prescribed methods below:

> *"Because it takes the focus away from the worry and if you can chant without actually putting any focus on the worry you've realised that the mind becomes more stagnant and it stops its persistence in going over and over and rethinking." (Sam, 276-281)*

Sam describes chanting as an opportunity to remove the focus from worrying. Perhaps the goal of chanting here indicates a strive for avoidance instead of self-care, as Sam seems to want to divert his focus from the worry. However, Sam also displays an understanding of rumination and its impacts whereby he uses chanting as a coping mechanism to prevent this. Hence, it brings to question whether this more strongly represents breaking the vicious cycle of rumination or whether this displays avoidance and escapism.

Sam continues:

> *"I'm able to come away from, and I often find if I practice well enough, I've been able to resolve or at least forget about anxiety and stress." (Sam, 388-390)*

Whilst Sam illustrates a sense of resolution following his chanting it seems he quickly corrects himself by stating it at least helps him momentarily forget about his anxiety/stress. I interpret this as Sam highlighting this as an adaptive coping mechanism as it enables him to break the

vicious cycle of anxiety and its maintenance factors, namely rumination. Simultaneously, this possibly allows him to step back from the most intense period of his anxious experiences and revisit this when in a calmer state of mind. This perhaps allows many like Sam, to re-evaluate their thinking patterns during an intense experience and prevent themselves from maintaining or exacerbating the difficulty. However, choosing to chant and engage in other religious coping mechanisms during a state of intense anxiety and depression could also allow Sam to forget and avoid this experience momentarily, indicating the root of his issues are not dealt with. With this, it could indicate the coping mechanisms being used as distractions and therefore promotes avoidance, thus potentially becoming maladaptive.

Priya discusses her take of wholeheartedly following the same process:

> *"I better get my way through it; I better fix the problem. Instead of escaping the problem, which is just what I would do. So, it's all about really following the process." (Priya, 286-289)*

It seems to me, Priya views the prescribed methods almost as a meditative opportunity, where she is able to accept the 'problem' and begin working on it to find some resolution instead of escaping it and maintaining the difficulty. She highlights a need for commitment to work on this spiritual process irrespective of obstacles to eventually see the positive side effects. In my interpretation, hope is created involuntarily, which perhaps not only helps commitment to action and engagement to the process but inadvertently acts as an adaptive coping mechanism in itself.

Paul reiterates this message:

> *"Anything that I do I just need to do it in such a way that I am actually exercising that relationship with God and immediately those same things that probably caused depression; they will actually have the opposite effect because they are being applied with Krishna Consciousness." (Paul, 387-391)*

It seems, Paul indicates following the process with the intent of developing his relationship with God as something which will fulfil these coping mechanisms. Thus, chanting as a means for distraction perhaps feels less fulfilling in comparison to chanting for the sole purpose of spiritual development. It seems to me, Paul here regards the process as something which inadvertently benefits his depression, a positive side effect to working on his spiritual

development. Perhaps, chanting is seen as a restorative practice as it ultimately helps him move towards his spiritual values and goals.

Subordinate theme 2d: A complementary process to therapy

Interestingly, all interviews highlighted aspects of KC philosophies which could complement current practices of therapy. Interviewees often spoke of this collaboration through the management of material needs and spiritual needs.

Mary reflects on her experience of attending therapy:

> *"The counselling kind of showed me where I was, what is going on for me, what am I feeling and what is my truth and then hearing the other conceptions on top of that; made me see that ok I need to work on this and I need to work on that, ok this is the wrong conception that I'm having and that this is my ego and this is my mind, that really helped." (Mary, 473-479)*

It seems Mary describes her experience of therapy as enabling clarification around her depressive experience. It appeared, Mary was able to positively identify her current position and gain insight into her experiences whilst simultaneously acquiring spiritual realisation and awareness. In my interpretation, attending therapy allowed her to distinguish the difference between her 'material difficulties' (ego and mind) and her spiritual position (soul). Perhaps gaining clarification enabled Mary to continue her spiritual development as she was no longer convoluted with the conception of her real self and material problems. Gaining clarity seemed to provide her the ability to thereon more clearly and directly work on her spiritual progression.

This insight is extended by Kim below:

> *"I think that a counsellor helps a person be able to get an insight to their life and an understanding and being understood. And from that position they could work out themselves how to progress in their life. I have that tool set already and when I need that extra depth it's not really from a counsellor. I'll inquire something of this kind from a Vaishnava." (Kim, 880-887)*

Whilst Kim highlights the importance of obtaining insight and awareness into the self which she believes a counsellor could bring, she continues discussing another layer of depth and importance which she believes could only be provided by a spiritually inclined being. Kim interestingly, announces a predetermined ability to be introspective, perhaps having gained

this level of 'insight' and meaning through philosophy leaves her feeling she does not need therapy. She indicates an understanding of a therapist's ability to help gain clarity, insight and awareness; factors which seem necessary to all devotees. Kim seemingly implies, once this clarity is found, this provides room for a further level of enquiry which has a spiritual basis and could then be attained through approaching a spiritual-being. Thus, in this way Kim seems to indicate a complementary process whereby gaining such clarity and insight materially could later benefit the devotee spiritually, as these obstacles will have been already overcome.

Priya mirrors this belief:

> *"So, you know if it's an honest and good therapist then I would definitely advise it because then you can get a platform from which can have some strength to do your spiritual practice and that will actually help your depression." (Priya, 571-575)*

Similarly, it seems Priya views therapy and a good therapist as a tool for clarification and foundation. It can be interpreted she views 'material' depression as something which may hinder her spiritual experience and promotion. Therefore, working on these material needs and gaining this resolution through therapy perhaps provides more room to work on spiritual practices. She continues, explaining what she believes to be the benefits of working on these material needs and how they may balance with spiritual endeavour.

> *"I dont think only therapy helps to really solve the problem. It can be, like how do you say a flashlight in the forest, it can help you see things more clearly, and see yourself and to see your own traps." (Priya, 575-578)*

It seems to me, Priya relates to therapy as an illuminating process which enables a clearer and stronger perspective into her own patterns. Priya seemingly discusses how therapy may potentially enable her to become aware of her own maintaining/exacerbating factors which may not only hinder her ability to work on her depression but also potentially impact her ability to focus on KC. It could be argued Priya indicates 'spiritual limitations,' describing therapy as being unable to fix her difficulties but rather an asset to help become aware, which perhaps could be addressed once insight has been gained.

Mary echoes this below:

> *"So, I think it is very good, like counselling is very good but on top of that I needed to have Krishna Consciousness, because like where I am, I'm grounded and this is my platform, and it's necessary to be able to see what is the reality and be able to start practice." (Mary, 481-485)*

Mary seems to similarly indicate the necessity of counselling as it gave her insight/perspective into her own potential 'blockages.' However, it seems to me Mary also shares the opinion that therapy alone cannot 'fix the problem' and the need for a spiritual guide to work on this. This can be highlighted by her viewing therapy as understanding her foundation and the perspective of her 'platform' enabling her to plan action to 'start practice.' Perhaps she is referring to spiritual practice. In some manner, she seemingly views therapy as a need and complementary tool which would possibly later prove to enhance spiritual development.

Sam describes his impression of therapy and KC below:

> *"Krishna consciousness? It hasn't hindered me; it wouldn't have not at all. It's never interfered at all. Erm, it has, if anything, become a support to my other therapies." (Sam, 453-457)*

My interpretation here is that there is a relational effect where therapy not only helps KC, but KC could also help those in therapy. Sam highlights an important point determining the philosophy acting as a harmonious factor to the therapeutic principles and approaches. Perhaps one of the dynamics between the two factors is therapy enables working on material difficulties and recognising own obstacles in a non-judgmental manner. Thus, working on them perhaps creates room for spiritual development and progression. Freeing such mental blocks perhaps encourages spiritual recommitment and drive.

Superordinate theme 3: Exacerbating and maintaining factors

Though the preconditions gave rise to coping mechanisms, it appeared to also give rise to potential consequences. Such 'fine lines' which were previously discussed are demonstrated here, whereby the scales tipping into one side determined either a discovery of coping mechanisms for depression (seen above) or exacerbating factors.

Subordinate theme 3a: Cognitive dissonance – a battle between instinctual needs and spiritual expectations/ideals

One of the most common difficulties devotees displayed was an internal conflict between their instinctual needs and certain levels of expectations highlighted by the religion. An internal battle seemed to take place during times where devotees considered what is right and what felt necessary.

Priya displays such concerns in her account:

> *"If everything is meaningful then there's a lot of responsibility involved and a struggle involved because personally, I have to fight with my default modes, it's hard to relax sometimes. Sometimes I really want to relax and go back to my standard ways, so it's like a fight between what I know is right and what I know helps me, and my emotional kind of, what my body is asking from me." (Priya, 447-455)*

Priya interestingly portrays a disconnect between her 'needs' (viewed as a bodily experience) and what is 'right' (a mental consideration). It seems to me, Priya views reverting to her standard and default modes as relaxing but simultaneously perhaps something which compromises her spiritual growth, which promotes fear and inadvertently makes it harder to relax. The apparentness of the responsibility and meaning gained through the philosophy appears to be something which hinders her capability to act primitively. However, Priya indicates a necessity to almost ignore her emotional needs and what her *'body is asking'* for her self-betterment and instead doing what is 'right.' It begs to question, by opting to go with *"what is right"* instead of *"what helps me,"* could it be that adaptive coping mechanisms exist in these default modes however are consequently dismissed as they are not spiritually inclined. Thus, perhaps philosophy and a stoic frame of reference to manage her difficulties are potentially expected.

Mary similarly highlights this below:

> *"If I was like a normal person, you wouldn't really worry about 'oh I have so much anger and so much lust and material desires,' you don't worry about that, you kind of just go for it." (Mary, 271-274)*

Mary similarly indicates an inability to act without consequence or judgement in comparison to the *"normal person"* i.e., non-devotees. I feel, she portrays them as being able to '*just go for it,'* however indicates an unspoken requirement to consciously withhold from doing so herself, possibly in adherence to spiritual principles and expectations. Perhaps, Mary similarly views acting upon her instinctual needs as something compromising to her spiritual development and integrity. It seems to me her position as a devotee, encourages a sense of control, mindfulness and stoicism, whereby acting upon such instinctual tendencies are perhaps seen with a sense of judgement by others and consequence. A sense of eternal and more spiritually meaningful repercussions seemed to surface from this internal battle, whereby devotees opted to adhere to spiritual expectations above their own needs.

Raj reiterates this, discussing his experience of confiding in some devotees:

> *"Then you have other people like the fanatics, if i may call them that, you have to be like, "Oh you are very renounced so you have to do this, you have to do that", erm, that can help to depress you." (Raj, 328-331)*

My interpretation here is, though Raj is fully aware of the principles, an expectation was forced upon him leaving him feeling pressured. This expectation to act in a 'renounced manner' almost implies, with the utilisation of spiritual tools; Raj is expected to push away his own material needs and desires to uphold certain ideals. Thereby, tools to manage his difficulties separate to spiritually recommended coping mechanisms were perhaps dismissed. My understanding of this is, upon being prompted by 'fanatics,' Raj evaluated himself as being further away from his goal than initially anticipated, whilst perhaps also feeling misunderstood and distant as he was possibly unable to manage his difficulties with just spiritual tools. It seemed, this expectation led Raj to feel hopeless, demotivated and self-pitiful, factors which could have potentially exacerbated his depression.

For devotees, this expectation to live up to ideals appeared to feel like a distant goal. Interestingly, feelings of guilt, hopelessness and confusion seemed to surface upon asking about materialistic desires being present despite an endeavour for spiritual progression. Devotees often reiterated a feeling of being caught between 'a rock and a hard place.'

Kim echoes this concern:

> *"So sometimes you've thought oh I won't attain that goal. Maybe I won't obtain that, and here I am, between a rock and a hard place, because I have the knowledge and I have love, I can see where happiness is but I am still here drowning in the material ocean." (Kim, 486-489)*

Kim similarly seems to highlight feelings of hopelessness and entrapment, referring to the material ocean as something she is naturally accustomed too however nonetheless drowning in. Kim regarding herself as "drowning" implies an inability to disengage from her instinctual tendencies to seek comfort in material needs instead of entirely following the spiritual process. This cognitive dissonance seems to rise from the battle of instincts i.e., finding comfort in the *"material ocean,"* against endeavour for an 'ideal' spiritual position i.e., renouncing such material needs/desires. Kim seems to highlight feelings of guilt, hopelessness and failure, perhaps viewing this ideal position as being distant to her current circumstance, indicating a sense of being entrapped in her own visceral ways.

Mary reiterates this below:

> *"I just can't live up to the ideal that I want to be and I'm supposed to be or that I've put on myself and yeah it's kind of like. I don't know exactly how to put this, but it's not nice the way that I'm feeling." (Mary, 212-215)*

Interestingly, Mary seems to position herself on a spiritual scale to determine her distance from the current and ideal position. She indicates feelings of this ideal being a distant goal, appearing to question her capabilities to live up to what she is "supposed to be" and therefore "wants to be." Such an evaluation thereon seems to leave Mary with a sense of pressure, frustration and hopelessness, whereby such results is what leaves her not feeling *"nice."*

Kim adds:

> *"I think they are definitely more susceptible to depression. Erm, because there is a lot of demands on them to become ideal. Because we have the ideal." (Kim, 470-473)*

Kim here importantly highlights the fine lines of the philosophy. She seems to express an apparent pressure for devotees to fall in line with such ideals which perhaps feel unachievable. Thus, a feeling of inadequacy perhaps arises here. Though, the philosophy rewards devotees with meaning, it seems to also deliver an ideal which some devotees feel are unattainable, therefore perhaps feelings of guilt, failure and self-doubt arise.

Mary similarly reiterates this:

> *"I think it has helped me a lot but, in another sense, yeah it might have... because of having ideals that belongs to Krishna consciousness, then that could be a reason for being depressed." (Mary, 257-260)*

Mary herself seems to indicate a fine line whereby she views KC philosophies as helping her in life but simultaneously understands how such expectations and ideals could have a negative impact. It seems to me, the difficulty in failing to reach the ideal position is what simultaneously motivates some devotees and demotivates others.

Perhaps the fine line arises from devotee's abilities to use/see such hopelessness as a driving force for spiritual development or as an obstacle to such progression. Perhaps this difference distinguishes whether such coping mechanisms are adaptive or maladaptive.

Subordinate theme 3b: A stigma/taboo around therapy and opening up

With such internal conflicts occurring regularly, typically sufferers of depression may reach out to other methods of help to resolve this i.e., therapy or talking to support-systems around

them. Whilst such methods have been viewed as helpful, another fine line highlighted devotee's need for expression and their current notion of therapy and its impact upon their faith as well as their current thoughts on opening up to others in the KC community and in their family.

In one account Paul provides his perception of therapy:

> *"I've actually heard of people relating their own experiences, that some therapists will actually intervene with your faith or your beliefs or things like this, which is not beneficial at all right?" (Paul, 496-499)*

Interestingly, Paul seems to view therapists almost as 'outsiders' unable to understand his condition or worse, his faith. Interestingly, Paul seems to evaluate the importance of therapy by first determining a measure of his self-importance against the importance of his faith and spiritual development. With concerns of his faith being challenged, it seems the importance is placed on spiritual progression as opposed to conflict-resolution. With the philosophy teaching a sense of stoicism and lower prioritisation of materialistic needs against spiritual needs, paired with the perception of therapy and therapists, it seems unsurprising how Paul may choose to approach these difficulties. Perhaps the fear of being drawn away from his faith acts as the biggest preventative matter here. My understanding of this is, the threat to his faith provides direct insight to the measure of the importance of Paul's faith, whereby attending therapy might constitute a sense of 'betrayal.'

Mary mirrors this:

> *"They might have their own opinion I don't know; I think they might have their own opinion and might in a subtle way guide you towards understanding their opinion". (Mary, 549-552)*

Similarly, Mary seems to echo the belief of a therapist pulling her away from her faith and imposing their view upon her specifically in relation to faith. It appears her concern with *"understanding their opinion"* perhaps relates to knowledge which goes against spiritual philosophy.

Priya reiterates this view:

> *"You don't need a therapist or a materialist, and that they are. Yeah, they only have material knowledge and they don't have spiritual knowledge." (Priya, 648-651)*

Priya seems to similarly view therapists as outsiders who would potentially disrupt her spiritual development. Priya seemingly perceives therapists as being unable to relate to her nor understand her spiritual beliefs and expectations, therefore viewing therapists as automatically materially inclined which opposes her own beliefs and values. My interpretation here is, devotees perceived if therapists followed similar values to the devotees, they would feel better understood. As such, it seems a conflict arises from an overwhelming impression that therapists would interject their own opinions and perspectives of situations to help devotees, which feels non-consistent with their beliefs. Thus, an overwhelming fear of being affected and influenced by the therapist in a manner that is non-conducive to the devotee's spiritual goals and behaviour appears. Furthermore, with this view of therapy and therapists alike, it seemed reaching out for therapeutic help was subsequently viewed as compromising one's own spiritual advancement.

Interestingly, with this understanding of what stigma is and the marks of disgrace generally associated with it, it seemed as though there was not only a fear around opening up to therapists which devotees seemed to view as compromising to their faith, but also a general fear of opening up to other devotees, family and loved ones around them out of concerns around how they would be perceived and responded too.

Though similar, the distinction of stigma appeared to emerge in two separate branches. One form of stigma relating to therapy and therapists alike who had been seemingly marked with dishonour whereby associating with them was compromising to one's own spirituality, and the other relating to a societal form of stigma which concerned itself with the act of abstaining from conversations on mental health within communities and with loved ones which appeared as taboo subjects and would seemingly elicit consequences for oneself.

Raj displays his concern around opening up to fellow devotees which related to the societal level stigma:

> *"I guess you make yourself vulnerable in the eyes of others, if you speak about your depression, your feelings and things that go wrong then you also open up a bit about yourself and if you do that to one person that's a part of a very large community next thing, everyone else in the community knows." (Raj, 356-361)*

Raj interestingly appears to introduce a sense of fear and stigma around opening up which inadvertently makes it a taboo topic. Whilst Raj shows a desire to speak about his concerns, it seems his fear of 'opening up' prevents him from doing so. This withdrawal of emotions may imply Raj must remain a representative devotee who displays strength and clarity for the benefit of others. Whilst this could be encouraging for neighbouring devotees this could be seen as self-compromising as Raj seemingly chooses to ignore his emotional needs and puts

the community values before himself. Though Raj here is talking about fellow devotees, perhaps the fear of opening up and attending therapy mirror these emotions. Not only does this highlight the difficulty Raj faces during his depression but also further suggests the expectation to remain stoic in the event of conflicts and depression is ever-existent, highlighting another 'fine line' between expression and expectation.

Yasmin reiterates this sense of stigma:

> *"If I told my mum and dad that I'm going to see a therapist or a counsellor, she would think that I am crazy, because that's what they see. They, think of mental health as a bigger issue for example, they deem it as someone going through a psychotic breakdown." (Yasmin, 820-825)*

It seems, Yasmin understands the necessity for therapy in regard to her own difficulties however highlight's her own barriers arising from a misconception around therapy being an option only for those experiencing more complex/uncommon mental health issues, whereby a stigma around therapy and its use still exists. Perhaps the fear of attending therapy or opening up about such issues like depression due to the attached stigma is what acts as an exacerbating factor in itself. Furthermore, this to me indicates a sense of fear around opening up as perhaps this sense of not talking to anyone regarding difficulties could be seen as a failure in spiritual endeavours.

Subordinate theme 3c: A sense of risk to the self

Generally, all participants demonstrated some internal conflict, difficulty and lack of conflict-resolution. Therefore, it was unsurprising that a sense of risk to the self-emerged as a theme across all participants via value deconstruction, spiritual reidentification and change.

Kim highlights her understanding and experience of her past depression:

> *"If I give an example of the material world and me in it, it's like darkness, I am in the darkness of ignorance, I don't know my soul, I don't know who I am, I don't know my environment, I am like a lost soul." (Kim, 236-239)*

Kim interestingly highlights a period of questioning her identity and self whilst feeling unbalanced and ungrounded as a result. It seems, this inability to construe meaning from life perhaps felt alarming as there was a loss of meaning in those default comforts. Kim interestingly displays feelings of confusion and loss of identity whereby learning these new philosophical values in the place of old values perhaps felt unnerving as she was uprooting her foundations. Due to this, perhaps all the things Kim would typically refer to for comfort

were no longer feasible as the philosophy discouraged this. It seemed the removal of Kim's foundational understandings/conceptions left her feeling ungrounded and confused hence *"I am like a lost soul."*

Paul similarly indicates how the philosophy had an impact upon his life:

> *"The first side is to reject those things that are actually not favourable, and because I'm use to those things that are not favourable; I'm bound to kind of feel depressed about it because I have to reject them." (Paul, 249-252)*

Paul similarly highlights a sense of feeling uprooted as he has to make drastic life changes upon his introduction to KC. With the philosophy highlighting the importance of rejecting material desires, it appears Paul feels uncomfortable in removing those very things he is attached and used too. It appears to me, this change is what causes a sense of risk as Paul removes his default comforts and attachments, perhaps leaving him with feelings of confusion, loss and displacement.

Whilst the philosophy seemed to reward Kim and Paul with meaning, it simultaneously seemed to diminish their initial/original meaning of life and perhaps their usual way of living. I wonder whether gaining knowledge from the philosophy is what made Paul and Kim alike feel ungrounded as these were concepts they had not been accustomed too.

Paul continues, displaying a semblance of this below:

> *"So, because there is this deconstruction of values, even what I consider like social manners and ethical and behaviour and all of that, that's all being deconstructed and you will naturally feel void because that which you considered to be the world around is just being literally teared apart." (Paul, 213-218)*

It seems, although there is an ultimate aim to learn something beyond the current understanding of the philosophy and the world, nonetheless this made Paul feel ungrounded and shaken as the roots and foundations of what he had been taught since birth were being gradually dismantled. Paul raises a point whereby questioning the foundations of his existence and knowledge seemed unsettling and unnerving as he perhaps began to question everything. Because of this constant questioning, it seems Paul began to feel hopeless as there was possibly so much to learn and everything he felt he knew was no longer valid.

The fine line emerging here was, despite new knowledge being imparted which solicited spiritual growth and development; all the existing knowledge now seemed irrelevant and less important; therefore devotees perhaps began to ruminate on their lack of 'real knowledge.'

Interestingly, Kim similarly highlights this fine line, in regard to internal conflicts:

> *"I am thinking oh I'm not going to be able to obtain that, and at the same time we are lost or are losing the desire to be happy in the material world. So that could be a bit of a quandary I think for a lot of devotees, and how to balance that could be very important." (Kim, 491-496)*

Kim seems to portray feelings of being stuck and hopeless. Perhaps this feeling arises from being unable to completely renounce her material desires whilst simultaneously feeling attached to spiritual growth as it is so deeply embedded in her life. She seems to indicate a level of comfort that both sides bring her however views material comforts and spirituality as two opposing factors which cannot co-exist. Feelings of guilt and confusion seem to surface where devotees perhaps feel demotivated to continue spiritual practice but simultaneously feel its importance and deep rootedness in their life.

Priya echoes this below:

> *"It's just sometimes it feels a bit hard because you lose hope and you stop reading and you stop associating with senior devotees, and when you do that then you become despondent and you go back to your default methods and default emotions, which for me is being depressed." (Priya, 294-299)*

Interestingly, Priya identifies a vicious cycle here whereby loss of hope in one spiritual aspect seems to lead her to those 'material' comforts. This perhaps results in heightened feelings of depression and guilt. Priya indicates a need for balance which often seems to go amiss within devotees as she is unable to engage with material comfort whilst seemingly not gaining this spiritually due to perceived unreachable ideals. In my interpretation, with the expectations being ever present, this encourages devotees to work towards such values however with this seeming unachievable, gives rise to feelings of entrapment and hopelessness. Hence, a desire to resort to 'default methods' emerges, though adherence to the philosophy and what they believe is right prevents them from doing so. This internal dilemma seemed to prompt feelings of hopelessness, entrapment and self-shame, factors which could exacerbate depression.

Conclusion

With every participant providing their own experiences of depression as a devotee of Krishna consciousness, the number of nuances and difficulties they experienced can be felt through these extracts. The apparentness of the cognitive dissonance, vicious cycles and lack of self-care seemed to all exacerbate the experiences of depression whilst those same principles similarly played a role in managing depression better. For instance, whilst devotees discussed engaging in spiritual practices as a way of reaching an unrealistic ideal which gave rise to

feelings of doubt, shame and disappointment which all exacerbated experiences of depression, those spiritual tools such as chanting and reading similarly helped managed feelings of depression and anxiety and led to some feelings of resolution.

In the next chapter I discuss these results in light of existing literature, theories and studies and draw links to the existing Counselling Psychology discipline. I also point to future directions for possible studies and research in order to develop further knowledge about this area.

Chapter 5: Discussion and Conclusion

Introduction & Outline

This chapter discusses take away points from the analysis. I acknowledge my influence over the results as a natural product of my interpretative process/subjective lens and attempt to present my discussion allowing the results to tell the story whilst providing my subjective account of reflections and observations which may accompany the discussion.

I draw reference to the existing literature, attempting to bridge the insight gained in reference to the research question, objectives and the current gap in research, theory and practice. The discussion concludes providing limitations and implications of my research for the use of practice and CoP.

Overview of research findings

The research question aimed to explore experiences of depression within devotees of Krishna Consciousness. With depression being a multi-faceted experience (Kanner, 2003), exploring the KC group labelled a 'depressive' sample (Magaro et al, 1984), would perhaps add an additional dimension to the existing understanding and treatment of it.

The study was the first of its kind to qualitatively explore these two phenomena, obtaining devotee's experiences and conceptualisations of depression in order to gain a closer representation of their 'truth.'

The main findings of the research were that devotees often viewed, understood and responded to their depressions in light of their conceptualisations of their identity which were centralised around being the unharmable, ever-existent, pure soul. Accordingly, devotees appeared to demonstrate views of depression being a 'material, external' experience which could not harm their 'true selves.' From this stance, devotees often displayed tendencies to switch between positive religious coping which helped in the management and reduction of symptoms of depression but also neglect for self-care during depressive experiences which often seemingly exacerbated their depressions. Moreover, from these views of identity emerged conflicts and fears around seeking help, the management of stigma and existential difficulties and deprivations. Findings also indicated aspects of the KC philosophy which displayed complementary views and tools which would seemingly abide by therapeutic disciplines and help practice e.g., acceptance and commitment work.

Superordinate Theme One: Finding opportunity within difficulty

A process of self-reflection, development and reidentification

Interestingly identity emerged as a key concept fundamental to the experiences of depression. When conceptualising their experiences of depression, all participants referred to their identity in response to this. An interesting finding from both Hagerty (2008) and the current research was, though identity has more commonly been related to perhaps more typical depictions like one's role, gender, sexuality, etc (Alvesson et al, 2008), devotee's identities were foundationally established as being the 'spiritual soul' e.g. "I am the soul, not the body." As such, parallel to the research by Gargiolo (2005), all devotees similarly indicated a sense of existential identification with the soul which was something that seemingly transcended the typical notions of identity and existence. This appeared to set the foundation for one's perspective of life and how they would understand, conceptualise and respond to their depressive experiences thereon which were all viewed through this lens.

Interestingly this identification to the soul appeared to encourage a deeper level of reflection when coming face to face with difficulties. Consistent with the research by Oaklander (2001) and Wein (2014) who explored individual's understandings of the soul, devotees of the current cohort correspondingly viewed it as the pure, indestructible, ever-existent, true self. With this definition, devotees interestingly refused to believe anything could ever harm their 'true identity' which appeared in this non-tangible form. As such an interesting, unique finding key to this research suggested depression in the eyes of devotees was viewed as an 'external,' 'material' experience which could ultimately not harm the 'true self – the soul' and only impact one on a 'bodily level.' This highlights an inconsistency with the current understanding of the medical model which proposes depression to be an illness experienced 'internally' (Lothane, 2004) and overlooks the meanings observed in other contexts e.g., the cultural lens which has commonly viewed depression through somatic perspectives (Kleinman, 2004). This further reinforces the utilisation of important CoP principles in practice which reiterate the stance that how one relates to their depression, matters most. Moreover, that depression is context-dependent (Zhang, 2007) and these positions should be used as the foundation for practice.

Indeed, this identification certainly appeared to play a substantial role in all devotee's lives which often encouraged them to actively bridge this concept to their spiritual practice in an attempt to create coherence, this was something seemingly reinforced via devotee association. Tajfel (1979) suggests the association of like-minded groups influence the entering individuals

to adopt central values and beliefs to become an 'insider,' much like the process of identifying as the soul. Likewise, such influences were seemingly encouraged through congregational and group like behaviours which heightened the 'devotee experience and identity' e.g., chanting in congregation, interacting with active, senior leaders, attending spiritual classes and lectures, reading religious books etc.

The findings similarly aligned itself with the identity process theory (Breakwell, 1986) which proposed individuals assimilate information in line with their models and disregard information which does not seemingly fit with the model in an attempt to develop their sense of self/identity. As such, this identification with the soul was seemingly reinforced through these social interactions and experiences which assimilated information that fit the desired identity structure. However, any information which appeared to oppose this was immediately rejected or consolidated in a manner which would not displace the identity structure e.g. 'I am experiencing depression but only on a bodily level,' which aligned itself to devotees' desired identity structures whilst maintaining this conceptualisation of the soul being indestructible and unharmable.

Interestingly, these findings indicated a sense of 'splitting' described by Klein (1948) in their object relations theory, whereby 'objects' are split into 'good' and 'bad parts' to better manage one's thoughts or feelings. Devotees appeared to exhibit such stances by splitting the depression from the soul which was primarily done by dividing the material world from the spiritual world. From this lens, results suggested that everything devoid of spirituality seemingly fell into the category of the material world and experience including the mind, body, relations, wealth, pleasure, instinctual drives alongside experiences of depression. However, consistent with the research by Hagerty (2008), any factors inclusive of spirituality and God were deemed the spiritual world e.g., the soul, religious tools, spiritual acts of service and more.

Accordingly, 'black-or-white thinking' (Beck, 1979) and 'splitting' (Klein, 1948) developed, which despite being considered two separate schools of thought, nonetheless displayed similarities in the current research. Findings indicated, a sense of 'idealisation' commonly linked to 'splitting' (Wasdell, 1996) emerged, whereby devotees seemed to view their idealised 'good objects' as all-protecting, meaningful and positive but also the 'bad objects' as anything non-according.

Some may suggest these views display a consistency across all spiritual realities and religions whereby religion is viewed as positive and irreligion generally as negative (Iannaccone & Berman, 2006). However, unique findings suggested KC seemed to differ in its entire rejection of 'bad objects' and inability to view these as potentially helpful, which displays

inconsistencies with other religions like Islam who view 'goodness' and 'badness' within the scope of personal deeds and actions (Crosby, 2018) as opposed to a predisposed state.

In line with this 'splitting,' an interesting finding emerged where devotees indicated their understandings of how depression developed. Unlike other research, devotees suggested this 'material' experience and 'world' were factors which would inevitably trigger/cause a depressive experience. Research by Bogre (2016) suggested, the mentality of devotees from the KC movement were radically different to perspectives of the west whereby the interpretations of both worlds were so obviously different, however failed to mention how so. This current research however provides further insight and understanding to this and indicates why KC was viewed as a "world-rejecting religion" (Dein and Barlow, 1999) as devotees from the current cohort similarly depicted the world as "inherently corrupt or evil" (Wallis, 2019) but also, a cause of depression.

To the researcher's knowledge, this conceptualisation was the first to pinpoint the 'material world' as an inevitable cause for depression as opposed to more common understandings of depressive triggers e.g., maladjustment, biological influences, social influences, religious strain, disconnect in spirituality etc (Aalto-Setälä et al, 2002).

A developed sense of drive, meaning and purpose

With the soul being established as participant's identities, this seemed to change the lens by which devotees viewed the world, themselves and their interactions. The findings from this research provided further support to the proposed IPT model, which suggested identity is guided and motivated by four primary principles e.g., self-esteem, self-efficacy, distinctiveness and continuity. In this cohort, it was seen that the perspective of identifying with and being the soul strongly aligned itself to all four principles as it provided a sense of personal worth and social value in the devotee community (self-esteem), continuity whereby it cannot be changed and is indestructible across time and situations, a sense of control as the soul was perceived as unharmable and finally uniqueness and distinction from others as it also provided individuality. However, a finding unique to this research indicated an additional two identity motives/principles which were not included in the IPT model but certainly played a strong role in this cohort which were a sense of 'meaning' and 'belonging.' 'Meaning' referred to the need for deep significance and purpose in one's life which would drive and motivate devotees daily, whilst 'belonging' regarded a sense of maintaining feelings of closeness to other devotees whilst gaining acceptance from religious leaders which also acted as a motivating factor. This sense of meaning appeared to play the central motive for adopting this identity particularly in light of the lack of meaning participants disclosed prior to their

introduction to Krishna consciousness. Indeed, these additional findings from the current research alongside research by Vignoles (2011); Jaspal and Cinnirella (2010), arguably reinforce the need to expand current identity principles in the IPT model as these additional identity motives appeared to play a substantial role in devotee's identity development which evoked a new sense of purpose, meaning and drive for life.

The findings of this research were coherent to the deprivation theory proposed by Stouffer and Hoyland, (1949) which suggested members of new religious movements like KC attract deprived followers seeking means for various needs. The current research revealed that the participants of this cohort displayed some level of deprivation prior to their contact with KC whereby these needs were seemingly satisfied and met after accepting the religion. However, an interesting unique, essential finding revealed this sense of deprivation was also elicited/further recognised upon entering the movement whereby this lack of meaning became more apparent once in the religion. This was seemingly due to a change in values and a deconstruction of existing beliefs, which is discussed further in superordinate theme three.

Consistent with Dein and Barlow's (1999) research, interviewees displayed existential deprivations prior to entering the movement, whereby they exhibited feelings of their life lacking meaning, purpose and drive. Mascaro (2006) defined existential meaning as an amalgamation of personal, spiritual and implicit meaning which although limited in its research (La Cour & Hvidt, 2010), have been associated to lowered levels of depression (Ketschmer & Storm, 2018; Steger et al., 2006).

As such, due to the fulfilment of the existential deprivations, devotees interestingly seemed to readily accept/adopt philosophies in adherence to KC despite having dissimilarities to their existing understandings. Through the adoption of KC principles, this appeared to fundamentally change the way they viewed the world, their life and themselves.

This process could be likened to experiences of culture shock as theorised by Furnham and Bochner's (1986). All devotees recalled moments in time where they felt lost, confused and purposeless, however feeling reconciled by KC. Interesting findings revealed, irrespective of devotee's awareness of such deprivations existing within themselves, nonetheless KC seemed to elicit this recognition and feeling of existential deprivation before fulfilling such needs through the philosophies and spiritual tools. Arguably, hearing this material life is unfulfilling and everything devoid of God would not grant happiness, triggered a feeling of initial shock and deprivation to which some form of adaptation and adjustment seemed to follow, akin to culture shock (Dymond and Roche, 2009).

Ward, Bochner & Furnham (2001) suggest culture shock involves a learning process whereby individuals obtain social knowledge and skill particular to the observed, host culture to thrive

and ensure survival. Interestingly, Furnham (2004) suggests, though there are no clear definitions of culture shock, it can be identified through individual's feelings of strain caused by the efforts of making necessary psychological adaptations to the prevailing culture, but most significantly via a profound sense of deprivation and/or loss.

U-curved models have commonly represented staged processes of culture shock progressing from excitement and euphoria upon contact with the new culture, to maladjustment, anxiety, frustration, resolution and finally adjustment (Oberg, 1960; Lysgaard, 1955). However, critics have argued models often depict the first stage to be of excitement (Ward et al. 2001) despite limited empirical evidence (Searle and Ward 1990) but rather initial stages being stressful and problematic (Biddle 1979; Furnham 1995). This displays some consistencies with the current cohort.

Interestingly upon contact with KC, both feelings of deprivation and euphoria seemed existent. Seemingly, if devotees were aware of their existential deprivations; they were greeted with feelings of euphoria and excitement as some form of resolution had been achieved as illustrated by Priya *"I just could carry on finally and feel like actually I was living a life of purpose."* However, if devotees were perhaps unaware of such existential deprivations beforehand, it seemed KC elicited this recognition of deprivations leaving some with feelings of anxiety and distress as illustrated by Paul, *"that which you considered to be the world around you is just being literally teared apart."*

Accordingly, existing or newly recognised deprivations in devotees only seemed to remain until they were reconciled by the faith whereby the understandings of KC philosophies were achieved. Consistent with Swinton (2001) suggesting spirituality is often used as a coping tool for depression, when depression was present it was managed via KC philosophies and tools as well as goals to drive devotees towards which also served as reminders for larger purposes in life as well as opportunities for development. The perceived opportunity related to engagement with KC coping mechanisms i.e., chanting, to manage depression but more importantly reconnecting with their faith as some devotees often felt this was an indication of them not being as devout or focused on their spiritual development. In either manner, this identity fed into this sense of meaning, purpose and drive devotees felt as any opportunity to engage with their spiritual practice was considered beneficial in their eyes. Perhaps this provides reason for why individuals moving from faith-to-faith entered KC and remained (Dein and Barlow, 1999).

A developed resilience, stability and detachment

Followers of religion have often adhered to displaying tolerance and resilience in the face of adversity (Eriksson and Yeh, 2012). Similar to "turning the other cheek" in Christianity and Karma in Hinduism (Thrane, 2010), KC seemed to display tolerance and resilience through the belief that depression could only impact the 'external' body as opposed to the 'real self'- the indestructible soul (Parrinder, 1995).

Resilience has been described as one's ability to overcome or recover readily from any adversity, depression or illness (Stewart, Mcwhirter & Knight, 2007). Historically, theorists have implied a relationship between the sacredness of one's spirituality/religiousness and its role in resilience (Pargament 2002; Miller and C'de Baca 2001). Some have viewed this relationship through a reductive lens e.g., seeing religion/spirituality as serving a fundamental cause which acts as a defence mechanism, an attachment figure or an object representation (Kirkpatrick 2005; Rizzuto 1979). However, Pargament (1997) posited, religion offers solutions to problems which feel insufficiently manageable and resolvable independently.

Likewise, results from the current research indicated devotees similarly viewed their depressive experiences as more manageable and resolvable through the belief of it not harming the true self. This perspective appeared to warrant feelings of protection and existence beyond the human level which awarded devotees with feelings of depressive difficulties always being resolvable.

This supports the research conducted by Faigin & Pargament (2011) who suggest, spiritual/religious resilience relates to utilising spirituality/religion and their coping strategies to manage adversity and minimise negative emotions. Similarly, Pargament et al (1998) referred to this framework as positive religious coping, whereby life events are responded to with a sense of security denoting one's relationship and collaborative approach with God to solve such difficulties, alongside a sense of meaning and purpose. This framework is discussed further below in superordinate theme two however is mentioned here briefly to introduce the concept and impacts of it.

In light of this, results from the current research supported these propositions as results indicated devotees displayed feelings of relaxation and ease in the face of depression which appeared to derive from their capacity to 'share' their 'burden' with God or at least be supported by God whilst they managed their difficulties. As such, results supported the religious coping framework and indicated the beneficial impacts of this.

Moreover, with this concept of the soul, this also seemed to grant devotees with feelings of eternality consistent with the resolute 'spiritual me' discussed in James (1890) identity theory

which reinforced feelings of resilience. This Jamesian theory suggested this metaphysical explanation of the soul represented the truest, core, ever-existent version of "me" (James, 1890) and should be considered in all identity theories, however the biggest criticisms of this theory were that it lacked empirical support which would be difficult to obtain when a metaphysical explanation of one's identity is being considered which could arguably not be measured. However, the current research appeared to provide some empirical support for this theory as for devotees, this was demonstrated in this research and is further encapsulated by the Bhagavad Gita, *"for the soul there is neither birth nor death at any time. He has not come into being, does not come into being, and will not come into being. He is unborn, eternal, ever existing and primeval. He is not slain when the body is slain"* (Swami, 2003). Interestingly this identity perception seemed to evoke feelings of resilience, stability and detachment to triggering or depressive events. This provides support to the religious coping framework particularly as these principles were established within the faith as a precondition for management of any upcoming experiences of depression.

Accordingly, in light of Coon's (2000) suggestion that spiritual concepts like the soul are typically overlooked by contemporary identity theories, the result from this research reinforce the necessity, importance and relevance of considering these within KC devotee's and perhaps other spiritual beings. This is particularly relevant and useful to CoP contexts which utilise the client's frame of reference to guide therapeutic sessions (HCPC, 2016), which is discussed more in depth in the following subordinate theme.

Superordinate Theme Two: coping mechanisms found through faith

The second theme elucidated by the current study is the 'coping mechanisms found through faith' which were then divided into four sub-themes: 'A normalisation and validation of experiences,' 'acceptance and commitment (continuance),' 'spiritual tools and resources' and finally 'a complementary process to therapy.' The themes displayed some overlap with one another as the foundation of 'religious coping' emerged which appeared to branch itself out into the presented subthemes. As such to avoid repetition and ensure this section is written concisely, some of these subthemes are discussed more briefly as though they remain distinct from one another they similarly presented overlaps which were applicable.

A normalisation and validation of experiences

The results of this research displayed consistencies with the theoretical framework of religious coping mentioned earlier (Pargament, 1977). This framework refers to the act of 'coping' with

problems that arise in life through the utilisation of religious beliefs and/or practices to reduce related distress (Haghighi, 2013; Koenig et al, 1997).

With the aforementioned fundamental principles of KC established which had reconceptualised identity and provided meaning to life, it appeared devotees seemed to display a sense of feeling normalised prior to and during their depressive experiences. Pargament (2007) proposed, religious forms of coping supposedly enable followers to surrender control and draw meaning from such life adversities. Relatedly, results from the current research were consistent with this and suggested devotees similarly attributed meaning to their depressive experiences by viewing them as opportunities to spiritually reconnect. Interestingly a sense of normalisation appeared prominent in all devotee's accounts as they often felt experiences of depression would naturally occur at some point during their life whereby the philosophies and spiritual tools gained would prepare them for this experience.

Moreover, learning the philosophies of KC simultaneously appeared to provide a sense of meaning to devotee's difficulties prior to their introduction to the faith. For example, in the accounts where devotees discussed their existential deprivations prior to their introduction to KC, it appeared the answers provided by the philosophies offered some reasoning and meaning to this which simultaneously validated their experiences of depression and loss. In some manner, gaining answers to questions around 'why am I feeling this way' and 'why me' appeared to validate their encounters with depression by attributing spiritual meaning and reasonings for these experiences.

As such, the results of this religious coping which came in the form of larger spiritual connections displayed inconsistencies with the research by Murphy et al (2000) who suggested feelings of fear and hopelessness are most commonly attributed to religious follower's conceptualisations of depression which are managed through religious resources. Instead, unique findings suggested these supposed feelings appeared redundant in the current cohort and were instead replaced with feelings of normalisation and validation. Indeed, as opposed to deducting depression to be a negative factor needing to be immediately resolved, depression was considered a natural experience emerging from a higher order power which could be managed spiritually. The significance of this result indicated a stance which could be utilised in therapeutic practices which enable devotees to manage their feelings of depression better through the use of normalisation and validation and recognising some acts as a higher order power. Moreover, this research provides some insight into why KC devotees displayed higher signs of depression in Magaro et al's (1984) research, as the overwhelming perception of depression in the current cohort seemed to be accepted and understood as an inevitable

experience which was therefore embraced and utilised for spiritual development as opposed to rejected and challenged.

Results from the current research similarly supported the validation theory which draws on early Rogerian frameworks that are centralised on the belief that there is logic behind all behaviour and the understanding of the meaning behind the behaviour is more significant than the reality itself (Dietch, Hewitt & Jones, 1989). Consistently, this validation theory alongside the framework of religious coping both appeared to benefit devotees' experiences of depression by validating and normalising the experiences which enabled devotees to go a step beyond the initial process of perhaps understanding the depression and working from the platform of interventions. This understanding of depression in itself appeared to act as a religious coping tool which provided meaning and direction as initial stages of hopelessness and helplessness typically attributed to depression (Beck et al, 1993) seemed to be eradicated.

Results from the current research similarly reflected the conclusions drawn by Carpenter, Laney & Mezulis (2012) who found religious coping methods which particularly relied on one's relationship with God as an anchor through their difficulties, had a higher efficacy in reducing depression in participants. Participants often indicated deep faith in God to help guide them through their experiences if not at least remain a support system in the process of navigating through their depression. This ability to surrender partial responsibility unto faith appeared to help devotees ease symptoms of anxiety and depression which simultaneously appeared to lift some burden which had been weighing on them and exacerbating their depression. This was consistent with the research by Cole (2005) who found when one's locus of control resided with God, this appeared to reduce feelings of anxiety and depression.

Research by Wong-Mcdonald and Gorsuch (2002) have questioned whether this can be a maladaptive form of coping as it encourages passivity and inaction, however the current research as well as the investigation conducted by Pargament et al (1988) found this was not a passive approach which relied on God to take care of everything but rather an active choice of the sufferer to relinquish their will to God's rule.

Accordingly, the current research displayed inconsistencies with the investigation conducted by Koenig et al (1992) who also suggested a significant relationship between religious coping and depression. Perhaps in light of the dichotomies discussed in the current study, this could provide some indication for this. For instance, in the dichotomy of resigning some responsibility to God for the management of depression, this appeared to benefit some devotees as there appeared to still be proactive actions to navigate out of their depressive experiences, however in other cases it can be seen how easy it may also be to possibly fall into

the traps of resigning all responsibility to God and taking an inactive approach as opposed to a proactive approach.

A meta-review conducted by Olson et al (2012) attempted to provide some insight into this discrepancy and argued, all individuals would experience a mixture of positive religious coping which related to improved mental health and levels of depression and negative religious coping which consequently related to aggravations in depression. Negative religious coping in previous studies have referred to it as coping through aspects and understandings of life difficulties evoking spiritual discontent (God has abandoned me), a punitive God reappraisal, expressing doubt in God's existence, a reminder of Gods power, pleading for direct intercession or indirectly pleading to God for help, a miracle or divine intervention etc (Pargament et al, 2000; Olson et al, 2012). The current research however contradicted this assumption as it found though devotees most commonly engaged with positive religious coping styles, when devotees engaged with aspects deemed as negative religious coping such as exhibiting thoughts of experiencing the consequential reactions of their actions, this often enabled devotees to surrender to the experience with the understanding of a higher meaning as opposed to struggling with this outcome and heightening the depressive experience. These difference in results may be due to devotee's responses to their depressions of nonetheless continuing to engage with spiritual mechanisms to navigate through these experiences as opposed to becoming inactive. Moreover, the establishment of the preconditions and philosophies in some respects prepared devotees for experiences like these should they ever arise. As such, devotees appeared more equipped and found this perspective encouraged them to view this experience more favourably which increased dedication to religious and spiritual tools as opposed to incapacitating one in their practice and distancing one from God.

Acceptance and commitment (continuance)

Accordingly, devotees displayed an ability to remain in the here-and-now and tolerate their depression despite any unsettling experiences. Devotees seemed to instead exhibit views of being 'equipped' whereby the philosophy aided preventative, protective and adaptive coping mechanisms and comfort and submission to the fluctuations of depression.

Similarities in the processing was aligned to the frameworks of acceptance and commitment therapy - ACT (Hayes, Strosahl, & Wilson, 1999). ACT proposes an avoidance of unpleasant events alongside an entanglement with thoughts consequently encourages distress (Hayes et al, 1996; Hayes 2004). ACT has most commonly aimed to improve psychological flexibility by altering one's relationship with distressing thoughts, by accepting thoughts as thoughts and demonstrating an undeviating engagement towards one's values which encompass a richer,

more meaningful life (Hayes et al, 2006). Findings suggested, with KC philosophies highlighting the normality of depression in the 'material world,' promoting value-engagement and providing spiritual tools to better manage such experiences, this approach shared fundamental principles to the ACT framework utilised within CoP practices. Consistently, research by Karekla & Constantinou (2010) have previously drawn links between the use of religious coping and ACT in life adversities, suggesting similar outlooks are deployed encouraging a sense of surrender to the circumstances.

Consistent with this research, devotees of the current cohort similarly displayed beliefs and actions which reflected a sense of surrender to their depressive experiences. It appeared, approaching their depression with a sense of it not being entirely in their control enabled devotees to renounce some feelings of tension, guilt and feelings of hopelessness by recognising this as a cause of a higher order power e.g., "this was meant to happen."

A key factor of the ACT framework encourages individuals to understand their values and continue engaging with these in spite of the difficulties they face. Research by Karekla and Constantinou (2010) looked at the efficacy of integrating an acceptance and commitment approach to clients with cancer. Results of this research found this approach to be extremely efficacious in helping patients manage their concerns and health better. This approach particularly aimed to uncover an individual's values (including spiritual and religious) to then help them work towards accepting experiences, events and circumstances which are not in their control in light of their values. These values were then used to commit and take actions in achieving more meaningful goals in mind of their difficulties but not letting it deviate them away from what is in their control i.e., how they chose to respond to their difficulties.

Reflecting the results of the research, devotees from the current cohort similarly appeared to operate from this platform of acceptance and commitment by already recognising their core principles and values. Interestingly, in the face of depression, devotees displayed abilities to recognise it for what it was and continue working towards their values nonetheless, hence displaying 'continuance' in this respect. In all participants accounts, irrespective of the difficulties faced and challenges which arose, devotees committed to chanting every day, engaging with other devotees and reading holy scriptures as a form of managing their depression.

Hayes et al (2004) found, the main goal of ACT was to encourage participants or clients to embrace their thoughts, memories, emotions and more which all constitute their psychological world, without feeling a need to change them and continuing to behave in line with their values nonetheless. Hayes (2004) suggests, difficulties arise when one exerts unhealthy efforts in

attempts to control their internal worlds from a stance of value unclarity, which results in a diminished capacity to behave in accordance with their values.

Similarly, devotees from the current cohort all expressed a heightened depth to their suffering if they did not continue chanting throughout their depressive experiences. It appeared the chanting arose as an anchoring value which enabled the devotees from slipping into deeper states of rumination and depression by channelling their thoughts and attention towards their values. Findings suggested, all devotees viewed these values and religious coping methods as forms of protection and discipline which prevented one from engaging with inflexible thoughts. Similar to the findings of Karekla and Constantinou (2010), this research also reinforces the utilisation of ACT in therapy with religious clients due to the emphasis placed on values and living life accordingly, which renders this an ideal approach as it is well-suited to client's religiousness and spirituality as well as the treatment of their depressive experiences. Certainly, in the case of devotees this would appear to benefit their difficulties, I discuss this more in depth later.

Spiritual tools and resources

Results of the current research suggested, in light of the religious coping discussed, the KC faith provided devotees with not only philosophies but spiritual tools to manage their anxieties and depression better.

Many religions have indicated tools specific to the faith which provide a level of spiritual connection, grounding and development, for the KC faith the primary tool was chanting. Interestingly, results from the current research suggested chanting was used both as a proactive practice to prevent depression as well as a reactive practice for the management of depression if it had arisen. Consistent with the research by Wolf and Abell (2003) who investigated the effects of chanting on stress and depression, results from the current research suggested this also helped to reduce devotee's experiences of depression.

This faith in chanting and the perceived effects in itself appeared to play a role in the management of depression. Interestingly this was contradictory to the results found in research conducted by Loewenthal et al, (2001), who evaluated follower's perceived effectiveness of various religious activities deriving from Hinduism, Christianity, Islam etc. Results from the investigation suggested, in comparison to other forms of help for depression, participants often perceived religious activity as particularly unhelpful, even if results suggested otherwise. Moreover, results indicated those who had not necessarily suffered from depression were more likely to perceive religious activity as useful in comparison to followers of religions who had suffered from depression who viewed it as less helpful. Furthermore, an interesting finding

suggested, out of all the religious cohorts, followers of Islam believed most strongly in the efficacy of religious coping techniques and displayed a preference for this above other means such as seeking professional help for depression.

Inconsistent to the mentioned results, findings from the current research suggested devotees who had all suffered from depression/depressive experiences all displayed strong perceptions of religious coping as being beneficial and effective. Moreover, devotees appeared to display preferences for KC related management tools for depression above other forms of help such as therapy (discussed in the next superordinate theme). Perhaps the reason for this inconsistency related to the sampling as the previous research displayed a distinction in perceptions between the 'ever-depressed' and the 'never-depressed.' Indeed, participants from the current cohort were all comprised of the 'ever-depressed' type however all interestingly displayed positive perceptions of religious coping unlike the previous research. One possibility for this may be due to devotee's perceptions of identity once again which appeared to play a fundamental role in their conceptualisation and reconciliation of difficulties. For instance, in light of the research by Hagerty (2008) who suggested a difference between Hinduism and Krishna Consciousness particularly in light of identity, the research by Loewenthal et al (2001) similarly showed the perspectives of Hindus as finding religious coping unhelpful whereas the results from the current research suggested KC followers perceived religious coping as beneficial. This variance perhaps could come down to the differences in identity conceptualisations found between the two, as KC devotees believed their real selves could not be affected by depression and therefore only spirituality could aid them whilst perhaps the Hindu cohort displayed views of depression as occurring to them and therefore spirituality being unhelpful.

Moreover, as suggested by Pargament (1997), some may have even considered spirituality unhelpful particularly if thinking related to thoughts of divine punishment akin to negative religious coping. In a study by Dalal and Pande (1988) who examined the roles of karmic beliefs and psychological recovery in Hindus who were victims of accidents, they found attributing their experiences to the reactions of past deeds enabled them to lessen their burdens somewhat but more importantly encouraged them to seek treatment as faith alone would not remedy their difficulties. This could even come down to the differences in collectivist and individualist views, as Hindus from previous cohorts were in western countries whereby individualist stances in managing depression are more common, whereas in India and eastern countries more forms of collectivist religious coping are prominent. However, one can only assume these differences in perceptions of religious coping as the current research did not investigate this and this was beyond the scope of the study. Nevertheless, this does provide some indications for possible future research.

Nonetheless, for the current study, engagement with KC philosophies and tools such as chanting, reading, congregating etc, generally displayed forms of adaptive coping mechanisms. However, interestingly unique findings uncovered how this simultaneously revealed a potentially hindering aspect to one's depression. For instance, in one of the participants accounts, they referred to the use of spiritual tools for managing depression but instead seemed to reveal a form of avoidance whereby if they engaged long enough with the practice this would enable them to at least "forget" their problems. As such, it could be argued whether such tools could indeed promote avoidance as opposed to conflict-resolution via a tolerance of distress. Indeed, research by Abu-Raiya et al (2016) who reviewed the use of spirituality and religion as coping tools found the same factors which followers may have deemed as helpful instead acted as 'buffers' which did not resolve difficulties but instead enabled a momentary lapse which enabled them to become distracted and even forget their difficulties.

Interestingly, regardless of devotee's awareness of using spiritual tools as forms of avoidance or not, they nonetheless actively chose to engage with these mechanisms as they perceived this as ultimately serving a higher cause. Unique findings suggested spiritual growth seemed to take priority over personal resolution, whereby learning to manage one's difficulties through the utilisation of spirituality provided more meaning and motivation to work on this. Thus, a sense of spiritual merit/development seemed to dictate one's decision to use spiritual tools as these were viewed as advantages not losses regardless of the outcome. This is consistent with Vaughan's (1991) research who suggested it is common for practicing spiritual members to become caught between such dualism whereby spiritual insights may claim one's primary perspective.

Though this could be viewed as neglectful of one's needs (discussed below), arguably these spiritual tools worked adaptively by possibly promoting self-care in an alternative manner. Similar to the western world, chanting, reading, singing and socialising may typically be viewed as creative outlets and methods of self-care and restoration (Murrant et al, 2000; Aldridge, 1989), practices which are also encouraged especially within CoP contexts.

A complementary process to therapy

In line with the findings discussed above, this all provided some insight into how aspects of KC appeared to complement the process of therapy.

In support of Plante's (2007) proposition that one should include religious and spiritual interventions in order to assist the recovery of depression, the findings from the current research reinforce this. In light of the acceptance and commitment similarities discussed above

alongside the findings around normalisation and validation, the emphasis on positive religious coping, it appeared the encouraged values work collectively played a substantial role in the management of depression.

Research by Koenig et al (2015) has already indicated the positive effects of integrating religion into therapy against more traditional forms of therapy and have often found levels of depression to decrease in the groups where religion was integrated. However, research has argued the reasons for the lack of work done in spiritually or religiously integrated therapies are due to lack of understanding in practitioners on how to conduct this (Pargament, 1997).

Research by Pargament et al (1988) provided some indication for this and proposed three subtypes of religious coping which could provide some guidance on how to integrate religion/spirituality into therapy. These included: 1) a collaborative approach, which refers to coping as a responsibility split between God and oneself, 2) a self-directing approach, whereby a view of God existing but not being directly involved in one's coping emerges and finally 3) a deferring approach, whereby all responsibility, forms of coping and the outcome is completely placed in God's hands.

In light of the current research results, findings suggested devotees of the current cohort were most commonly engaging with a collaborative and self-directing approach in the management of their depression. Devotees most commonly appeared to take a proactive approach when managing their depression by utilising their resources which were available to them and relying on the presence of God to distance feelings of isolation and encourage feelings of support. In some cases, whereby some devotees may have been seen to take a deferring approach, even in those cases this appeared to only last momentarily and partially whereby the act of surrendering responsibility and the outcomes to God occurred but nonetheless engaging with forms of coping in the process of doing so. As such, results from the current research displayed some slight inconsistencies with the framework proposed by Pargament et al (1988) however extend the understanding by distinguishing one's capacity to submit all responsibility and outcomes to God but nonetheless continue engaging with coping mechanisms.

Nonetheless, this provides some insight into how one may be able to utilise this framework and understanding for the integration of therapy and points to how each approach could be set as the foundation for religion-integrated therapeutic work, particularly with devotees.

I discuss the practical implications of this further below.

Superordinate Theme Three; Exacerbating and Maintaining Factors

With the KC philosophies discussed in superordinate theme one, which appeared to set a foundation of understanding for devotee's, discussed below is how they possibly hindered, maintained or exacerbated devotee's depressions.

Cognitive dissonance – a battle between instinctual needs and spiritual expectations/ideals

One of the endeavours of this research were to investigate factors which may hinder devotee's depressive experiences, if applicable. Existing research has often displayed the ways in which religion and spirituality can both benefit and hinder one's depressive experience (Dein, 2013). Consistently, the findings above from the current research illustrated how aspects of KC may facilitate the depressive experience. However, I now discuss how depression was exacerbated or maintained through experiences of cognitive dissonance which appeared to infiltrate all the participants accounts.

In light of the 'splitting' mentioned above, an interesting unique finding indicated devotee's interpretations of the primary goal being spiritual development (good object) were simultaneously perceived to mean a dismissal of their own personal needs and self-care (bad object). Research by Vaughan (1991) proposed, in religion/spirituality, feelings of depression could emerge as occasionally suffering could be regarded more desirable than happiness particularly if such suffering is considered to have spiritual merit. In support of this, results from the current research suggested devotees often prioritised their spiritual development whilst disregarding their personal needs as this depression was considered an opportunity for development (as discussed above) whereby the experience would initiate a reconnection with the faith and motivate spiritual development through the utilisation of religious coping methods which outweigh the depressive experience. Thus, in the process of doing so, devotees consciously seemed to display some level of self-sabotage by exacerbating symptoms of depression by somewhat ignoring their own needs.

This interestingly reflected the process of cognitive dissonance (Festinger, 1962) whereby an experience of distress or discomfort arises from a difficulty in accepting the possible coexistence of conflicting and/or competing attitudes, behaviours and beliefs (Cooper, 2007). Likewise, in all of the participants accounts, the cognitive dissonance appeared to emerge as a need to engage in their relaxation techniques during depressive experiences however abstaining from doing so as it was not considered spiritually inclined thus automatically a 'bad object' (Klein, 1948), which therefore should be avoided. This conflict often seemed to lend itself to the exacerbation of depression. Research by Bem (1967) suggested when an individual

suffers from this experience of cognitive dissonance, they often seek to remove one of the two opposing cognitions to resolve the emerging distress.

Correspondingly, the current research found, in order to manage this distress, devotees seemed to commit entirely to the notion of KC and spirituality being the 'good object' despite the conflicts it evoked for them in light of religious expectations and ideals. Moreover, devotees abided by this by simultaneously committing to the perception of material needs and desires being the 'bad object' despite the comfort it brought them. Such a manner of thinking, arguably as mentioned earlier supported the object relations theory (Klein, 1948), whereby splitting occurred to better manage ones contradicting beliefs without harming the good object, however all at the cost of reinforcing vicious cycles which exacerbated devotee's depressions (Girme et al, 2015).

Blanton et al (2001) suggested, one way this cognitive dissonance could be reduced is by minimising the importance placed on such attitudes and deciding they are not significant in comparison to other values. Opposingly, Sherman and Gorkin (1980) argue another way to minimise it is by perpetuating the importance of coinciding cognitions which support one's beliefs and attitudes.

Accordingly, results from this research supported both arguments as devotees indeed appeared to 'detach from' and minimise the value of personal needs in light of their spiritual development and simultaneously place further importance upon their spiritual development above their depression.

As an extension to the cognitive dissonance theory, Beauvois & Joule, (1996) and Harmon-Jones et al (2015) proposed the effort justification paradigm which suggested an individual attributes more value (than the objective value) to an outcome they had to put significant effort into achieving or obtaining. Consistently, results from the current research supported this notion as the internal conflicts which emerged as a result of the stoicism devotees exercised appeared to fuel their depression which in turn heightened the desirability of the predicted spiritual outcome which was simultaneously perceived as significantly harder to obtain than this 'material world.' Moreover, results implied this effort was justified in the sense that God would bear witness to their difficulties and be pleased with their unflinching spiritual sincerity which would be rewarded with success in their spirituality. As such, this effort to concede to the spiritual path which was seemingly full of difficulties and obstacles appeared to be more fruitful than succumbing to one's material desires and needs which were more easily obtainable.

However, with that being said, this abandonment of needs in an attempt to live up to the expectations and ideals of the religion despite feeling instinctually 'material,' seemed to

exacerbate one's cognitive dissonance. Elliot and Devine (1994) found, abandoning ones wishes during cognitive dissonance often left individuals with feelings of overwhelm, confusion, and conflict which all appeared to intensify their participant's depression. Likewise, the current research reinforced this notion and furthermore recognised a sense of longing and dissatisfaction also which appeared to emerge when particularly displaying stoicism towards material desires. It seemed, on one hand devotees would display a longing for their needs to be satisfied and on the other hand chastise themselves for feeling so 'materially-inclined' despite spiritually practicing, which they seemed to perceive as a lack of spiritual endeavour. As such, feelings of limbo which emerged in a 'material' and 'spiritual' sense seemed to leave some with feelings of 'not being good enough' but also as *"being caught between a rock and a hard place."*

One must question, what could be the cost of the consequences of abandoning such stoicism through methods such as therapy? On one hand, attending to such material needs to relieve oneself of the difficulties being faced could possibly encourage engagement with adaptive coping mechanisms which could help break the vicious cycle (McAteer & Gillanders, 2019). Additional perspectives may be gained alongside clarity which may possibly arise enabling further spiritual development (Robertson, 2019), however all at the perceived cost of initially sacrificing one's spiritual development which could lead to feelings of guilt, regret and consequently reinforced stoic beliefs and behaviours.

One wonders whether the inflexibility awarded by spiritual perceptions work counterproductively as perhaps an inability to cope with 'material difficulties' would eventually have an impact upon devotee's spiritual development and perspective. Indeed, the choice between spirituality or well-being presents the gravity of the internal conflicts.

A stigma/taboo around therapy and opening up

The findings of this research suggested in light of ignoring personal needs in the face of depression, devotees similarly appeared to display a resistance towards therapy.

Consistent with the research of Wesselmann and Graziano (2010), findings suggested devotees of Krishna consciousness also viewed depression as a result of a higher order power e.g., karma, material identification, immoral behaviour etc. As such, coherent to Santos and Kalibatseva's (2019) research, devotees perceived the only way to remedy such consequential illnesses were via spiritual treatments as a means to lifting their depressive experiences. However, attempting to treat their depression through medical means i.e., therapy or medication seemed to be mostly neglected and attributed to negative views.

Many studies have attempted to explore the underutilisation of mental health services particularly in religious cohorts (Choi, Kim & Gruber, 2019; Abe-Kim et al, 2007; Le Meyer et al, 2009) and have often found stigma related concerns which inhibit individual's willingness to seek help. Interestingly, the idea of avoiding therapy in this particular cohort was perceived as beneficial to devotees. Research by Cinnirella and Loewenthal, (1999) suggested, religious participants often displayed a fear of being misunderstood by outgroup health professionals like therapists who assumingly would not understand their beliefs. David (2010) similarly reinforced the notion that there was a general mistrust towards mental health professionals particularly in light of cultural awareness.

Accordingly, devotees of KC similarly displayed a resistance towards therapy due to stigmatized beliefs. However, as opposed to more typical perceptions of stigma relating to mental health treatments and the meanings of therapy itself (Haque-Khan, 1997), a unique finding of this research suggested devotees displayed resistance if not fear of therapy due to the misunderstanding that therapists would guide one's thinking away from spirituality and mislead them. This data, to the researcher's knowledge, is the first to draw out stigma beliefs towards the therapist as opposed to therapy and meanings of attending therapy itself. Devotees seemed to display prominent fears of therapists and views that evading therapy would reduce the possibility of becoming more 'materially absorbed' through their association. Seemingly, in most accounts the therapist was viewed as the 'bad object' (Klein, 1948) who would interfere and prevent their spiritual progress.

Kim (2007) suggested, stigma towards therapy often related to the adherence of traditional, religious and cultural values which seemingly contradicted mental health paradigms (Shea and Yeh, 2007). In line with this, findings from the current research suggested, with the priority remaining on spiritual progression; it appeared any factor deemed as 'interfering' was immediately dismissed. Hence stigma but more prominently 'neglect,' appeared to arise from devotee's perceptions of therapists being an impediment/hindrance to spiritual progression. In light of findings that two-thirds of individual with mental health difficulties do not ever seek professional help as stigma, discrimination and neglect act as barriers (World Health Organisation, 2020), the crucial findings mentioned above support these assumptions and further the understanding by providing some explanation in relation to KC devotees which could potentially be reflected in other religions. Devotees seemed to consciously avoid therapy as a means to protecting their spirituality whereby attending would constitute a form of betrayal and jeopardy. Moreover, unique findings also suggested, most devotees viewed therapy as a threat in its perceived incapacity to resolve spiritual conflicts but instead 'cushion' one's material difficulties which would encourage bodily identification, material desires and

needs, so should therefore be avoided. However, as a result of this, devotees often neglected their personal needs to resolve underlying issues which perhaps exacerbated their depression, highlighting the vicious cycle at play.

Interestingly, emerging bodies of research have begun suggesting stigma towards therapy occurs on three levels (Ludwikowski et al., 2009). The first level consists of public stigma whereby individuals perceive societal stigma for seeking therapy (Corrigan, 2004), the second level is perceived stigma from those around the individual seeking therapy, including members of their social network, close peers, family members, or friends (Vogel, Wade & Ashceman, 2009). Finally, the third level consists of self-stigma, which concerns itself with an individual who believes they are socially unacceptable for seeking therapy or help and can lead to detrimental impacts upon self-esteem and depression (Vogel et al., 2006).

Fascinatingly, in line with this, the current cohort appeared to present with all three levels of stigma towards therapy also. The discussion above was coherent to the stigma/fears associated around 'material' therapists who would seemingly draw one away from their faith and the perceived repercussions of attending therapy despite this belief. Now, I discuss the other levels of stigma emerging towards the concept of therapy itself which appeared to prominently revolve around the opinions and perspectives of the family members, friends and the societal network of the individuals suffering.

To note, though this discussion has revolved around the central theme of stigma, the distinctions between the stigma towards the therapist and the different levels of stigma towards therapy appeared quite prominently in the current cohort which therefore warrants its own discussion section, particularly in light of the impacts these had on the current cohort's accessibility towards therapy.

In light of research by Fogel and Ford (2005) which suggested individuals suffering with depression are more likely to display stigma beliefs in front of family, friends and employers, findings from the current research supported this notion. Interestingly, devotees similarly displayed concerns of how they may be perceived by other members in their families and the devotee community if they spoke out about their mental health difficulties and often feared how they would be perceived. It seemed the overwhelming perception was that mental illness was a taboo subject which ought to be avoided in discussion, whereby it was an indication of a devotee's sincerity in their spiritual endeavours as well as a sign of spiritual disconnect, the findings reflected those of Exline, Yali and Sanderson, (2000); Sorajjakool et al, (2008). Moreover, therapy appeared to present itself as a 'last resort' primarily for only those suffering from complex mental health issues as opposed to depression, who are unable to resolve these

issues alone. With this in mind, if devotees experienced depression, it appeared they often displayed behaviours or perceptions linked to self-berating which often exacerbated their depression as opposed to reaching out for support. The overwhelming consensus reached by other members in the community and family members was that "therapy can't help." As such, a form of avoidance towards therapy appeared to manifest due to beliefs of the self not being 'good enough' as a devotee and therapy being unhelpful, which often appeared to maintain if not exacerbate their depression.

The findings from the current research revealed participants also experienced a sense of fear in disclosing their difficulties to members of their family and other devotees in the community. The fear appeared to relate to one's perception that they would be regarded as 'not trying hard enough' in their spirituality which has consequently left them with depression. This finding is consistent with the research of Bowl (2007) who suggested this taboo nature and stigma prevents individuals from comfortably disclosing their difficulties. This research highlighted devotees' perspectives on the conversations around mental health or psychological difficulties which were considered as unorthodox. Instead, what seemed to take its place were spiritual conversations negating these experiences in conversations about how one may become depressed, what it means from a spiritual perspective and how to overcome this spiritually.

Cinnirella and Loewenthal (1999) suggested community stigma associated with mental illness could often lead to individuals displaying a preference for religious/spiritual coping strategies. However, Pargament & Brant (1998) proposed, religious beliefs and communities can often be unfavourable to one's mental health by encouraging maladaptive forms of coping and ineffective treatment options above therapeutic means. Stanford (2007) argued religious communities who partake in individuals' coping journey provide an important source of support and resource (Pargament et al, 2005) and often encourage 'treatment' via religious means including scripture study and prayer above healthcare practices (Malony, 1998).

Correspondingly, a similar conclusion was reached in the current research whereby this notion of attempting to overcome depressive experiences/depression alone through spiritual means was something seemingly reinforced through community beliefs. Wilkum & MacGeorge (2010) suggested one's specific religious beliefs and styles of coping can largely influence the type of support individual's pursuit, which impact the effectiveness of such support. Interestingly, unique findings indicated members of the community often heightened the depressive experience by encouraging spiritual practice only, but more substantially some participants often felt this encouragement disregarded or overlooked their depressive experiences altogether. Though all participants were already using this as a tool, it appeared the encouragement to continue chanting without offering to listen often felt like a quick fix as

opposed to providing an opportunity for expression or exploration. As such, though all did seem to display a preference for utilising spiritual coping strategies as opposed to medical alternatives, this appeared to be due to the experiences of not being given a space to express their difficulties by other devotees whereby the overall assumption pointed to the message that expression and discussions around depression were not so important or useful.

This message of being "crazy" when considering therapy as a method to managing depression was something seemingly reinforced by family members and other devotees who seemingly argued depression were a sign of disconnect to religion and this ought to be remedied via spiritual means or that one was having a 'mental breakdown' which could only be absolved by prayer. As such, in line with the research conducted by Breland-Noble et al (2015); Hartog & Gow (2005) who found religious followers often favoured traditional, spiritual understandings of depression and 'remedies' such as spiritual guidance, prayer and methods found within scriptures above therapeutic means, this research extends this understanding by offering reasons for why this may be the case e.g., evaluating expression as undesirable, unhelpful and against religious protocol. Moreover, the distance created between an individual's desire and need for expression and reaching out to therapy were seemingly exaggerated by community beliefs that one should continue engaging with religious coping mechanisms without informing professionals due to the fear of being misunderstood which is consistent with the research by Bhugra (1992); El Azayem & Hedayat-Diba (1994); Littlewood & Dein, (1995). As such devotees appeared to fixate on their spiritual tools which were reliable in the sense it grounded them, wouldn't hinder their spirituality and would present an opportunity to remain mindful and in the here and now which were all considered as beneficial.

A sense of risk to the self

The final dimension of exacerbating or maintaining factors elucidated in the analysis was the negative consequences of those meaningful factors devotees gained through KC which seemed to simultaneously bear some risk dependent on how devotees understood, adopted and related to philosophies. For instance, the dichotomy of KC prompting and awarding a change in identity and lifestyle seemed to bring resolution to some, however results suggested adopting this proved to be problematic for others. The findings aligned itself with the research conducted by Paloutzian et al (1999) who described the process of religious identity change as difficult and stressful despite seeking to restore one's sense of meaning and belonging which lends itself to identity achievement.

Reflecting this, some participants of the current research appeared to find this process of identity change as unnerving and uprooting. According to Beijaard et al (2004), aspects of identity and the self are subject to change in light of life changes, social contexts and experiences. Indeed, research by Hunsberger et al, (2001); Tzuriel (1984) have suggested religion and spirituality are crucial resources for identity formation and enhancing identity by providing perceived value and meaning to life experiences (Youniss et al, 1999), factors which are considered central components to identity change (Hill et al, 2000). A unique finding emerging from the current research however contests this view and suggests though certain existential deprivations were indeed satisfied upon devotees' entrance into KC (Dein and Barlow, 2014), this sense of gaining meaning and value came at the cost of displacing existing value systems as instigated by the religion which in fact temporarily deprived devotees of meaning and value when in the crux of this change. These value systems appeared embedded in 'materialism,' which devotees initially sought comfort and belonging within and experienced a sense of distress, conflict and confusion when being encouraged to let go of them.

Debatably, Ebstyne (2003) argued, though religion offers individuals meaning, fresh worldviews, relationships and more, it can hinder one's identity formation. Religion has been thought to offer existential meanings through religious rituals, new social norms and behavioural changes (Erikson, 1965). In support of this, results from the current research indicated devotees obtained meaning through their daily practices of chanting, whilst adhering to the religious rules and engagement with spiritual practices, however a development to this understanding indicated devotees simultaneously experienced a sense of attachment and loss to certain aspects of their 'old' identities and lives. Ebstyne (2003) suggested with shared goals being heightened by likeminded social contexts, searching individuals are supposedly more likely to feel and/or be pressured into adopting a specific ideology and expression of spirituality. Moreover, Colby and Damon (1995) found, religious individuals in the search for their identity frequently become embedded within a religious social context which could often dictate one's goals, beliefs and values.

Results from the current research supported these arguments and found with devotee's respect towards their newfound identities and religion, they often renounced any 'bad objects' deemed materially-inclined and spiritually preventative despite feeling some resistance towards doing so. It appeared devotees were more willing to give up these attachments after evaluating their meaning in comparison to the meaning gained by the religion which appeared to outweigh the former. Much like the research conducted by Marcia (2002) who found the more one delves into religion/spirituality, the more their concept of identity alters, similarly devotees appeared

to concede to principal ideologies and behaviours they felt an internal resistance and conflict towards for the sake of adhering to the religious values.

Models by Cuhadaroglu (1999) suggest, without an opportunity for identity exploration elsewhere, a risk of neglect and identity confusion arises which has been considered an early predictor of depression. Likewise, some devotees from the current cohort supported this position and illustrated high risk and difficulty when attempting to adopt these religious principles and identities in the place of existing meanings. One particular participant stated, *"everything that I was used to was being destroyed,"* indicating strong feelings of displacement, uprootedness and distress during this change.

Consequently, this identity change and expectation to renounce 'material attachments' also incited feelings of leaving behind the 'old self.' Consistent with the research findings of D'Souza and Gurin (2016), such forms of renunciation, though ultimately for the perceived greater good (spiritual enlightenment), presented numerous difficulties particularly as devotees were giving up aspects they were emotionally attached to. This seemed to also indicate a sense of identity confusion, particularly as these factors personified devotee's previous lives and identities.

Research by Baxton and Britton (2001) suggested, leaving behind 'identifiers' related to the old identity such as relationships, perspectives and roles which still inhabit the 'old world' can evoke identity confusion. Turkbay et al (2005) suggested depression is higher in those who experience identity confusion. In line with these findings, a significant result suggested this pressure to adopt this spiritual lifestyle seemed to play a fundamental role in exacerbating and/or triggering a depressive experience in some, by uprooting their existing foundations and promoting identity change which for some provoked identity confusion.

Thus, in light of Demir et al (2010) who suggested a relationship between identity and depression, the current study suggests devotees who readily accepted this new identity and succeeding life changes, found themselves to be more accepting, resilient and hopeful in the face of depression by gaining tools, meaning and purpose in life which acted as one potential preventative measure for future depression. A unique finding however revealed those still in the crux of this identity change and trying to understand this profound identity, often were left with feelings of depression, anxiety, loneliness, confusion and hopelessness. Such a change seemed to spark a sense of uprootedness and loss attributed to leaving behind the old world and identity which encapsulated their life up until introduction to KC.

With such barriers, I below discuss suggestions for manoeuvring around such conflicts within the community and therapy and provide some recommendations for future research.

Conclusion

Limitations of research and future research

The current research presents numerous strengths as well as limitations. I discuss these in light of future recommendations.

The nature of the research could be considered a strength as it provided devotees an opportunity to express their experiences of depression. IPA has been established as a methodology which focuses upon detailed and rich understandings of complex experiences (Smith, 2011). As such, with the existing gaps in the current knowledge around the relationship between KC, its practices and depression, this research was able to address such questions through this study's findings.

Though IPA acknowledges this research being a manifestation of my reality and how I view others' accounts (Smith, 2005), being a KC devotee with my own preconceptions of experiences could be considered a limitation. For instance, in one particular interview I found myself becoming frustrated as I began to feel concern that the participant I was interviewing was endorsing the KC faith as opposed to engaging more deeply with their thoughts, insights, emotions and experiences of depression. It felt to me that the participant had the capacity to share more on their depressive experiences based on their body language and my observations (which are encouraged in IPA work), however were refraining from doing so and often guiding the attention back to their positive experiences and views of the faith as opposed to answering the questions being asked. I often made attempts to steer the participant back towards the question and go deeper in their responses by using prompts from the interview schedule to assist this, however found the discussion was often taken away from that and directed towards endorsing the positive aspects of this faith, which frustrated me. Upon further reflection, it seemed my reaction to the participant's accounts stirred in me material which perhaps led to the interpretation of the participant displaying bias and promoting KC as opposed to reporting their experiences.

However, to prevent this from establishing a bias, I kept a reflective diary and utilised therapy during the research process to become aware of the feelings being evoked for me and attempt offsetting biases by maintaining some level of distance. I also felt it was important to discuss this with my supervisor during supervision to ensure I was not viewing this from a biased perspective and ignoring information that would disprove my thoughts and feelings. This opened a discussion for me which allowed me to reflect on my concerns, feelings and the implications of these concerns on the research. I had come to an understanding that I was afraid my data from research would become 'unreliable' and 'inaccurate' due to this potential bias but then also recognised how this brought up feelings for me which were initially aligned

with the positivist stance I once held that believed 'truth' could be wholly obtained. I recognised through this discussion that the information obtained from the participant nonetheless reflected something about the topic which I was perhaps overlooking and also provided a level of depth I would eventually have a chance to interpret in the later stages of the process. This discussion with my supervisor also encouraged me to interview an additional participant as a means to obtaining a closer reflection and counterbalancing any potential biases at stake. It was hoped that by interviewing an additional participant this would perhaps in some manner 'dilute' the seeming endorsements and draw out interesting and applicable aspects of their accounts which were more in line with the research question. Moreover, the rationale behind this decision was also that this supplementary account would provide more data and conceptualisations to work with which would possibly compensate for the seeming lack of information obtained from this participants account. I eventually recognised some comparable links and themes to the other accounts and so I gained a supplementary account which actually reflected similar views consistent with all other participants. In order to ensure I was not trying to 'find' this data in these accounts and letting them emerge naturally, I later verified my interpretations when I had the opportunity to check-in with three of the seven participants who I was able to successfully get in touch with after making a few contact attempts following the interviews. These participants confirmed and agreed that the presented themes were consistent with their experiences of depression.

Another limitation could result from my influence and presence over the interview process. Whilst many religions have 'indicators' for followers of the faith (Herteliu, 2010) e.g., a headscarf for Islamic women, a Kara bangle for Sikh women, similarly I always wear my Kanti Mala (a KC necklace made of Tulsi beads). Given the findings unveiling a sense of upholding ideals, one could argue a limitation of this study could be my very presence as a researcher/interviewer and a KC follower seeking out experiences of depression which to some devotees perhaps felt invasive. Kay et al (2010) suggests, followers of faith are unlikely in general to highlight negative traits within their religion as a form of adherence and respect to their faith. One could also assume devotees felt more conscious than usual being interviewed by a member of the same faith therefore provided more socially desirable responses (Paulhus, 1984) as opposed to more meaningful accounts of their depression. Whilst depression was viewed as an inevitable and natural experience, such accounts may have been underplayed to uphold the positive image and ideals of the KC faith. This would have meant further depths of information and understanding as well as more intricate nuances of depression were possibly lost.

Conversely, one could argue my presence as a KC follower actually encouraged devotees to express themselves more comfortably. Buffel (2019) suggests, when interviewees recognise

similarities between themselves and the interviewer, they attribute the interviewer to having 'insider's knowledge.' Indeed, Mercer (2007) suggests, interviewees are more likely to engage in open debates and further depths, though suggests having an 'insider' conduct interviews is like 'wielding a double-edged sword' as this could highly benefit or hinder the information gaining process.

For instance, research by Mullings (1999) found participants were more willing to engage openly when they deemed the interviewer to be an insider and were able to establish a quicker and stronger rapport with them which led to more detailed forms of information. Merton (1972) proposed, these outcomes may occur due to participant's assumptions that the insider interviewer has privileged access to particular forms of knowledge which may not be readily available to others. However, Merton (1972) argues, insider interviewers are more likely to remain ignorant to the information obtained and mistake errors for truth. For instance, Brekhus (1998) suggested, insiders are more likely to assume their perspective is more widespread than it actually is and have a tendency to disregard obvious questions which are not asked but need to be, due to existing assumptions (Hockey, 1993). As such, a question arises in the capacity of the insider interviewer to maintain an open-mind and bracket pre-existing assumptions and experiences to obtain more information. Ohnuki-Tierney (1984) however refutes this notion by stating those who have some insider's knowledge are far more advantageous as they are in better positions to understand emotive dimensions of behaviour which would add some depth to their observations and discussions. In light of this, it seems insider interviewers display impacts over the interview process in a two-fold manner. The first being, the interviewer's capacity to open-mindedly take on board information (new and old) whilst bracketing their presumptions as much as possible and the second being their influence over the interviewee's willingness and comfort to participate openly. Whilst some may view the interviewers as insiders and feel more self-conscious of their responses, others may view those same insider interviewers as individuals who would be better informed of their material, thus able to better understand.

Kelleher and Hiller (1996) however suggested, in many cases participants may actually view such interviewers as only 'temporary insiders' who can understand only certain aspects of them and be made to feel like outsiders on other aspects which they deem as interviewers not being able to understand. Griffith (1998) likened this to the process of moving back and forth between different boundaries due to different values arising. Thus, lending support to the contention that participants feelings of commonality and differences may fluctuate constantly during the course of their interview (Kelleher and Hiller, 1996). As such, it seems though there are many signs of an insider being both beneficial and potentially hindering to the interview process, it seems my presence as a devotee of KC may have had an impact on the process in

some shape or form and although detailed accounts were obtained, it is difficult to determine the extent of depth achieved.

Nonetheless in light of the research findings and limitations, a few possible avenues for further exploration emerged. Given the potential limitations highlighting my presence as a researcher/interviewer/KC follower, an opportunity emerges to re-explore this area to better determine whether such forms of idealisation continue to remain upheld in the presence of non-KC researchers/interviewers. Such vital information would contribute to therapeutic practices by providing understanding around the extent of these ideals and how much they hinder one's wellbeing.

Furthermore, with the findings around risk and deprivations emerging from new devotees' identity change upon their introduction and implementation of KC principles, this presents an opportunity for further investigation. The devotees in the current cohort had all indeed converted into Krishna Consciousness whereby some existential deprivations were possibly present. With this, one must question whether such experiences of deprivation, depression and identity confusion/change emerge for those followers born into Krishna Consciousness. Indeed, such unique perspectives on identity would seemingly have some impact upon behaviour and thinking. This information would perhaps provide further indication on whether such experiences manifest only for those who undergo identity change when converting into the religion or whether such experiences of depression, deprivation and identity confusion emerge at a more general level within the KC community. Either understanding would improve Counselling Psychologist's ability to apply such knowledge to therapeutic practice and target areas of difficulty and conflict.

Implications for medical support systems

An apparent difficulty recognised stigma as a preventative factor for many devotees considering therapy. With their reluctance to approach CoP or other professional services, a necessity around resolving such stigmas through alternative platforms emerges, to possibly encourage devotees to reconsider their perspectives.

For this, one must consider initial points of contacts i.e., general practitioners, nurses and other healthcare professionals who possibly provide the initial impressions of mental health care. Perhaps tentatively broaching the subject of therapeutic help would possibly break down the initial walls of stigma. Key points such as Counselling Psychologist's principles of working with client values (HCPC, 2016) could indeed improve the existing perspective.

Perhaps we as Counselling psychologists could also do more to become more engrained with such societies and cohorts. Indeed, Peteet (2019) argues most mental health practitioners lack formal training in religion/spirituality despite guidance being available. As a trainee Counselling Psychologist and a devotee of Krishna Consciousness, it would feel beneficial for Counselling Psychologists to integrate into such societies through the multifarious platforms available which could encourage devotees to consider therapy. Such platforms and societies readily exist i.e., daily classes and programmes which are open to the public. Here an opportunity arises to provide information via seminars and presentations to these societies and temples who potentially uphold such stigmas. Devotees would be given opportunities to ask questions, perhaps hear success stories of religious individuals who have entered therapy and left feeling resolved in their mental health difficulties and more connected to their spiritual faiths. More importantly, this would provide psychologists an opportunity to cast any doubts which may arise in the devotee cohorts whereby stigma related fears can be challenged, and any forms of misguided information can be corrected.

Practitioners may find it helpful to anticipate and prepare for any 'horror stories' around devotee's experiences of therapy. Similar to the accounts heard from the current research whereby devotees had heard other devotee's experiences of therapists being hindering or neglectful to their faith, this inevitably bred fear. As such, validating these experiences and using simple techniques such as reminding devotees that therapy is about finding a suitable therapist who matches one's values would be useful.

Furthermore, spreading messages through 'word of mouth' would seemingly be an effective technique in encouraging others of a similar demographic to recognise the principles of therapy which are particularly in line with the HCPC and BPS guidelines which honour and protect one's values. In order to reduce fears around therapy, perhaps more work could be done to engage those devotees who have already attended therapy and have experienced positive effects from it. Enabling these devotees to share their experiences of therapy and its ability to work with faith would seemingly go a long way. In light of the research conducted, there is an apparent presence of online forums currently existing for devotees of KC which discuss coping mechanisms for depression however ignore the possibility of attending therapy, perhaps inviting participants who have been in therapy to share their positive experiences and views would encourage engagement and present an opportunity to speak to anyone who may be considering therapy.

Moreover, as a devotee of KC and a trainee counselling psychologist, I also recognise there are other avenues to increase awareness. For instance, opportunities to conduct more work delivering education around mental health to schools and education settings. In light of the

current cohort, there are specific Krishna Consciousness based schools who currently teach regular curricular alongside faith-related education by devotees and non-devotees who are trained in education. Opportunities to present information about mental health here would be incredibly valuable and important for younger devotees to recognise the benefit in attending therapy. It would seem, this information would perhaps spread in a snowball manner whereby this message is then passed along to other members of the faith, including their families. More importantly, engaging support from these teachers who encourage the wellbeing of students and are also devotees of KC would seemingly provide more reliability in terms of the message being given.

More substantially, more work incorporating the support of faith leaders and congregations could indeed also normalise the use of therapy and restructure the stigmas reinforced by religions. Plenty of work including the current research has indicated the credibility of faith leaders and temple leaders who could similarly broach the topic of mental health difficulties and engaging with therapy in order to help resolve or manage this. Not only would this benefit the society but also improve CoP intake.

Implications and applications from research to therapy

Taking guidance from devotee's accounts, it seemed numerous implications and applications for therapy emerged.

In light of the societal stigma which emerged in the results of this research, findings indicated conversations around mental health were viewed in a taboo manner whereby terms such as "crazy" were automatically linked to the experiences of mental health difficulties and one's desire to seek out to professional help. With this in mind, more work around restructuring the semantics used would perhaps encourage devotees to engage with therapy more. In most cases, if devotees had displayed a need for help with health difficulties, this warranted no reaction however upon using the term 'mental' health difficulties, this appeared to immediately draw out stigmatised beliefs. As such, using words such as 'thoughts' and 'feelings' in replacement to 'mental' health and terms such as 'support' instead of 'therapy' perhaps may be more culturally appropriate and deemed as less assaulting to one's faith.

This research also suggested there was significant hesitance in seeking help professionally due to fears of therapy and therapists alike being a hindrance to one's spiritual development and deviating devotees away from the KC faith. These views appeared to be spread via other devotees as mentioned above. As such, this research therefore reinforces and underpins the necessity of practitioners proactively clarifying and reassuring the clients around therapeutic

principles such as it being a person-centred approach which uses client's values to build a foundation and often centralises interventions and discussions in light of this.

Perhaps practitioners could also use more encouraging language and terms such as 'religion integrated therapy' or 'spirituality integrated therapy' which could possibly convince participants that therapy is an additional resource to support their faith and utilise these practices which hold value and meaning for them to help manage their presenting difficulties. Using faith promoting language and helping devotees identify therapy as being beneficial and not impeding to their faith would be an important standpoint for them to recognise. This would help to validate participant's religious practices and encourage faith in the process of therapy also.

This can be further reinforced through the collaborative process of establishing treatment plans which are appropriate to the presenting difficulties but still mindful and incorporative of devotee's religious standpoints and goals. For instance, if a devotee presented with depression, finding goals which are in line with the treatment for this e.g., behavioural activation would be helpful alongside interventions inclusive and mindful of client's faiths, for instance behavioural activation through the attendance of more spiritual classes and lectures. This would seemingly be a significant contribution as it not only helps devotees recognise therapy as a supplement to existing coping mechanisms and their faith but also something which encourages spiritual development, which as the current research has shown, is a fundamental goal central to all devotee's lives.

In light of the fears devotees displayed around therapy, practitioners should also be mindful of how they open the conversation around faith and be sure to collaboratively and tentatively discuss the extent to which faith can be spoken about and *how* faith can be discussed with devotees e.g., whether it can be used to challenge perspectives. This would encourage devotees to discuss their faith in a manner which feels comfortable for them but would also indicate respect towards devotee's religion-based values and help them recognise the complementary approach both therapy and religion display.

In light of devotee's accounts, a loose guidance inclusive of considerable factors for therapy is now discussed.

In the account proposed by Kim when discussing guidance for therapists, she proposed that only open-minded and accepting therapists have the capacity to assist devotees in the management of their depressive experiences providing they set aside their own biases and opinions. Researchers have previously suggested some clients present suspicions of practitioners upholding antireligious attitudes (Peteet, 2019) particularly in the cases where the client has been told they are "too religious," encouraged to engage in premarital sex or

prematurely encouraged to consider divorce. Likewise, from the results of this research alongside suggestions provided by Grimm (1994) emerging through their research, it is understood that a goal for effective treatment would successfully integrate spiritual, religious and epistemic values to accommodate the client's spiritual and religious needs, moreover that depression would more likely decrease when religion was integrated into therapy (Koenig et al, 2015).

CoP principles are known to be underpinned by humanistic values whereby a therapist demonstrates adherence to the client's frame of reference whilst respecting their subjective understanding and experience (Lane and Corrie, 2012). Stetzer (2014) suggests negative experiences of secular therapy for many have indeed propagated the perception that many therapeutic disciplines are built upon defective worldviews which ought to be rejected. However, their ethical principles and codes of conduct indeed encourages Counselling Psychologists to be aware and respectful of any "differences" and client's "statuses, views and identities" (APA, 2016). As such, to overcome such perceptions, Josephson and Peteet (2008) suggest practitioners must demonstrate respect to client's beliefs and values irrespective of their own personal beliefs and acknowledge the importance of them to the client. For devotees of Krishna consciousness, viewing the therapists as being on their side could be achieved through these principles of displaying respect to their beliefs and therefore helping clients to accommodate into the therapeutic process.

Similarly, in mind of this alongside the results which suggested therapists and therapy are viewed as the 'bad objects' (Klein, 1948), a platform of trust would seemingly be the initial goal of therapy in order to eventually move onto exploration and therapeutic interventions for depression. Indeed, the therapeutic relationship has countlessly been established as the core of the therapy process which inspires more depth and further exploration (Hill, 2005). In line with CoP ethical codes of conduct, practitioners have highlighted the importance of displaying respect towards the client's values thus possibly encouraging them to feel unthreatened (HCPC, 2012). This could be achieved through the collaborative process of understanding through devotee's accounts the meanings behind their dilemmas, the use of spiritual terms and references to spiritual analogies, which altogether display a better and closer understanding of devotee's accounts and encourage reliability in the practitioner to better understand and contain them.

Moreover, in light of Mary's account who discussed her experiences of therapy and what she found helpful, for some devotee clients it may be beneficial to enable them the opportunity to set aside their spiritual expectations momentarily and focus on the difficulties that are being experienced at hand. In light of the results, these difficulties are most likely viewed as

somewhat impeding to their spiritual development though one must not make assumptions about this and utilise their clarification skills to check in to understand the impacts these difficulties play in client's lives. Praglin (2004) also suggested, separating the spiritual from the presenting difficulties could go a long way as it helps followers navigate through their experiences, perhaps without the added pressure of guilt, burden and shame. Such a process could only of course be conducted once a strong therapeutic relationship with trust has been built alongside consent which has been gained from the client. Deterring from this could otherwise result in the view of therapists utilising another skill to deviate one from their religion by encouraging independence of thinking from spirituality. Mary similarly underpinned the importance of devotees recognising that the management and resolution of underlying difficulties would display improvements to both their material and spiritual position. As such, keeping this process in the frame of that conceptualisation would possibly make it somewhat easier.

Moreover, approaching these matters with a primary focus on the consequences of ignoring one's mental health difficulties as having an inevitable impact on spirituality could be a plausible way to engage this demographic. Seemingly Counselling Psychologists or other practitioners could also use this as a foundation for building a therapeutic relationship which acknowledges the importance of spirituality to devotees and proactively manages the fear of being diverted from their spiritual path by broaching this subject.

Assumingly, those attending therapy would be at a point where they believe their depression cannot be ignored and/or resolved through spiritual practises only. As such, carefully considering what the spiritual concerns are and distinguishing the material concerns could aid the process of potentially dividing the difficulties to work on each layer independently. Rosmarin, et al (2010) imply a necessity in acknowledging individual's utilisation of spirituality to manage difficulties as this could result in maladaptive as well as adaptive forms of coping which need to be addressed and considered, separate to non-religious forms of coping. Moreover, Griffith and Griffith (2003) discuss the importance of therapist's tentatively and respectfully discussing spiritual beliefs whilst keeping in mind their concerns for the client's well-being and therapeutic goals for encouraging independence of thought. Once again, having agreed with the client how one can discuss their client's faith in sessions, this would provide some guidance on how to proceed with this.

Another aspect/avenue to consider is, in light of devotee's identities as the soul, this could be used to encourage resilience and perseverance whereby a devotee remains motivated during depression to continue and persevere. Indeed, researchers have proposed using religious/spiritual aspects within client's wellbeing and utilising these as resources for

endorsing therapeutic change (Bergin, 1991; Shafranske, 1996). In light of the discussion above around the similarities in KC philosophies and religious coping alongside the principles of ACT (Hayes, Strosahl, & Wilson, 1999), drawing on the similar values would seemingly complement the therapeutic work in respects to devotee's beliefs and difficulties. Following CoP therapeutic codes of conduct (HCPC, 2016), drawing out devotee's values and using this as a platform to work towards would not only help devotees feel motivated but perhaps encourage a realisation that the therapist is working alongside them and prioritising their values, thus complementing the therapeutic relationship (Pierson & Hayes, 2007). Karekla and Constantinou (2010) suggest, in regard to clients religious coping practices, practitioners and therapists should be aware that clients may often fluctuate between negative and positive forms of coping over the course of treatment as well as recovery. They suggest, therapists should be able prepared to utilise their ACT skills to redirect the client in exploring and understanding the functions of their coping practices and then assess the effectiveness of them based upon their experiences. Similarly, through the use of values and the notion of working towards values, these could her redirect clients onto their therapeutic path as well as encouraging active spiritual development.

Another finding from the research suggested, one would have to consider/explore feelings of guilt and underlying emotions, making devotees aware of such binaries, black-or-white thinking patterns and cognitive dissonance before sensitively addressing this through the use of CBT (Beck, 1979) and ACT (useful for contradictory beliefs) once trust has been established. Gockel (2011) describes trust in a therapeutic relationship with a spiritual client particularly important to delve deeper into sensitive topics and gain wider dimensions of understanding. Most important would be being extra considerate of how accounts are interpreted and challenged, continually checking in as encouraged by CoP codes of conduct, would prove to be beneficial in ensuring the devotee consistently feels they are being understood and heard (APA, 2016). To directly challenge devotee's beliefs would seemingly feel like an attack however welcoming devotees to arrive at such questions about behavioural patterns themselves would feel better suited. As such deploying CBT methods such as Socratic questioning (Padesky, 1993) considered effective in exploring complex ideas, uncovering assumptions and unearthing one's beliefs and thinking patterns, would make this achievable.

Essentially, one would be aiming to help devotees reflect and process obstacles and conflicts (such as history, trauma, thought patterns etc) to continue self and spiritual development. Rationale in this case could view such 'material problems' as obstructions to devotional practice. Tentativeness and trust would seem most important in this therapeutic context (HCPC, 2016).

Final words and considerations

Based on my own experience as a therapist and a KC devotee, I found this research to be truly fascinating. Though numerous barriers arose from devotees considering therapy, I truly believe the current research would better inform the CoP discipline how to work with such devotees. This not only reinvigorated my trust and affection for the Counselling Psychology discipline but also reminded me of its importance and ability to truly get closer to individual's difficulties and illuminate forms of resolution. I now see how Counselling Psychologists have particularly well-suited capabilities to help devotees uncover and address such difficulties with their focus upon lived experiences rooted within humanistic underpinnings (Nielsen & Nicholas, 2016).

Perhaps with such knowledge, I can only hope that the current divide between the two worlds would eventually be bridged, and factors such as stigma would truly be expelled.

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Appendices

Appendix A: The Interview Schedule

Questions for Semi Structured interviews	**Further Prompts**	**Extra Questions asked during Interview**
In your own words, what is Krishna consciousness?	If I were someone who had never heard of Krishna Consciousness, how would you explain it to me?	
How has Krishna Consciousness acted as a role in your life?	How strongly does it play into your everyday affairs? How does it apply into your daily decisions if it does?	
What is your understanding and experience of depression?	What is it? How did it begin? How did it feel? How long did it last? What stood out to you about it the most?	
What do you feel has helped you recover from depression if you feel you have?	Did Krishna Consciousness ever play a role in this? Was the recovery independent to Krishna Consciousness? What worked for you?	
Has Krishna Consciousness ever played a role in your depression? If so, how may it have helped?	What did it do for you? Were there any tools found in Krishna Consciousness that may have helped? If yes, what were they and how did they help?	
Can you think of a way Krishna Consciousness may have hindered your struggle with depression? If yes, how?	Has it ever made the symptoms of depression worse? Has it ever maintained the symptoms of depression?	
Can you think of a way in which devotees of Krishna	If yes, how so? If no, how so?	

Consciousness may be more susceptible to depression?	What factors could increase vulnerability from your perspective?	
What advice would you give to other people experiencing depression on how to overcome it or recover from it?	What advice would you give to devotees of Krishna Consciousness?	
Is there anything else you would like to share about spirituality and depression?	Any last words to sum everything up?	

Appendix B: Flyer for future study

LONDON METROPOLITAN UNIVERSITY

ARE YOU A DEVOTEE/FOLLOWER OF KRISHNA CONSCIOUSNESS?

HAVE YOU BEEN A DEVOTEE/FOLLOWER FOR MORE THAN 5 YEARS?

Have you ever been diagnosed with depression?

Or have you ever experienced significant depression without a diagnosis?

If YES, then you could volunteer for my study!

Hi! I am a student researcher working on my doctoral thesis about the experiences of depression within Krishna Consciousness devotees. If you believe you fit the above criteria and agree to participate, you will be invited to an interview, where you will talk about your experiences of depression, and how Krishna Consciousness may have benefitted or hindered your improvement amongst other ways it may have influenced you (positive or negative).

Through your participation, it is anticipated that there will be newfound knowledge within this research area that will come to light and contribute to the current existing body of counselling psychology.

Not only will you have a chance to be listened to, your experiences may potentially contribute to the future existing therapies targeted towards Krishna Consciousness devotees!

Travel expenses will **not** be covered; however, refreshments will be provided!

An interview lasting no longer than 1 hour will be undertaken at a time and place convenient for you and myself which we would agree on after you are accepted for the study.

Please register your interest by contacting me on the following email address and I'll get back to you: **REC0266@my.londonmet.ac.uk**

Thank you! Please feel free to tear off a tab below:

KC and Depression study Email address: REC0266@my.londonmet.ac.uk	KC and Depression study Email address: REC0266@my.londonmet.ac.uk	KC and Depression study Email address: REC0266@my.londonmet.ac.uk	KC and Depression study Email address: REC0266@my.londonmet.ac.uk	KC and Depression study Email address: REC0266@my.londonmet.ac.uk	KC and Depression study Email address: REC0266@my.londonmet.ac.uk	KC and Depression study Email address: REC0266@my.londonmet.ac.uk	KC and Depression study Email address: REC0266@my.londonmet.ac.uk	KC and Depression study Email address: REC0266@my.londonmet.ac.uk	KC and Depression study Email address: REC0266@my.londonmet.ac.uk

Appendix C: Participant Information Sheet:

LONDON METROPOLITAN UNIVERSITY

A Research Project Investigating the Experiences of Depression in Devotees of Krishna Consciousness

To whom it may concern,

Introduction

Hi, I am a trainee counselling psychologist at London Metropolitan University and I am currently carrying out research as a part of my Doctoral Thesis to discover the experiences of depression within Krishna Consciousness devotees/followers.

Why am I doing the project?

Currently, there is limited knowledge on the topic of depression within the Krishna Consciousness community, and it is hoped that the current project could provide useful information to add to the body of knowledge for Counselling Psychology. By embarking on the current project, there is a hope that therapists and healthcare professionals become more informed about Krishna Consciousness in general and in relation to depression.

Why have you been given this sheet?

I am writing to invite you to an interview with myself to discuss your experiences of depression as a devotee of Krishna Consciousness. This interview will last 1 hour conducted by myself and shall be audio recorded with a password protected devise. I will be asking you several questions regarding your experiences from an interview schedule which will be loosely structured. Data from your interview will then be analyzed and used in the final product of my Doctoral Thesis. Prior to this, you will be asked a few quick questions or given a questionnaire to complete in order to determine whether you fit the participant criteria. If you do, you will be invited for an interview, if you do not, all your details will be destroyed and omitted from the study.

What are the steps you need to take if you agree to take part?

1. Complete the consent form and questionnaire (if provided) after carefully reading through this participant information sheet and the information on the consent form.
2. If you are accepted for the study, a time slot will be arranged and allocated to you agreeing to a convenient time to meet. Details regarding location for the interview will be arranged and decided with you.
3. A single interview lasting roughly 60 minutes will be conducted where I will be the interviewer and you will be the interviewee. I will be asking you several questions regarding your experiences of depression and Krishna Consciousness from an interview sheet that will be loosely structured. This allows me to follow up interesting points you make that may not be on the sheet. The interview will only take place once.
4. Upon completion of the interview, you will be asked how you feel. You will be given numbers for services you can speak to, should you feel in distressed by the study in any way.

How much of your time will participation involve?

The interview will last one hour and is not expected to be longer than this.

Will your participation in the project remain confidential?

Should you agree to take part in the interviews, your name will never be disclosed in the analysis or the final product of the thesis. Confidentiality will only be broken if I believe that you or someone else is at risk of harm, but you will be made aware of this. Additionally, your interview will be used for this project only and your identity will remain anonymous. All information and data will be stored in password-protected drives, which only I and my supervisor will have access too. If you are not accepted for the study, any files and information on you will be destroyed and you will not be contacted again. Once the thesis has been published, all your data will be destroyed immediately.

What are the advantages of taking part?

You may find the contents of the current project interesting and enjoy the interview process. Upon completion of the study, more information will be provided regarding other journal papers and articles that have led me to exploring these areas.

Additionally, this could inform healthcare professional's practice should they ever meet clients who are from a Krishna Consciousness background experiencing depression. By exploring the current review, they may have a greater understanding of how depression is experienced and find potential ways to use it to counter depression.

Are there any disadvantages of taking part?

You may feel uncomfortable speaking about your experiences of depression; however you do have the option to withdraw even after completing the interview.

Do you have to take part in the study?

No. Your participant is voluntary, additionally if you have been approached for the current study you can decline in taking part. If you do not wish to take part you will not be prompted to provide a reason, and all information gathered on you thus far will be destroyed and you will not be contacted again. Additionally, even if you do take part, you still have the right to withdrawn even after the completion of your interview, up to 14 days after the interview.

What happens now?

If you are interested, all you need to do is complete the consent form given to you. Once this is returned, I will determine whether you meet the criteria and if you do, I will contact you so that we can proceed towards making arrangements for the interview which is convenient for you. If you do not wish to participate you may simply ignore this information sheet and not sign the consent form so no further contact will be made.

Researcher: Reena Chauhan, rec0266@my.londonmet.ac.uk

Supervisor: Dr Raffaello Antonino, r.antonino1@londonmet.ac.uk

Appendix D: Consent form for participants

LONDON METROPOLITAN UNIVERSITY

Participant Number:

CONSENT FORM

Project Title: Looking at the experiences of depression in Krishna Consciousness followers

Researcher: Reena Chauhan

Supervisor: Dr Philip Hayton

Please initial all boxes

1. I confirm that I have read and understand the information sheet, terms and conditions for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I know that my participation in this study is voluntary and that I have the right withdraw at any time without giving any reason, even up to 2 weeks after completing my interview without having to provide any reason. ☐

3. I understand that my information will be stored away with in a password protected drive, and my sheets will be stored in a security protected filer. Additionally, I will remain anonymous and no identifying details of mine will be found. I understand only the researcher and her supervisor will have access to my material. ☐

4. I agree to my information being used for University work purposes, and understand my interview will be transcribed, analysed and potentiall published, however I will still remain anonymous. ☐

5. I agree to my interview being recorded for the purpose of transcribing and analysing the data ☐

6. I agree to take part in the above study after reading all the terms and conditions and am happy to continue. ☐

7. I understand that confidentiality may be broken only if the research believe that I, or someone I know is at risk of harm. ☐

Participant name / gender/ age	Date	Signature
Researcher Initials	Date	Signature

Appendix E: Patient Health Questionnaire to determine level of depression (Kroenke, Spitzer & Williams, 2001)

PATIENT NAME: _____ DATE: _____

PHQ-9

	Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
		PHQ9 total score:			

Q8 CORE10	I made plans to end my life in the last 2 weeks	NO	YES

Appendix F: Distress protocol

Protocol to follow if participants become distressed during participation:

This protocol has been devised to deal with the possibility that some participants may become distressed and/or agitated during their involvement in our research into PTSD, as some by definition will already be suffering from psychological trauma as a result of their previous experiences. There follows below a three step protocol detailing signs of distress that the researchers will look out for, as well as action to take at each stage. The PI (Chris Cocking) is a grade 5 qualified Mental Health Nurse registered with the NMC, and so has experience in monitoring and managing situations where distress occurs. It is not expected that extreme distress will occur, nor that the relevant action will become necessary. This is because most of the participants with PTSD will be approached through contacts in professional services and so there will usually be an existing structure set up to deal with extreme distress which professionals can implement. However, it is included in the protocol, in case of emergencies where such professionals cannot be reached in time.

Mild distress:

Signs to look out for:

1) Tearfulness
2) Voice becomes choked with emotion/ difficulty speaking
3) Participant becomes distracted/ restless

Action to take:

1) Ask participant if they are happy to continue
2) Offer them time to pause and compose themselves
3) Remind them they can stop at any time they wish if they become too distressed

Severe distress:

Signs to look out for:

1) Uncontrolled crying/ wailing, inability to talk coherently
2) Panic attack- e.g., hyperventilation, shaking, fear of impending heart attack
3) Intrusive thoughts of the traumatic event- e.g., flashbacks

Action to take:

1) The researcher will intervene to terminate the interview/experiment.
2) The debrief will begin immediately
3) Relaxation techniques will be suggested to regulate breathing/ reduce agitation

4) The researcher will recognize participants' distress, and reassure that their experiences are normal reactions to abnormal events and that most people recover from PTSD

5) If any unresolved issues arise during the interview, accept and validate their distress, but suggest that they discuss with mental health professionals and remind participants that this is not designed as a therapeutic interaction

6) Details of counselling/therapeutic services available will be offered to participants

Extreme distress:

Signs to look out for:

1) Severe agitation and possible verbal or physical aggression

2) In very extreme cases- possible psychotic breakdown where the participant relives the traumatic incident and begins to lose touch with reality

Action to take:

1) Maintain safety of participant and researcher

2) If the researcher has concerns for the participant's or others' safety, he will inform them that he has a duty to inform any existing contacts they have with mental health services, such as a Community Psychiatric Nurse (CPN) or their GP.

3) If the researcher believes that either the participant or someone else is in immediate danger, then he will suggest that they present themselves to the local A&E Department and ask for the on-call psychiatric liaison team.

4) If the participant is unwilling to seek immediate help and becomes violent, then the Police will be called and asked to use their powers under the Mental Health Act to detain someone and take them to a place of safety pending psychiatric assessment. (This last option would only be used in an extreme emergency)

Appendix G: The Centrality of Religiousity Questionnaire (Huber & Huber, 2012)

01: How often do you think about religious issues?

5	4	3	2	1
Very often	Often	Occasionally	Rarely	Never

02: To what extent do you believe that Gods, deities, or something divine exists?

5	4	3	2	1
Very much so	Quite a bit	Moderately	Not very much	Not at all

03: How often do you take part in religious services?

A) Several times a day

B) Once a day

C) More than once a week

D) Once a week

E) One to three times a month

F) A few times a year

G) Less than a few times a year

H) Never

Between 04a and 04b, answer the question that pertains more to your life (answer one).

04a: How often do you pray?

A) Several times a day

B) Once a day

C) More than once a week

D) Once a week

E) One to three times a month

F) A few times a year

G) Less than a few times a year

H) Never

04b: How often do you meditate?

A) Several times a day

B) Once a day

C) More than once a week

D) Once a week

E) One to three times a month

F) A few times a year

G) Less than a few times a year

H) Never

Between 05a and 05b, answer the question that pertains more to your life (answer one).

05a: How often do you experience situations in which you have the feeling that God or something divine intervenes in your life?

5	4	3	2	1
Very often	Often	Occasionally	Rarely	Never

05b: How often do you experience situations in which you have the feeling that you are in one with all?

5	4	3	2	1
Very often	Often	Occasionally	Rarely	Never

06: How interested are you in learning more about religious topics?

5	4	3	2	1
Very much so	Quite a bit	Moderately	Not very much	Not at all

07: To what extend do you believe in an afterlife—e.g., immortality of the soul, resurrection of the dead or reincarnation?

5	4	3	2	1
Very much so	Quite a bit	Moderately	Not very much	Not at all

08: How important is to take part in religious services?

5	4	3	2	1
Very much so	Quite a bit	Moderately	Not very much	Not at all

Between 09a and 09b, answer the question that pertains more to your life (answer one).

09a: How important is personal prayer for you?

5	4	3	2	1
Very much so	Quite a bit	Moderately	Not very much	Not at all

09b: How important is meditation for you?

5	4	3	2	1
Very much so	Quite a bit	Moderately	Not very much	Not at all

Between 10a and 10b, answer the question that pertains more to your life (answer one).

10a: How often do you experience situations in which you have the feeling that God, deities, or something divine wants to communicate or to reveal something to you?

5	4	3	2	1
Very often	Often	Occasionally	Rarely	Never

10b: How often do you experience situations in which you have the feeling that you are touched by a divine power?

5	4	3	2	1
Very often	Often	Occasionally	Rarely	Never

11: How often do you keep yourself informed about religious questions through radio, television, internet, newspapers, or books?

5	4	3	2	1
Very often	Often	Occasionally	Rarely	Never

12: In your opinion, how probable is it that a higher power really exists?

5	4	3	2	1
Very much so	Quite a bit	Moderately	Not very much	Not at all

13: How important is it for you to be connected to a religious community?

5	4	3	2	1
Very much so	Quite a bit	Moderately	Not very much	Not at all

Between 14a and 14b, answer the question that pertains more to your life (answer one).

14a: How often do you pray spontaneously when inspired by daily situations?

A) Several times a day

B) Once a day

C) More than once a week

D) Once a week

E) One to three times a month

F) A few times a year

G) Less than a few times a year

H) Never

14b: How often do you try to connect to the divine spontaneously when inspired by daily situations?

A) Several times a day

B) Once a day

C) More than once a week

D) Once a week

E) One to three times a month

F) A few times a year

G) Less than a few times a year

H) Never

15: How often do you experience situations in which you have the feeling that God, deities, or something divine is present?

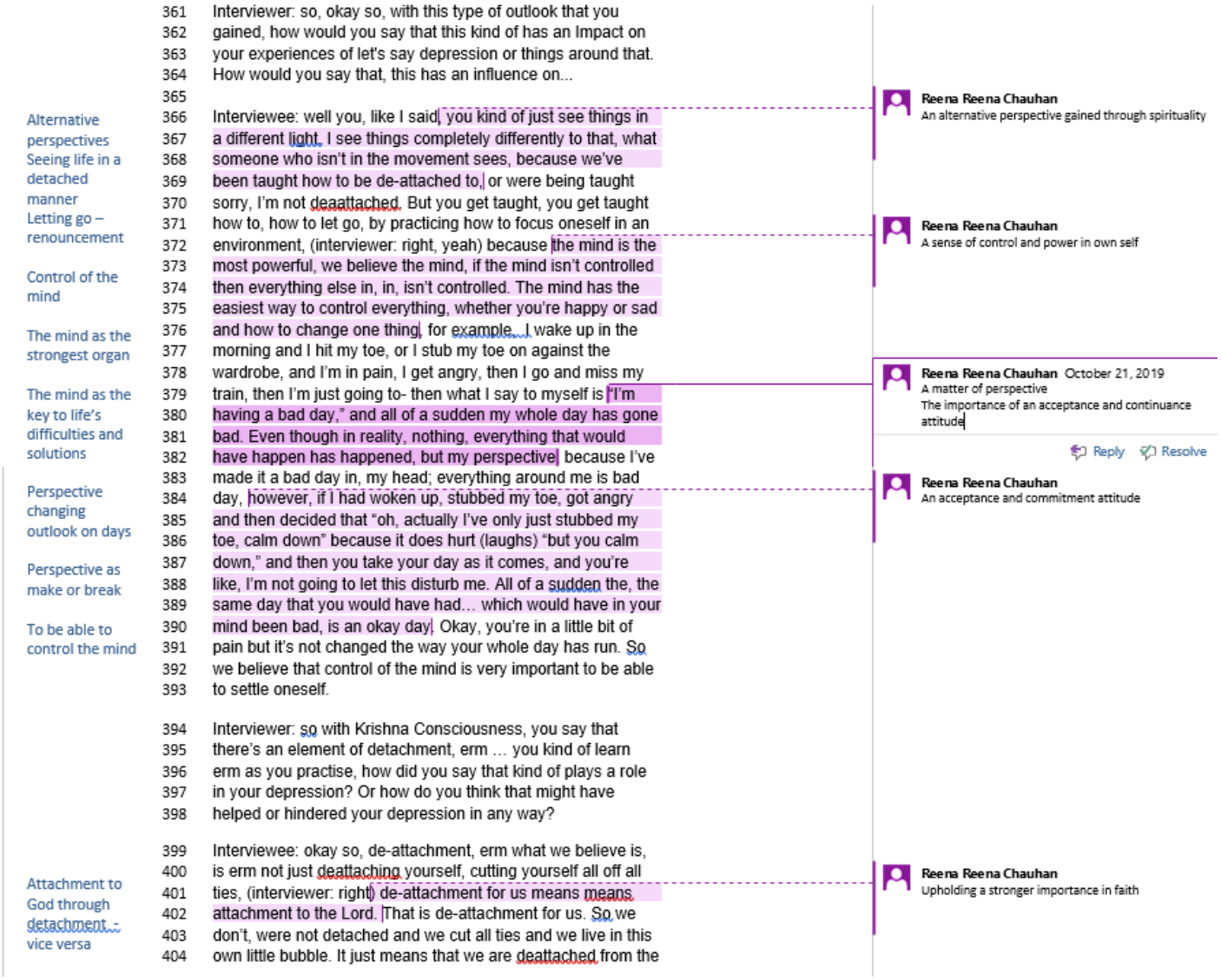
5	4	3	2	1
Very often	Often	Occasionally	Rarely	Never

Appendix H: Examples of IPA, Initial Noting, Preliminary Points and Emergent Themes

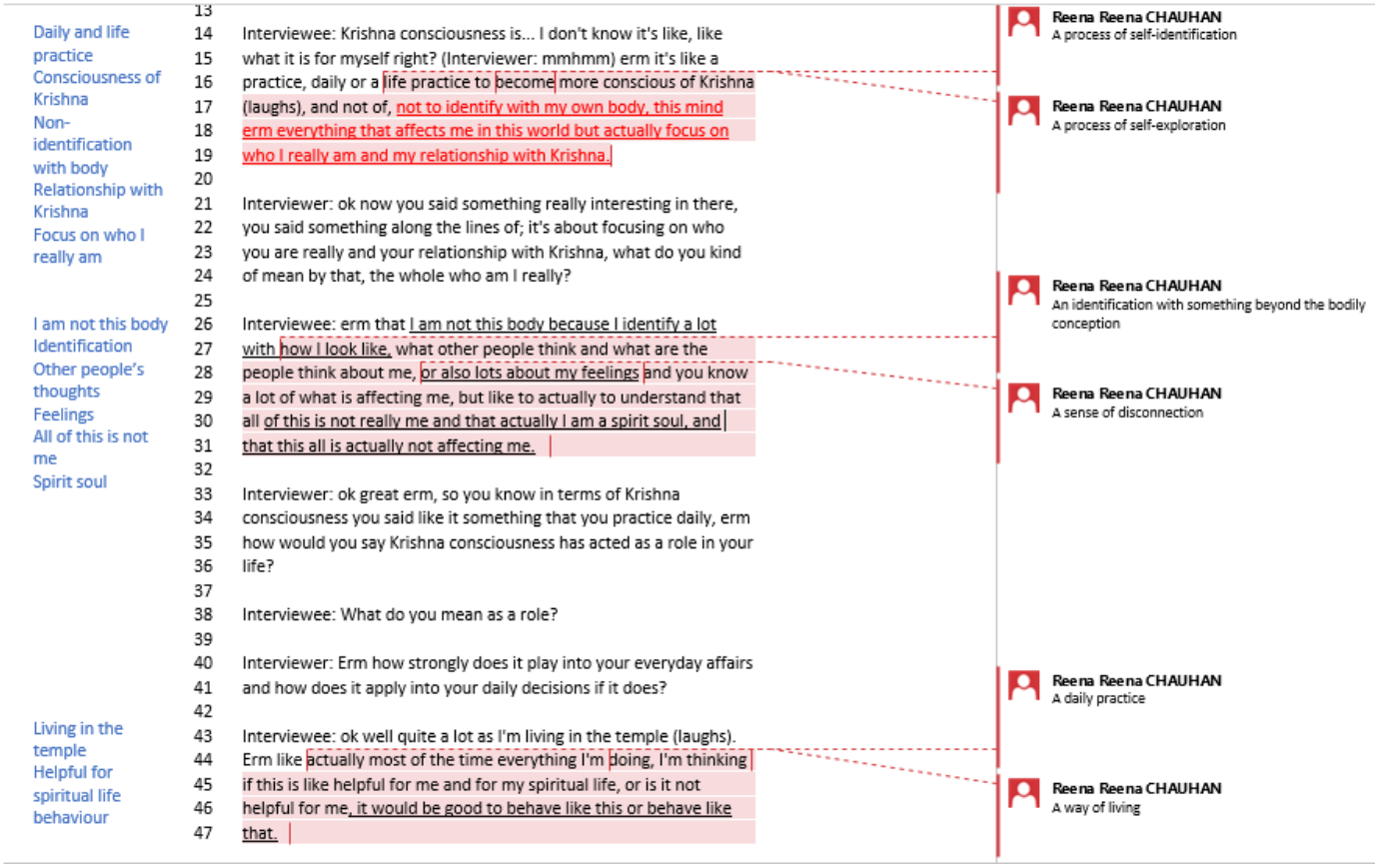
Raj

Misinterpretation Renouncing family and everyone Not caring about anyone or anything Counter effect	315 316 317 318 319 320 321 322	start with Krishna consciousness which teachers you to renounce and forget about everyone and everything. You start to, maybe even misinterpret the whole thing again, about the body and not just the soul and think you should literally not care about anyone else, and i think you take it at that level, or if you start to understand it in that way, it could make it worse. It could actually work against it and make your depression worse.	Being taught to renounce as a technique for detachment Risk faction Training for renouncement and detachment Misunderstand detachment as not caring
	323 324 325 326	Interviewer: has, has erm, Krishna consciousness in anyway ever made your depression or symptoms of depression worse? Or has it ever maintained your symptoms of depression?	
Renounced, Expectation	327 328 329 330 331	Interviewee: erm, Krishna consciousness itself not, but sometimes you then you have other people like the fanatics, if i may call them that, around them, you have to be like, "Oh you are very renounced so you have to do this, you have to, to do that", erm, that can help to depress you	Expectation vs desires ideals Following orders vs following own intuitions Cognitive dissonance
	332 333 334 335 336 337	Interviewer: of course, yeah, erm, and you know based on your experience and meeting people around you, you know, being with other devices of Krishna Consciousness can you think of a way in which devotees of Krishna Consciousness may be more susceptible to depression? More so than the ordinary person?	
	338	Interviewee: erm,	
	339	Interviewer: if yes, how so, if not then please explain	
Communication skills Taboo topics Lack of support Lack of Openness Deal with it alone	340 341 342 343 344 345 346 347 348 349 350	Interviewee: i think yeah, probably are because... It seems that devotees in general of course you can't say this for all of them but they seem to lack a... uh guess communicational skills. Devotees don't really have community groups that speak about these things so much it's more like, ok I will deal with it myself, like me I go to a book and sing a song, it's not so easily just go to another devotee and talk about it, it's possible, but I don't think it is so fully or easily done or something that the devotee would think of first thing "oh let me just go and talk to everyone, about it"	A sense of feeling unsupported A Sense of taboo / stigma around mental health illness Isolation and separation
False image Idealised version of self Vulnerability	351 352 353 354	Interviewer: what do you think is the reason behind that? Interviewee: I don't know, it could be, maybe, maybe, it could be different reasons, but for one of them it's that some people like to hold image of this false image of	Dilemma Only being able to trust them self

Yasmin


Alternative perspectives
Seeing life in a detached manner
Letting go – renouncement
Control of the mind
The mind as the strongest organ
The mind as the key to life's difficulties and solutions
Perspective changing outlook on days
Perspective as make or break
To be able to control the mind
Attachment to God through detachment - vice versa
361 Interviewer: so, okay so, with this type of outlook that you
362 gained, how would you say that this kind of has an Impact on
363 your experiences of let's say depression or things around that.
364 How would you say that, this has an influence on...
365
366 Interviewee: well you, like I said, you kind of just see things in
367 a different light. I see things completely differently to that, what
368 someone who isn't in the movement sees, because we've
369 been taught how to be de-attached to, or were being taught
370 sorry, I'm not deaattached. But you get taught, you get taught
371 how to, how to let go, by practicing how to focus oneself in an
372 environment, (interviewer: right, yeah) because the mind is the
373 most powerful, we believe the mind, if the mind isn't controlled
374 then everything else in, in, isn't controlled. The mind has the
375 easiest way to control everything, whether you're happy or sad
376 and how to change one thing, for example, I wake up in the
377 morning and I hit my toe, or I stub my toe on against the
378 wardrobe, and I'm in pain, I get angry, then I go and miss my
379 train, then I'm just going to- then what I say to myself is "I'm
380 having a bad day," and all of a sudden my whole day has gone
381 bad. Even though in reality, nothing, everything that would
382 have happen has happened, but my perspective, because I've
383 made it a bad day in, my head; everything around me is bad
384 day, however, if I had woken up, stubbed my toe, got angry
385 and then decided that "oh, actually I've only just stubbed my
386 toe, calm down" because it does hurt (laughs) "but you calm
387 down," and then you take your day as it comes, and you're
388 like, I'm not going to let this disturb me. All of a sudden the, the
389 same day that you would have had... which would have in your
390 mind been bad, is an okay day. Okay, you're in a little bit of
391 pain but it's not changed the way your whole day has run. So
392 we believe that control of the mind is very important to be able
393 to settle oneself.
394 Interviewer: so with Krishna Consciousness, you say that
395 there's an element of detachment, erm ... you kind of learn
396 erm as you practise, how did you say that kind of plays a role
397 in your depression? Or how do you think that might have
398 helped or hindered your depression in any way?
399 Interviewee: okay so, de-attachment, erm what we believe is,
400 is erm not just deattaching yourself, cutting yourself all off all
401 ties, (interviewer: right) de-attachment for us means means
402 attachment to the Lord. That is de-attachment for us. So we
403 don't, were not detached and we cut all ties and we live in this
404 own little bubble. It just means that we are deattached from the
Reena Reena Chauhan
An alternative perspective gained through spirituality
Reena Reena Chauhan
A sense of control and power in own self
Reena Reena Chauhan October 21, 2019
A matter of perspective
The importance of an acceptance and continuance attitude
Reply
Resolve
Reena Reena Chauhan
An acceptance and commitment attitude
Reena Reena Chauhan
Upholding a stronger importance in faith

Mary


Daily and life practice
Consciousness of Krishna
Non-identification with body
Relationship with Krishna
Focus on who I really am
I am not this body
Identification
Other people's thoughts
Feelings
All of this is not me
Spirit soul
Living in the temple
Helpful for spiritual life behaviour
Interviewee: Krishna consciousness is... I don't know it's like, like what it is for myself right? (Interviewer: mmhmm) erm it's like a practice, daily or a life practice to become more conscious of Krishna (laughs), and not of, not to identify with my own body, this mind erm everything that affects me in this world but actually focus on who I really am and my relationship with Krishna.
Interviewer: ok now you said something really interesting in there, you said something along the lines of; it's about focusing on who you are really and your relationship with Krishna, what do you kind of mean by that, the whole who am I really?
Interviewee: erm that I am not this body because I identify a lot with how I look like, what other people think and what are the people think about me, or also lots about my feelings and you know a lot of what is affecting me, but like to actually to understand that all of this is not really me and that actually I am a spirit soul, and that this all is actually not affecting me.
Interviewer: ok great erm, so you know in terms of Krishna consciousness you said like it something that you practice daily, erm how would you say Krishna consciousness has acted as a role in your life?
Interviewee: What do you mean as a role?
Interviewer: Erm how strongly does it play into your everyday affairs and how does it apply into your daily decisions if it does?
Interviewee: ok well quite a lot as I'm living in the temple (laughs). Erm like actually most of the time everything I'm doing, I'm thinking if this is like helpful for me and for my spiritual life, or is it not helpful for me, it would be good to behave like this or behave like that.
Reena Reena CHAUHAN
A process of self-identification
Reena Reena CHAUHAN
A process of self-exploration
Reena Reena CHAUHAN
An identification with something beyond the bodily conception
Reena Reena CHAUHAN
A sense of disconnection
Reena Reena CHAUHAN
A daily practice
Reena Reena CHAUHAN
A way of living

Appendix I: Examples of Initial Lists of Emergent Themes before 'clustering'

Mary

1. A process of self-exploration
2. A process of self-identification
3. An identification with something beyond the bodily conception
4. A way of living
5. Upholding religious expectations, ideals and practices
6. A sense of renunciation and belief in a higher power
7. A positive side effect of the process
8. Avoidance as the biggest contributor to depression
9. A sense of safety and necessity within self-exploration
10. A sense of liberation through exploration of difficulties
11. Negative automatic thoughts
12. Preventative self-beliefs
13. A difficulty in meeting ideals and expectations
14. A sense of pressure and hopelessness
15. A fine line between helpful and hindering
16. A difficulty between appreciating ideals and being impacted by them
17. A fine line between being protected and being affected
18. A process of submission and self-reflection
19. A process of tolerance and self-reflection
20. A process of self-identification and realisation
21. A process of detachment through spiritual self-identification
22. An inability to escape own thinking patterns
23. A sense of feeling lost and trapped within own perspective
24. A sense of illumination through alternative perspectives
25. A reignition of hope and faith
26. A sense of hardiness and newfound resilience
27. Using a depressive experience as an opportunity to develop spiritually
28. Gaining a life lesson through a depressive experience
29. An opportunity for self-development
30. A focus of therapy with values in mind
31. Value focused therapy – acceptance and
32. A belief in a higher order power
33. Sustaining spiritual practice through difficulties
34. A need for self-discipline and mindfulness
35. A complimentary process - Mixing philosophical values with therapy
36. Validating the individual's experience
37. Allowing the self, the space to explore without judgement and ideals
38. An inability to reflect openly without an understanding for values
39. A therapist necessity to understand client values
40. A fine line between vulnerability and protectiveness
41. A sense of protection and tolerance developed through the philosophy
42. A developed capability to confront difficulties head on
43. A level of resilience and protection provided by the philosophy
44. A perception of inevitability and commonness around depression

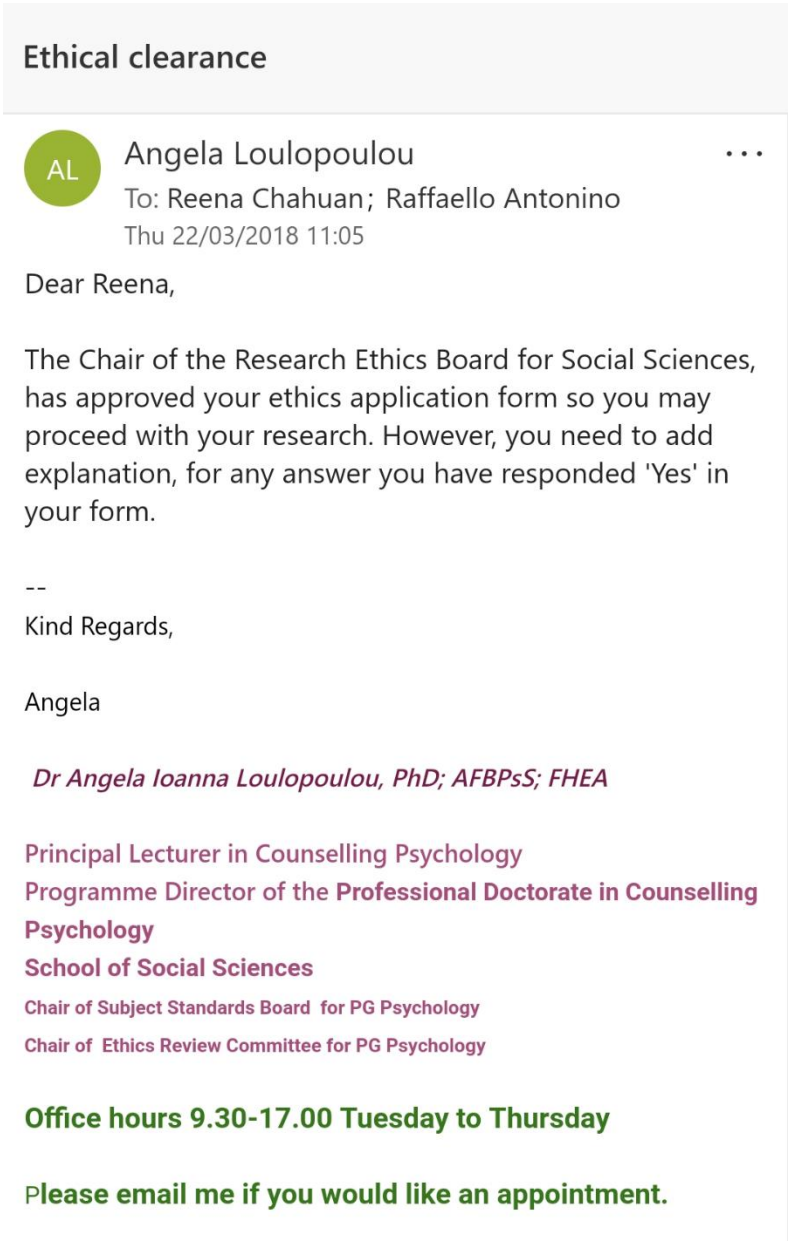
Raj

1. Intimacy and closeness with god,
2. Purpose and meaning
3. Mindfulness and deliberateness a sense of agency
4. Higher order world, one detached from the physical/material world which gives meaning
5. Mindfulness, intended as an. 'objective' attention/focus achieved through taking distance
6. A feeling of stuckness
7. A sense of rumination
8. Strong resilience resource in difficult times, rather than negative emotions as a positive thing
9. Understanding and validation of own emotions and experiences through songs
10. Opportunity arising from challenge here. 'good with pain'
11. Risk factor in depression as it makes you detach from possible resources such as family
12. Cognitive dissonance, between following order/suggestions and following what you feel instinctively.
13. Isolation and separation, which here would be risk factors or maintenance factors for depression
14. Stigma about depression and weakness here as hinderance to talking about it, exacerbated by the religious customs
15. Opportunity for personal development in experiencing depression

Yasmeen

1. An integration of theory and practice
2. A liberation from materialism and old beliefs
3. A detachment to the physical body and identification with the soul
4. An identification with something beyond the bodily concept
5. A journey to explore a deeper sense of meaning and purpose
6. A formation of identity and a deep sense of purpose
7. An acceptance of the fluctuations in life
8. A sense of resilience and persistence
9. A sense of perseverance and motivation
10. A lack of reflective ability to notice early warning signs
11. A strengthened awareness of self and coping mechanisms
12. A feeling of inadequacy and unfairness
13. A sense of rumination and negative self-appraisal
14. A sense of risk, isolation and loss of identity
15. A cultural stigma against therapy
16. A feeling of loneliness and isolation
17. An inaccessibility and feeling of hopelessness
18. A sense of stability and constant support
19. A feeling of accessibility and constant support
20. A sense of applicability and reason
21. A sense of continuance and direction
22. A sense of acceptance and commitment

Appendix J: Ethical Approval



Ethical clearance

AL

Angela Loulopoulou

To: Reena Chahuan; Raffaello Antonino

Thu 22/03/2018 11:05

Dear Reena,

The Chair of the Research Ethics Board for Social Sciences, has approved your ethics application form so you may proceed with your research. However, you need to add explanation, for any answer you have responded 'Yes' in your form.

--

Kind Regards,

Angela

Dr Angela Ioanna Loulopoulou, PhD; AFBPsS; FHEA

Principal Lecturer in Counselling Psychology

Programme Director of the **Professional Doctorate in Counselling Psychology**

School of Social Sciences

Chair of Subject Standards Board for PG Psychology

Chair of Ethics Review Committee for PG Psychology

Office hours 9.30-17.00 Tuesday to Thursday

Please email me if you would like an appointment.