

## Religious conversion among high security hospital patients: a qualitative analysis of patients accounts and experiences on changing faith

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### ABSTRACT

Research has shown the importance of religion in recovery from mental illness. Previous studies have investigated why individuals change faith during custody in prison, but there has been no

of religious conversion among patients detained in a UK secure research to date on religious conversion in forensic-psychiatric hospitals. The aim of this study was to understand the experience hospital. Thirteen patients who had converted their religion were

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interviewed and the resultant data were analysed using thematic analysis. Three superordinate themes (“reasons for changing faith”, “benefits of having a new faith” and “difficulties with practising a faith”), incorporating eight subordinate themes, emerged. Understanding patients’ reasons for religious conversion is important for the treatment and support not merely of these individuals, but more broadly with patients in forensic-psychiatric care.

### Introduction

Despite its decreased importance in most Western societies, religion remains an important part of the lives of a significant proportion of people. Research pertaining to the effects of religion among the general population typically demonstrates that religion has a positive effect on quality of life. Although the attribution of causation is complex, religious involvement has been associated with reduced crime rates (Baier & Wright, 2001), increased ability to cope with distress (Heilman & Witzkum, 2000), improved self-image (Bhugra, 2002), enhanced mood (Hicks & King, 2008), lower levels of depressive symptoms (Idler, 1987), lower rates of suicide and self-harm (Mellor & Freeborn, 2011) and increased life expectancy (Litwin, 2007). Why religion has these positive effects is not fully understood, but some researchers have suggested that the interplay between religious beliefs and the construction of meaning in one’s life might play an important role (Fletcher, 2004). In addition, religion might act as a deterrent for behaviours that could have negative effects on health and wellbeing (Fletcher & Kumar, 2014), for example, sexually risky behaviour (Behere, Das, Yadav, & Behere, 2013) or substance abuse (Michalak, Trocki, &

Bond, 2007). One of the explanations for the benefits of religion is the social support that may be provided, and the community aspects of being part of a religious group. For example, research by Lim and Putnam (2010) suggested that religious people were more satisfied with their lives as a consequence of the social networks they built within their religious congregations.

Given these positive associations, religion might be of particular significance to those struggling with poor health, including mental disorders. Koenig (2008) suggested that religious affiliation might be pivotal in patients' recovery, as it can provide the necessary tools to cope with illness and negative life circumstances. However, not all research has demonstrated such positive effects; some researchers have described increased depressive symptoms in patients with religious affiliation or strong religious beliefs, conceivably due to feelings of guilt for indulging in behaviours identified as immoral (Azorin et al., 2013). Others have postulated that reliance on higher powers might act as a barrier to engaging in treatment offered by mental health professionals (Touchet, Youman, Pierce, & Yates, 2012). Potential difficulties in differentiating between normal religious convictions and pathological delusional beliefs (Pierre, 2001) add to these complexities and may contribute to the reluctance of psychiatrists to engage with the religious beliefs of their patients (Chidarikire, 2012).

As with studies in psychiatric hospitals, research in prisons has produced conflicting results. In a review of research on mental health and religion during imprisonment, Eytan (2011) reported that religious beliefs were associated with lower levels of violence, fewer arguments and disciplinary sanctions. Stringer (2009) postulated that religion helped imprisoned mothers to cope with separation from their children, whilst a study in a Canadian secure forensic-psychiatric centre indicated that religious individuals had lower levels of depression and anxiety, and higher levels of satisfaction with life (Mela et al., 2008). Alternatively, other studies have delineated the potentially criminogenic effects of religion in contributing to distorted thinking which may serve to facilitate the commission of violence, whilst inhibiting responsibility-taking by offenders (Knabb, Welsh, & Graham-Howard, 2012). Certainly, the differing role of, and attitude to, religion in countries and cultures should always be considered in the interpretation of such findings, as well as the current societal context. Interpretations of the religion (including religious extremism) will impact upon actual and perceived benefits/disadvantages of identification with a particular religion.

Imprisonment in both mental health and criminal justice settings (and the long periods of time available for introspection by patient-prisoners) might result in a search for meaning in one's life generally, and consequently an increased interest in religion. It may also trigger the desire for a new identity. Indeed a study of offenders detained in a high secure hospital in the UK (Völlm, Jamieson, & Taylor, 2006) reported that approximately 20% of patients had changed their name during their detention, with participants stating that their stay had allowed them to reflect on their lives, and their desire to change their name was partly to denote a new phase in their lives. Some participants also reported a crisis of identity, as they struggled to reconcile their self-identity with their past actions, whilst for others the change of name appeared to be related to psychopathology, namely delusional beliefs. For some patients, name change was also associated with a change in religion, and this had a substantive impact across many areas of their life; change of religion appeared to denote a major re-orientation in people's lives. This study seeks to examine the phenomenon of religious conversion in a forensic-psychiatric setting.

Empirical research into religious conversion among the general population has demonstrated that it can be associated with a change in personality (Halama & Lacna, 2011), a desire for a new start (Rambo, 1993), liberation from entrapment in personal problems (Kox, Meeus, & Hart, 1991), the search for support (Fiala, Bjorck, & Gorsuch, 2002), parental divorce (Lawton & Bures, 2001), psychological stress and socialisation (Heirich, 1977), as well as anxiety and insecurity (Kirkpatrick, 1997). In mentally disordered individuals, research has explored the involvement of delusions in religious conversion (Bhugra, 2002). Two studies of change of religious faith looked at the phenomenon of conversion in prison: one UK study (Spalek & El-Hassan, 2006) focused on conversion to Islam and one 100 commissioned by the US Department of Justice (Hamm, 2007) focused on terrorist recruitment in prisons and non-traditional faith groups. Both studies sought to understand the background to religious conversion, and the potential benefits for individuals. Spalek and El-Hassan (2006) demonstrated that conversion was influenced by religious experiences in childhood and that a key benefit was that it provided prisoners with a new identity. Hamm (2007) asserted that a personal crisis, the need for protection and spiritual 105 searching were key motivators for religious conversion.

Maruna, Wilson, and Curran (2006) explored the putative benefits of religion for prisoners and demonstrated that religious identity could be a replacement identity for the negative labels offenders may feel represent their “master status” (Becker, 2008). Religion also 110 maximised chances of forgiveness, which subsequently had a positive impact on self-worth. However, no such research has, to the authors’ knowledge, been conducted in mentally disordered offenders detained in secure forensic-psychiatric settings.

The aim of this study was to explore, and gain a deeper understanding of, the experience of religious conversion among patients detained in a high secure hospital in the UK through analysis of patient-participants’ personal accounts of changing their religion. 115

## Method

### Participants

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The potential sample pool was 330 patients in the hospital at the time of the study, 9.1% of whom had changed their faith. The sample in this study comprised 13 adult males, ranging in age from 26 to 49 ( $M = 37.8$  years,  $SD = 7.0$  years). All participants were in-patients at a UK high secure forensic-psychiatric hospital. The sample comprised individuals who had 125 changed their faith during their current hospital admission. Initially, 30 eligible patients were identified for the study, but 17 participants were excluded for clinical or practical reasons or opted out of the research.

All participants had a history of serious violent offences, including homicide/attempted homicide (two individuals), and/or serious sexual offences (eight individuals); for two their 130 primary diagnosis was schizophrenia, for ten personality disorder and for one individual, learning disability.

### Materials

135 The materials comprised an interview schedule, developed using recognised religious/

Spirituality for Use in Health Research (Fetzer Institute/National Institute on Aging Working Group, 1999) and the Religious and Spiritual History Questionnaire (Lukoff & Lu, 1999). The final schedule comprised 40 questions, covering: religious background and beliefs; spiritual meaning, values and experiences; prayer experiences and religion/spirituality in  
140 therapy, the timing of patients' change of faith, reason(s) for changing faith, any difficulties experienced as a result of their change of faith, the reaction of others, whether the patient thought that their religion helped them and whether their religious needs were being met currently.

#### 145 Ethical considerations

The study was reviewed and given ethical approval by the National Research Ethics Service Committee and a UK University.

#### 150 Procedure

The clinician responsible for each potential participant was asked for agreement to approach their patient. With this consent, potential participants were given information about the research. Participants were interviewed individually by the first author in a  
155 private hospital room.

Interviews lasted between 30 and 60 minutes. Demographic information, psychiatric and offending histories and information regarding religious affiliation and change of faith were collected from patients' files.

All interviews were recorded, transcribed verbatim and analysed using thematic analysis. We adopted techniques outlined by Miles and Huberman (1994) and Braun and Clarke (2006), utilising a stepwise approach entailing the thorough reading of transcripts multiple times to increase familiarisation and initial data reduction. Data were organised systematically and themes were identified and reviewed; the second and third authors assessed the robustness of the emergent themes and interpretation of the data to assess the validity of findings.  
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#### Results and discussion

Over half of the participants (54%) had formally changed their religion, the remainder  
170 informally (see Table 1 for participants' changes of faith). Eight participants (62%) also AQ1 changed their name.

#### Themes

175 Analysis identified three superordinate and eight subordinate themes (see Table 2).

##### Superordinate theme 1: reasons for changing faith

Finding the right fit Participants' experience of their spiritual journeys was unanimous in terms of identity finding; however, participants' experience of this process differed. For

Participant 3, seeking a faith that he could relate to was important, allowing him to become fully engrossed with that religion:



Table 1. Frequency and type of religious conversion by participants.

Patient	Faith on admission	1	2	3	4	5
1	Christian	Muslim				
2	Christian	Muslim				
3	Catholic	Buddhism	Catholic			
4	Christian	Buddhism	Catholic			
5	C of E	Muslim	C of E			
6	C of E	Buddhism	C of E	Muslim		
7	C of E	Muslim	Buddhism	Hindu	Wicca/Paganism	Judaism
8	C of E	Catholic	Jewish			
9	Paganism	Christian				
10	Catholic	Paganism				
11	Christian	Buddhism	Paganism			
12	Catholic	Jehovah's Witness				
13	None	Christian	Atheist			

Note: C of E, Church of England.

195 ... With me, religion is not about having a religion; its about relating to it and putting your mind, body and soul into it ... (P3)

For Participant 8, feeling at ease with a particular faith was most engaging:

... out of all the religions I have followed Paganism is one that I feel relaxed with ... (P8)

200 Finding the right fit was experienced as a never ending process. There was some uncertainty about how to follow a particular religion as if there were rules that should be adhered to but that were difficult to grasp:

205 ... I wanted to follow that religion but I didnt know how to ... I still havent found the answer and I think I will be searching all my life for the answer... (P3)

210 Finding the right fit provided an opportunity to select aspects of different faiths, implementing the most appealing aspects into one's life to create a new being. For Participant 3, the practices within Buddhism were particularly appealing; meditation being the fundamental attraction due to its rewarding after-effects on well-being. This notion is supported by previous research that has explored reasons why men are drawn to Buddhism (Lomas, Cartwright, Edginton, & Ridge, 2014). Interestingly, despite declaring loyalty to his current faith, the old faith also provided Participant 3 with a high level of satisfaction. Practicing both faiths facilitated self-growth:

215 ... I will always be catholic but what I am doing is taking other parts from other religions and using them in my life because the one that I chose (Buddhism) is a religion but its more like a way of life, so its like to keep some things like meditation and stuff like that out of Buddhism

Table 2. Superordinate and subordinate themes.

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Superordinate theme	Subordinate theme
Reasons for changing faith	Finding the right fit Negative life events
Benefits of having a new faith	Changing faith out of respect for others Promotion of prosocial behaviour Faith as a coping mechanism Trusting in faith for one's destiny
Difficulties with practising a faith	Adverse effects of having a faith Lack of resources and lack of support for minority" faiths

and applying it to my life ... I am just taking something out of that religion ... It's about what I can take from those religions and using them to be a better person." (P3)

However, there was an uncertainty about whether one's chosen faith was the right one, which prompted self-questioning for clarification:

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" ... I question myself. Am I following the right religion? Am I going in the right path?" (P3)

Changing faith was an inevitable decision when the ethos of the old faith conflicted with sexuality. Disappointment with how the old faith viewed homosexuality and feelings of rejection forced Participant 8 to search for a faith that fitted with his identity as a homo-  
235 sexual man, replacing feelings of rejection with acceptance. There was an expectation for religion to be tolerant of diversity. However, once he learnt that homosexuality was frowned upon he deviated from that faith. Conflicting perceptions of this kind could evoke what Festinger (1969) termed cognitive dissonance, which could have caused distress to the patient. His decision to change faiths was a response to the feelings felt by a  
240 member of the "out-group". Religious intergroup (Johnson, Rowatt, & Labouff, 2012) describes the tendency for religious groups to form negative attitudes towards the out-group because of their perceived violations of behaviour.

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" ... I am gay and they tend to disagree with people who are gay and I think that is wrong because if you are religious and you believe in God and Jesus and He is here to save everyone it is wrong to turn around to someone as a Christian and say sorry you cannot be in this Christian religion because you are gay ... I feel more accepted by Paganism because Paganism has nothing against homosexuality..." (P8)

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There was a desire to find the faith that aligned with individuals' conception of how they should express their faith (privately versus publicly). This was possibly correlated with an introverted personality in one patient:

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" ... I consider my faith a very personal thing, you know, but sometimes I find other faiths more out there ... Paganism is a very private thing really ... (P11)"

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Negative life events. Unexpected negative life events elicited religious conversion for some patients. For Participant 5, the death of his parents motivated conversion. Their deaths lead to a desire to practise the same faith as his parents. This was his personal way of expressing his love for them. His grievance triggered a sudden realisation about his old faith that shattered his religious worldview. He realised that his old faith was not beneficial for his bereavement because of the perceived positive reference to death:

"After my parents passed away, because I wanted to show my love and support to my parents, I asked if I could change my faith back to Church of England ... when I lost my parents I thought it was difficult how the Qur'an celebrates it (death) as if it is a good thing." (P5)

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Research has demonstrated that religion is positively associated with the capacity to cog-  
265 nitively process, and to find meaning in, death (McIntosh, Silver, & Wortman, 1993). For this participant, it appears that, despite a painful bereavement that may cause one to question the existence of God, he did not abandon religion completely. Instead, he readjusted his beliefs to fit with the circumstances. This readjustment led to the return to a previous religion, and subsequently a reconnection to his parents, which helped the participant cope  
270 with his loss. This link between religion, bereavement and "posttraumatic growth" has previously been identified (Currier, Mallot, Martinez, Sandy, & Neimeyer, 2013). Participant 6

changed faith following a suicide attempt. This was a turning point for his religious journey and he promulgated that his new religion saved his life.

275 “ ... I became a Buddhist through a very serious suicide attempt many moons ago which allowed me to find peace ... it stopped me from taking my own life ... it took away that need to not be around anymore ... I think that without Buddhism I would be dead or worse...” (P6)

280 The putative role of religion as a protective factor against suicide or self-harm is certainly worthy of further research.

285 Changing faith out of respect for others. The support and compassion projected by religious leaders proved to have a significant influence on patients’ religious journey because it led to trusting relationships developing, which in turn encouraged, or perhaps catalysed, a change of faith. Participants described how the help they received created a level of respect to the extent of changing their faith to that of the helper; this was their way of showing their appreciation. Patients believed that by changing religion they were giving something back to those who helped them:

290 ... The only person I could really turn to at that moment was the chaplain and that chaplain helped me out so I thought to be respectful to him I’ll keep going to the services ... I got more into it and when I got more into it I thought: Well, why not? (P10)

For Participant 9, the help offered by a religious companion who disagreed with his old faith influenced his decision to convert:

... My best friend is a practising Catholic. He is very happy that I have moved away from Paganism. (P9)

295 It could be hypothesised that the decision to change faith was not just out of respect; alternative explanations have been offered for the kind of influence identified here, referred to in the literature as “spiritual modelling” (e.g., Oman et al., 2012). This suggests that the reason for someone to adopt another person’s faith derives from what they have learnt and observed in those exemplars of spiritual life. Witnessing the desirable beha-  
300 viours in others (e.g., compassion and forgiveness) could have encouraged a wish to follow their example. In the case of religious conversion, individual may seek to join the “ingroup” (that of his “best friend”), which brings all the social advantages outlined by Tajfel and Turner (1979).

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### Superordinate theme 2: benefits of having a new faith

Promotion of prosocial behaviour. There was unanimity in participants’ accounts regarding the positive behavioural after-effects following changing faith. Adopting a new faith helped stabilise negative emotions, which in turn prevented involvement in antisocial  
310 behaviour. Participant 9 reported that medication alone was not enough to promote pro-

social behaviour; religion for him was the other ingredient required to achieve this:

“Medication only helps so much but I haven’t been aggressive or anything like that. I try and live a life where I don’t harm anybody...” (P9)



seems that, for mentally disordered patients, the effects of religion in a high secure setting are not that dissimilar.

320 Religion in this high secure setting appeared to have served a number of rehabilitative functions; patients reported emotional benefits subsequent to changing faith. Such benefits included feelings of peace and solitude, calmness, mood enhancement, motivation and an escape from troubling emotions:

“ ... I’ve basically gone to Church because to me it’s a place I go off the ward where I find solitude and peace and I can just reflect and enjoy the atmosphere...” (P13)

325 “ ... It makes me happy, it makes me want to get up and socialise with people and get to know people and find out new things and explore the world ... it motivates me.” (P3)

“ ... Buddhism allowed me to escape ... it allowed me to calm the mind. It allowed me to function and not be overwhelmed by ruminations, nightmares, flashbacks. It took away that need to not want to be around anymore.” (P6)

330 These findings coincide with studies conducted in the general population which found positive effects of religion on mood and general well-being (Fletcher, 2004), highlighting similarities between the general population and forensic population in terms of the function of religion in one’s life.;

Participant 11 reported that elements of his past religions positively affected his reac335 tion to situations by repressing feelings of anger:

“ ... Violence is the last thing on my mind now ... I’ve got Buddhism to thank for that as well. It was Buddhism that stopped me from thinking violently, like not wanting to be violent.” (P11)

For Participant 4, faith inhibited the temptation to engage in negative behaviour:

340 “ ... I’m much more tolerant and more helpful to people ... before I’d fall out with somebody and that might split into a fight ... I have to step back, you know ... and that peace, that peace comes from my religion ...” (P4)

Participant 3 alluded to how religious morals can be the driving force for prosocial behaviour:

345 “ ... how like to treat people and how to respect people and to respect your elders and stuff like that. To be nice to your neighbour and stuff like that ... I have become a better person through religion in the way of like crime and fighting and stuff. I am not as dangerous as I used to be.” (P3)

350 The positive influence of faith on behaviour can be explained by older theories of anti-social behaviour such as the social control theory (Hirschi, 1969), which contends that the bonds that people create with prosocial values and prosocial people is enough to prevent such behaviour. One type of social bond identified by Hirschi is “belief”. The proposal is that meaningful values reduce the likelihood to indulge in delinquent behav-  
355 iour; thus, for someone who holds strong religious beliefs, with a willingness to act accordingly, their behaviour is likely to be controlled by religious attitudes rather than antisocial ones.

Faith as a coping mechanism. Participants reported on how their new faith helped with the management of uncontrollable and overwhelming negative feelings. For Participant 6,  
360 the positive feelings provided by their faith substituted negative feelings that had been formed by past traumatic experiences:



“ ... ‘I think that Buddhism, in many ways, can keep you calm and, erm ... the only problem with these places is when they delve into childhood and they delve into traumas, it’s very difficult to keep a lid on it because it can be overwhelming ... ” (P6)

Escapism was used as a form of coping, which helped manage suicidal thoughts:

365 “ ... Buddhism allowed me to escape ... I suffer from post-traumatic stress disorder, it allowed me to calm the mind. It allowed me to function and not be overwhelmed by ruminations, nightmares, flashbacks. It took away that need to not be around anymore.” (P6)

Pargament and Bryant (1998) suggested that it was only by having a religion one could 370 withstand the unbearable situations that come with life because religion helped people to find meaning in a traumatic situation.

For Participant 10, diversion techniques used in his faith helped him cope with his problems:

375 “ ... If I have had a bit of a crap day or I have had really, really bad problems with certain people ... that has helped me when I use my diversion techniques ... that is the only coping mechanism that I have got on that day ... (P10)

380 Trusting in faith for one’s destiny. The reliance that participants had on their faith to determine their future proved to be a salient theme. This positive belief in providence relieved feelings of anxiety. “Handing over control” to a higher power lifted participants’ burdens, making them feel more at ease. Participant 4 recognised that his situation was unchangeable and so by coming to terms with this reality, with the help of his faith, made the time spent in high secure care bearable:

385 “ ... there are things that are out of my control and to worry about them is just stress. I just said I put my faith in Allah and whatever Allah has in store for me will happen and just take comfort from that I suppose.” (P4)

390 It is unsurprising that patients were preoccupied by life after discharge from hospital. Participant 1 believed that Allah would determine the timing of his release thereby freeing him of the need to make attempts to be released himself. Inevitably, this restored a sense of hope and provided comfort for this patient, and helped him cope with his present situation. Clarke (2003) highlighted the concept of faith and hope in relation to what it might mean in the context of feelings of hopelessness. He argued that patients use of such concepts in their discourse is merely a recognition that there are many uncertainties in life; a reality that psychiatrists need to pay attention to in their conversations 395 with patients in order to help them remain hopeful about their recovery.

“ ... He knows how I got here, He knows when to release me, He knows when to bring me back into the community ... I tend to, in my faith, rely on Allah in those respects.” (P1)

400 For Participant 4, not having a release date caused frustration; however, the reliance he had on his faith provided optimism:

“ ... I haven’t got a release date ... so that was frustrating, with my frustration came anger and resentment but then again it just teaches me to be patient and put my faith in God really and He will sort it out, you know, when He’s ready.” (P4)

405 Participant 10 expressed the challenges he could face in the community following discharge. However, he trusted that his faith would act as a protective factor:



...It is going to be very hard for me when I get out, so I am hoping that I am going to be able to put some of them paganism things that have helped me in here into practice when I get out. (P10)

By relying on their faith there was vision for a crime-free future:

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... It has given me a positive outlook for the future ...erm, that I am not going to end up back in this situation again, you know, that I can actually move forward. (P9)

### Superordinate theme 3: difficulties with practising a faith

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Adverse effects of having a faith. One issue reported by patients was the adverse effects associated with practising a faith. For Participant 9, these adverse effects influenced a change of faith. He elucidated the detrimental effects that his old faith had on his mental health; practices within a particular religion combined with episodes of psychosis proved to be a damaging concoction. A problematic effect of religion in psychosis has been

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reported before (Gearing et al., 2011), something that Wilson (1998) postulated was due to disordered thinking leading to unusual interpretations of religious matters. It was an interesting observation that, although religion was a precipitating factor to the aetiology of this patient's previous problems, another religion significantly reduced these problems:

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" ... I am prone to lapse into psychosis ... some of the things in paganism are not good for that, you know, so I think that the more that I have come away from it the better I have got ... I got a real sense of foreboding that I was doing the wrong thing, that I was being influenced by the wrong things ... and I had to do something about that ... now before it was too late..." (P9)

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The feeling of guilt emerged from participants' religious journey, which appeared to evoke two responses: feelings of unworthiness and a need for forgiveness. Participant 9 expressed that feeling unworthy caused him to refuse atonement:

...I wont take communion and the reason why I wont do it is because I dont feel worthy. I dont feel worthy enough to do it. (P9)

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Participant 3 explained how negative feelings intensified the need to pray for forgiveness, and that concerns about how he could be perceived induced a desire not to be judged for his actions:

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I pray for strength and forgiveness and, you know, I say sorry to God. I say that I am not worthy and I want to be worthy. Dont judge me for the bad things I have done, just judge me as a person. (P3)

These experiences of our interviewee are related to what Maruna et al. (2006, p. 174) described as a form of "shame management".

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Lack of resources and lack of support for "minority" faiths. Being refused access to items perceived to be important for religious expression was a fundamental problem for participants. There was an air of frustration with the limited amount of information that they had access to, which Participant 11 attributed an inability to practise his new faith to its entirety:

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I am very restricted as to how I can get that information, so its quite disappointing really ... Its quite frustrating because I m sure my faith could be open to me more if I knew more, if I

understood more. The minute that I'm out I'm getting books from the library to get what I can.  
(P11)

Participant 6 expressed his annoyance with the security constraints within the hospital forming a barrier to practising his faith due to the inaccessibility of religious equipment.

455 Participants appeared unconcerned regarding the potential risk associated with particular items; instead, participants took the refusal personally, interpreting it as a lack of respect:

...Joss sticks. Things here that they won't let you have even though it is part of a belief, religious process. (P6)

460 This experience contrasts to that of another participant who described how the process for access to religious resources was straightforward:

...as far as I'm aware anything religious that I've requested has never been knocked back, the hospital had no problem ... (P12)

465 It was evident that the heterogeneity in access to religious resources for different religious groups generated competitive attitudes. Participants were envious of those who frequently acquired new resources with ease, which exacerbated the urge to acquire new equipment for themselves.

470 For Participant 3, being a member of a minority faith was problematic. He described how some religions were dismissed by chaplaincy. Faith change was instigated by the perception that other faiths were more accommodated for:

...you might get a lot of people who are interested in certain religions. Christianity is a popular one but Buddhism is not very popular so you can't do a service all the time ... Buddhism is as important as any other religion ... (P3)

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### Limitations

480 There are a number of limitations to this study. First, approximately one-third of eligible participants did not wish to participate in this study; whilst this is relatively low, it nonetheless highlights a potential skew in the type of participant (and their religious experiences) consenting to the research. Furthermore, our participants represent a unique group of individuals, those deemed a "grave and immediate danger" to the public based on their mental condition and risk; as such their experiences may not be applicable  
485 to patients or offenders in other settings, such as prisons.

Second, all qualitative research faces specific challenges apropos validity and reliability: in order to address these two critical concerns, the following processes were utilised in this research: a transparent process of data collection and analysis using an established method and process, a reliability "check" of the analyses by co-authors (which included  
490 the rereading of all transcripts by the second author), a "time out" period from the analysis by the first author (to contribute to a more objective perspective on the data) and a reading "check" by the hospital chaplains.

A further challenge, which is found in qualitative and quantitative research, is the experimenter effect, or the truthfulness of participants' responses given the social context under  
495 which information is obtained (Brink, 1993). Participants may have been susceptible to experimenter effects since interviews were conducted in the presence of the hospital

315 These findings support those of Kerley, Matthews, and Blanchard (2005) who found a link between religiosity and the reduction of verbal/physical altercations among prisoners. It

chaplain and, given the nature of the study (religion based), there may have been pressure to portray their religious experience in a way to please the chaplain . although it should be acknowledged that none of the participants were now of the same religion as the chaplains present at interview. Moreover, it is hoped that the presence of the lead chaplain  
 500 (who is responsible for **all** faiths) facilitated engagement and improved the richness of the data.

## Conclusion

505 The aim of this study was to explore, and gain a deeper understanding of, the experience of religious conversion among patients detained in a high security hospital through analysis of their personal accounts. It is not uncommon for mental health professionals to dismiss religious aspects in a patient's recovery; we would argue, however, that health care professionals have an obligation to consider religion as a valid contributing factor  
 510 to a patient's treatment and that exploring such issues with patients can aid their recovery.

The findings presented in this study provide an extended insight into religious conversion and highlight the role of religion in a patient's identity and search for meaning. Religion appears to provide patients with traumatic life histories, residing in a highly restrictive setting for extended periods of time, with a sense of hope and self-worth and may support

515 them in adapting a more prosocial life style. Notably, we could not find any evidence for the anecdotally reported pragmatic or even manipulative change of religion to obtain privileges (such as one-to-one time with chaplains, different foods, additional items) or for a change in religion being motivated by a desire to minimise one's own role in one's offending. Professionals would therefore be well advised to engage in supporting patients in  
 520 their religious journeys as part of their recovery process. This may well have other positive effects in terms of engagement and overall progress.

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