Conspiracy beliefs: Their development and representation

MEGAN PATTERSON

A thesis submitted in partial fulfilment of the requirements of the University of East London for the degree of Professional Doctorate in Clinical Psychology

October 2024

ABSTRACT

Conspiracy beliefs and theories are pervasive in current public discourse, politics, and academia. Many approaches in mental health and academia use a conventional realist approach, which understands conspiracy beliefs as being a result of cognitive biases, psychopathology, and irrationality. The current study adopted a sociocultural approach, aiming to explore how conspiracy beliefs and their development are represented by people who hold them and the UK media.

The first aspect of the study considered the narratives of how conspiracy beliefs develop from conspiracy believers' perspectives. The second aspect sought to explore how conspiracy theories and beliefs are represented in UK news media. A mixed method approach involved qualitative narrative interviews with three men and a media analysis with 242 articles from four UK newspapers. A reflexive thematic analysis of interviews produced three themes; 'Questioning "the Truth",' 'Exposure to "New Truths"' and 'Underbelly of "the Truth".' The media analysis found negative representations of conspiracy beliefs in the UK news media, particularly around conspiracy beliefs being false, concerning, ridiculed, 'mad' and uncontextualised.

The results highlighted the presence of adversity in terms of community and societal experiences in interviewee's narratives of the development of beliefs but this was not represented consistently in the media. Positive representations were present in individual's narratives but not in media depictions of conspiracy beliefs. There was opposition between conspiracy believers' and media's representations of the "truth," with both presenting themselves as having validity. Finally, threat seemed to be represented differently, with media portraying conspiracy beliefs as dangerous, whereas conspiracy believers represented dominant institutions including the media as the threat. The current research contributed preliminary findings around how conspiracy beliefs and their development are represented differently across stakeholders and the utility of using sociocultural approaches and considerations of power in this field. Implications for key stakeholders were considered.

ACKNOWLEDGEMENTS

I'd firstly like to thank my supervisor, David Harper, whose patience, and knowledge has been truly invaluable over the course of working on this thesis. I'm particularly grateful for the time and encouragement you provided when I needed it most.

Secondly, I'd like to thank the people that took part and trusted me with their beliefs and narratives. Thank you for sharing an insight into your world and lives, I feel very honoured to have heard your experiences.

I'd also like to thank my friends, both old and new, who have supported me through this thesis, the last three years, and the long journey to this point. A particular shoutout to my friends in the cohort, including the library crew, who have been with me through all the ups and downs and many long days in the library to get this done. I'm also grateful to Debbie, Pinar, and Katerina for their support with this work.

Finally, I'd like to thank my family. To my uncle Brian who supported me when I first moved to London to start this journey, thank you. And to my parents, who despite not always knowing what I do or where I'm going, have supported me through the highs and lows of my career and the doctorate without question.

TABLE OF CONTENTS

1. INTRODUCTION

1.1. Overview

Conspiracy beliefs and conspiracy theories are prevalent topics in public discourse, politics and academia (Leveaux et al., 2022). Far from being confined to the fringes, some have posited that conspiracy beliefs are now part of mainstream life and academic research about them has increased rapidly in the past two decades (Dentith, 2023; Douglas et al., 2019; Harambam et al., 2022; Muirhead & Rosenblum, 2020). The presence of conspiracy beliefs was brought into sharp focus through the Covid-19 pandemic when institutions and government were at the forefront of people's everyday experience due to the guidance and rules in place. Within the UK, almost half of adults have reported some degree (or more) of endorsement for conspiracy beliefs surrounding the Covid-19 pandemic (Freeman et al., 2022). Some have noted that people assume we are now in the 'golden age' of conspiracy beliefs, with the advent of the internet and social media as platforms to create and share ideas (van Prooijen & Douglas, 2017). Yet, conspiracy theories have been present across history - for instance antisemitic conspiracy beliefs were apparent during the Crusades in 1096 (Pipes, 1999; Joseph E Uscinski & Parent, 2014). The impact of conspiracy beliefs may be significant in terms of widespread mistrust in institutions, health behaviours (e.g. vaccine hesitancy) and increased public anxiety and polarization (Harambam et al., 2022). However, much debate around conspiracy beliefs both in public discourse and in mental health settings has focused on their veracity and 'debunking' them and has approached them from a largely problem saturated, pathologising approach. This research sought to address some of the issues associated with this conventional approach and explored the development and representations of conspiracy beliefs using a mixed methods approach in the UK.

This chapter will begin with an introduction to the field of conspiracy beliefs research and define key terms surrounding the topic, before considering the

shortcomings of conventional realist approaches to studying them. Conspiracy beliefs will then be situated within the wider area of unconventional beliefs and alternative sociocultural approaches described. Finally, a narrative and scoping review will consider both the evidence and the gaps within research about representations and understandings of conspiracy beliefs and their functions.

1.2. Defining Conspiracies

There is much debate about terminology within the field of conspiracy beliefs, with few set ways of defining the various related terms (Coady, 2012; Harper, 2021). The term ‘conspiracy’ is defined as a secret plan to be carried out by a group of actors that would influence or exert control over society, for their own interests (Pigden, 1995). ‘Conspiracy theories’ then are explanations of events that provide causal links between a group of powerful people acting covertly and an event or patterns of events that has happened or may take place. ‘Conspiracy theorist’ is a phrase that has been used to describe people who promote conspiracy theories, sometimes in reference to celebrities such as David Icke (Douglas et al., 2019).

A conspiracy belief is a claim that a specific or group of conspiracy theories is true, that is beliefs that powerful groups of actors are operating in secret to exert control over society (Barkun, 2013; Boyle, 2002; Douglas et al., 2019; Fenster, 1999). Conspiracy belief and conspiracy believer have been posited as having fewer negative connotations than the term conspiracy theorist, with alternative phrases to this term being promoted (Coady, 2021). Hence, conspiracy beliefs will be used in this study where possible (unless explicitly stated in research studies). Research has differentiated between belief in specific conspiracy theories (e.g. the HIV/AIDs epidemic was a purposeful attempted genocide by the US government on black communities) and generic beliefs or a general conspiracy mentality (e.g. thinking that governments often hide the ‘truth’ or manipulate facts) (Brotherton et al., 2013; Goreis & Voracek, 2019; Imhoff & Bruder, 2014). Thus, attempting to define terms around conspiracy beliefs is a complex issue.

1.3. Negative Consequences

Conspiracy beliefs are of importance to mental health practice and academia as they can have negative consequences including discrimination, extremism, and negative health behaviours. For instance, research has supported the idea that conspiracy beliefs lead to more prejudicial attitudes towards people. Conspiracy theories about religion have been associated with antisemitism and conspiracy theories about Covid-19 have been linked to both racist attitudes towards with Asian heritage and support for discriminatory public policies (Douglas, 2021b; Jolley et al., 2020, 2022; Oleksy et al., 2021; Sakki & Castrén, 2022). It has been argued that conspiracy beliefs can lead to an increase in greater violent extremist intentions, although this relationship was mediated by numerous individual factors (e.g. psychological distress, self-efficacy and self-control), and this evidence could not make causal links (Jolley et al., 2022; Jolley & Paterson, 2020; Levinsson et al., 2021; Rottweiler & Gill, 2022).

Furthermore, holding conspiracy beliefs has been associated with some negative health behaviours. For instance, conspiracy beliefs about HIV was associated with negative health behaviours such as lower adherence to HIV prevention medication, although some contradictory work has also suggested associations with greater likelihood of condom use (Bogart & Bird, 2003; Jolley & Jaspal, 2020). Holding Covid-19 conspiracy beliefs has also been associated with vaccine hesitancy and refusal (Allington et al., 2023; Bertin et al., 2020; Douglas, 2021b; Freeman et al., 2022).

1.4. Conventional Realist Approaches to Studying Conspiracy Theories

The realm of conspiracy beliefs crosses many academic fields including history, sociology, anthropology, psychology, political science, and philosophy. The

most prevalent approach to their study across fields, including psychology, may be described as an individualistic and pathologising approach, or a conventional realist perspective (Butter & Knight, 2018; Daniel & Harper, 2022). This approach understands conspiracy beliefs as being a result of cognitive biases, distortions, psychopathology (e.g. 'schizotypy', paranoia) and irrationality (Butter & Knight, 2018; Leveaux et al., 2022). These understandings have their roots in the seminal work of Richard Hofstadter, who initially linked conspiracy theories with a 'paranoid style' of thinking (Hofstadter, 2012).

The conventional realist approach has acknowledged some well documented examples of real conspiracies happening such as the Tuskegee experiment (Fenster, 1999; Pigden, 1995). This involved the US Public Health Service secretly studying over 400 Black men without their consent, and leaving many men with untreated syphilis, despite treatment being available, for their own research agenda. However, the approach has focused on conspiracy beliefs generally being rare, false, non-sensical and a 'symptom' of an illness or disease (Berrios, 1991; Boyle, 2002; Harper, 2021). Moreover, research within this field has focused on the idea that high scores on measures of mental health pathology are associated with conspiracy beliefs, with higher scores on scales of paranoia, narcissism and 'schizotypy' being associated with holding conspiracy beliefs (Cichocka et al., 2016; Darwin et al., 2011; March & Springer, 2019).

Within this approach, research has also explored cognitive biases of individuals that may make people more 'prone' to hold conspiracy beliefs, such as the conjunction fallacy, that is overestimating the likelihood of two events happening in conjunction (Brotherton & French, 2014). Others proposed cognitive mechanisms such as illusory pattern perception (i.e. recognising meaningful patterns in phenomenon which were actually generated through chance) are central to holding conspiracy beliefs (van Prooijen, Douglas, et al., 2018). Other processes researched have included heuristics and analytic thinking (Brotherton & French, 2014; Swami et al., 2014). All these areas of research have focused on faults in individual thinking patterns as the root cause of conspiracy beliefs. It

has been argued that this approach has perpetuated stigma and pathologisation of people who believe conspiracy beliefs (Bratich, 2008).

This approach has concentrated on how to quantitatively measure individual's conspiracy beliefs on self-report measures and explored associations with other factors using realist epistemology (Butter & Knight, 2018). This has centred either on general conspiracy mentality or measuring specific beliefs (Douglas et al., 2019). Examples of general measures include the Conspiracy Mentality Questionnaire and Generic Conspiracist Beliefs Scale (GCBS) (Brotherton et al., 2013; Bruder et al., 2013). Examples of using specific beliefs measures have included looking at Covid-19 beliefs and HIV/AIDs beliefs (Bogart & Thorburn, 2006; Dowhower et al., 2022; Hebel-Sela, Stefaniak, et al., 2022). It is crucial to highlight that most of these quantitative measures support correlation of constructs, not causation. The link between conspiracy beliefs and pathology is complex, and they have been seen as falling under the same umbrella of unconventional beliefs.

1.5. Unconventional Beliefs

Conspiracy beliefs can be viewed as a form of unconventional belief, which is a term that encompasses other concepts such as paranoia, delusions, parapsychological beliefs, hallucinations and experiences of psychosis that can sometimes be pathologised and diagnosed as part of a 'mental illness' (Freeman & Bentall, 2017; Gerry, 2012; Swami et al., 2016). In public discourse, and mental health settings, these experiences and beliefs are often equated and used interchangeably (Byford, 2011; Imhoff & Lamberty, 2018). Hofstadter, in using the term 'paranoid style' acknowledged that the term was pejorative and attempted to highlight the difference between clinical paranoia, which involved concerns that people are acting against individuals themselves, and 'political paranoia', which involved beliefs that forces were in operation in nations or bigger groups (Hofstadter, 2012). However, this overall choice of language has contributed to a negative, pathologising image of people with

conspiracy beliefs and that there is a blurring between the clinical and non-clinical meanings of paranoia (Bratich, 2008; Byford, 2011; Harambam, 2020; Harambam & Aupers, 2017; Hofstadter, 2012).

There have been specific similarities noted between experiences of paranoia and conspiracy beliefs, in their risk factors and content (threat of harm from intentional, coordinated actors) (Alsuhibani et al., 2022; Grzesiak-Feldman & Ejsmont, 2008). However, some differences have been noted, for instance, different relationships have been found between paranoia and conspiracy beliefs and self-esteem e.g. that paranoia was associated with negative self-esteem whilst conspiracy beliefs were associated with positive self-esteem (Alsuhibani et al., 2022). The content of the beliefs also have distinct elements, with paranoia involving perceived threat to self, whereas conspiracy beliefs involve collective threat to one's group or society (Greenburgh & Raihani, 2022; Imhoff & Lamberty, 2018).

Similarly, the concept of delusion and conspiracy have also been compared (Bortolotti et al., 2021). The DSM-V defines delusions as a 'a false belief based on incorrect inference about external reality that is firmly held despite what almost everyone else believes' (American Psychiatric Association, 2013, p.819). Some overlap between delusions and conspiracy beliefs, including claiming that relatively 'implausible' things are true, have been suggested (Bortolotti et al., 2021). However, differences noted between the concepts include that delusions tend to be deeply isolating for an individual, whereas conspiracy beliefs tend to be shared with groups of likeminded people (Bortolotti et al., 2021).

Taken together, this research points to conspiracy beliefs being somewhat related but different from paranoia and delusions, potentially with less negative personal consequences. Yet conspiracy beliefs are frequently pathologised, and although separate, are frequently assumed to be part of and an indicator other mental health diagnoses.

1.6. Non-Pathologising Approaches to Unconventional Beliefs

Despite the prevalent conventional realist approaches to studying conspiracy beliefs, other research within unconventional beliefs field has moved away from this pathologising, individualistic approaches and sought to understand the development, function, power, and context within which unconventional beliefs develop. This has included work in the general population, the Power Threat Meaning Framework (PTMF), adversity research and Experts by Experience movements.

1.6.1. Unconventional Beliefs in the General Population

Part of the attempt to adopt a non-pathologising approach to unconventional beliefs has included what Harper (2021) called the normalising research programme, which has tried to de-pathologise these beliefs and explore them in the general population, outside of mental health settings. This included the continuum model, whereby the presence of unconventional beliefs was not unusual itself, but the degree of them was what was important (Van Os et al., 2000). This research explored the prevalence of unconventional beliefs in the general population, with research in the Netherlands finding the presence of non-distressing delusional beliefs in 8.7% of the general population sample (Van Os et al., 2000). Another aspect of the normalising research programme has been comparing ‘clinical’ (mental health service users) and ‘non-clinical’ (general population) samples of people with unconventional beliefs. Peters and colleagues (2004) found the presence of delusions in a British general population sample, 11% of the sample scored higher on mean scores of a delusions scale than a clinical inpatient sample. This supported the idea that it was not the presence of unusual beliefs or experiences, but the level of distress, conviction and preoccupation they caused that seemed to differ between clinical and non-clinical samples (Honig et al., 1998; Peters et al., 2004). Thus, the normalising approach posited that unconventional beliefs are seen as a normal experience, could make sense within a person’s life and could

be conceptualised as cognitive biases that many people exhibit (Garety et al., 2013; Harper, 2021; Morrison & Barratt, 2010).

1.6.2. Power Threat Meaning Framework

Within mental health and unconventional beliefs fields, the Power Threat Meaning Framework (PTMF) has put power and injustice as central to understanding distress, and proposed that when power is experienced negatively by someone, it is experienced as a threat (Johnstone & Boyle, 2018b). People actively respond to such threats and try to make sense and meaning from experiences of threat (Johnstone & Boyle, 2018b). The PTMF offered valuable insights into non-pathologising ways to understand unconventional beliefs as a response to threat such as adversity and trauma (Harper, 2022). Experiencing adversity can result in responses to try and manage past and future threats such as hypervigilance, dissociation, or paranoia. For instance, someone who has experienced physical abuse would have had their personal and physical safety threatened. This experience of threat may impact the meanings this person has e.g., they are unsafe and powerless in their lives. This may influence the beliefs that they hold about others, potentially including hypervigilance and paranoid beliefs (e.g. people are following me) as a way to manage and protect themselves against future physical violence when out in public (Ball et al., 2023).

In thinking about power and who gets listened to in public discourse, the concept of epistemic injustice can be useful to hold in mind, as it has been used to consider how people with diagnoses such as delusions are treated (Sanati & Kyratsous, 2015). Epistemic injustice refers to injustices experienced by individuals based on their position as a ‘knower’ (Fricker, 2007, p.1). Within this, ‘testimonial injustice’ is injustice that centres on the lack of credibility afforded to a speaker due the prejudices of a hearer (Fricker, 2007). ‘Hermeneutical injustice’ on the other hand happens beyond an individual interaction, and is associated with the social and collective resources that oppressed groups of people may not access have to in order to make sense of their world and

experiences (Fricker, 2007). An example of this may be a woman experiencing sexual harassment in a culture which does not recognise this as an issue and therefore women would experience a 'hermeneutical injustice' if they challenged this. Within mental health settings, it has been proposed that when using the label delusional to describe a person, this acts as a heuristic to give their ideas less credibility when speaking (Sanati & Kyratsous, 2015). The consideration of power and the PTMF provide a framework to think about the function of unconventional beliefs and consider the role of threat and adversity more explicitly.

1.6.3. Unconventional Beliefs and Adversity

A key part of adversity research is exploring Adverse Childhood Experiences (ACEs), which was initially part of a research agenda that explored how life experiences in childhood of 'abuse and household dysfunction' impacted health outcomes in adulthood (Felitti et al., 1998, p.246). The adverse experiences explored were physical, psychological, sexual and emotional abuse, as well as, witnessing domestic violence, exposure to drug/alcohol abuse, mental health issues within the household and a household member being in prison (Felitti et al., 1998). However, more recent research has tried to incorporate more community and societal variables and more diverse samples (Carlson et al., 2020; Cronholm et al., 2015; Finkelhor et al., 2007, 2013).

Adverse childhood experiences including childhood maltreatment and victimization, have been linked with experiencing paranoia, persecutory delusions and psychosis (Campbell & Morrison, 2007; Cole et al., 2016; Dickson et al., 2016). Similarly, associations have been found between childhood abuse and neglect and experiencing hallucinations and hearing voices in adulthood (Corstens & Longden, 2013; Longden et al., 2016; Read et al., 2003). Other adverse experiences, including abuse, bullying and discrimination have also been associated with experiences of paranoia in adolescents and adulthood (Ball et al., 2023; Jack & Egan, 2018; Janssen et al., 2003). Inequality in terms of race, gender and class have been seen to impact unconventional beliefs, with those who experience greater inequality being more likely to report experiencing paranoia and delusions (Cromby & Harper,

2009; Harper, 2011; Johnson et al., 2015; Kirkbride et al., 2014). Combining this with the PTMF framework, many unconventional experiences and beliefs could be seen to make sense in the context of people's life experiences. For instance, if someone hears a critical and shaming voice hallucination in the context of having experienced emotional abuse from their mother as a child, the voice may represent their mother and present itself in situations where the person feels shame (Corstens & Longden, 2013).

The mechanisms through which adverse experiences and unconventional beliefs are linked have been hypothesised such as experiencing adversity or trauma leading to a 'shattering' people's worldviews, mistrust of others and lack of epistemic trust (Campbell & Morrison, 2007; Dickson et al., 2016; Fonagy et al., 2015; Janoff-Bulman, 1992). Epistemic trust refers to a person's likelihood of accepting new information that is beyond their own personal experience from another as trustworthy and relevant (Fonagy et al., 2015). It may be that that insecure attachment relationships early in life may disrupt epistemic trust (Fonagy et al., 2015). Some have posited multiple pathways that link different adverse experiences with different unconventional beliefs e.g. neglect specifically disrupting attachment and thus mistrust in others which can develop into paranoia (Bentall et al., 2014).

1.6.4. Stigma

Other non-pathologising research has sought to explore the stigma and representations of people with unconventional beliefs. Conventional realist approaches and medical understandings of unconventional beliefs have potentially contributed to increased stigma for people experiencing these beliefs through pathologising these experiences (Longdon & Read, 2017). Stigma about unconventional beliefs can be experienced from multiple levels of society, including family, community and wider sources such as the media (L. Wood et al., 2015) . One approach to considering stigma has been to explore media representations about mental health and unconventional beliefs.

1.6.4.1. Stigma within media reports

Many people find out information about mental health via the media, as it organises information about mental health and presents it in an accessible way (Atanasova et al., 2019; Sieff, 2003). Yet the media has a complex relationship with representations of mental health and much research has considered the way in which media reporting has contributed to stigma around mental health issues (Clement et al., 2013). Historically, news media has depicted mental health issues in a negative and sometimes dangerous way (Sieff, 2003). Although media coverage of some mental health issues such as depression and anxiety have progressed positively in the past decades, coverage of severe mental health issues (including unconventional beliefs such as delusions) have still perpetuated stigma (Goulden et al., 2011). Media frequently represent experiences of psychosis and schizophrenia alongside violence and homicide, despite there being little empirical evidence for any direct link between these two factors (Fazel et al., 2009; McGinty et al., 2016). Some of the tools and frames that media reporting has used in creating negative stereotypes around violence and experiences of psychosis include metaphors, visual images, catchphrases and well-known exemplars (e.g. people with a diagnosis of schizophrenia being referred to as a 'ticking time bomb' (Sieff, 2003).

Such representations can negatively impact the wellbeing of people with mental health issues, as well as their likelihood to trust and seek help from professionals and their communities and how they are socially accepted by others (Atanasova et al., 2019; Jorm, 2000). There is generally little inclusion of the voices of people living with mental health issues and alternative representations that don't include aspects of fear and violence surrounding diagnoses of schizophrenia within media reports (Goulden et al., 2011; SHiFT, 2006).

In general, experiencing stigma related to having a mental health diagnosis has been associated with reduced self-esteem, employment opportunities, access to housing and access to support (Overton & Medina, 2008). Regarding unconventional beliefs, schizophrenia and psychosis, research has found that certain types of media consumption (TV and tabloid newspapers) has led to the

public wanting more distance from people with schizophrenia and social rejection of people with these diagnoses (Angermeyer et al., 2005). Although media representations of people with conspiracy beliefs have not been as widely researched, parallel hypotheses could potentially be drawn (e.g., conspiracy beliefs being associated with notions of danger, etc.) and the potential impact of this stigma on belief holders (e.g., social rejection, less access to healthcare and social opportunities).

1.6.5. Experts by Experience

Another alternative approach within mental health to unconventional beliefs and experiences has been the Hearing Voices Movement (HVM), which is a grassroots, service user led movement that aims to shift both mental health and public discourse and opinion about unusual experiences such as hearing voices and seeing visions. Key here is that these experiences are viewed as having meaning within the context of someone's life and different frameworks are seen as valid (Corstens et al., 2014; Higgs, 2020; Longden et al., 2012). Moreover, as HVM is service-user led, the involvement of people with lived experience or 'experts by experience' has been centred, as well as, peer support with the aim of reducing shame and stigma around hearing voices (Corstens et al., 2014).

1.6.6. Summary

So far in this chapter, the contested nature of defining conspiracy beliefs, the potentially negative consequences that holding conspiracy beliefs can have (e.g., discriminatory attitudes) and conventional realist approaches to studying them have been explored. Furthermore, the overlap and distinction between conspiracy beliefs and other unconventional beliefs has been detailed, with consideration of whether non-pathologising approaches that have been adopted with other unconventional beliefs (e.g., paranoia or delusions) could also be helpful in studying conspiracy beliefs. These approaches have included general population research, the Power Threat Meaning Framework (PTMF), adversity research and Experts by Experience movements with other unconventional beliefs (e.g., HVM). These approaches have produced findings which are useful not only for academics but also clinicians in terms of how unconventional beliefs

can be explored and understood within mental health services (e.g., the underlying function and meanings of paranoid beliefs).

Considering the normalising research programme, the PTMF, adversity research and HVM approaches towards unconventional beliefs, the question of whether a similar approach may be useful in understanding conspiracy beliefs arises. Yet some non-pathologising approaches to unconventional beliefs have been critiqued for still neglecting issues of power, context, social norms, lived narratives and institutional level factors, as well as using a purely realist epistemological stance (Boyle, 2013; Daniel & Harper, 2022; Harper, 2021). Moreover, the field of clinical psychology has not contributed widely to these alternative approaches (Butter & Knight, 2018).

Combining the issues above, a less pathologising approach to studying conspiracy beliefs would see them as commonly occurring in the general population, understandable within the contexts of people's lives, and consider the issues of power and context (Butter & Knight, 2018; Harper, 2021). Some have proposed that to understand conspiracy beliefs further, we need to use a more sociocultural approach, and not just realist, quantitative approaches, which typically make claims about one knowable 'truth' and the irrationality of conspiracy beliefs (Harambam, 2020; Harambam & Aupers, 2021). Thus, a sociocultural approach would value exploring power, how conspiracy beliefs are understood and represented by believers themselves and others, and whether these beliefs have functions and make sense in the context of believer's lives.

In order to explore what research has been conducted already in terms of sociocultural approaches to conspiracy beliefs, a review of the literature was necessary. A literature review was conducted which contained a narrative review with two sections. The first focused on representations of conspiracy beliefs and the second reviewed literature on the development and function of conspiracy beliefs. The second section of the narrative review also incorporated a scoping review on adversity and conspiracy beliefs.

Although systematic reviews are often used in literature synthesis due to their explicit and robust methods and their focused exploration of narrow topics, narrative reviews have been deemed more appropriate to use when an up-to-date synthesis of a broad area of research is required, especially areas that may be contested and evolving, as is the case with conspiracy beliefs (Collins & Fauser, 2005). As both representations of conspiracy beliefs and conspiracy belief development, function and adversity have a broad theoretical and academic scope (across anthropology, sociology, political science and psychology) and potentially limited empirical, quantitative research conducted, particularly in a UK context, a narrative review was undertaken (Rother, 2007). As was the case with similar unconventional beliefs literature, it was hoped that synthesising the research in these areas would identify both current knowledge gaps and provide a resource of literature which might be useful for clinical psychologists and other mental health professionals working with conspiracy beliefs in clinical settings.

1.7. Review of the Literature

The first section of the narrative review explored representations of conspiracy beliefs. Reflecting the approaches that had been used regarding other unconventional beliefs previously, key stakeholders' representations of conspiracy beliefs were explored (i.e., belief holders, the public, media, academic and political). Within this, and having explored the links between stigmatising representations of other unconventional beliefs and the impact these can have on help seeking behaviour, social acceptance and wellbeing (see Section 1.6.4.1 Stigma within media reports), it would be important to consider how different representations (including from the media) depict conspiracy beliefs and the impact that these representations could have on conspiracy beliefs holder’s mental health and wellbeing.

The second section of the narrative review focused on conspiracy beliefs, their functions, and their development to capture any research which may align with the PTMF and ACEs research. Different understandings of this were explored in

terms of intergroup approaches and sociocultural approaches in order to understand any novel insights from approaches moving beyond a conventional realist paradigm could provide. These approaches consider the context in which beliefs develop and what their functions and purposes may be. Finally, within the second section of this narrative review, as there was a more defined question around the influence of adversity, a scoping review of the literature on adversity and conspiracy beliefs was incorporated. Specifically, it considered whether specific forms of adversity and experiences were associated with developing and holding conspiracy beliefs. Taken together, the two aspects of the narrative review and the scoping review brought greater insight into what sociocultural research has already taken place and what gaps there are in this literature.

1.7.1. Narrative Review: Representations and Understandings of Conspiracy Beliefs

For this synthesis, a narrative review (as opposed to systematic) was undertaken around the representations of conspiracy believers. Thinking about representations, interactions about knowledge and 'truth' take place in many contexts, which can be described as public spheres. The public sphere describes contexts where people encounter and interact with one another about ideas and knowledge (Arendt, 1998). It is important to consider the power that people hold in these spaces and how they are represented by others. Hence, the following sections will consider how conspiracy beliefs are represented in the public sphere by various stakeholders.

1.7.1.1. Conspiracy believers' representations of conspiracy beliefs

Many representations belief holders have about themselves centres around the notion of being 'awake,' as opposed to the general population who are viewed as being asleep or 'sheeple' (the general population being sheep). Individuals often push back against the label conspiracy theorist and instead describe themselves as 'critical thinkers' or 'truth seekers' (Harambam & Aupers, 2015, 2017; M. J. Wood & Douglas, 2013). Some research has found that people who hold conspiracy beliefs integrate their beliefs into their life stories and that

becoming ‘awake’ made sense in the context of their lives, for instance being part of a religious family influencing the sense of being an outsider (Gerry, 2012).

Other research has sought to counter images of conspiracy believers being a homogenous group, highlighting the different ways various believers identify. For example some identify as activists, with others being interested in mediating the gap between ‘truth seekers’ and the ‘sheeple’, whilst others want to bring about personal change (Harambam & Aupers, 2017). Within this, some seek to challenge how alternative knowledge such as theirs is represented by other powerful elites (e.g. media and science) and highlight the importance of not trusting authorities, whilst also anticipating stigma and social exclusion for expressing their views to others (Harambam & Aupers, 2015; Lantian et al., 2018; M. J. Wood & Douglas, 2013). Some research has also explored how conspiracy believers negotiate their identity in social situations. Strategies included drawing on multiple sources of knowledge authorities (e.g. science, law, experience, tradition), respecting others views and overtly stating that they are not conspiracy theorists (Gerry, 2012; Harambam & Aupers, 2017, 2021; Leveaux et al., 2022).

1.7.1.2. Public representations of conspiracy beliefs

Few studies have explored representations that lay people and the general public hold of conspiracy theorists (Daniel & Harper, 2022; Harambam et al., 2022; Oliver & Wood, 2014). The general public’s understanding of conspiracy beliefs seems to be nuanced and complex (Daniel & Harper, 2022; Harambam & Aupers, 2015; Leveaux et al., 2022). Lay representations have been found to be dependent on individuals’ own levels of beliefs, with members of the public who score higher on conspiracy beliefs scales, being more understanding of conspiracy beliefs, whereas those that score lower show less approval (Leveaux et al., 2022). Some members of the general population who don’t hold conspiracy beliefs do not like the label being applied to others (Nera et al., 2020). In some online public discussions around conspiracy believers, opposing

views were present around whether conspiracy believers should be involved in public discourse around issues, or whether this should be left to ‘experts’ such as academics and politicians and that conspiracy beliefs were too radical a view to include (Harambam et al., 2022). Moreover, some people felt conspiracy believers are an essential part of life to expose corruption, whereas others feel they are not necessary in public debate (Daniel & Harper, 2022).

1.7.1.3. Media representations of conspiracy beliefs

Media portrayals can circulate expert discourse to ‘lay people’ and influence both individual and collective public opinions and behaviour (Franks et al., 2013; Holt et al., 2019). Yet there is scarce research on media representations of conspiracy beliefs, particularly in the UK context. Some have pointed to the fact that the main way conspiracy theories are communicated and ‘spread’ are through social and independent media (e.g. blogs) (Mancosu & Vegetti, 2021; Stempel et al., 2007). Representations from social media often incorporate lay or public representations or conspiracy believers themselves (Harambam et al., 2022; Leveaux et al., 2022).

Other studies have explored the presence of conspiracy belief representations in the mainstream media, finding increases in news stories which mention conspiracy beliefs over the previous decades (Dawson, 2022; Husting & Orr, 2007; Leveaux et al., 2022). One preliminary exploration through case studies found both a both symbiotic and combative relationship between conspiracy believers and the news media. This played out when the media challenged conspiracy beliefs as false narratives and asserted their own superiority and epistemic authority (reliability and trustworthiness of their knowledge and position) compared to these falsities (Dawson, 2022). Yet this act also gives conspiracy believers evidence of how establishments do not listen to them and thus further need to challenge mainstream institutions. This relationship would be interesting to explore in the current context where, some mainstream news outlets have been adopting their own anti-establishment approach (e.g., Fox news) and there is now a battle between news outlets over what is the authoritative narrative and what is a conspiracy belief.

Media representations of conspiracy beliefs have included portraying them as diseases, that susceptible individuals need to be protected from (Dawson, 2022). Other preliminary research in the US has suggested that using the term 'conspiracy theorist' in the media was an action to delegitimise and exclude a person or group, whilst also allowing authors to not engage with claims about power and authority (Husting & Orr, 2007). Closely linked within these representations of conspiracy beliefs, are representations of madness (e.g. loony, paranoid) (Husting & Orr, 2007). It is also interesting to think about media representations in the context where media coverage and construction of problems (including social media) may actually contribute to a sense of uncertainty and uncontrollability that may encourage conspiratorial thinking (Douglas et al., 2019; Kesner & Horáček, 2022; Stecula & Pickup, 2021).

The media coverage of conspiracy theories may be likened to 'moral panics' whereby people, groups or issues are defined and represented as a threat to social values, practices and safety, often based on limited or exaggerated information and perpetuated by the media (Cohen, 2011). The impacts of such representations on people who hold conspiracy beliefs has not been widely researched but some parallels may be hypothesised based on research about other unconventional beliefs and stigma in media reporting. That is, negative representations about conspiracy beliefs in the media may impact belief holder's social acceptance, help seeking behaviour and access to housing and healthcare, as has been the case with stigma in media reporting regarding schizophrenia and psychosis (Angermeyer et al., 2005; Husting & Orr, 2007; Overton & Medina, 2008). Yet this field of research is clearly in its infancy and little research has considered the impact of media representations on believers and those around them.

1.7.1.4. Academic representations of conspiracy beliefs

The main academic representation of conspiracy beliefs has been discussed within Section 1.4 and can be defined as a conventional realist approach

(Daniel & Harper, 2022). This academic representation is generally from a positivist, realist epistemological stance, whereby there is an acceptance of one knowable 'truth,' which research and academia can reveal. Yet explicitly stating or discussing the impact of adopting positivism as a position and the inherent power and expertise that comes with that (i.e., accepting that academics having access to this one 'truth') has often been often neglected (Harambam, 2017). Many such representations portray conspiracy believers as a homogenous, irrational group who are very different to the general population (Harambam & Aupers, 2017).

Alternative academic approaches, although not as prevalent, have included intergroup approaches and sociocultural approaches, which focus on representing conspiracy beliefs as more nuanced and responses to societal events and anxieties (Leveaux et al., 2022). These different academic representations adopt different epistemological positions to study conspiracy beliefs and so conceptualise the nature of conspiracy beliefs and what they are differently. These approaches will be considered in more depth as part of Section 1.7.2. Academia can also be seen as creating boundaries and distinctions between itself and conspiracies to uphold its own epistemic authority, without always acknowledging that itself as a field has created and hold the position of experts, as well as historically having contributed to the stigmatisation of conspiracy beliefs (Harambam & Aupers, 2015; Thalmann, 2019). It is important to consider that academic publications and research are frequently cited and used by traditional media to support and bolster arguments and give epistemic authority to ideas (Husting & Orr, 2007).

1.7.1.5. Political representations of conspiracy beliefs

Considering the definition of conspiracies involving a group exerting control over society, politics and government are obvious places where conspiracies can take place (Moore, 2016). Many topics of interest amongst conspiracy believers relate to government policy (e.g., climate change, vaccine uptake, war). As with other approaches, political research and policy has sometimes focused on how

to ‘correct‘ or ‘debunk’ conspiracy beliefs (e.g. Connolly et al., 2019; Jolley & Douglas, 2014). Yet such studies have neglected the fact that conspiracy beliefs are now part of politics itself, with many conspiracy beliefs having affected new policies and voting tendencies. For instance, the Brexit vote in the UK has been associated with some anti-immigration conspiracy beliefs. 47% of people who voted for Brexit also believed that their government was ‘hiding the truth about immigration’ from them and 31% believed that immigration to the UK ‘was part of a bigger plan to make Muslims a majority of the country’s population’ (YouGov, 2018). As controlling immigration was such a key part of the pro-Brexit campaign, such beliefs may have impacted voting behaviour. Politicians themselves have used the rhetoric around these issues in their own communication and campaigning. For example, Nigel Farage has spoken about the threat ‘globalists’, ‘a new world order’ (frequently used in antisemitic conspiracy beliefs) and immigration ‘pose to civilisation’ (the idea that immigration will result in ‘European culture’ being superseded) in order to gain traction on immigration and Brexit policies (Walker, 2019). Yet, others have represented conspiracy beliefs as a threat to existing democracy and policy and something which we must protect against and overcome. For instance, Joe Biden said ‘we’ve got to get beyond this’ regarding conspiracy beliefs about the Covid vaccine (LeBlanc, 2021).

Although some suggest that conspiracy theories are linked to conservatism and right-wing politics, other research has found that conspiracy beliefs come from opposition to the government in power, whether that be left- or right-wing (Alper & Imhoff, 2022; Enders et al., 2022; Joseph E Uscinski & Parent, 2014). Crucially, it is important not to equate conspiracy beliefs with political views, for instance conspiracy beliefs around immigration are not only tap into conspiracy beliefs but more ideological notions around race, colonialism and class (Drochon, 2018).

1.7.2. Narrative Review: Conspiracy Beliefs, Functions and Development

There have been differing approaches to understand the function and context within which conspiracy beliefs develop. Distinctions between conventional realist (focusing on individual pathology and difference), intergroup (focusing on evolution and ingroup/outgroup threat) and sociocultural (focusing on power, socio-political contexts, constructionism) conceptualisations have been noted (Goreis & Voracek, 2019; Harambam, 2020; Leveaux et al., 2022). Other understandings have looked at motives that branch all three of these areas, such as meeting epistemic (to develop understanding), existential (desire for certainty and control) or social needs (to maintain positive views of the self- and/or group) (Douglas et al., 2017, 2019). For the purpose of this review, I will use the individual (conventional realist), intergroup and sociocultural distinctions, (Leveaux et al., 2022). Having considered the conventional realist approach in Section 1.4, intergroup and societal approaches will be considered here.

1.7.2.1. Intergroup approaches

An intergroup perspective understands conspiracy beliefs as evolving as a historically adaptive way of managing intergroup threat and an 'us versus them' mentality (van Prooijen & Van Lange, 2014). It may have been adaptive in both the past and present to recognise conspiracies and dangerous groups who are acting with ill intent secretly (van Prooijen & Van Vugt, 2018). Historically, humans may have had to fend off threats from actual conspirator groups and identifying conspiracy beliefs could have helped people survive and respond to such threats, with under-recognising conspiracies deemed as more harmful than over-recognising them (van Prooijen & Van Vugt, 2018). A unique quality of conspiracy beliefs explained by this approach is that they involve perceived threat from particular powerful groups towards other groups (Imhoff & Lamberty, 2018; van Prooijen & Van Lange, 2014). Today, powerful groups which may conspire include the political elite, scientists and corporations acting against less powerful groups (van Prooijen & Van Lange, 2014). The intergroup perspective has suggested that holding conspiracy beliefs can bolster ingroup identity (van Prooijen & Douglas, 2018). This approach could explain then why some conspiracy beliefs are associated with prejudice and discrimination. For

instance, conspiracy theories about particular groups (e.g. immigrants, Jewish people) have been associated with increased discrimination towards those people and other outgroups (Jolley et al., 2020). These models have roots in other psychological ideas including social identity theory and social categorisation theory (Tajfel et al., 1971; Tajfel & Turner, 1979).

Intergroup research of conspiracy beliefs often involved individual measures and experimental studies. Between-group designs often involve exposure of different groups to different stimuli (e.g. specific conspiracy theories or a control) and using individual measures to see if the stimuli has made any significant difference to the measures (e.g. prejudice) (Jolley et al., 2020). Although this has gone some way to thinking about the function of conspiracy beliefs, there is still little consideration from the perspectives of believers themselves, nor about how powerful groups operate and interact in the public spheres.

1.7.2.2. Sociocultural approaches

Some approaches have focused on the meaning and function of conspiracy beliefs in a person's life, within their social and cultural context. Central to this approach, although not always made explicit, is a consideration of power, of what is deemed an 'abnormal belief', of who is 'allowed' to have such beliefs (Harper, 2021). As they are involved in the questioning of widely accepted beliefs, conspiracy beliefs can be considered 'stigmatized knowledge' or 'counter knowledge' (Barkun, 2013; Fiske, 2016). This is because they involve claims that institutions (e.g. universities, mental health professionals) have discredited and marginalised, but that believers are certain of (Barkun, 2013). Research has explored language and stigma around the term conspiracy theory. In some instances, being called a conspiracy theorist or similar label can be seen as an action to delegitimise knowledge, ostracise and 'other' a person and exclude them from public discussion and debate (Coady, 2012; Fenster, 1999; Harambam, 2020; Harambam & Aupers, 2017; Husting & Orr, 2007; Johnson-Schlee, 2019). Indeed the label has been associated with threatening and extreme connotations (Hanna, 2015; Nera et al., 2020). Using other terms to describe themselves such as 'critical freethinker' or 'activists' has been

preferred, whilst some conspiracy believers have tried to reclaim the term, calling those holding mainstream beliefs the conspiracy believers as they are the truly irrational ones or ‘sheeple’ (Harambam & Aupers, 2017).

Studies within this vein have investigated whether societal level variables are associated with conspiracy beliefs. One research area has found that conspiracy beliefs are more likely to develop in societies that are experiencing crises or abrupt changes, which may stimulate conspiracy beliefs in making sense of unexpected events, for instance, during the Covid-19 pandemic (Franks et al., 2013; van Prooijen & Douglas, 2017). Once formed, these beliefs can be shared across generations and cultures and incorporated into everyday understandings and practices, even after the crisis is over (Franks et al., 2013; van Prooijen & Douglas, 2017). This sense-making idea is linked to the notion that conspiracy beliefs may function to explain complex, previously unexplained events for people (Hofstadter, 2012; Keeley, 1999). Yet, societal (existential) threats only seem to be associated with conspiracy beliefs in some contexts, that is, when a distressing event happens in a society and there is a prominent disliked outgroup (van Prooijen, 2019).

Part of a sociocultural approach considers prevalence of conspiracy beliefs in the general population. In a US context, when adults were presented with multiple conspiracy theories, 55% of respondents held at least one conspiracy belief (Oliver & Wood, 2014). Other research has pointed to lower rates of endorsement in general population samples; nearly 22% of a French adult sample stating that they believed their government were ‘pulling the strings’, with a similar percentage (26%) of US adult sample endorsing the idea that there is a ‘conspiracy behind many things in the world’ (Freeman & Bentall, 2017; Gombin, 2013). A similar range (between 17.8% and 46.9%) of adults from a multinational sample (Pakistan, Saudi Arabia, India, Malaysia, Sudan, and Egypt) have endorsed one or more statements about Covid-19 beliefs (Salman et al., 2022). Even with the variance in prevalence across different general population samples around the world, it would seem that at least a fifth of adult’s report endorsing some type of conspiracy theory.

In terms of the power, PTMF, epistemic injustice and grassroots movements, there is little work done in academia around conspiracy beliefs using these approaches, although there have been some initial attempts. Considering threat for instance, if a person has experienced injustice and trauma, attributing power to enemies, potentially in the form of conspiracy beliefs, has been proposed as a way for people to manage a lack of personal control in their lives and environments (Kay et al., 2009; Sullivan et al., 2010). One can also see the parallels with how someone labelled a conspiracy theorist would be interpreted and experience both hermeneutic and testimonial injustice. Those who show vaccine hesitancy are seen as having 'epistemic vices' in social interactions and given reduced credibility (Cassam, 2021).

Thus, there have been attempts to research conspiracy beliefs using general population approaches and some preliminary work exploring their representations, functions, considerations of power, language, and inclusion of their own voices. Yet to further explore the relationship between power, threat, and adversity, and how conspiracy beliefs may make sense in the context of someone's life, a scoping review was carried out exploring the link between adversity and conspiracy beliefs.

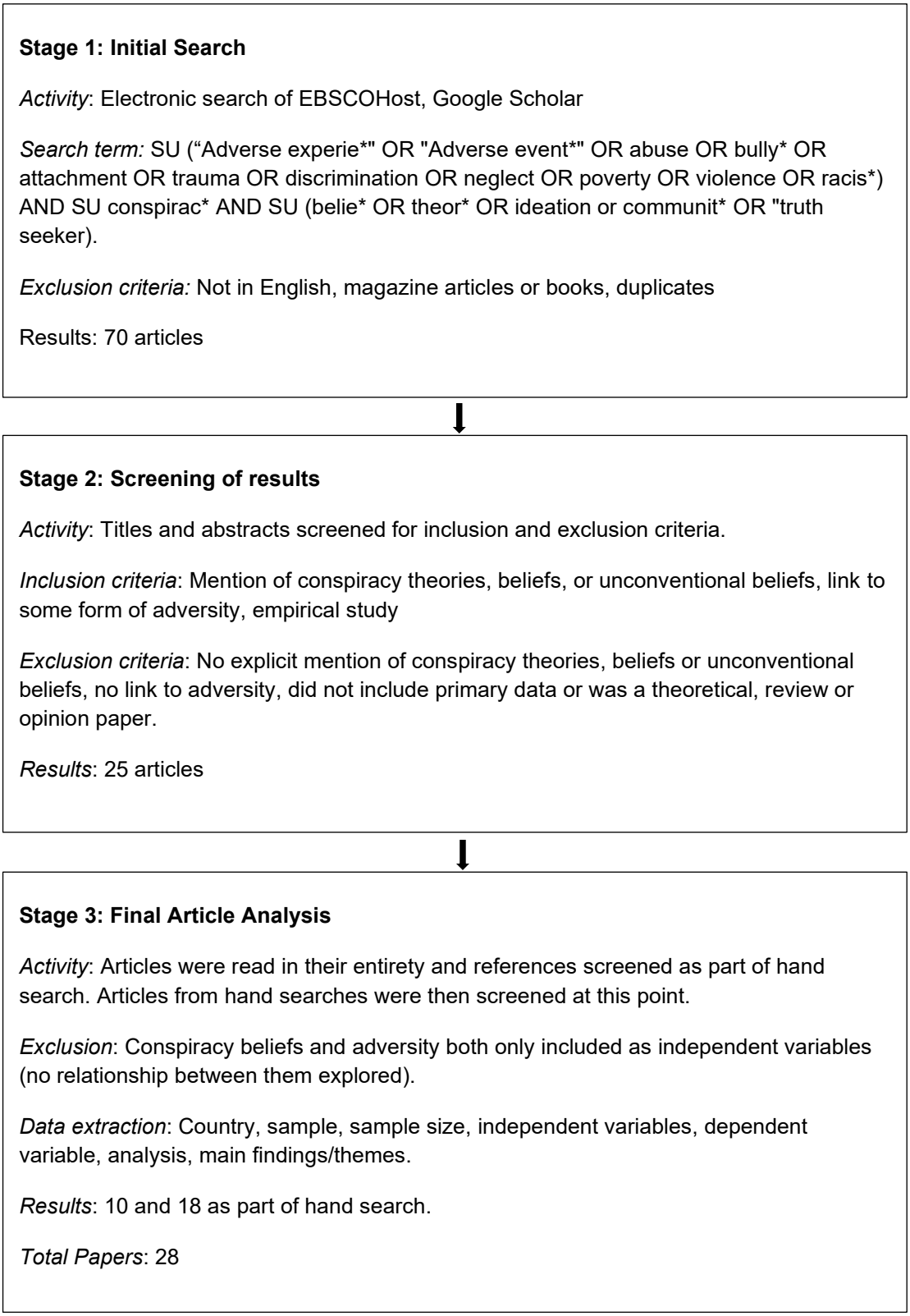
1.7.3. Scoping Review: Adversity and conspiracy beliefs

A scoping review was conducted between December 2022 and January 2023. This approach was used as the main aims were to find key evidence, explore key characteristics of research and identify gaps in the literature around experiences of adversity and conspiracy beliefs (Arksey & O'Malley, 2005; Munn et al., 2018). The approach used was based on the stages establishing a research question, identifying, and selecting relevant studies, identifying key issues and themes, and finally synthesising the results (Arksey & O'Malley, 2005). The question framing the scoping review was what empirical evidence was available that explored the association between adverse life experiences and the development of conspiracy beliefs across the life span. This broad

conceptualisation and question was taken to get a breadth of evidence, in what may be a potentially small area of research (Arksey & O'Malley, 2005). Moreover, due to evidence supporting the utility of an expanded version of the ACEs, which included traditional ACEs as well as additional societal level variables (e.g., neighbourhood safety and racism), it was decided to look at research which spanned children and adults as many of these societal level adversities could also be present in adult life (Cronholm et al., 2015). Databases used included EBSCOHost (which includes PsychInfo, Psych Articles and CINAHL), Google Scholar and a hand search of papers included. Details of search terms and process used can be found in Figure 1, along with the inclusion and exclusion criteria. Twenty-eight papers were ultimately included (Please see Appendix A for the full table). The results of the literature review will be presented below under key themes.

Figure 1

Scoping Review Procedure



1.7.3.1. Attachment and parenting

The only studies that explicitly looked at early life experiences, were those which considered attachment style and early family experiences. US adults who were categorised as having anxious attachments were more likely to hold conspiracy theories in adulthood, both general beliefs and those specific to target groups (e.g. politicians) (Green & Douglas, 2018). Similarly, reporting less secure attachment style was also associated with an increased likelihood of endorsing general conspiracy beliefs in adulthood (Freeman & Bentall, 2017). Freeman and Bentall (2017) were one of the few studies to look at early childhood adversity, and found a significant association between having difficult experiences early in life (e.g. separation from parents and experiencing violence) and endorsing general conspiracy beliefs as an adult (Freeman & Bentall, 2017). A recent study examined adolescents' early life experiences and found that experiencing physical abuse, neglect and emotional abuse were all associated with a significantly greater likelihood of endorsing generic and specific (Covid-19) conspiracy beliefs (Goreis et al., 2023).

1.7.3.2. Race and ethnicity

Many papers explored the concept of race, but not always experiences of racism explicitly. A number of papers found that identifying as a racialised identity (black, Latinx, Asian) was associated with holding various conspiracy beliefs (Andrade, 2021; Bogart & Thorburn, 2006; Dowhower et al., 2022; Freeman & Bentall, 2017; Ross et al., 2006; Stempel et al., 2007; van Prooijen, Staman, et al., 2018). Some papers in the US explored specific conspiracy theories related to race (e.g., the citizenship theory saying that President Obama was not born in the US, the theory that the US government intentionally flooded minoritised neighbourhoods during Hurricane Katrina, HIV/AIDS). They found that for particular beliefs such as the Obama citizenship theory, identifying as white ethnicity was associated with an increased likelihood of holding conspiracy beliefs, especially those who scored highly on 'racial resentment' (i.e. racist attitudes) (Davis et al., 2018; Jardina & Traugott, 2019). On the other hand, racialised people were more likely to hold conspiracy beliefs about HIV/AIDS and Hurricane Katrina than other ethnicities (Davis et al., 2018;

Dowhower et al., 2022). One potential mechanism of such a relationship has been tested through social value experiments, which found that when people are chronically socially devalued, they are more likely to exhibit system blame and search for alternative explanations and thus develop conspiracy beliefs (Davis et al., 2018).

Some studies explored racism as a form of adversity more explicitly – with some examining measures such as perceived discrimination of marginalised ethnicities and experiences of racial discrimination. Higher ratings on both of these measures were associated with a greater acceptance of conspiracy theories around vaccine hesitancy, HIV/AIDs and the government carrying malicious activities against African Americans (Andrade, 2021; Dowhower et al., 2022; Simmons & Parsons, 2005). Research has identified that adults who had experienced racism (and classism) and held conspiracy beliefs around the origins of HIV, should be seen in the context where there was a history of abuse and non-consensual experimentation of racialised people in US medical research and the government intentionally concealed this (e.g. the Tuskegee Study) (Jaiswal et al., 2019). Thus, suspicious and sceptical responses to official accounts may be useful for people who have experienced racial discrimination. Thus, there is a complex relationship between race and conspiracy beliefs, particularly around conspiracy theories with racial themes. Generally, evidence has supported a greater likelihood of endorsing conspiracy beliefs against people of a different ethnicity and if one has experienced racism.

1.7.3.3. Gender

Thinking about gender and experiencing adversity based on gender, identifying as a man has been associated with a greater likelihood of endorsing general conspiracy beliefs and HIV conspiracy beliefs (Bogart & Thorburn, 2006; Bohnert & Latkin, 2009; Freeman & Bentall, 2017)**.** Yet, other research has also found that those with less power, including women, have a greater tendency to endorse general conspiracy beliefs and more specific beliefs around HIV and 9/11 (Ross et al., 2006; Stempel et al., 2007; Wagner-Egger et al., 2022), and

others finding no significant difference between genders in endorsing conspiracy beliefs (Salman et al., 2022). No studies in the search explored non-conforming, non-binary or transgender identities and conspiracy beliefs.

1.7.3.4. Class, socioeconomic status, and employment

For synthesis, class, socioeconomic status, and employment will be considered together as a broad indicator of economic inequality as a form of adversity. Overall, it seems that experiencing inequality of this form is associated with a greater likelihood of holding conspiracy beliefs. Multiple studies found that within a sample of US adults, people who endorsed having general and specific (HIV related) conspiracy beliefs were more likely to be in a low income household and not currently in the workforce (Bogart & Thorburn, 2006; Freeman & Bentall, 2017). Similarly, conditions of higher inequality were related to increased conspiratorial thinking in adults (Casara et al., 2022). Those negatively affected by economic downturns have also been found to have a greater tendency to hold conspiracy beliefs (Stempel et al., 2007). Subjective ratings of social class have also been found to be one of a range of potential mediating factors in the relationship between education and conspiracy beliefs, whereby higher education attainment was associated with rating oneself as higher social class which was in turn associated with decreased beliefs in general conspiracy beliefs (van Prooijen, 2017). Objective measures such as income have also been found to have a negative relationship with conspiracy ideation (i.e. higher conspiracy ideation is associated with lower income) (Wagner-Egger et al., 2022).

In terms of employment, an international study across 22 countries found that higher national unemployment rates were associated with higher endorsement of general conspiracy beliefs in those countries (Cordonier et al., 2021). Similarly, those in that reported being in employment (versus students) were more likely to endorse Covid-19 related conspiracy beliefs (Duplaga, 2020).

The effect of anomie (i.e. a group or society without ethical standards or order) has been posited as a mechanism for how inequality influences conspiracy beliefs (Casara et al., 2022). Moreover, experiences of inequality and classism may have an impact on trust in authority which may be a mechanism for increased conspiratorial beliefs in health systems (Jaiswal et al., 2019). Most studies in the review supported the idea that class, socioeconomic status, and employment have a relationship with holding conspiracy beliefs.

1.7.3.5. Education

Another measure of adversity on a broader level is level of education. Some research has found that lower education attainment was associated with greater likelihood of holding specific conspiracy beliefs around Covid-19, vaccine hesitancy, HIV and general conspiracy beliefs (Bohnert & Latkin, 2009; Duplaga, 2020; Freeman & Bentall, 2017; Furnham & Grover, 2021; Tomljenovic et al., 2020; Wagner-Egger et al., 2022). Van Prooijen explored what the mechanism within this relationship was and found significant effects for mediating factors of self-rated social class, belief in simple solutions for complex problems and feelings of powerlessness (van Prooijen, 2017). However other research has found no significant relationships between education level and belief in conspiracies (Salman et al., 2022).

1.7.3.6. Collective trauma

Some papers approached adversity from a collective stance, looking at how national and large group experiences of trauma may influence belief in conspiracy theories. One study found that within a Hungarian sample, the greater presence of thoughts about historical trauma (e.g. about the Holocaust and World War I and II), the more likely people were to believe antisemitic conspiracy theories (Skrodzka et al., 2022). Higher ratings of intensity of national domestic and international conflict has been associated with greater endorsement Covid-19 conspiracy beliefs (Hebel-Sela, Hameiri, et al., 2022). Perceived collective victimhood on the grounds of nationality (specifically Greece suffering more than other nations) has also been found to be associated

with higher levels of group specific conspiracy beliefs (e.g. the Greek financial crisis being the result of a German conspiracy), but not general conspiracy beliefs (Pantazi et al., 2022). The relationship between collective trauma and conspiracy beliefs was potentially explained by historical trauma altering behaviour and cognitions such thinking that the other nations and groups have malintent towards their own country (Skrodzka et al., 2022).

1.7.3.7. Social standing, ostracism, and victimisation

Again, for synthesis, social standing, ratings of ostracism and victimisation will be considered together as indicators of adversity. These variables addressed being socially excluded, ignored, or not being valued as highly as other people or groups in the community or society. For example, perceiving oneself as having a lower social standing and fewer social networks was associated with a tendency to endorse holding conspiracy beliefs (Freeman & Bentall, 2017). People who felt more ostracised were more likely to hold conspiracy beliefs, although offering people opportunities to affirm important values in an experimental condition reduced this relationship (Poon et al., 2020). Feelings of belongingness in society or conversely exclusion have been found to mediate the relationship between perceived discrimination and holding conspiracy beliefs (Jaiswal et al., 2019; van Prooijen, Staman, et al., 2018). Overall, perceiving oneself less valued by other groups, particularly majority, powerful groups, seems to be associated with a greater belief in conspiracy beliefs.

1.7.3.8. Religion

Discrimination based on religious beliefs and feelings of belongingness in society based on religion (specifically experiencing Islamophobia and identifying as Muslim) were significantly associated with stronger conspiracy beliefs than non-Muslim people (van Prooijen, Staman, et al., 2018). This was true for conspiracy beliefs based around religion (e.g. Muslims community as victims and antisemitic beliefs) and for general conspiracy beliefs (van Prooijen, Staman, et al., 2018). It was hypothesised that was due to being minoritised in society (e.g., feeling that systems are rigged against minorities). The role of

religion itself (as opposed to religious discrimination) is less clear. Some research has suggested that not attending religious services is associated with higher general conspiracy beliefs than people who do attend services frequently (Freeman & Bentall, 2017). Yet, another study found a link between higher religiosity and greater endorsement of conspiracy beliefs around contraceptives, whereas other research found no association between the content of religious beliefs and religious conspiracy beliefs (Bogart & Thorburn, 2006; van Prooijen, Staman, et al., 2018). Overall, the findings around religion and conspiracy beliefs are not clear, but it does seem that experiencing discrimination or being a minoritised religion seems to be associated with higher ratings of conspiracy beliefs.

1.7.3.9. Health

Physical and mental health difficulties were other factors considered in impacting on conspiracy beliefs. Endorsing generic conspiracy beliefs was associated with lower levels of physical and mental health wellbeing (Freeman & Bentall, 2017). Much of this research has considered conspiracy beliefs and health behaviours around HIV/AIDs, including beliefs around the origins of HIV. One study found an increased likelihood of holding conspiracy beliefs about HIV if a person has engaged in risky health behaviours (e.g. never being tested for HIV) or a history of injection drug use (Bohnert & Latkin, 2009). However, there has also been research that has pointed to positive health behaviours (having STI tests) being associated with greater HIV related conspiracy beliefs in a sample of British gay men (Jolley & Jaspal, 2020). People that are living with or at risk of contracting AIDS, who have experienced classism and racism and healthcare discrimination, have been found to hold beliefs about HIV related conspiracy beliefs (Dowhower et al., 2022; Jaiswal et al., 2019).

As discussed, there is a complex relationship between conspiracy beliefs and certain mental health issues. Higher self-reported ratings of depression and personality disorder traits have been associated with a greater likelihood of holding HIV conspiracy beliefs (Bohnert & Latkin, 2009; Furnham & Grover,

2022), although another study found no relationship between self-reported depression and Covid-19 or generic conspiracy beliefs (Goreis et al., 2023). Paranoia has been found to be a mediating factor between workplace bullying and endorsing general conspiracy beliefs (Jolley & Lantian, 2022). Hence, it would seem there is mixed and complex results regarding mental health issues and conspiracy beliefs.

1.7.3.10. Sexuality

Reported experiences of discrimination because of people's sexuality has been found to be associated with higher levels of in HIV conspiracy beliefs in a sample of British gay men (Jolley & Jaspal, 2020). However, this was the only study found as part of this review that considered this form of adversity.

1.7.3.11. Summary

Many papers included in the scoping review found evidence, that various forms of adversity are at times associated with a greater likelihood in believing in specific and generic conspiracy beliefs, although sometimes the relationships were mixed and nuanced. Only a small number of studies considered how early life experiences were linked to conspiracy beliefs and the majority of research was quantitative and cross sectional and did not explore individual's early life.

1.8. Rationale

There seems to be some research suggesting that adversity may be linked with conspiracy beliefs, but this has not been explored from the perspective of conspiracy believers themselves or in media representations of them. Moreover, exploration of these issues with a focus on early life experiences in a UK context has not yet been undertaken, using qualitative or mixed methods. There is also a lack of research seeking to explore the nuanced, fluid and diverse nature of conspiracy beliefs and how they develop in someone's life in

the context of adversity, power, social norms and institutions (Douglas et al., 2019; Harambam & Aupers, 2017; Harper, 2021). Finally, there is limited research about media representations of conspiracy beliefs in the UK context and how these representations and potential stigma may impact belief holders and those in their lives (Gerry, 2012). Therefore, the present study sought to explore how conspiracy believers see themselves and the development of their beliefs within the wider context of how the UK news media represent conspiracy beliefs. Within this, whether links between adversity and conspiracy beliefs were represented and whether representations were pathologising and stigmatising were also explored.

1.8.1. Relevance to Clinical Psychology

Clinical Psychology has a role in contributing to topics of public concern such as conspiracy beliefs, yet little research in this field has explored conspiracy beliefs from a non-pathologising approach, beyond realist and qualitative methods (Butter & Knight, 2018). This is particularly pertinent considering that research that has found that conspiracy beliefs may impact health behaviours and outcomes (e.g. HIV, and Covid-19 prevention) (Douglas, 2021b; Hebel-Sela, Hameiri, et al., 2022). Negative representations of people who hold conspiracy beliefs may also impact their social inclusion, help seeking behaviour and access to housing and healthcare, as has been the case with stigma in media reporting regarding other unconventional beliefs and so should be of interest to clinical psychologists (Angermeyer et al., 2005; Husting & Orr, 2007; Overton & Medina, 2008). It is thus important that clinical psychologists and other mental health professionals become aware of negative representations of people with conspiracy beliefs and other unconventional beliefs, and thus know the context within which people are making sense and negotiating their beliefs and also become more aware of how to challenge negative representations. Moreover, having an awareness of negative representations of belief holders is crucial for mental health professionals to counteract the potential testimonial injustice (lack of credibility given) that conspiracy belief holders may experience in clinical settings (Fricker, 2007).

Furthermore, as noted above, conspiracy beliefs can be confused and the term used interchangeably with other unconventional beliefs within NHS mental health services, particularly Early Intervention for Psychosis (EIP) services and adolescent mental health services (Byford, 2011; Imhoff & Lamberty, 2018). Within these NHS contexts, many unconventional beliefs are explored by professionals, including clinical psychologists, for the first time in a service user's life and it is thus crucial that conspiracy beliefs are understood and differentiated from mental health issues appropriately by clinical psychologists and other professionals. Furthermore, more research that meaningfully engages participants from the general population is needed to explore these phenomena in a non-pathologising way, that seeks to rectify the binary distinction between beliefs that are diagnosed as mental health issues and those which are not (Harambam, 2020; Harper, 2021; Raab et al., 2013). This would hopefully move away from unnecessary pathologising of common experiences that may ultimately result in systemic discrimination of who receives diagnosis and treatment for such beliefs (e.g. higher rates of black men receiving a diagnosis of paranoid schizophrenia) (Halvorsrud et al., 2019).

1.9. Research Questions

The present study sought to explore how conspiracy believers see themselves and the development of their beliefs, as well as how the UK news media represent conspiracy beliefs. Within this, whether links between adversity and conspiracy were represented was also explored. Attention was also paid to whether representations were pathologising and stigmatising.

The overall research question for the present study was:

- How are conspiracy beliefs and their development represented by people who hold them and the media within the UK?

This research question had two specific sub questions:

- How do conspiracy believers in the general population narrate and represent the development of their beliefs and do their early life experiences form part of this narrative?
- How do online UK news media represent conspiracy theories and beliefs?

2. METHODOLOGY AND EPISTEMOLOGY

2.1. Overview

The following chapter will consider the methodology and epistemology used in the current study to address the research aims of exploring the development of participants' conspiracy beliefs and the relationship between early life experiences and their conspiracy beliefs, as well as how conspiracy theories and beliefs are represented in UK news media. Due to the two research aims, a mixed method approach that involved qualitative narrative interviews with conspiracy believers and a media analysis of conspiracy beliefs in online news media was undertaken.

First, the epistemological position will be explored, followed by considerations of the study design. Then the materials, procedure, and analytic approach for each method will be discussed. Finally, ethical considerations, research quality and personal reflexivity will be explored.

2.2. Epistemology

A critical realist epistemological position has been adopted for the present research. It has been described as an appropriate way to approach mixed methods research and research questions aiming to explore understandings in a deeper way. As the present research sought to explore beliefs and representations in quantitative and qualitative in-depth ways, this was deemed a useful approach (McEvoy & Richards, 2006).

A critical realist position accepts three crucial aspects; ontological realism, epistemological relativism and judgmental rationalism (Pilgrim, 2019). Ontological realism considers that there are some objective aspects of the world and entities, which exist independently of human experience (Maxwell, 2012; Pilgrim, 2019). Epistemological relativism acknowledges that the world and its entities can be experienced and perceived differently by individuals and groups, depending on the historical, social and cultural contexts (Maxwell, 2012; O'Mahoney & Vincent, 2014; Pilgrim, 2019). Therefore, accounts cannot always seek to be truly objective. Finally, judgemental rationalism allows humans to assess different accounts and positions (Pilgrim, 2019). In combining these three positions together, critical realism offers a mid-ground between the positivism and constructivism dichotomy (Fletcher, 2017; McEvoy & Richards, 2006). From this stance, knowledge production is subjective and can change over time (Bhaskar, 2010). Critical realism is concerned with underlying relationships and causes for phenomena and exploring tendencies that are produced from these relationships (McEvoy & Richards, 2006; Taylor, 2018). Moreover, it acknowledges ontology across different levels of the empirical, the actual and the real. The real domain is where causal phenomena actually occur. The actual domain is where events that occur are not necessarily experienced by people. Finally, the empirical is the domain where human experience and perception of events happen either directly or indirectly (McEvoy & Richards, 2006). This conception of ontology gives a more nuanced approach to research and posits that reality is multiply determined i.e. there is no single explanatory mechanism that causes a given relationship, but multiple factors at play, only some of which we observe (Bhaskar, 2013).

From this position, conspiracy beliefs can be understood as being the product of a number of structures and discourses and involve social relationships (Bhaskar, 2010). The media is a real entity that makes a difference and has a real impact on the discourses available for individuals to perceive and make sense of their lives (Vincent & O'Mahoney, 2018). As well as this, it acknowledges that individuals may experience phenomena in different ways and hold different perspectives. Thus, the mixed method approach aimed to

explore some of the multiple levels and factors at play in conspiracy beliefs today (Taylor, 2018).

2.3. Design

A mixed method approach, exploring conspiracy beliefs across multiple levels (individual and media representations), was used to give a deeper understanding of the patterns and tendencies in this field, providing multiple ways of finding out and learning about conspiracy beliefs in context. Mixed method designs have multiple conceptualisations, but for the purpose of this research, it was operationalised as a design that combines multiple philosophical considerations and methods (Creswell & Plano Clark, 2007). Specifically, mixed method design involved combining quantitative and qualitative approaches within the research process, including in data collection and analysis (Creswell & Plano Clark, 2007). Combining qualitative, inductive and quantitative, deductive methods and analyses has been deemed valuable within a critical realist, mixed method approach in terms of gaining different perspectives on phenomena and making a further step beyond inductive and deductive analyses to abduction and retroduction logical inferencing methods that move from data observation to making plausible conclusions and explanations about deeper mechanisms (Macnamara, 2005; Mukumbang, 2023; Vincent & O'Mahoney, 2018). It also aligns with critical realism's tenet of epistemological relativism; in that it can provide a way to explore issues and knowledge from multiple different stakeholders' positions and contexts, using multiple forms of data (e.g. interview and media articles) and multiple forms of analysis (e.g. thematic analysis and media analysis) within a study (Maxwell, 2012; O'Mahoney & Vincent, 2014; Pilgrim, 2019). Thus, using qualitative interviews and quantitative media analysis would align well with this approach. Specifically, interviews would explore believers' representations and narratives on the development and context on an individual's beliefs, at a subjective, micro level. The media analysis would then provide potential broader, quantitative, macro explanations and patterns of representations of conspiracy beliefs in the wider social context and discourse from powerful institutions.

Individual qualitative interviews explored the development of individual's conspiracy beliefs in context and the relationship between early life, adversity, and their beliefs. The interviews used the Biographic-Narrative-Interpretive Method (BNIM) (Wengraf, 2001). BNIM is a method that explores individual biographical narratives as a means to access individual lived experiences and the context within which they exist in - it considers evolving individuals in evolving contexts (Wengraf, 2001). BNIM aligns well with a critical realist approach as such narratives give 'starting points' to research but BNIM also acknowledges (like critical realism) that these narratives are situated in specific historic, social and personal contexts (Bhaskar, 2013; Wengraf & Chamberlayne, 2013). Indeed, it has been posited that biographical narratives can form a useful (subjective, internal) part of social inquiry, which can be studied in tandem with other methods that explore other levels (e.g. macro societal, interpersonal) to create a 'critical psycho-societal realism' (Wengraf & Chamberlayne, 2013).It was hoped this method, which allows participants to tell their own story and gives them power over what they discuss, would avoid pathologising their beliefs and be in line with non-pathologising approaches to unconventional beliefs (Barkun, 2013; Harper, 2021). BNIM would understand conspiracy beliefs as making sense in the context of an individual's life story (Jaiswal et al., 2019). Narrative and biographical approaches have been seen as a respectful and constructive way to engage with people who hold conspiracy beliefs and who may have experienced adversity (Harambam, 2017; Harper, 2021; Jaiswal et al., 2019; Mooney, 2020). Semi-structured interviews have been used in other qualitative research investigating conspiracy beliefs (e.g. Harambam & Aupers, 2017; Harambam, 2023), however as this interviewing technique generally asked particular thoughts on specific, relevant beliefs and institutions, it was felt that narrative interviews were better suited to the research question here which sought to explore the general development and representation of multiple beliefs in context, as well as for the considerations of power noted above. That is, semi-structured interviews may not have given participants as much control and power over how their beliefs were explored. It was felt that similar issues would also have been present with fully structured interviews. Such techniques may have given more detail about how specific

beliefs developed (e.g., belief in the Illuminati) but may not have allowed space for participants to discuss other aspects of general belief development that were important to them (e.g., community influences).

To explore the media representations of conspiracy beliefs, a second aspect of this project was a media analysis carried out with UK news articles. This adopted a media content analysis approach (Macnamara, 2005). Media content analysis is an non-intrusive, systematic research method that aims to summarise and make inferences by analysing a broad range of media data to identify patterns (Krippendorff, 2019; Neuendorf, 2017; Weber, 1990). This media analysis allowed a broader analysis of a larger data set to be undertaken (Macnamara, 2005). These two methods will now be considered in turn.

Often within mixed methods approaches, a pragmatic epistemological approach would be adopted. Pragmatism has often been described as incorporating a plurality of methods, with a 'what works best' approach (Creswell & Plano Clark, 2007). Within a pragmatist approach, action, research consequences and research questions are valued over research methods (Maxcy, 2003) Although there is overlap between pragmatism and a critical realist stance, in that both stances acknowledge the subjectivity of human experience and perspectives, a critical realist approach was adopted in the present research as it was hoped that there could be a move from empirical data to hypothesising about underlying structures and mechanisms of phenomena (i.e. abduction and 'retroduction'). Critical realism has been posed as an appropriate position when working with mixed methods in order to enhance retroductive theorising by offering opportunities to obtain multiple, different perspectives and knowledge and on complex phenomena thus giving more understandings of underlying mechanisms (Mukumbang, 2023; Zachariadis et al., 2013). Hence, as the intention of the present research was to try and gain deeper understandings about the development and representations of conspiracy beliefs, a mixed methods design within a critical realist frame was deemed as most suitable.

2.4. Qualitative Interviews

2.4.1. Materials

The interview schedule involved initially collecting demographic information with participants (age, gender, education level, contact with mental health services). A measure of conspiracy beliefs, the Generic Conspiracist Beliefs Scale, (GCBS; (Brotherton et al., 2013) and the Philadelphia Adverse Childhood Experiences scale (PHL-ACEs; Cronholm et al., 2015), were also collected to get a sense of the types of beliefs and experiences participants had prior to beginning their narratives (see Appendix B). These measures were chosen as they both gave broad, general overviews of conspiracy beliefs and ACEs, as well as the PHL-ACEs including community and neighbourhood level ACEs, which would be important to consider in terms of the power and context (e.g., community safety) within a sociocultural approach to studying unconventional beliefs. The inclusion of these scales was used to get a general sense of the beliefs and experiences that participants had, as participants could choose not to include any of these in their narratives and the interviewer could only follow up with material that was included within the initial narrative (Wengraf, 2001). Moreover, it was hoped that by stating some common beliefs and adverse experiences, this would de-pathologise and destigmatise these issues and potentially make it easier to discuss them in interviews. There was no intention to use these scales from a positivist stance to conduct any inferential statistics, but rather from a critical realist approach including judgemental rationalism whereby different accounts and positions could be considered by the researcher (Pilgrim, 2019). That is, it provided an opportunity to contextualise the sample, in that the average scores could be compared to previous research to get a general sense of whether participants rated highly on scales or not. It was hoped that this less intrusive way (standardised questions which participants could complete themselves and choose not to answer particular items) of finding out participants' beliefs and narratives would also give them more power and hence freedom to discuss what they wanted in the narratives in relation to their beliefs and representations. Further consideration of the use of scales will be done in Section 4.5.2.1 Interviews. Due to the limited time and resources of

this study, a condensed form of the BNIM was used, which involved two sub-sessions within the interview, that is, the main narrative question, followed by a brief break and then a shorter session of follow-up questions (Wengraf, 2001). BNIM aims to elicit a narrative by beginning the interview with a Single Question aimed at Inducing a Narrative (SQUIN) (Wengraf, 2001). A SQUIN may centre on a particular concept or life stage, and therefore exploring early life experiences and development of conspiracy beliefs was deemed suitable for this method (Wengraf, 2001). The SQUIN for the present study was as follows:

> I would like you to tell me about your early life and continue telling how things developed for you since then, including how you became a 'truth seeker'* up to this point now. Include all the events and experiences that were important to you (especially in becoming a 'truth seeker'*). Start wherever you like. Please take the time you need. I'll listen first, I won't interrupt, I'll just take some notes for afterwards.
>
> (* The term 'truth seeker' is used as an example above however, as part of the interview introduction, the researcher will ask the participant what term they would like to be referred to and this will be used in the interview.)

Once the SQUIN was posed, the interviewer did not prompt or interrupt (except to repeat the SQUIN, if necessary) but actively listened and took notes as the participants were speaking (Wengraf, 2001). The first sub-session of the interview ended when the participants' narratives were over, and a short break was then taken. The second sub-session then asked follow-up questions from the participants' narratives that followed the exact order of issues that participants brought up themselves and used their own words. The questions focused on getting more details and examples of topics and experiences from the narratives (Topic Question aimed at Inducing Narrative, TQUINs) and no new material was brought by the interviewer. Once this was completed the interview finished.

2.4.2. Participants and Sampling

A purposive, homogenous sampling approach was adopted for the interviews which aimed to recruit a specific, homogenous group i.e. people with conspiracy beliefs (Patton, 1990). Hence, the inclusion criteria were that participants were English speaking adults from the general population who self-identified as having 'unconventional beliefs' or beliefs that others called conspiracy beliefs (Harper, 2021). The qualitative interviews were advertised through multiple channels including university bulletin boards, word of mouth and social media groups (e.g., Facebook area and interest groups). Please see Appendix C for recruitment materials. These means of advertising had been effective in recruiting people with conspiracy beliefs in prior research (Gerry, 2012; Harambam & Aupers, 2017; Park et al., 2020).

Eleven people responded to the advert. From this, three participants consented and took part in interviews. Despite multiple recruitment approaches, all participants who consented to take part were recruited by word of mouth. The other eight people interested, responded to the advert with questions about data and information storage, confidentiality, compensation and whether they would need to show their faces and speak about their beliefs. This may have spoken to the potential mistrust of researchers, institutions, and psychologists that many conspiracy belief holders have and the awareness they have of the way conspiracy beliefs have been represented and misrepresented by academia and mental health professionals (Leveaux et al., 2022; Husting & Orr, 2007). These questions were addressed by email, and an online, 1-1 meeting was offered to the potential participants to discuss any questions or concerns. However, none of these eight people attended the online meeting, despite multiple attempts to engage with them and rearrange. The idea of engaging in a qualitative interview may have been met with a degree of scepticism, anxiety and/or fear from belief holders, which may have led to people disengaging and not attending the meeting offered. These interactions took place over a four-month recruitment period and due to the limited time and resources of a doctoral thesis, recruitment stopped with only three participants.

Hence, all participants who were recruited were identified through word of mouth and were known acquaintances of the researcher. A positive aspect of interviewing acquaintances was that it supported in having a degree of trust and rapport established prior to the interview. This may have been particularly important considering the mistrust that conspiracy beliefs holders have of institutions and academics (Harambam et al., 2022; McConnell-Henry et al., 2010; Roiha & Iikkanen, 2022) It also led to a certain degree of conflict within the researcher due to the multiple roles and relationships I held (e.g. acquaintance but also researcher) and what was salient during the interview, and this involved continuous dynamic negotiations (Garton & Copland, 2010; Roiha & Iikkanen, 2022). However, it may also have hindered what participants felt comfortable talking about (McConnell-Henry et al., 2010). For instance, one participant did express during an interview that they did not want 'get into' their childhood experiences. Due to the established positive relationship, I did not explore this further with this participant. Although there were positive and negative aspects to using acquaintances in the interviews, a crucial aspect was to consider this reflexively and think about how relationships influenced the generation of the data and what was spoken about (Garton & Copland, 2010).

Explicit conversations about confidentiality were had with participants and they were given the opportunity to ask any questions. To protect confidentiality with a small sample, a full demographic table will not be presented here. Basic, categorical level demographics can be seen in Table 1. All participants were male, and between the ages of 25 and 44. One participant was of Black-British ethnicity, whilst the other two were White-British. None of three participants identified with any religion, they all had education levels of NVQ level qualifications or above and none were currently in contact with any mental health services (although one participant had accessed support in the past, unrelated to their beliefs).

Table 1

Demographic Data of Interview Participants

Participant pseudonym	Age	Gender	Ethnicity
David	35-44	Man	Black, Black British, Caribbean, or African- Caribbean
Adam	25-34	Man	White-English, Welsh, Scottish, Northern Irish or British
Brian	35-44	Man	White-English, Welsh, Scottish, Northern Irish or British

2.4.3. Stigmatised Knowledge

As conspiracy beliefs are sometimes pathologised and stigmatised in the UK today, consideration was given to what it would be like for participants to speak to someone who potentially represented organisations such as a university, and NHS mental health services (Harambam, 2020; Harambam & Aupers, 2017). It was acknowledged with participants that they may have held a valid sceptism about working with a researcher within this context (Franks et al., 2017). Care was given to the language used in the research materials in consultation with the research supervisor and with the UEL's People's Committee (see Appendix D for discussion). From this, it was decided that the terms unconventional beliefs and conspiracy beliefs would be used (rather than conspiracy theory/theorist) as they have been seen as less pejorative. As well as this, choice was given to the participants themselves in what term was used in the interview and the SQUIN.

2.4.4. Procedure

If people responded to the advert (by contacting a study email address), they were provided with an information sheet and any initial questions they had were answered. If they were happy to proceed, an online, 1-1 meeting was set up to discuss any further questions and seek consent. Once consent had been given, the interview took place online using Microsoft Teams at a convenient time for participants. All interviews were carried out solely by the main researcher and the two sub-sessions and a break lasted between 45 and 60 minutes in total and were recorded and transcribed on Microsoft Teams. After the interview, participants were thanked for their time and were sent a debrief form (Appendix E).

2.4.5. Analytic Approach

It is possible to analyse data from BNIM interviews in multiple ways and several analytic approaches were considered. Discourse analysis was thought of, however the social constructionist position and the understanding that multiple realities were constructed solely through language was not aligned with the approach here (Potter & Wetherell, 1987). Grounded theory, which would have required a much larger sample and produced a new theory, was also not the aim of the current study (Charmaz, 2006). Thus, a reflexive, experiential thematic analysis approach was deemed most suitable for the interview data as it can be applied flexibly within a critical realist, inductive approach and with smaller sample sizes (Braun & Clarke, 2021a, 2021b). This form of thematic analysis explores individuals' experiences and perspectives in context and participants' narratives and language are seen to reflect contextual, subjective realities (Braun & Clarke, 2021b). As there is an acknowledgment of some social realities but also individual and unique experiences, this approach is suitable with the critical realist position adopted (Braun & Clarke, 2021b).

The thematic analysis followed steps set out by Braun and Clarke (2006, 2021a). Transcripts were downloaded into NVivo 12 software and checked against recordings, which also formed part of the initial familiarisation with the data phase of the analysis. Transcripts were then re-read, and inductive, latent codes were generated and applied to the data in NVivo 12 (Please see Appendix F and G for the codebook and example coding). This approach to coding was hoped to move from description to interpretation and was in line with abduction from a critical realist stance. The researcher undertook multiple rounds of coding the raw data, and the codes were then organised into subthemes and themes and reviewed in the context of the entire data set manually. The codes, themes and subthemes were labelled and refined in liaison with the research supervisor and through member reflections with participants (Appendix H). Finally, themes were written up and presented as part of this thesis.

Experiential thematic analysis within a critical realist tradition meant that the initial thematic analysis was carried out solely by the main researcher, where the subjectivity and interpretation of the researcher were seen as strengths, not weaknesses in the analysis as objectivity and generalisability were not the ultimate aims (Braun & Clarke, 2021b; Vincent & O'Mahoney, 2018). However, this approach does mean that some findings can be more useful and insightful than others. Thus, the themes were brought back to participants for member reflections and discussed with the researcher's supervisor. This was a means to reflect and engage further with the data and to ensure that participants' views were respected and remained faithful to their experiences, not as an exercise in increasing validity (Braun & Clarke, 2023; Tracy, 2010).

2.5. Media Analysis

2.5.1. Materials and Sampling

The materials for the media analysis were news articles sourced from Lexis Nexis, an online database that branches several fields, including news media, online and print versions. Sampling for the media analysis was based on the steps of proposed by Van den Bulck (2002) which involved selecting the medium and genre, selecting the time frame and date and finally identifying relevant content (Van den Bulck, 2002). In this instance, a purposive sampling approach was used, which has been deemed appropriate for sampling relevant media sources for analysis (Macnamara, 2005). For the medium and genre, four of the most prominent British news outlets- The Daily Mail, The Guardian, The Times, and The Mirror-were chosen that represented a mixture of broadsheet, 'middlebrow' and tabloid papers and a mixture of left-and right-wing positions, which has been used in other mental health media research (Goulden et al., 2011). Additionally, these four publications were chosen in order to balance obtaining a feasible sample, getting a spectrum of positions and having prominent readership in the UK (Statista, 2023). A three-month period (11th January -11th April 2023) was selected due to the volume of articles being published and time constraints. An initial search for a twelve-month period within these publications yielded over 70,000 results. Moreover, this three-month period represented the current context that qualitative interviewees were situating their narratives in and is in line with prior mental health media research which has focused on shorter periods of time (Shaw & Giles, 2009; SHiFT, 2006). Identifying relevant content was achieved by using search terms pertinent to conspiracy theories and beliefs and screening results for relevance.

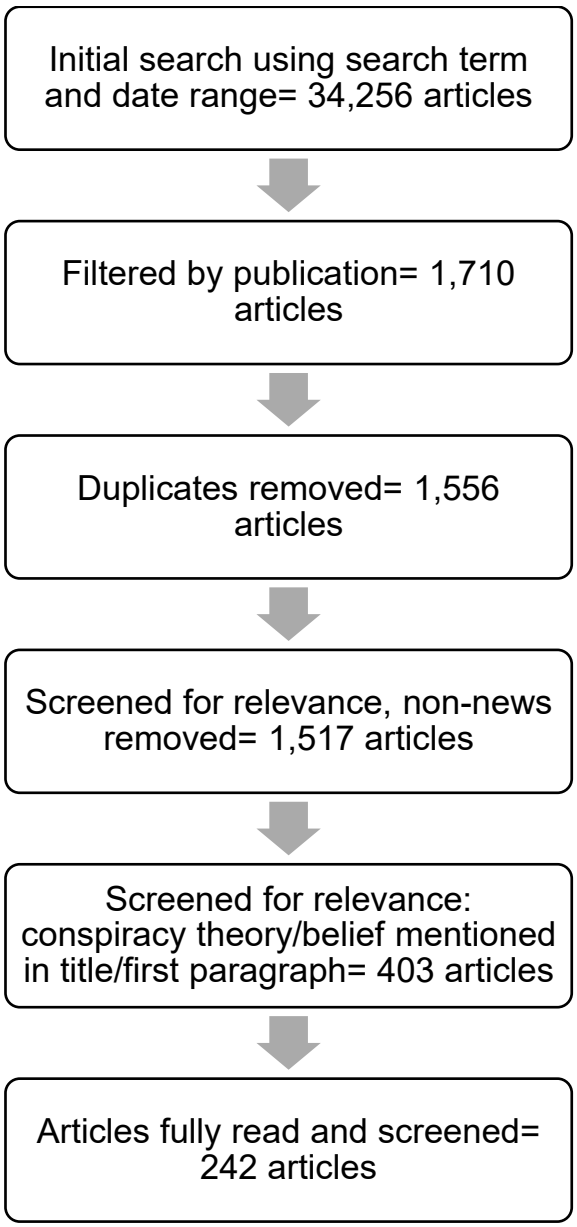
2.5.2. Procedure

An advanced search was carried using LexisNexis on 11th April 2023. The search term "theor! OR belie! AND Conspirac!" was used for the dates of 11th January to 11th April 2023. This was based off the search terms used in prior media analysis of conspiracy beliefs (Dawson, 2022; Husting & Orr, 2007; Zeng, 2022). This initial search yielded 34,256 articles across all publications. These results were then filtered by the four selected publications to give 1,711 results. Exact duplicate titles were then removed, leaving 1,556 articles. These results were then downloaded into Microsoft Excel and the dataset was tidied.

The titles and first paragraphs of articles were then screened, and non-news articles were removed (e.g., TV guides, quizzes, music reviews) leaving 1,517 results. Articles were also screened for relevance, that is the titles and first paragraphs were read to see if conspiracy theories or beliefs were mentioned, similar to past news media research (Molek-Kozakowska, 2013). This yielded a total of 403 results. Articles were then read in their entirety and further screened for relevance and duplicates (same articles published in online and print versions of same publication) to give a final total of 242 articles included in the media analysis. See Figure 2 for the media analysis procedure.

Figure 2

Procedure for Media Analysis



2.5.3. Analytic Approach

Multiple options were also considered for the analysis of the media data. Qualitative analyses were not deemed appropriate as the current study sought to explore representations of conspiracy beliefs on a broader scale than would be done with a smaller, in depth analysis, perhaps with discourse analysis or qualitative content analysis (Mayring, 2004; Potter & Wetherell, 1987). Thus, Krippendorff's steps to conducting content analysis were used in this study, which was deemed appropriate to use in media analysis to gain broad overview of patterns (Krippendorff, 2019; Macnamara, 2005; Van den Bulck, 2002). This

involved first unitising the data, that is defining a single article as a unit of data (Giles & Shaw, 2009; Van den Bulck, 2002). Next, a sampling approach was defined (see Section 2.5.1). The next phase involved coding the data, transforming it into something which could be analysed. In line with media quantitative analysis approaches, a set of deductive codes were used (Macnamara, 2005; Neuendorf, 2017). These were mainly based off the Rumour Interaction Analysis System coding which has been adapted for analysis of conspiracy theories and beliefs on Twitter surrounding the Zika virus (Bordia & DiFonzo, 2004; M. J. Wood, 2018). These codes were adapted as they were previously used on online personal statements (e.g., Twitter comments), not news articles. The codes involved categories surrounding belief or disbelief in a theory, apprehension, sarcasm, use of rhetorical questions, or if people with personal experiences of the beliefs were included. Moreover, some codes about article type and a set of original codes surrounding the development and adversity of conspiracy theories and beliefs were incorporated (Klein, 2022). The full list of 16 codes and definitions used can be found in Appendix I, along with an example of a coded article in Appendix J. Descriptive statistics and summarizing headings were then used to make abductive inferences from the data, that is making a link from the texts to answer the research question at hand. Finally, narrating the findings took place in the write up of the thesis in order for them to be accessed and make sense to others (Krippendorff, 2019).

2.6. Ethical Considerations

Ethical approval for the qualitative aspect of this study was obtained from the University of East London School of Psychology Ethics Board, including a data management plan (see Appendix K and L for ethics application and approval letter). Amendments to the initial application were made as the study progressed and changed (see Appendix M, N and O for relevant changes and approvals). A participant information form and consent form (See Appendix P

and Q), detailing the research process, data management and confidentiality were given to participants and discussed with the researcher. Multiple opportunities were given to participants to discuss any issues or concerns. The right to withdraw from the research without specifying a reason up to a specified date was also highlighted. Interview recordings and transcripts were initially downloaded and stored on secure servers (UEL OneDrive). Recordings were deleted once the data was checked and transcribed. Data were pseudonymised, kept in password-protected files and kept separately from other research files (consent forms). Data was kept confidential unless the researcher was concerned for the participant's or someone else's safety. As the media analysis used publicly available data of online news articles, no ethical approval was required for this aspect of the study.

2.6.1. Early Life Experiences and Adversity

Speaking about early childhood and potential adverse experiences could have been distressing for participants. A debrief from including details of various mental health support services (e.g., Samaritans), was given to participants once the interview was completed. Participants were also told they could stop an interview and withdraw their participation (at any point up to two weeks after data collection) or take a break at any point during the interview. Personal reflections and the impact of the interviews were documented in personal notes and discussed with the research supervisor.

2.7. Research Quality

Braun and Clarke (2023) have detailed principles in conducting high quality reflexive thematic analysis. This includes including considerations of epistemology, personal reflexivity, including a clear overview of the analysis process and continual consideration of matching theory, assumptions and practice (Braun & Clarke, 2023). These overlap considerably with other accepted quality evaluation criteria including sensitivity to context; commitment

and rigour; transparency and coherence; impact and importance (Yardley, 2000). Thus, Yardley's (2000) criteria were used in the current research as they could be applied to the mixed method approach and captured all elements of listed in the other criteria. Sensitivity to context referred to a grounding in the theory, literature, and socio-cultural environment. Commitment involved prolonged engagement with the data set and skill in methods and analysis. Rigour pertained to the comprehensiveness of the data set and interpretation. Transparency assessed the clarity of presentation of method, data analysis and researcher's position and coherence considered the fit between the research question, epistemology, method and analysis (Yardley, 2000). Finally, impact and importance considered the study's utility and the implications practically, socially, and theoretically. These will be evaluated in the Critical Review (Section 4.5.1).

As the media analysis adopted a quantitative content analysis approach, an interrater reliability check with a sub-sample of articles (10%) was also undertaken with another 3rd year doctoral student (Macnamara, 2005). A percentage agreement for each variable was computed and then an average percentage agreement calculated to give an overall score of 96.1% agreement (McHugh, 2012). Please see Appendix R for the percentage agreement per variable.

2.8. Reflexivity

Reflection and reflexivity are crucial aspects of the thematic analysis undertaken, as well as being part of producing sensitivity and transparency in mixed methods research (Braun & Clarke, 2021a; O'Cathain et al., 2008; Tracy, 2010). Some research has explored the value of considering one's own position as being an insider- a researcher who has similar values, experiences and beliefs to research participants- or outsider to the communities and subject

matter (Asselin, 2003; Dwyer & Buckle, 2009). Others have thought about being ‘in-between’ or lying on a spectrum of this binary, whereby there are some similarities and some differences between the researcher and the communities they engage with (Dwyer & Buckle, 2009). My motivation to undertake this research and how it interacted with my own personal position spanned both the insider and outsider roles, and so lay on the ‘in-between’ (Dwyer & Buckle, 2009). Further consideration will be given to this below.

Part of the motivation to undertake this research topic was the relevance it held in UK society at the time in the early 2020s (e.g., prevalence and coverage of Covid-19 conspiracy beliefs). As well as social media giving platforms to conspiracy beliefs, making them potentially more widely known, there had recently been multiple abuses of power by authorities and government covered in the media (e.g., politicians breaking Covid-19 rules, The Met Police strip searching Child Q), as well as worldwide events such as Covid-19 where there was widespread uncertainty and strict rules implemented by governments. In 2022, only 35% of the general population in the UK report trusting their government (Office for National Statistics, 2022). On a personal level then considering an insider position, I found the GCBS an interesting measure of conspiracy beliefs, as it had many items that centred around government and abuse of power(Dwyer & Buckle, 2009). As a measure, it implicitly assumed that people should trust governments and institutions: if one did not, it would result in higher scores. I myself would have rated on a mid-level (M=2.93) on the scale, rating higher around these issues of government control, secrecy, and power of small groups, potentially against the UK context of actual abuses of power noted above, but also having nearly completed three years at UEL, where there is a clear focus on power and anti-oppressive practice. This was an interesting position of somewhat of an insider to hold myself while interviewing participants and doing the media analysis (Dwyer & Buckle, 2009). The GCBS was also mostly focused on power, government and non-specific events, which may have missed out on other aspects of specific or sometimes discriminatory conspiracy beliefs which I disagree with, such as consideration of other groups (e.g. beliefs about women, racialised people, religions), which may have meant I scored higher on this measure. Moreover, as mentioned previously, the

interviewees were known acquaintances to me which may have also led to me occupying an insider position within the interview interactions as I was a known, familiar person who shared some values with interviewees (e.g. anti-oppressive practice) (Dwyer & Buckle, 2009).

I am a middle-class, white-Irish woman. In this sense, I had been afforded privileges that some of my participants did not have in their early life (Burnham, 2012). This meant when certain adversities were brought up (racism, classism), I was in a position of ‘outsider.’ Furthermore, part of my motivation for undertaking this research was my professional experience in working within NHS EIP services and CAMHs services. Within these contexts, I witnessed from an outsider perspective (using assessments with service users as an NHS researcher and clinician) the power I, and others, had as professionals to decide what is a 'false,’ ‘normal’ or accepted belief or experience. This was particularly true in instances of white, middle-class professionals, such as myself, using Western assessment tools and conceptualisations of psychosis and unconventional beliefs with many racialised and culturally and religiously diverse service users (Johnstone & Boyle, 2018b; Schwartz & Blankenship, 2014). As well as such conceptualisations being heavily influenced by Western social and cultural norms, I saw the phrase conspiracy belief used interchangeably with other unconventional beliefs such as delusion and hallucinations. It thus felt important to me to explore a non-pathological approach to conspiracy beliefs to prevent mislabelling and overdiagnosis of these beliefs, but this experience was coming from an outsider position (Dwyer & Buckle, 2009).

Moreover, within the UK public discourse in general, I was acutely aware of some of the extreme groups that had come to be associated with conspiracy beliefs in the public discourse. This included some issues around misogyny (e.g., incels, Andrew Tate) and anti-immigration rhetoric that would have affected and in some instances threatened my personal identity and there was thus a clear potential position of an outsider. I was aware that holding a position of a researcher, academic or mental health professional may have been

different identities to those which participants held and was going to impact the interactions I had with them.

In many respects then, I felt like I occupied a space ‘in-between’ for the current research: there were some beliefs I could very naturally understand and felt I even shared (e.g. abuses of power carried out by governments on black communities), whereas others I strongly disagreed with (e.g. 9/11 being a hoax) (Dwyer & Buckle, 2009). Moreover, I held different identity positions to my participants in terms of my personal and professional identities and experiences. I kept personal notes and reflections during the study and brought some of the issues around my identity to supervision. Occupying this ‘in-between’ space hopefully brought a sense of respect and openness when it came to engaging with potential participants and an awareness of my own lines on any discriminatory beliefs.

3. RESULTS

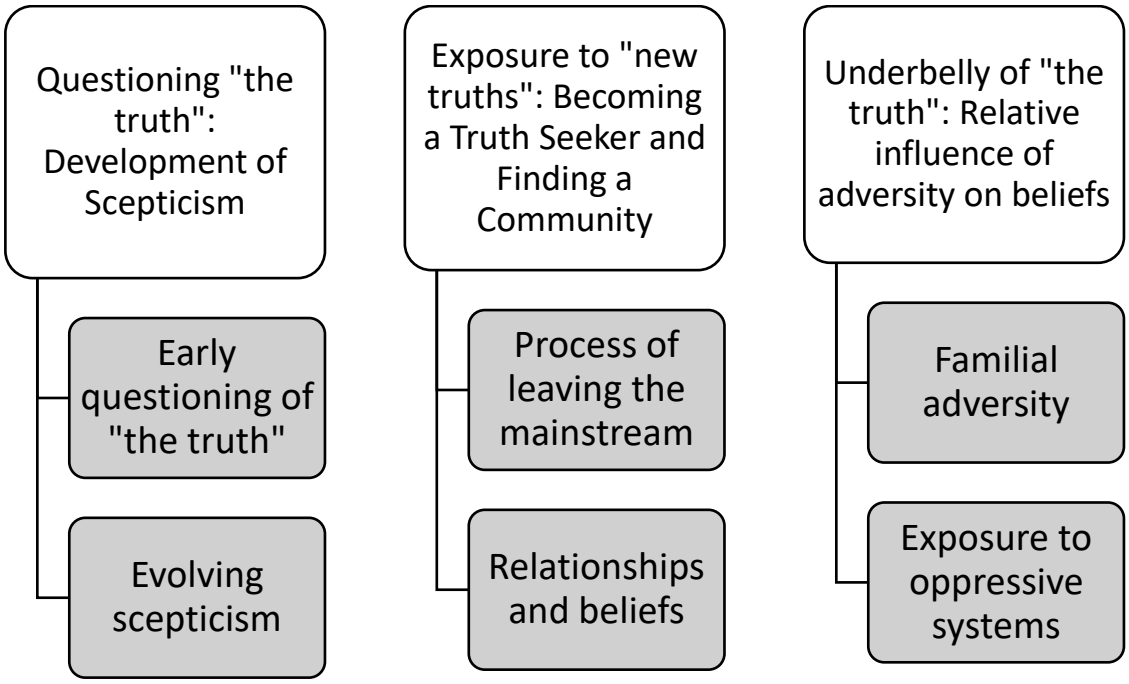
This chapter will consider the results of the thematic analysis, the media analysis and finally how these findings can be integrated. Double quotation marks within text refer to participants' own words or direct quotes from news articles. Moreover, when the term "truth" is used from participant's perspectives, it will also be within double quotation marks.

3.1. Thematic Analysis

The mean score on the five-point GCBS for the three participants was 4.31, indicating a high degree of belief in conspiracy theories. All three participants endorsed beliefs around governments, scientists and other elite groups holding power and exerting secret control over the public, but not about aliens or UFOs. Only two participants completed the PHL-ACEs, and both met the threshold of having more than three adverse childhood experiences (Cronholm et al., 2015). All participants said they would not refer to themselves or their beliefs as conspiracy theorists or theories and chose alternative labels such as "non-mainstream believer" and "alternative world views." The thematic analysis was carried out with the three completed interviews and produced a total of 31 codes, which were arranged into three main themes and six sub-themes (see Figure 3 and Appendix F and G). The themes were 'Questioning "the truth": Development of scepticism,' 'Exposure to "new truths": Becoming a "truth seeker" and finding a community' and 'Underbelly of "the truth": Relative influence of adversity on beliefs'. As the interview was sample was only three people, these themes should be interpreted with caution. All subthemes and themes pertain to at least two participants' narratives, unless otherwise stated. Each theme will now be considered.

Figure 3

Three Main Themes Produced from the Thematic Analysis



3.1.1. Questioning “the Truth”: Development of Scepticism

This theme referred to the multiple processes and times that a mistrust and scepticism of “truth” and authority developed over participants’ lives. This included the beginning of their journeys to becoming conspiracy believers and how the process of “truth seeking” has evolved in their adult life.

3.1.1.1. Early questioning of “the truth”

Questioning “the truth” began for all the participants early in life, either in childhood or their teenage years. This questioning usually began due to some significant experiences, such as attending events or gatherings with adults (e.g., religious ceremonies, social action meetings or family gatherings). This involved

questioning dominant narratives around race, religion, and class (see Section 4.2.4 for more). For example, Brian responded to the SQUIN by immediately thinking about his experiences at primary school age of going to religious ceremonies:

> When you first actually realise you're questioning what the other narratives or things that are going on, I presume the first one that I'd say that got me thinking differently is, you go to primary school and you always have like, churches that were our primary school had, like, church services around Christmas and all that sort of stuff… the first thing I was questioning was the actual, was there actually anything? Was there a God in terms of like a Christian God? It's when you started seeing all the hypocrisy. (Brian)

For some, these experiences were described as moments when things "clicked" or a "lightbulb" went off, with some teenage experiences such as taking drugs and discussions with friends being central. Significant world events such as 9/11, the Iraq War or the Millennium were also important, where dominant stories presented by media and governments were doubted by participants. This questioning also seemed to have an early impact on participants' identity, with some participants experiencing this as the beginning of them knowing they were someone different to the mainstream, someone who could see "the truth" beyond what was presented to them:

> And that again was like I was 11, so I was like, I thought I was the **** and I was like, I'm so clever that I can be in [visiting] the university at 11 years old and understand what's going on which might like maybe had an influence on, like my perception of myself as like able to determine truth, if you know what I mean (laughs) and like seeking, like gave me a confidence in my abilities to do that. (Adam)

Crucially, the various types of early questioning were represented in all participants' narratives before they reached adulthood and may have formed a crucial part of identity development during childhood and adolescence.

3.1.1.2. Evolving scepticism

Evolving scepticism described scepticism towards dominant narratives and institutions developing over time for participants and was still changing to this day for them. Some represented their journey as a conspiracy believer as a continuous event whereby their sceptism was continually growing and their beliefs changing. For instance, David described the lifelong learning involved in the development of his beliefs:

> there wasn't like a single thing that this happened like I saw a flying saucer or something like that or I got sick, do you know what I mean, it's just historically unravelling what people have done, what the system has done, what it's based on…and wanting to resist against it you know what I mean and part of that is learning. That is really what kind of shaped me, I mean, it was just one like I said, one long event of learning. (David)

Yet part of this continual development of scepticism meant that their beliefs were evolving in a more nuanced way. David described how things were not as "black and white" for him as they once were and Brian said he was "swinging back the same way" to believe there is some form of higher power or spirituality again, having spent a lot of time being sceptical of religion (although still mistrusting the church in general). David continued discussing his sceptism and resistance (to mainstream "truths") changing and going back to what he had learned as a child:

> My resistance has probably changed as well… before it was very much one way. Now it's another way… so like I will research, re-research and things… (David)

This could suggest that such beliefs are dynamic, not static, and that experiences across life can influence the content of beliefs. This contributed to a sense of participants being open to discussion and countering narratives that they were rigid or stuck in their beliefs. Thus, questioning the "truth" took on a variety of forms for participants and involved multiple processes, both early in life up until the present day.

3.1.2. Exposure to "New Truths": Becoming a Conspiracy Believer and Finding a Community

This theme portrays how in learning “new truths,” there was strength and connection represented in narratives of becoming a conspiracy believer. Becoming a believer involved a process of leaving the mainstream and having trusted relationships outside conventional believers.

3.1.2.1. Process of leaving the mainstream

Part of discovering “new truths” was the process of leaving the mainstream, which related to learning alternative narratives, making new connections between information for themselves and forging their identity. In terms of learning alternative narratives, participants got this via alternative education (from their family and community) and via alternative media that questioned the narratives (e.g., books, films, TV). For instance, Adam described how he learned alternative narratives from his father, who he said was:

> Non-stop talking about power, nonstop talking about media and again as I got older and older this was like, I remember it more and more, but like I think it was pretty consistent throughout our whole lives, nonstop talking about film, non-stop talking about culture, how culture like influences you, non-stop talking about hegemony, like how we are conditioned to think in a certain way mythologise Nationhood and mythologise identity and like, think about, think about deconstructing messages that you get. (Adam)

It may be important that these alternative narratives came from a significant figure in Adam’s life, which may have influenced how much he trusted the information. Similarly, David’s family had an influence in introducing alternative narratives, who were people that may have held a high degree of trust in his life:

> So, from a young age, I was always taught facts about like Black history and history and stuff like that. So dominant narratives weren't just the only thing that I was told or learning about. For example, like I learned a lot about, like black scientists and, and, and stuff growing up and you know, individuals that contributed to the world other than what the world was trying to say or portray, which was either like sports, entertainment, music

> or civil rights, or eh, or negative stuff as well, like being in gangs or whatever, do you know what I mean? So, to counter that, a very young early age, I was always taught about other aspects of black contribution to the world. (David)

This may point to the importance of trust and connection to significant figures in participant's lives who hold alternative beliefs to enable them to begin leaving the mainstream.

The role of alternative media was mentioned across all accounts, with films such Zeitgeist Addendum, books such as The Illuminatus! Trilogy (Shea & Anton Wilson, 2010) and television programmers such as The Roots all exposing participants to alternative narratives in their path to becoming a conspiracy believer and learning "new truths":

> Since 2007, there's, like Zeitgeist and Zeitgeist Addendum were two online movies that came with one in 2007, one 2008…And is it when there's actually it was my brother put me onto this, and after watching those two movies where it broke down, so everything that went on around 9/11 and the possibilities of the towers collapsing freefall, within the footprint and all that sort of stuff, building 7 involved in that as well and that collapse, it wasn't stopping the planes. It was just all the media coverage on that and how things moved and how the Pentagon was hit. But then there was no evidence of planes... but there's no plane wreckage or fuselage. Nothing. You see the media videos of very early on when the first media photos came out of it and it's just lots of things that just didn't add up. And after watching that online documentary it just got me thinking more and more. I just about how this was just really, really strange. (Brian)

A crucial part of breaking free of conventional beliefs and the mainstream also involved what participants described as personal research (e.g., books, films, radio, podcasts, online discussions), engaging with information in a sceptical way and connecting the dots themselves. Here, Brian described the discovery and research he did around media in America. Doing this research allowed him to make new links and connections:

> You sort of end up seeing more and more of how some things are connected and you can see why like if there are spouting narratives and propaganda, how if three people own all the media companies in America and three people own all the corporations, you can see how if they had a certain agenda, how it could filter through very easily. And it's just it's, that's how I just for me is how all these things linked together and sort of kind of makes sense when you get the, the information put in front of you. (Brian)

Finally, part of leaving the mainstream and becoming a conspiracy believer was forging their identity and separating themselves from what participants saw as the “nonsense” and “disinformation” of some beliefs. Both this and the stigma that participants experienced as someone with alternative beliefs, created a process of differentiating their identity where they held representations of themselves as someone who knew “the truth” and whose beliefs had validity but who was different both from the mainstream and believers who were too extreme. As an example of this, Adam talks about how when he became a conspiracy believer in the 1990s and early 2000s, it was a different time when people truly understood things, whereas now conspiracy theories are popularised:

> …we have stepped out of the, the Matrix (laughs) and to take the phrase you know, we are a part of like people who understand what the state and what corporations do, and it wasn't like there was many people who were like that when, like now, it's popular, you know what I mean? Like conspiracy theories or whatever are popular now, they have been popularized by the Internet… But back in the day, it was literally this one book I think that was probably it, yeah. (Adam)

This had resulted in Adam having to find new sources of information and his beliefs evolving away from this popularised conspiracy beliefs, which he felt was not genuine.

Experiencing the stigma as an outcome of their beliefs further bolstered identity and the fact that were outside the mainstream. Brian described this experience:

> if you criticize anything like that, then you were hounded you're called a whackjob so even for questioning the whole narrative, they're labelled an absolute whackjob, you're labelled a conspiracy theory, theorist it's a whole thing. But why is it such a bad thing though? (Brian)

The process of leaving the mainstream was a key part of discovering "new truths" and a positive aspect of becoming a conspiracy believer for participants.

3.1.2.2. Relationships and beliefs

A central part in becoming a conspiracy believer and discovering "new truths" for participants was the role of relationships across multiple levels of family, community and online. All participants had immediate family members who had similar beliefs to them and had influenced them and their journey to becoming a conspiracy believer. David described the influence of his parents' and grandparents' beliefs and actions had on him:

> I would say family, but also what the family did. They were all really into that Community Action and activism and stuff like that, which therefore kind of leaked into me, do you know I mean, with regards to my upbringing, values and just yeah, fight the power, that kind of stuff. It was just one long, big event to be honest. (David)

Adam similarly spoke about how his father would bring alternative beliefs and ways of thinking to their dinner table conversation. Brian spoke of how his brother "put him onto" some of the films that started his journey and how they both would discuss ideas and have debates. It may be, as mentioned above, that these family relationships formed a trusted and familiar source of information for participants and so when presented with "new truths' from these sources, it was something they regarded as legitimate and worth considering. This sense of connection and trust may be a challenge to some dominant narratives which may see conspiracy beliefs as isolating.

In terms of relationships both within and beyond the family, David spoke about the role of his local Social Action community in “shaping” his beliefs and the community’s ideas around anti-racism being “revolutionary” for him.

> So, you're hearing people talk about social change and this and that those were the events that really impacted. So, I would say family, but also what the family did, they were all really into that Community Action and activism and stuff like that, which therefore kind of leaked onto me, do you know what I mean, with regards to my upbringing, values and just yeah. Fight the power, that kind of stuff. It was just one long, big event to be honest. (David)

Adam similarly spoke about the role of the punk and squatter community as exposing him to a “different layer of society,” whereas Brian highlighted the importance of finding “like-minded people” as a young adult when he moved out of his familial home. Seeing immediate family and community members question the dominant narratives was crucial for these participants in being exposed to “new truths” by people they trusted. The importance of the sense of community and belonging that these groups of people gave to participants was highlighted multiple times and may have meant they experienced less social marginalisation with their beliefs.

As well as immediate relationships, some spoke about the authentication they received from prominent believers online through celebrity conspiracy theorists (e.g., Jordan Peterson) and social media communities in general:

> Whether it be, Twitter or Instagram or anything like that, it’s kind of just exploded in terms of you see more and more people of the same like kind, the same information gets shared. And then you get more people’s stories. You get different angles, and you see more and more of people questioning the narrative from mainstream media. (Brian)

These online, familial and community relationships were central to the development of participants’ beliefs and a source of strength and connection for them.

3.1.3. Underbelly of “the Truth”: Relative Influence of Adversity on Beliefs

Although there were positives in terms of finding “new truths” and a community, there was also an underbelly to this journey. Multiple instances of familial adversity were brought up, although not always linked to the formation of participants’ beliefs. Yet, other parts of unearthing “the truth” had involved exposure to adversity in the form of oppressive systems. It should be noted that some of the codes included within these following subthemes were only mentioned by individual participants and so should be interpreted with caution.

3.1.3.1. Familial adversity

There were multiple forms of familial adversity mentioned, including parental experiences of abuse, homelessness, mental health issues, substance misuse and divorce. These experiences were sometimes mentioned in passing and not directly linked to participants’ belief development. For instance, Brian mentioned parental substance misuse and parental separation in passing, making no connection to his beliefs. Adam did link his parents’ adversity to the beliefs he developed in terms of his dad’s experiences of mental health issues and homelessness and the impact it had:

> I’m almost getting it second hand, if you know what I mean. Like as a as a kind of outside observer and like someone trying to navigate, like his mental illness as a child. But like absorbing the things that he was talking about all the time, where he was actually physically abused and was then homeless for a while, and like also squatted and in the punk scene and blah, blah, blah. And like he actually took part in some of the mythologies that I have got about like how resistance is formed right and about like setting up like free festivals and living in a non-hierarchical way and like try, like you know, some of the things that I've mythologized. (Adam)

Yet this is only one individual account and David did not mention any parental adversity and thus there were mixed findings regarding familial adversity.

3.1.3.2. Exposure to oppressive systems

A clearer link was made by participants between exposure to oppressive systems and developing conspiracy beliefs. Experiencing a dark underbelly to mainstream systems in the forms of power, racism and classism made participants acutely aware that “the truth” was sometimes kept from marginalized communities and those with less power. Although again some codes were only present in individual accounts, all participants mentioned some form of oppressive system and directly linked this with the discovery of their beliefs in their narratives. David spoke of the role of race and racism in the development of his beliefs:

> I guess, coming from a background that I’ve come from so what I mean by that- I am a Black man born here but West Indian heritage parents were born here as well, I think, who historically, obviously, have experienced great injustices via Colonialism, imperialism, and just downright evilness. What would I say, I believe that a lot of like things were kept from certain people to maintain levels of control and authority… And when you try to battle that, you get aware of battle that you you're aware of different truths out there and things that are not necessarily conspiracies, but actually, the truth are just not widely known facts. (David)

Adam also saw the influence and awareness of class as central to understanding power structures in class systems:

> Dad wasn't allowed in the house in my mum's parents’ house for a long time because he was like working class, he had been homeless, and they squatted together, and they fucking hated him. And he hated them. So the reason I'm telling you about that compared like with regard to the truth, truth seeking is because, I think it was, I think that it's relevant because there was a very, very unlike very kind of intimate understanding of class, class dynamics, wealth, poverty, from a very, very early age. (Adam)

Moreover, an exposure to dominant systems and hence questioning the legitimacy of mainstream institutions also played a key role in participants’ representations of the development of conspiracy beliefs. This took the form of

querying “the truth” and power around politics, governments, religion, and the education systems. For instance, Brian directly linked the beginning of their questioning of “the truth” to doubting religion:

> but it was when you start again just you see all the crap that goes on in the world, even from a young age you see wars and stuff like, say, well, if there's really a God why is he letting folk do this? …that's probably the start, where it's you start to question the narrative that's being sold to you and you just think well, something doesn't quite sit right here. (Brian)

In a similar way, David learned from his family and community the power governments had exerted on his community:

> And just having a distrust for power, understanding that is very for the government and all that kind of stuff because of what they've done and also what they continue to do but and how do you fight against that and that kind of stuff and how people fought against that, how people stay ready or whatever it is that people do, like having survival kits, learning about like doomsday prepper and all that kind of stuff (David)

The exposure to oppression and powerful institutions was a form of adversity that seemed to influence how participants made sense of dominant narratives and how much they trusted institutions throughout their lives. This highlighted how more negative experiences influenced their narratives of the development of their conspiracy beliefs and crucially how participants saw the development of their beliefs was about challenging oppression towards groups not just themselves individually.

Taken together, this theme points to the role of power, politics, and injustice in the participants’ representations of the journey to becoming conspiracy believers.

3.1.4. Summary of Thematic Analysis

Although the thematic analysis was based on three participants' interviews, the analysis of narratives did produce three main themes; 'Questioning "the truth",' 'Exposure to "new truths"' and 'Underbelly of "the truth".' These themes showed the dynamic journey and influences that participants included in how they made sense of how their conspiracy beliefs developed. Particularly important aspects within narratives included early life questioning, that continued into adulthood, trusted relationships and communities, and community and societal adversity.

3.2. Content Analysis

A quantitative content analysis was undertaken with 242 news articles across four publications. The frequency of articles by publication and article type can be seen in Table 2.

Table 2.

Frequency and Percentages of Articles and Article Type by Publication

Code	**Publication**				
	Daily Mail articles (% of total)	The Times articles (% of total)	The Guardian articles (% of total)	The Mirror articles (% of total)	Total across publication (% of total)
Number of Articles	104 (42.98)	41 (16.94)	65 (26.86)	32 (13.22)	242 (100)
News Story	96 (39.67)	24 (9.92)	41 (16.94)	30 (12.40)	191 (78.93)
Feature	4 (1.65)	3 (1.24)	0 (0.00)	0 (0.00)	7 (2.89)
Interview	0 (0.00)	0 (0.00)	2 (0.83)	0 (0.00)	2 (0.83)
Commentary	4 (1.65)	14 (5.79)	22 (9.09)	2 (0.83)	42 (17.36)

As Table 2 shows, the Daily Mail published the most articles (42.98%) that focused on conspiracy beliefs. This was followed by The Guardian (26.86%), The Times (16.94%) and finally The Mirror (13.22%). The majority of articles published were news stories (78.93%), with smaller numbers of commentaries (17.36%), features (2.89%) and interviews (0.83%).

In terms of how conspiracy theories were represented in these articles, Table 3 shows the breakdown of codes found in articles by publication.

Table 3

Frequency and Percentages of Codes in Articles by Publication and Total Percentage Across Publications

Code	Publication				
	Daily Mail (% of total)	The Times (% of total)	The Guardian (% of total)	The Mirror (% of total)	Total % across publications
Belief	14 (5.79)	6 (2.48)	2 (0.83)	3 (1.24)	10.33
Disbelief	89 (36.78)	35 (14.46)	61 (25.21)	26 (10.74)	87.19
Authenticating	30 (12.40)	13 (5.37)	30 (12.40)	5 (2.07)	32.23
Directive	4 (1.65)	3 (1.24)	3 (1.24)	1 (0.41)	4.55
Rhetorical	16 (6.61)	10 (4.13)	18 (7.44)	3 (1.24)	19.42
Prudent	2 (0.83)	0 (0.00)	1 (0.41)	1 (0.41)	1.65
Apprehensive	45 (18.60)	24 (9.92)	42 (17.36)	13 (5.37)	51.24
Sensemaking	18 (7.44)	9 (3.72)	11 (4.55)	4 (1.65)	17.36
Ridicule	36 (14.88)	16 (6.61)	17 (7.02)	11 (4.55)	33.06
Wish	0 (0.00)	1 (0.41)	3 (1.24)	0 (0.00)	1.65
Personal	2 (0.83)	3 (1.24)	5 (2.07)	0 (0.00)	4.13
Named believers	55 (22.73)	16 (6.61)	41 (16.94)	17 (7.02)	53.31
Early life	7 (2.89)	0 (0.00)	2 (0.83)	2 (0.83)	4.55
Adversity	11 (4.55)	4 (1.65)	6 (2.48)	1 (0.41)	9.09
Development	9 (3.72)	5 (2.07)	8 (3.31)	3 (1.24)	10.33

These codes will be considered in terms of how beliefs are represented as plausible or implausible, how beliefs are represented as concerning, how beliefs are represented as ridiculous and if they are contextualised.

3.2.1. Beliefs Represented as Plausible or Implausible

Key findings from this analysis show that the majority of articles across publications expressed that conspiracy beliefs were not believable (87.19%), with a much smaller proportion portraying them as believable (10.33%). Disbelief was indicated in several ways, such as beliefs being described in quotation marks or others being directly described as “false,’ “non-scientific,” “bogus” or being “without evidence.” An example included:

> False and hurtful conspiracy theories about the disappearance of Nicola Bulley were still being posted last night (The Mirror, 21st February 2023).

The few articles that expressed belief were relatively exploratory in nature, for instance saying that conspiracy beliefs may have a “kernel of truth” and presented both sides of the argument about a belief. A good example of this was articles around the Covid-19 lab leak theory, which was initially described as a conspiracy theory but over time many articles re-considered their position and were still debating its veracity at the time of publication. Thus, there were few articles which solely represented beliefs as true or believable.

A small number of articles (1.65%) described a prudent or cautious approach to whether beliefs were true and only 17.36% adopted a sensemaking approach to the beliefs or theories. Often this sensemaking involved laying out timelines about theories or specific events and, included sources from two sides of a debate and included some feature and commentary pieces that would allow space for such sensemaking. A larger proportion of articles (32.23%) included authenticating material to support the writer’s position around the plausibility of beliefs. Although this is common feature of news articles, this seemed to be

highlighted and explicit in these cases and involved using data or quotes from academic sources, public bodies (e.g., police) or people with direct involvement (e.g., friends and family of believers or victims). About a fifth of articles (19.42%) used rhetorical questions in their articles, such as the following headline:

> What are 15-minute cities and why are antivaxers so angry about them? (the Times, 22nd February 2023)

Taken together, this supports the fact that the majority of media representations of conspiracy beliefs in these analyses portrayed them as unbelievable.

3.2.2. Beliefs Represented as Concerning

Over half the articles (51.24%) represented conspiracy beliefs with apprehension including the threats they posed, or fear or anxiety related to a belief. This could be seen in multiple ways, with language and metaphors including the “spread” of conspiracy beliefs, and them being an “atomic bomb” waiting to go off or something that was going to “devour” and take over people’s minds. Some directly labelled conspiracy believers as “dangerous,” “harassers” and being a real “threat.” For instance:

> A "dangerous conspiracy theorist" has been arrested on suspicion of assaulting Matt Hancock. (The Times, 26th January 2023)

This was also represented in linking conspiracy believers to violence and attacks. For example, the conspiracy beliefs of a person who attacked Nancy Pelosi's husband were highlighted in multiple articles as a potential reason why he carried out the attack, being described as a “deranged conspiracy theorist” who was “unhinged.” Despite this apprehension, very few articles (1.65%) mentioned a hope or a wish for a consequence or change or encouraged readers to be directive or take action (4.55%) to deal with threat and anxiety.

Overall, these results point to representations of conspiracy beliefs as being a cause for concern and anxiety, without any advice or recommendations about how to engage with them.

3.2.3. Beliefs Being Ridiculed

About a third of articles (33.06%) ridiculed beliefs in some type of way. Language that expressed this ridicule included labelling beliefs and believers as “bizarre,” “crazy,” “farfetched,” “loony” and “ridiculous.” Some articles took a mocking tone and included reports and quotes of how others poked fun at and mocked believers. This sometimes involved celebrities who had conspiracy beliefs such as Kanye West or Russell Brand who “have disappeared down conspiracist rabbit hole.” Another example included an article regarding conspiracy beliefs surrounding 15-minute cites, which is a town planning concept that aims to have all essential amenities within a 15-minute commute, which some people feel is an attempt by an elite group to undermine their freedom. The tone was sarcastic and mocking:

> There’s an international socialist conspiracy afoot, and it wants to make it easier to walk to the shops. Fringe forces of the far left are plotting to take away our freedom to be stuck in traffic jams, to crawl along clogged ring roads and trawl the streets in search of a parking spot. The liberty of the rush-hour commute, the sanctity of the out-of-town shopping centre and the righteousness of the suburban food desert is under threat as never before. The name of this chilling global movement? The “15-minute city”. (The Guardian, February 16 2023)

Elsewhere, mocking language was used about Conservative MP Andrew Bridgen who held some conspiracy beliefs:

> If I were being unkind, I might suggest that he is, as the Americans put it, crazier than a shithouse rat (The Times, January 15 2023)

This meant that there were representations that incorporated elements of mockery, ridicule and madness about beliefs and believers in these news articles.

3.2.4. How Beliefs are Contextualized

Finally, thinking about whether the development and context of beliefs were considered in any of the articles, only about half of articles (53.31%) named

specific individual's or groups' beliefs. This included considering individuals such as celebrities or politicians such as Donald Trump or groups such as the Patriotic Alternative (a far right, neo-Nazi group) or Fox News employees. This meant that 46.69% of articles wrote about conspiracy beliefs without linking them to any specific people or groups. Moreover, while over half of articles considered named believers, a much lower percentage included first person, personal accounts of conspiracy beliefs (4.13%). Some of the personal accounts involved people who still disagreed with the conspiracy beliefs but who had personal experience with its content. For instance, The Times published a piece which challenged conspiracy beliefs about the World Economic Forum having attended themselves (The Times, January 20, 2023). Most of the personal pieces were commentaries or features.

A relatively small proportion represented any hypotheses about how conspiracy beliefs developed (10.33%). Multiple articles that did this mentioned world events such as Covid-19 or the war in Ukraine or believers engaging in social media or the internet as potential explanations for people developing conspiracy beliefs. A similar proportion of articles mentioned some form of adversity in childhood or adulthood (9.09%). Adversities included details of a person's drug use, trauma in the form of physical and sexual abuse and mental and physical health issues and were mainly mentioned in the context of an attack or an assault by someone who held conspiracy beliefs. The following headline and lead was an example:

> Cop killers' paedophilia secret: Daughter reveals how family rift was sparked by abuse allegations - before trio spiralled into doomsday madness. Cop killers claimed they were molested as children. Their religious family cut them off after allegations (The DailyMail, 29 January 2023)

There were mixed incidences of these adversities being linked with conspiracy beliefs. Experiences of delusions and paranoia were frequently directly linked with conspiracy beliefs. As well as this, mental health was sometimes portrayed as a vulnerability for having conspiracy beliefs. A smaller proportion of articles included details of early life experiences of conspiracy believers (4.55%). Some articles mentioned a person's family makeup and their experiences (e.g.,

parental separation), education and involvement in religion growing up. Although there was a mixture of representations of whether these experiences were directly linked to the individuals' beliefs, the fact that they were included may speak to some sort of assumed relevance in this small portion of articles.

Thus, the majority of articles did not represent detailed contextual factors that are may be relevant to how conspiracy beliefs developed.

3.3. Summary

The results of the content analysis and thematic analysis point to the complex and contested nature of representations of conspiracy beliefs in our public sphere. Although adversity was present in narratives of developing conspiracy beliefs, this was not represented consistently in media portrayal of beliefs. There were also few positive representations in media depictions of conspiracy beliefs, whereas connection and positivity were present in conspiracy believers own accounts. Moreover, there was direct opposition between conspiracy believers and media's representations of the "truth," with both presenting themselves as having validity, sometimes, using ridicule and mockery to describe the other side. Finally, how threat was represented was entirely different, with articles representing the conspiracy beliefs as dangerous, whereas the believers represent dominant systems and institutions as the threat.

4. DISCUSSION

4.1. Overview

This chapter will aim to explore and situate the main findings relating to the research aims of the study within the context of the literature and wider discourse. After this, a critical review will explore the quality, limitations, and reflexivity of the project. Finally, the clinical, research and policy implications of this research will be considered.

4.2. How do conspiracy believers in the general population narrate and represent the development of their beliefs and do their early life experiences form part of this narrative?

The first research aim was addressed by the interview aspect of the study and as it only included three participants, findings should be interpreted with caution and hence the discussion will focus on the subjective meanings that participants have discussed about their beliefs developing. Moreover, it was important to maintain the nuance and complexity of beliefs and not portray participants as a homogenous group (Harambam & Aupers, 2017). The participants were all men, with some research suggesting that men are more likely to hold conspiracy beliefs than women, and so it may have been that there were stronger beliefs within this sample than if it was a mixed gender sample, although the evidence is not definitive (Bogart & Thorburn, 2006; Bohnert & Latkin, 2009; Freeman & Bentall, 2017). The interview method adopted in BNIM pointed to an effective way of participants from the general population situating and making sense of their beliefs in the context of their lives (Gerry, 2012; Wengraf, 2001). Indeed, one of the potential key findings was the importance of community and societal adversity in how interview participants made sense of and represented the development of their beliefs, which supports the utility of

using non-pathologising approaches to exploring conspiracy beliefs. Moreover, the thematic analysis pointed to the constant evolving nature of scepticism and conspiracy beliefs and that this process started in early life.

4.2.1. Early Life and Belief Development

All participants mentioned developing a scepticism of "the truth" from an early age as part of their narrative, which may support the idea that early life was a key period in beginning to question "the truth." Previous research has not tended to focus on early life experiences and how participants make sense of developing conspiracy beliefs. However, the inclusion of childhood experiences in narratives here did seem to be broadly in line with the few studies that have explored adverse childhood experiences and their association with endorsing conspiracy beliefs as an adult or adolescent, although different adversities were mentioned in the present study (Freeman & Bentall, 2017; Goreis et al., 2023). The current findings would cautiously point to the fact that when reflecting back on their beliefs developing, childhood was a crucial time in participants' lives when they noticed their beliefs and trust changing towards normative, accepted "truths". There were multiple and sometimes conflicting narratives surrounding whether conspiracy beliefs developed gradually or in specific moments, although it could be posited that there are multiple key periods in how and when these beliefs develop (Harambam, 2017). The role and influence of family and community seemed to be crucial in these early life experiences, similar to previous findings (Gerry, 2012). This could also highlight the importance of early relationships in how people make sense and meaning of their world as part of the PTMF through the trusted and secure attachments they do have (Johnstone & Boyle, 2018b). The interview data did not explore specifically when individuals develop and become aware of having conspiracy beliefs, but these findings would cautiously suggest that the process of questioning began for participants early in their lives.

4.2.2. Adulthood and Belief Development

Individual interviews also pointed to potentially multi-faceted development of conspiracy beliefs that spanned into participants' adult lives, with participants representing their beliefs as still evolving and changing to this day. Thus, it was not just early life experiences that seemed to be present in people's narratives of developing of conspiracy beliefs, but also events and relationships during their teen, early adult, and current lives. Another aspect that seemed to be present in narratives was significant world events such as 9/11 or the Iraq War, which may lend support to research that points to times of crisis and uncertainty being linked with conspiracy belief development (van Prooijen & Douglas, 2017). Again, there has been little previous research exploring the development and evolution of beliefs in adulthood, and thus this analysis gave tentative new findings for consideration of beliefs not being static and changing over the life span, which future research could explore further. It may lend support to the idea that worldviews and beliefs are still evolving in early adulthood in a continued process of identity formation (Gutierrez & Park, 2015).

4.2.3. Early Life Adversity (Traditional ACEs)

Participants did not seem to mention adversity in relation to how their conspiracy beliefs developed in terms of traditional ACEs approaches (i.e. physical, psychological, sexual and emotional abuse, witnessing domestic violence, exposure to drug/alcohol abuse, mental health issues within the household and a household member being in prison), although they did mention adversity in passing.

All participants had experienced early life adversities (from PHL-ACES measure), in line with previous research findings on the high prevalence of one or more ACEs in the general population (Hughes et al., 2016). Although some participants mentioned early life adversity in their narratives (e.g., parental physical abuse, parental mental health issues, parental substance misuse), there were mixed views expressed by individual participants about whether they linked these experiences with the development of their beliefs. Parental substance use and parental separation were mentioned in passing but not spoken about in relation to participants' "truth seeking." Yet for one participant, the role of parental mental health and parental experiences of abuse seemed to

be linked to his beliefs from his perspective. Although previous research has found an association between some traditional ACEs (witnessing domestic abuse or parental separation) and conspiracy beliefs, participants did not seem to incorporate these experiences into making sense of their belief development, although it could also be considered that people may not always have direct insight or conscious awareness of the complex relationships between experiences and beliefs or may not have wanted to mention them in their narratives (Freeman & Bentall, 2017). Other ACEs such as physical abuse and sexual abuse were not mentioned by participants in the interviews and therefore it was not possible to consider these ACEs in representations of the development of conspiracy beliefs within the present study.

These findings may reflect that adversity was not present in participants' representations of the development of their conspiracy beliefs, the small sample size or participants not wanting to discuss adversity within their narratives. For instance, one participant declined to answer some of the ACE items and did not want to discuss some aspects of his life narrative when asked in the interview. This may have been due to concerns about recording of information or knowing the researcher. Hence, it would seem that more comprehensive and in-depth research is required in this area.

4.2.4. Community/Society Level Adversity Experiences

Moving beyond traditional measures of ACEs to considering how community and societal level adversity may be present in narratives of the development of conspiracy beliefs, the interview participants did seem to incorporate these wider level adverse experiences into their narratives and how they made sense of how their beliefs developed, supporting the utility of an expanded conceptualisation of ACEs and sociocultural approaches (Cronholm et al., 2015). It was interesting to try and explore societal level issues through individual interviews, and the narrative interviews were a useful way for individuals to situate their individual experiences in the broader social context.

For instance, the societal level issues of politics and government in terms of their power and control acting against lay people and minorities and their corruption, was highlighted across narratives. Abuses of power by governments seemed to be present in participants' explanations of lack of trust in the legitimacy of this system, which may support research which has linked conspiracy beliefs to a general mistrust of government (Einstein & Glick, 2015; Jolley & Douglas, 2014; Mari et al., 2022). In a similar way, the inclusion of societal and community issues in participants' narratives such as religion and education systems may have spoken to a mistrust of the authority of these mainstream institutions and this being an element of their belief development. It is worth noting however, that these participants all had relatively high levels of education and did not currently hold any particular religious beliefs. Previous research about conspiracy believers has found that their exposure to and subsequent disillusionment with Christianity led them to look to acknowledge multiple "truths" and search for alternative explanations, which would seem to echo some of the narratives here (Harambam, 2017). However, this would not seem to be in line with other previous findings that linked higher religiosity with increased conspiracy beliefs (Freeman et al., 2022). These findings may lend support to the notion that conspiracy beliefs may serve as a belief system or a 'religion for atheists' (Aupers, 2012, p.30). Moreover, there was little prior research around trust in the education system, and thus the current findings point to a need for further exploration of these issues. Again though, these participant's representations do seem to challenge previous research which has found that lower levels of education have been associated with a greater tendency to hold conspiracy beliefs or no relationship (Bohnert & Latkin, 2009; Duplaga, 2020; Freeman & Bentall, 2017; Salman et al., 2022; Tomljenovic et al., 2020; Wagner-Egger et al., 2022). It seemed here that levels of engagement with the education system (not just how well people did in grades or attainment) was part of how participants made sense of an unravelling of trust in institutions. These finding may propose new ways to think about what is explored in research regards to systems and demographics such as education and religion.

Other important community/societal level experiences present in narratives of belief development included experiences of racism and classism. In terms of

racism, this was based on one participant's narrative but would seem to support the idea that experiencing racism both directly and intergenerationally was present in this participant's narrative about his mistrust in authority and hence the development of his conspiracy beliefs, as was the case in other research (Andrade, 2021; Bogart & Thorburn, 2006; Dowhower et al., 2022; Freeman & Bentall, 2017; Jaiswal et al., 2019; Ross et al., 2006; Stempel et al., 2007; van Prooijen, Staman, et al., 2018). For instance, this participant learning about colonialism was key in becoming aware of the power and control certain systems had that had maintained white privilege over history. The importance of considering the context of real injustices that have both historically happened (e.g. Windrush, Colonialism) and also that were currently ongoing, (e.g. racism in the police and education system) was crucial context to highlight when considering the lack of institutional trust and hence the alternative beliefs of this participant (Jaiswal et al., 2019). Thus, this may also have given support to how attributing power to authorities for the real injustices faced by racialised people was incorporated into representations of conspiracy beliefs as a means to manage the lack of power and control faced by racialised communities and explain injustice (Kay et al., 2009; Sullivan et al., 2010).

In terms of class, a similar pattern could be considered, in that being exposed to power and inequality within the class system seemed to be present in how participants questioned mainstream systems and normative ideas (Johnstone & Boyle, 2018b). Although the participant that spoke about class came from a family of mixed-class backgrounds, the presence of issues of class in his narrative may support research which has suggested that experiencing higher income inequality was associated with having conspiracy beliefs in adulthood (Casara et al., 2022), as well as having a negative impact on trust in authority and government (Jaiswal et al., 2019). Taken together, these combined narratives around the presence of community and societal issues such as inequality and racism in interviews could merit further qualitative exploration of these experiences which may align with previous quantitative studies that have found that self-reported lower social standing can be associated with developing conspiracy beliefs (Freeman & Bentall, 2017). Moreover, it would seem to support the PTMF tenet that those who have less power and who have

experienced discrimination may have different relationships with dominant ideas and culture, which can then be labelled as ’other ’or ‘mad’ (Johnstone & Boyle, 2018b). Being in the position of having less power may also limit the resources such marginalised groups may have to make sense of their experiences, a form of hermeneutical injustice, and so conspiracies may offer an available way of understanding discriminatory experiences (Fricker, 2007). Indeed, this could provide one potential explanation for the development of conspiracy beliefs (especially those beliefs concerning institutional power and control) as the PTMF would acknowledge that those who have experienced more social inequality may be more acutely and overtly aware and attuned to how power operates in society and so might be sensitised to such threats as a type of threat response and strategy to keep safe (Johnstone & Boyle, 2018b, 2018a). It may also be seen in the narratives here that mentions of feelings of belongingness could be a mechanism through which discrimination is associated with conspiracy beliefs, in that experiences of racism and classism seemed to mean that participants felt ostracised by institutions and society and therefore did not trust mainstream information (Jaiswal et al., 2019; van Prooijen, Staman, et al., 2018). This could also be seen as an example of the distinction between conspiracy beliefs and paranoia, in that here the perceived sense of real threat was not towards participants themselves (as would be the case with paranoia) but against society and their ingroups and community (Greenburgh & Raihani, 2022; Imhoff & Lamberty, 2018).

Hence, common across all community and societal level experiences in participants’ narratives was the incorporation of oppressive systems in how they made sense of developing a questioning of “the truth”, scepticism of authority and a mistrust of institutions, which may be in line with past research about conspiracy beliefs being associated with these factors (Aupers, 2012; Mari et al., 2022; M. J. Wood & Douglas, 2013). This would also seem to align with previous research which saw mistrust and the notion of being deceived by official narratives as being potential mechanisms through which adversity and conspiracy beliefs may coexist, and that experiencing adversity such as racism, classism and discrimination from other oppressive systems could ‘shatter’ people’s worldviews and decrease their epistemic trust (Campbell & Morrison,

2007; Dickson et al., 2016; Fonagy et al., 2015; Janoff-Bulman, 1992; Nera & Schöpfer, 2023; M. J. Wood & Douglas, 2013). Furthermore, it would also point to the utility of the PTMF in understanding conspiracy beliefs in terms of how experiences of oppression from powerful entities can influence how less powerful people make sense of experiences differently and how they (and their beliefs) may be perceived negatively by others (Johnstone & Boyle, 2018b). Other extended ACEs factors such as peer victimisation and neighbourhood safety were not mentioned, although again it is difficult to know whether that is due to the small sample size (Cronholm et al., 2015; Finkelhor et al., 2013). However, these findings would seem to support the utility of expanded understandings of ACEs and considering sociocultural issues, specifically community and societal level adverse experiences during early life, when considering representations of conspiracy belief development.

4.2.5. Beyond Adversity and Belief Development

The interview findings also suggested that it was not just adversity that seemed to be incorporated into interviewees' representations of the development of their conspiracy beliefs, but a range of other experiences. These included positive relationships and the positive process of leaving the mainstream, aligning with previous research which has found positive aspects of identity involved in becoming a conspiracy believer (Harambam, 2020). In terms of immediate relationships, it seemed that the familial and intergenerational transmission of conspiracy beliefs were part of participants' narratives, as all participants described a close family member who had similar beliefs to them and whose experiences had seemed to influence their beliefs. This potentially goes beyond some previous research that has described that mere acceptance of individual's beliefs by their family as being important, and may align with ideas around cultural and historical conspiracy narratives being passed down through time and generations and by family itself (Gerry, 2012; van Prooijen & Douglas, 2017). These positive aspects may also echo the PTMF idea of meaning and personal narratives developing as an iterative process through resources available and feedback systems in sociocultural contexts, in this instance interpersonal relationships (Johnstone & Boyle, 2018b, 2018a). Moreover, it

could lend support to how positive aspects of power, in terms of how relationships and social resources can influence personal narratives and meaning (Johnstone & Boyle, 2018b).

Furthermore, having a sense of community and connection was central to participants' narratives of the development of their beliefs, particularly in terms of learning alternative narratives and "new truths." It may be beneficial to consider this with an intergroup understanding of conspiracy beliefs, whereby communities (e.g. community action, punk groups, friends) seemed to provide an in-group for participants and bolstered mistrust of powerful outgroups (powerful dominant institutions) (van Prooijen & Van Lange, 2014). It also lends credence to the key differences between conspiracy beliefs and delusions, in that conspiracy beliefs tend to have a sense of community and be shared with likeminded individuals, as seemed to be the case in these narratives, versus delusions, which tend to be isolating for individuals (Bortolotti et al., 2021). The present research has thus tentatively begun to address calls for more research to explore relationships and beliefs within families and social networks for people with conspiracy beliefs, although further research is needed (Harper, 2021).

One of the more positive aspects mentioned around developing conspiracy beliefs was forging an identity as a 'truth seeker.' All participants said they would not refer to themselves or their beliefs as conspiracy theories, which could support prior research that has highlighted how other terms such as 'truth seeker' and 'activist' are preferred (Harambam, 2017; Harambam & Aupers, 2015, 2017). Part of this process included making distinctions between themselves and the 'nonsense' or beliefs that were too extreme, which may lend support to previous evidence whereby conspiracy believers distinguished themselves from 'real' conspiracy theorists (Harambam, 2017; Harambam & Aupers, 2017). This may serve to differentiate and bolster their own epistemic authority and show that they are not blindly following all alternative knowledge. Moreover, participants mentioned how their beliefs were counter to the norm and were in some instances denounced, echoing descriptions of beliefs as

stigmatised and counter knowledge, and potentially supporting evidence that has shown labels of conspiracy theorist can be used to exclude believers from debate and conversations, and this was something participants anticipated (Barkun, 2013; Coady, 2012; Fiske, 2016; Harambam & Aupers, 2015; Husting & Orr, 2007; Johnson-Schlee, 2019; Lantian et al., 2018; Nera et al., 2020). Yet when participants spoke of this, they seemed to do so as an accepted part of the process and an aspect of forging an identity as a conspiracy believer and someone who questioned things, which was not necessarily always a negative experience for them.

Interview narratives also potentially supported evidence that has found the importance of doing personal research, 'connecting the dots' and making new links seemed to be part of people making sense of how their beliefs developed. Participants' personal research and engagement with media seemed to be crucial in their representations of forming their beliefs and allowing them to connect the dots of covert actions of threatening others. This may point to the seminal role of recognising the interconnectedness of events as a key part of believing conspiracies (van Prooijen & Van Vugt, 2018). It also potentially allowed participants to draw on multiple sources of knowledge and examples when communicating about their beliefs, which has also been found elsewhere (Gerry, 2012; Harambam & Aupers, 2017, 2021; Leveaux et al., 2022). The influence of media in the forms of books, films and TV and other forms of alternative education seemed to be a positive part of leaving the mainstream and learning new "truths" for participants.

Overall, these findings have provided preliminary support for the inclusion of positive processes involved in representations of developing conspiracy beliefs beyond pathologised, individual traits such as paranoia and delusions, and acknowledgement of positive aspects of resources and power (Bortolotti et al., 2021; Imhoff & Lamberty, 2018; Raab et al., 2013). Moreover, this would suggest that conventional realist perspectives, which focus on pathology, are missing a crucial part of how these beliefs develop and how people represent them.

4.2.6. Summary

Taken together, it would seem that early life experiences are present in participants' representations of the development of their conspiracy beliefs, but this was not the only important issue involved in participants making sense of their beliefs forming. Experiences in adulthood were also incorporated into participant's narratives of developing conspiracy beliefs and this process seemed to be still ongoing. In terms of adversity, the findings within the interview data seemed to support the inclusion of community and societal level adversity in participants' sense making of developing conspiracy beliefs, in line with acknowledging how power and oppression can impact people's relationship to normative ideas and beliefs (Johnstone & Boyle, 2018b, 2018a). Finally, beyond adversity, there also seemed to be positive aspects in becoming a conspiracy believer, including the relationships, communities and identity processes involved, as has been found in previous research (Harambam, 2020).

4.3. How conspiracy theories and beliefs are represented in online UK news media

The media analysis addressed the second research aim and seemed to support the idea that conspiracy theories and beliefs were represented in a variety of generally negative ways in the UK media. The analysis also suggested that conspiracy belief coverage can come from both left- and right-wing leaning publications, in line with previous research (Alper & Imhoff, 2022; Enders et al., 2022). Although the Daily Mail (right-wing) had the most articles covering conspiracy theories, The Guardian (left-wing) had the second most and seemed to have similar coverage around the implausibility, ridicule and apprehension around beliefs compared to right-wing outlets. Moreover, this may speak to the fact that regardless of editorial stance, media feel their readers will be interested and invested in reading about conspiracy beliefs. The most common codes in articles represented conspiracy beliefs and theories as implausible, concerning,

ridiculous and not situated in context, which was in line with previous research (Dawson, 2022; Husting & Orr, 2007). This echoes many of the ideas and patterns found with how the media represents mental health issues (e.g., representations associated with violence and danger) (Angermeyer et al, 2005; SHiFT, 2006). Furthermore, it shows that useful findings can be produced when power and meaning making are considered at a macro level (e.g. media) within non-pathologising approaches to conspiracy beliefs, as this may have been missed through solely realist, individualistic approaches (Harper, 2022; Johnstone & Boyle, 2018b). This was one of the first instances which conspiracy belief representations had been considered within a UK media context, and this will now be considered in the context of past literature.

4.3.1. Implausible Representations

One of the potential key findings of the media analysis was that the most common representations of conspiracy theories and beliefs seemed to be that they were implausible and categorically false. This was aligned with research that posited the news media treat conspiracy beliefs as 'other' and 'false narratives' (Dawson, 2022). These implausible representations found in the current study, which sometimes included authentication and sensemaking material, as well as highlighting disbelief, may support the idea that the media publish conspiracy belief articles as a way to assert their own trustworthiness and epistemic authority and distance their brands from conspiracy beliefs (Dawson, 2022; Husting & Orr, 2007). Articles including authentication material, for example academic sources, seemed to underline the relationship between mainstream institutions in differentiating themselves from those with "bogus" beliefs (Dawson, 2022; Husting & Orr, 2007). These findings about implausible representations also highlight the potential role of power and authority in the meanings that are permitted to be ascribed to less powerful others, which aligns with the intersection of power and meaning making within the PTMF. That is, more powerful institutions such as the media can make sense and meaning of conspiracy beliefs as false within news articles, and this is then accepted as wider cultural understandings by the public through their media consumption (Husting & Orr, 2007; Johnstone & Boyle, 2018b).

Overall, the implausible representations of conspiracy beliefs found here seemed to echo some academic approaches that have sought to 'debunk' conspiracy beliefs and challenge these beliefs with 'evidence' and 'truth' (Douglas, 2021a; Dyrendal & Jolley, 2020; Flaherty et al., 2022; Jolley et al., 2020; Lewandowsky & Cook, 2020; Wagner-Egger et al., 2019). As mentioned above, this could also be seen as highlighting the link between powerful institutions and how pathologising representations of conspiracy beliefs may be disseminated from academia via the media to the public (Franks et al., 2013; Husting & Orr, 2007; Johnstone & Boyle, 2018b). With these implausible representations having been found in the public sphere within the media analysis, it may contribute to apprehension and a fear of exclusion that conspiracy believers anticipate when expressing their views in this context (Lantian et al., 2018). Moreover, a large proportion of news media represented beliefs as untrue, compared to research which has shown that at least a fifth of the general population hold some form of conspiracy belief (Freeman et al., 2022; Freeman & Bentall, 2017; Oliver & Wood, 2014; Salman et al., 2022). This media analysis then may suggest a disconnect between what is portrayed in the media versus what the public think and believe, although this should be considered within the context that many people who hold conspiracy beliefs may not engage with mainstream media, and therefore would not be part of their readership (Duffy & Dacombe, 2023). It was interesting to also track the trajectory of a conspiracy belief in the context of it initially often being represented as implausible, to potentially being represented with more veracity in terms of the Covid Lab Leak Theory. This could be viewed as a real time example of where a belief has challenged accepted knowledge, although this was still highly contested at the time of writing (Fenster, 1999; Pigden, 1995).

4.3.2. Concerning Representations

In terms of concerning representations, the media analysis suggested that conspiracy beliefs were often portrayed as dangerous, threatening and fear provoking, which aligned with academic studies which have focused on a relationship between conspiracy beliefs and violent behaviours, intentions, and

extremism (Jolley & Paterson, 2020; Levinsson et al., 2021; Rottweiler & Gill, 2022). The coverage of violent events which centred attackers' conspiracy beliefs as a key aspect of incidents was a clear example of concerning representations of conspiracy beliefs and may be interpreted and given meaning as being a threat by the public. Moreover, the findings were also consistent with previous research which found that the media represented conspiracy beliefs as a 'virus' like entity which could spread and that the general public need to protect themselves from (Dawson, 2022). Many articles covered discriminatory conspiracy beliefs (e.g., antisemitic theories) and were often linked with political figures (e.g., Donald Trump), and rhetoric about conspiracy beliefs fuelling hate, discrimination and violence, similar to prior research that has linked conspiracy beliefs with discriminatory attitudes (Douglas, 2021b; Jolley et al., 2020, 2022; Oleksy et al., 2021; Sakki & Castrén, 2022). It could be posited that these representations of concern are part of the reason that the term conspiracy theorist in and of itself has been found to hold threatening and extreme connotations and could be seen as invoking moral panic, that is where conspiracy believers as a group have been represented as a threat to societal values (Cohen, 2011; Hanna, 2015; Harambam, 2020; Nera et al., 2020). In terms of potential reasons for these concerning representations, violence, crime and fear have been posited as key factors in the news selection process and as key news values (Altheide, 2003; Caple & Bednarek, 2013). Furthermore, news headlines that express warnings and generate anxiety have been found as a way to sensationalise events for the media (Molek-Kozakowska, 2013).

4.3.3. Ridiculed Representations

A potential key representation found within the media analysis was that beliefs and theories were commonly ridiculed and associated with language around madness. This lends support to previous research that has found similar representations in a US media context and on social media (Dynel & Zappavigna, 2023; Husting & Orr, 2007). Many articles seemed to represent conspiracy beliefs from a pathologising, individual perspective, whereby conspiracy believers were represented as stupid, narcissistic, paranoid, and irrational individuals echoing some academic models (Butter & Knight, 2018).

This could also speak to how the PTMF has described the implicit medicalisation of beliefs by powerful institutions and diagnostic narratives present in Western culture that help to uphold social norms (e.g. making conspiracy beliefs about government power within Covid-19 socially unacceptable by labelling them as ‘paranoid’ or 'mad’ to encourage trust and adherence to government guidelines) (Johnstone & Boyle, 2018b). It hence seems like this could be an example of power in action in terms of dominant, Western ideas and meanings being disseminated by powerful entities within the UK media to the public whilst ridiculing and delegitimising those less powerful (Husting & Orr, 2007; Johnstone & Boyle, 2018b). That is, the expressions of mocking and ridicule could be seen as a way that the media delegitimise these beliefs without engaging in them and power in operation in terms of them communicating stereotypes of conspiracy beliefs as ridiculous to the general population’s understandings (Husting & Orr, 2007; Johnstone & Boyle, 2018b). This could be seen as contributing to a negative climate and context within which the conspiracy belief holders are trying to make sense of their beliefs and lives.

Moreover, they seem to further blur the line between mental health issues and conspiracy beliefs, particularly when using words such as “crazy” to describe conspiracy believers (Byford, 2011; Harambam, 2020). Again, a possible explanation for these representations may be that they align with entertainment and human interest values of news media, whereby humour is used to bring in audiences (Caple & Bednarek, 2013). Moreover, ridicule in the context of conspiracy believers has also been proposed as a way for those disagreeing with the beliefs to feel superior (Dynel & Zappavigna, 2023). There have been mixed findings about the impact of ridiculing conspiracy believers, with some finding that ridicule has a small effect on changing someone’s beliefs, whereas others see it as a cause for concern that may further alienate people with such beliefs (Harambam, 2017; O’Mahony et al., 2023; Orosz et al., 2016). Moreover, this has often been a two-way relationship, with conspiracy believers sometimes making fun of the mainstream media in general (Byford, 2011).

4.3.4. Contextualised representations

In terms of contextualising beliefs, the media analysis found that many media representations did not seem to situate conspiracy beliefs in context. With only about half of articles explicitly naming a group or individual that held a belief, these representations could be contributing to conspiracy theories being viewed as threatening, faceless, dehumanised entities. Perhaps, the absence of named believers in these news articles distanced not only readers but editors and journalists from believers, which has been found in similar research in US media (Husting & Orr, 2007). Some research on news values has posited that personification is a route to empathy and points of identification for readers, and thus perhaps including personifying representations would not be aligned with news values of wanting to challenge and 'debunk' conspiracy beliefs (Caple & Bednarek, 2013). This was in addition to the findings that there seemed to be a lack of first person or personal accounts or any engagement of people who held conspiracy beliefs, which has also been found with other stigmatised groups (people with mental health issues) in media coverage (SHiFT, 2006). This could be seen as an example of excluding them from discourse and public discussion in action (Coady, 2012; Harambam et al., 2022; Husting & Orr, 2007; Johnson-Schlee, 2019; Nera et al., 2020). As well as this, it is also an example of dominant institutions having the power in the public sphere to decide what aspects of issues get disseminated to the public (Franks et al., 2013; Johnstone & Boyle, 2018b). It should be noted that in other contexts, conspiracy beliefs have also seemed to dehumanise other out groups (racist conspiracy beliefs) (Sakki & Castrén, 2022).

In terms of any representations of how beliefs developed, there was little inclusion of such detail in news articles within this media analysis. The few articles that hypothesised that Covid-19 or the war in Ukraine may have been part of how beliefs developed could be seen to echo research that has found conspiracy beliefs may serve a function of making sense of things during times of uncertainty and crises (van Prooijen, 2019; van Prooijen & Douglas, 2017). The absence of information and representations of the development of beliefs, could again be seen as a way to distance readers from those who believe in conspiracies (Husting & Orr, 2007).

There was relatively little focus on adversity in the articles analysed. Some of these representations of adversity linked conspiracy beliefs with mental health issues such as paranoia and delusions, contrary to previous findings which have suggested they are distinct constructs (although this was only in a small portion of articles) (Bortolotti et al., 2021; Greenburgh & Raihani, 2022; Imhoff & Lamberty, 2018). Hence, these representations of adversity and conspiracy beliefs which the public engage with could be seen as potentially contributing to blurring the lines between unconventional beliefs and conspiracy beliefs and the medicalisation of beliefs (Byford, 2011; Harambam, 2020). There were mixed instances of other adversities being linked with conspiracy beliefs, suggesting that this was not a consistent representation within news media. It was interesting that despite adversities such as abuse and substance misuse sometimes being deemed in other topics by media to be more 'newsworthy' and 'clickbait,' this was rarely the case with regards to conspiracy beliefs within this study. The fact that there was little representation of conspiracy believers' early life could be seen to echo that there is also little research on this topic bar a few exceptions (Freeman & Bentall, 2017; Goreis et al., 2023). The lack of contextualised representations should be interpreted considering the fact the majority of stories were news articles, and not commentaries, features or interviews, which may not have had scope to include context and detail.

4.3.5. Summary

Overall, it would seem that the negative representations of conspiracy beliefs in the UK news media found here were in line with prior research, particularly around notions of absurdity, danger, ridicule and madness and this study has added more tentative, empirical evidence to this field (Dawson, 2022; Husting & Orr, 2007). The current analysis also added to this field by explicitly noting the lack of context represented about individuals and beliefs. How conspiracy theories and beliefs were represented also pointed to the importance of considering conspiracy beliefs through a sociocultural lens (Harambam, 2020; Harambam & Aupers, 2021). The benefits of empirically exploring conspiracy beliefs and theories beyond individual measures but in representations in media and culture (and in this way power and meaning) has produced important

findings about the negative and pathologising ways they are represented in the UK and the context within which conspiracy believers are operating in (Johnstone & Boyle, 2018b).

4.4. Integration

It was hoped that using this mixed methods design of individual interviews and media analysis addressed some of the issues identified with the conventional realist approaches, including working with the general population, considering lived narratives of people with unconventional beliefs and addressing power and threat in context (Daniel & Harper, 2022; Harper, 2021; Johnstone & Boyle, 2018b). It was interesting to note the areas of similarity and difference across the two methods' results, which will now be considered in terms of adversity, early life experiences, notions of danger, "truth," ridicule, and strength-based representations.

4.4.1. Adversity

Representations of adversity seemed to hold a mixed position from both analyses. Although interviewees included experiences of community and systemic adversity in the narratives of the development of their beliefs (in terms of oppression, race, and class), more traditional ACEs were not always present in how they made sense of the development of their conspiracy beliefs. As noted above, the small sample size or being an acquaintance of the researcher may have impacted this. Similarly, only a small proportion of media articles considered adversity at all in their stories, and there were mixed incidences as to whether articles included adversities as more of a human-interest aspect versus including them in relation to the development of conspiracy beliefs. The role of community and societal adversity was not largely considered in news articles, although there was a small number that considered how larger scale events such as Covid-19 and the war in Ukraine may have influenced people's conspiracy beliefs. Taken together, it would seem that no definitive overarching

conclusions can be drawn across analyses regarding adversity and representations of the development of beliefs, although it seemed from participants' narratives that there may have been a key role of community and societal adversity in how they made sense of beliefs developing. Considering how representations of adversity were depicted across different stakeholders did support the idea that holding different positions of power seemed to be associated with different representations of how conspiracy beliefs developed (Johnstone & Boyle, 2018b). However, adversity was certainly not the only issue involved in making sense of the development of their beliefs, with more positive experiences also influencing them (e.g., community and relationships).

4.4.2. Early Life Experiences

This leads onto the consideration of early life experiences in the representations of development of conspiracy beliefs. From interview data, experiences during childhood seemed to be a part of participants' relationships with "truth" and scepticism of mainstream narratives from an early age. This was contrasted with the fact that only a small section of the news articles included details about believers' early life. This may speak to the fact that interviews were specifically focused on people's early lives and life stories. Alternatively, it may also point to articles not representing conspiracy believers' life stories in context, although news articles do not always prioritise space for details on background and context. This potential discrepancy may impact (and diminish) the general public's understandings of the development of conspiracy beliefs, as this was missing in media representations but present in believers' own narratives (Franks et al., 2013; Harambam, 2017). This also reflected the difference in contextualising beliefs between the interviews and media analysis. Integrating these two sources of data portrayed some of the key advantages of considering power when exploring conspiracy beliefs and early life experiences. Specifically, powerful institutions such as the media generally have more control over what is included in and omitted from representations, and then disseminated to the public, in this instance how much context about early life was included in representations of conspiracy beliefs (Franks et al., 2013; Johnstone & Boyle, 2018b). However, when somewhat marginalised believers were given some power in narrating their own belief development, they did include early life experiences (Gerry, 2012; Johnstone & Boyle, 2018b).

4.4.3. Danger

The concept of concern and danger was key across both methods. For interview participants, oppressive systems seemed to be a cause for scepticism, caution and posed a threat. However, for the media, people who held conspiracy beliefs were the cause for concern. Although prior studies had found some relationship between conspiracy beliefs and violent and dangerous intent and behaviour, and this was certainly echoed in the media articles, the interviewees expressed no such ideation or intent in the interviews (Jolley & Paterson, 2020). Although it was hard to know if they would have shared anything like this as part of their narratives, it was also possible that the media selected and covered the most extreme examples of violence within a small subsection of people who held conspiracy beliefs as a method to bring in readers (Caple & Bednarek, 2013). What seems to be clear from the integration of findings is that representations and location of danger and concern is potentially different for conspiracy believers and the media. This echoes how the concept of threat and the meaning ascribed to it as part of the PTMF, can be different for stakeholders in different positions of power (Johnstone & Boyle, 2018b; Sieff, 2003). This could also be seen as important in terms of the interaction between media and belief holders in that the powerful negative climate that media articles may create offer a contentious and combative context within which belief holders are trying to make sense of their beliefs and lives.

4.4.4. “Truth”

Crucial to this notion of danger was also the power of who holds “truth” and epistemic authority. The issue of “truth” seemed to be represented differently across the two aspects of this study. Interviewees suggested they had spent time uncovering “new truths” in their lives which they felt were often covered up and controlled by mainstream institutions. Yet the media analysis suggested the implausibility of conspiracy beliefs, frequently labelling them as false. Understandably then, who holds epistemic authority and knows the “truth” seemed vastly different across and even within these accounts. Due to the media holding more power and epistemic authority within the public sphere than

conspiracy believers, the media labelling beliefs as false may explain part of the reason conspiracy beliefs are ostracised by other mainstream sources (e.g. politics) (Franks et al., 2013; Husting & Orr, 2007; Johnstone & Boyle, 2018b). Moreover, the media can also publish contested conspiracies against specific groups when it is convenient for increased readership (e.g. negative theories about immigrants), and this can hold more power and epistemic authority (than conspiracy belief holders themselves) due to the power of these institutions in the public sphere even when information is potentially not true (Gaston & Uscinski, 2018).

Although on one level, this could be seen as combative positions, as discussed in prior research, there may be a somewhat of a symbiotic relationship between the media and conspiracy believers in the meaning they make from this, as they both assert their epistemic authority over one another through a cycle of the media denouncing conspiracy beliefs and conspiracy believers using this as evidence that the media is covering up the "truth" (Dawson, 2022; Johnstone & Boyle, 2018b). It is also interesting to note the role of different forms of media in interviewees relationship with "truth". It was potentially alternative media that exposed participants to "new truths" and alternative narratives, but it was traditional media that they seemed to develop an even greater scepticism of and who represented powerful institutions that exerted control over the public, which has also been found in previous narratives of conspiracy believers (Harambam, 2017).

4.4.5. Ridicule

Another interesting area of divergence in these accounts was the role of ridicule. Although there were clear examples within media representations of ridicule and mockery of conspiracy believers, the interview participants did not seem to reciprocate this towards the media. Again, they may not have felt comfortable doing this during an interview with someone who represented mainstream institutions, but it should also be considered within the context of this being a small sample and thus may represent a limited range of views. Yet

this may support the idea that often conspiracy believers tend to focus on the content of arguments where as non-believers can at times move into character attacks (Husting & Orr, 2007).

4.4.6. Strength-based Representations

A final key difference then across both these analyses was the potential role of positive and strength-based representations. Interview participants suggested there were many aspects of becoming a conspiracy believer that were positive experiences, such as connecting with like-minded people, the role of their family and community and the new knowledge involved in doing their own research and connecting the dots. This could be an example of benign power in terms of positive relationships attempting to inform and protect participants from what they perceive as threats (Johnstone & Boyle, 2018b). Yet this aspect of their identity was rarely represented in news articles, which instead highlighted negative attributes most frequently. There seemed to be little representation of positivity in the media articles. It could be argued however, that there was also little representation of positivity toward traditional media from interviewees and thus this may have reflected a mutual mistrust for one another.

4.4.7. Summary: How are Conspiracy Beliefs and Their Development Represented by People Who Hold Them and the Media Within the UK?

Overall, the current research has contributed preliminary findings around how conspiracy beliefs and their development are represented differently across key stakeholders and the utility of using a sociocultural approach and considerations of power and context in this field (Johnstone & Boyle, 2018b). Despite this, there were crucial challenges in the resources needed to carry out this study within such a large field of research and with a sceptical sample of people who hold conspiracy beliefs. The key differing representations of adversity, early life experiences, notions of danger, “truth,” ridicule and strength-based representations for conspiracy belief holders and the media in the UK context was highlighted and analysed in the context of power in the UK public sphere.

The role of adversity in terms of community and societal experiences (e.g., racism and classism) seemed to be emphasised in interviews but was not represented consistently in the media. Similarly, early life was potentially an important aspect of how interviewees made sense of their beliefs developing, but this was not incorporated in most media representations. There also seemed to be direct opposition between conspiracy believers' and media's representations of the "truth", with both presenting themselves as having validity. Danger seemed to be represented very differently, with the media often portraying the conspiracy beliefs as dangerous, whereas conspiracy believers suggested dominant systems and institutions including the media were the threat. Along with danger, the media also seemed to portray conspiracy beliefs as something to be ridiculed, but interview participants did not seem to reciprocate this ridicule towards the media. These negative representations from the media may be important in terms of these powerful representations creating a negative psychosocial context within which belief holders are trying to make sense of their beliefs and lives. Participants did include their own strength-based representations in their narratives, but these were not present in media depictions of conspiracy beliefs.

Across adversity, early life experiences, notions of danger, "truth," ridicule and strength-based representations, considerations of the power held, and hence the epistemic authority and meaning making afforded to the different stakeholders (or not afforded, in terms of testimonial injustice) has offered potentially valuable insights into how conspiracy beliefs function in our world. Overall, these findings point to the usefulness of explicitly studying how power influences threat and meaning with different stakeholders' representations (including general population samples) and a sociocultural approach to exploring conspiracy beliefs, their function and development in future research (Harper, 2022; Johnstone & Boyle, 2018b). Although this type of mixed-method, sociocultural research requires time and resource, as well as detailed considerations about ethics and the nature of knowledge and "truth", the findings point to preliminary useful ways of understanding conspiracy beliefs that can be built on.

4.5. Critical Review

The critical review will consider the quality of research, limitations and reflexivity revisited.

4.5.1. Quality of Research

Yardley's (2000) criteria of sensitivity to context, commitment and rigour, transparency and coherence and impact and importance were used to assess this research. Sensitivity to context was addressed through presenting relevant literature, considering ethical issues, and explicitly thinking about the sociocultural context of conspiracy beliefs in the UK, as well as reflexivity (Yardley, 2000). For instance, special attention was given to models, sociocultural approaches within the literature review. Although this was prioritised, it was very challenging and potentially limited given the vast and interdisciplinary nature of conspiracy belief research within the timeframe and space of this project. Much consideration was given to language and the label conspiracy theory and conspiracy believer and whether they are pejorative, and what a lay person would understand (see Appendix D on terminology). Finally, by engaging in this mixed methods piece of work, the relationship between representations and different stakeholders within the public sphere were considered.

Commitment was attended to by the researcher engaging with the topic over a long period of time as part of her doctoral programme, as well as being exposed to it in personal contexts (e.g., current political and media discourse) and using methods and analysis she was confident in using. All coding and analysis was done by the researcher herself (bar the inter-rater reliability check), which supported familiarisation with the data (Braun & Clarke, 2006). The rigour of the interview part of this study may be limited due to the small sample size, however this has been addressed through tentativeness of interpretation of

these findings. Moreover, the sample of the media analysis was necessarily limited due to the vast coverage of conspiracy beliefs in the media and the limited resources and time within this project. However, through continuous discussions with the research supervisor and member checking of interview data and using an interrater reliability check of the media analysis, rigour in terms of the interpretation and analysis of the data was addressed (Yardley, 2000). Moreover, both sets of analysis were carried out and recorded systematically and in line with guidance, with evidence of the process provided in the methods chapter and appendices (Braun & Clarke, 2021b; Macnamara, 2005).

Transparency was considered through detailed account of the methods, procedure, recruitment and analysis plan, as well as considering personal reflexivity at two points of the research, which was also in aligned with assessing the quality of reflexive thematic analysis (Braun & Clarke, 2023; O'Cathain et al., 2008). The word limit within the project did limit the depth of information that could be included. Member checking also allowed transparency of interpretation to be checked. The criterion of coherence was focused on through clear consideration, justification and alignment between the research questions, the critical realist stance adopted and the methods and analysis steps used within the introduction and methods chapters (Yardley, 2000).

The theoretical, practical, and sociocultural impact and importance of this research was seen in its originality, with few studies having considered conspiracy beliefs and their development and representations in a UK context and addressing the interaction of narratives of beliefs with larger contexts (media) through using mixed methods approaches (Yardley, 2000). Moreover, addressing issues identified in conventional realist approaches, that is explicitly addressing context, power and taking a non-pathologising approach to conspiracy beliefs, was important in the ongoing development of this field of research (Harper, 2021). Giving people with these beliefs a space to narrate their lived experience of their belief development meant that new processes could be tentatively described, which may be missed by traditional quantitative

approaches. Although it was hoped this non-pathologising approach has provided valuable insights to conspiracy beliefs, it should also be acknowledged that the dominant and pervasive narratives and approach is still that of a realist and pathologising stance. Thus, the impact may be somewhat limited within this context.

4.5.2. Limitations

Despite the implications from this study, it is also important to consider its limitations. These will be addressed in terms of interview sample and media sample.

4.5.2.1. Interviews

The interview sample was small, and participants recruited were all male, similar ages, all highly educated and held no religious beliefs. Hence, the breadth of experiences and beliefs encountered here may have been somewhat limited. The use of scales to contextualise the sample at the beginning of the interviews may have posed potential risks of priming the participants by thinking about specific beliefs and experiences within the scales and also could have potentially led the participants to feel as though they were being analysed or judged. Both these issues had to be balanced with creating an open, safe space to discuss 'stigmatised knowledge' and it was hoped that using these scales provided a way for the researcher to acknowledge with participants that many people had experiences with these issues. One participant did note that they thought the scales were 'cool.' Although the goals of reflexive thematic analysis within a critical realist stance are not to obtain saturation or for the findings to be generalisable, reflexive thematic analysis is meant to explore patterns across cases and this was limited with only three participants (Braun & Clarke, 2021b, 2021c). Considering the tentative findings regarding the role of different oppressive systems, it would be of value to interview people who may hold different positions and intersectionalities regarding their identities (Burnham, 2012). In terms of interview content, discussing adversity may be a very personal experience and participants may not have felt like they wanted to

share this intimate information. One participant did say that they did not want to discuss some of the adversities he had experienced, which may have been because we were known acquaintances. Using online recruitment as one of the main recruitment strategies may also have limited those who did not use social media or email to engage in the research. As mistrust of mainstream institutions was such a key part of the development of conspiracy beliefs, trying to recruit people online as a member of a university and the NHS with no prior relationship with them may have meant less people expressed interest. Moreover, although the online interviews were in some ways beneficial in terms of engaging with people who may have held a distrust of professionals representing institutions, but the fact that they were online did mean that body language and other visual cues may have been missed (Thunberg & Arnell, 2022).

4.5.2.2. Media analysis

Due to the limited time and resources of this project, the newspaper sample used was necessarily limited. As the initial search of a 12-month period showed, there was a huge volume of articles that could have been analysed. Despite a three-month period producing a more manageable sample, it also meant that the sample was impacted by events unique to that time. For instance, there were a number of relevant articles about particular attacks (e.g., the murder of Nicola Bulley) and may not have been fully representative. Using a longer sampling period, a constructed week sample (e.g. creating a sample taking articles from Mondays of different months) or alternatively selecting a greater number of publications or media sources may have been beneficial in obtaining a more representative sample within the UK media context (Luke et al., 2011). Finally, adapting the coding framework for the media analysis was a useful way to think about the data, but some labels and definitions did need to be adapted, which may have impacted fidelity to the original codebook.

4.5.3. Reflexivity Revisited

4.5.3.1. My role as a researcher

I was in some ways apprehensive to engage with this topic due to some of the concerning representations in the public sphere. I have found that engaging in a research topic that I did not necessarily always agree or empathise with did produce new understandings not only for myself but also hopefully this topic in general (Saglam, 2021). However, I was also mindful of the position and power I held as a psychological researcher and a white-middle class person, to question and explore these unconventional beliefs, whereby this context would always have the participants in the position of explaining their beliefs to a professional (Georgaca, 2004). Moreover, despite my apprehension, the participants who engaged in this research were all extremely respectful of different beliefs and often made jokes about their own beliefs in the knowledge of how conspiracy theorists are thought of in this public sphere. This was an interesting representation that I held in mind, especially when conducting the media analysis as this was vastly different to some of the news representations analysed. Indeed, both in my role as a researcher, but also personally in other contexts, I felt at times uncomfortable with how conspiracy believers were represented and spoken about, particularly in terms of representations of madness.

In terms of my role as 'in-between' outsider and insider, I found myself going on my own personal journey with some of the ideas and beliefs I encountered (Dwyer & Buckle, 2009). It was an interesting journey of exploring my boundaries and what I thought the "truth" was. In this sense, it has been a hugely beneficial process in terms of my engagement with knowledge, "truth," and power and thus my considerations of ontology and epistemology going forward. In some ways, many of conspiracy beliefs have an orientation that aligned with my values of anti-oppressive practices and challenging powerful systems, whereas other times they can perpetuate discrimination and be extremely hostile. I finish this study holding both of these "truths" in mind. Holding this nuanced position is a skill I will take with me into any future research work, and also my clinical practice.

4.5.3.2. Language

The importance of language within this field was a constant concern for me. Considering the issues around stigmatisation and alienation, I hoped that this experience would not perpetuate this further for these believers. I made explicit with participants my meaning and understanding when I used the term conspiracy belief and the difference from my perspective between the terms conspiracy believer and conspiracy theorist. Moreover, I did not want my exploration of adversity to be misunderstood as making conspiracy believers into homogeneous 'victims' who had experienced trauma that led to their beliefs (Harambam & Aupers, 2017; Husting & Orr, 2007). I hoped to have achieved this to some degree in this study, but the importance of researchers being mindful and sensitive to language and how their participants may experience research is something I have certainly learned more about during this study. Moreover, I am not sure how this was interpreted or experienced by participants.

4.5.3.3. Recruitment

The recruitment process of interviewees proved to be significantly more challenging than had been anticipated. Although a total of eleven people indicated their interest in taking part, only three people from this actually went on to consent and be interviewed. From these eleven people, three were identified through word-of-mouth strategies and eight responded to the online advert (with no connection to the researcher). The three people that ultimately took part were all recruited through word-of-mouth. People who responded to the online interview had questions about the research, particularly about how information would be recorded, confidentiality, whether people could write their beliefs down rather than speaking to me about them and compensation. Some people did not want to do a video call on Microsoft Teams due to concerns about using a new platform and therefore the option of a phone interview was added. Of the eight people who did not take part, four of them agreed to an initial meeting to discuss the project at a time that was convenient for them. However, none of these four people attended the initial meetings. Multiple attempts were made to rearrange with each person, but ultimately, they disengaged. Although the outcome of this was a small sample size, there were

valuable learnings from this experience both for myself as a researcher and for doing research in this area in general. Planning ample time to engage with people who hold conspiracy beliefs is crucial for future work in this area. As well as this, having significant financial compensation in the form of cash may have helped. Finally, the idea of attending events in person was recommended by one of the participants, which may work well if time, resources, and support allowed. This would have allowed more time to build rapport and trust with potential participants.

4.6. Implications and Future Directions

The findings of the present study have implications for future practice, research, and policy, which will be considered in turn here.

4.6.1. Clinical Practice

The findings from the current study should be considered by those in clinical practice, particularly those working with people who have unconventional beliefs, for example clinicians working in early intervention for psychosis services and adolescent mental health services. For instance, the current study could be seen to offer support for the difference between conspiracy beliefs and other mental health constructs such as paranoia and delusions, although there are some similarities (e.g., people having beliefs which are difficult to challenge or change). Specifically, participants seemed to note the positive social aspects of holding conspiracy beliefs, with conspiracy beliefs not seeming to be experienced as isolating or distressing by any participants, in line with Bortolloti's distinction between conspiracy beliefs and delusions, in that conspiracy beliefs tend to have a sense of community and be shared with likeminded individuals, as seemed to be the case in these narratives, whereas delusions can be isolating for individuals (Bortolotti et al., 2021). Moreover, both the media analysis and interviews seemed to point to conspiracy beliefs being interpreted as a threat to groups (e.g. immigrants, racialised communities), not

individuals, which may support the distinction between paranoia (experienced as a threat to self) and conspiracy beliefs (experienced as a threat to groups or society) proposed in previous research (Greenburgh & Raihani, 2022; Imhoff & Lamberty, 2018). Both of these findings seem to support conspiracy beliefs being distinct from mental health symptoms, as other research has found (Alsuhibani et al., 2022; Bortolotti et al., 2021; Greenburgh & Raihani, 2022; Imhoff & Lamberty, 2018).

Therefore, when conspiracy beliefs are present in mental health settings, they should be interpreted and explored with understanding and nuance, not (mis)-diagnosed, and interpreted as other mental health issues or seen as part of a continuum of psychotic experiences (Serdenes et al., 2023). Indeed, considering how interview participants discussed their beliefs in the context of their lives, should clients express these beliefs, it would be beneficial for clinicians to explore the content and context in which these beliefs developed, as well as how they make sense as part of someone's life story and their functions (Harper, 2022; Stains, 2016). Clinicians should be particularly mindful of the concepts of power and testimonial injustice when working with conspiracy beliefs. Clinicians (being in a position of power) should actively be aware of and seek to redress oppressive practices such as not giving credibility to clients due to holding potential stereotypes about clients and other unconventional beliefs (Fricker, 2007; Johnstone & Boyle, 2018b; Sanati & Kyratsous, 2015).

These ways of practicing could be achieved through further training and knowledge of models and understandings of unusual beliefs such as the PTMF and sociocultural approaches, which would highlight not only how power is in operation within clinical settings and wider society but also see how beliefs can be functional and adaptive, particularly in the context of threat and adversity (Harper, 2022; Johnstone & Boyle, 2018b). This would be particularly relevant considering the tentative findings here around the role of systemic and institutional oppression and the misuse of power in the development of conspiracy beliefs. Crucial information about clients and their beliefs may be missed unless clinicians specifically ask about development, context, and

experiences of oppression. Exposing professionals to such understandings and models early in their career (e.g., on medical and nursing training, on clinical psychology doctorate programmes), as well as becoming aware of their own bias and judgment when working with unconventional beliefs could prevent unnecessary diagnoses around such experiences and thinking. Moreover, understanding conspiracy beliefs as separate to mental health constructs rather than pathologising or confusing them with other mental health issues is crucial as a psychiatric diagnosis (e.g. of schizophrenia) has been linked with a plethora of negative outcomes, such as violations of people's human rights, likelihood of coercion and forced treatment (Sanati & Kyratsous, 2015; Thomsen et al., 2017). Clinicians may also benefit from being actively aware of the social context and histories within which clients' beliefs are operating in, for instance being aware of media narratives and representations. This could give clinicians valuable insights into the dominant systems and ideas that service users' identities and beliefs are developing in and responding to. This would require staff (many of whom already do) to engage and critique the social contexts and representations within which they work and live e.g., being aware of social media representations and practices around unconventional beliefs. For instance, clinicians could actively ask clients about what social media they consume and how they feel their alternative beliefs are represented by both mainstream and alternative media to gain a better understanding of how clients' beliefs are negotiated in their lives both past and present.

Leading on from this, the current research has also potentially supported the idea that conspiracy beliefs can be present in the general population and has tentatively suggested the utility of exploring conspiracy beliefs in general population samples. None of the interviewees reported being currently involved with any mental health services but all rated highly on GCBS. Hence, clinical conceptualisations of conspiracy beliefs may seek to move away from pathologising and mental health language and move towards conceptualisations that are more inclusive and holistic (Harper, 2021). Clinicians have a role to play in the process of de-patholigising conspiracy beliefs in terms of how they diagnose, research, write and work with unconventional beliefs.

4.6.2. Research

Conspiracy research is a popular field, which has received funding from national bodies and hence it is important to discuss implications for what approaches could be beneficial in exploring this concept in future research (Grodzicka & Harambam, 2021). Adopting a sociocultural approach here, which sought to engage with conspiracy beliefs, not to debunk or pathologise them, has led to interesting findings which may not have been possible using conventional realist approaches. This research sought to address some of the issues highlighted from pathologising approaches, and thus lends support for continuing to move future research to addressing issues of power, adversity, culture, systems, oppression, discourse and norms, which reflects the complexity and nuance involved in conspiracy beliefs (Harambam et al., 2022; Harambam & Aupers, 2017; Harper, 2021).

The value of including not only perspectives, but the life stories and lived narratives of people who held conspiracy beliefs was central to this research. For instance, allowing participants to narrate the story of their beliefs gave more context than traditional quantitative approaches (Harambam, 2017). Thus, incorporating the voices of people who hold conspiracy beliefs from the general population (their own experts by experience) in a qualitative way will continue to be a crucial element of future academic research in this field, in order to give conspiracy beliefs context, move them out of clinical, pathologising contexts and returning some power to believer's hands (Harper, 2021). Moreover, it will seek to redress the exclusion of more nuanced conspiracy beliefs from some public discourse (Coady, 2012; Husting & Orr, 2007; Johnson-Schlee, 2019; Nera et al., 2020). This could involve working with larger samples of life stories from conspiracy believers in a UK context, with sufficient time and resources available to engage with them.

Moreover, including context and institutional representations in terms of media portrayals gave fruitful environmental and relational factors which may also influence conspiracy beliefs (Husting & Orr, 2007). Specifically, from this

research, a media analysis over a longer period, and using other media sources would be beneficial. Moreover, this could be done with other unconventional belief areas such as new religious movements or parapsychological beliefs. This study has given an example which could be taken forth to many different environments and systems of how studying the context within which people live and negotiate their beliefs can give crucial knowledge about conspiracy beliefs' operation and function. Other contexts could include social media, political discourse or within the education system (e.g., within psychology A-levels). Other future research could focus on intergenerational transmission of conspiracy beliefs and interactions between people with differing beliefs.

Crucially including multiple representations through mixed methods study (media and first person) offered valuable insights into sociocultural approaches to conspiracy beliefs. Having highlighted the media context and representations and conspiracy believers' own narratives, it was possible to see some of the relationships and negotiations (sometimes symbiotic and sometimes combative) that have been playing out in the public sphere regarding conspiracy beliefs within a UK context. Without this, the function and nuanced nature of beliefs would have been more difficult to conceptualise. Hence, the use of multiple methods may be useful for future research which could include discourse analyses, ethnographic studies, and further media analysis.

Although there is still research which will continue to individualise and potentially pathologise conspiracy beliefs, a clear implication of this research is the value of pursuing a sociocultural approach which will in of itself present a different perspective in the academic and public sphere about conspiracy beliefs.

4.6.3. Media Coverage and Policy

In terms of implications on a broader level, these findings may be of interest to those in the policy and media sectors. For instance, the news media may wish

to consider a more nuanced, balanced approach when reporting on conspiracy beliefs. This is not to say that conspiracy beliefs should go unchallenged in the news, but more so that there could be greater representation of different beliefs and first person accounts, especially as they are present in the general population, as well as not solely presenting extreme case examples of dangerous conspiracy beliefs or not including any context (Freeman & Bentall, 2017; Gombin, 2013; Oliver & Wood, 2014; Salman et al., 2022). Although it may seem challenging to move away from current problem saturated, dangerous representations in the context of trying to hold readers' engagement, inclusion of personal voices, coverage of people's context and life stories is certainly not of disinterest to the public and such personalisation has been deemed an important news value, and could thus also draw readership in a different way (Caple & Bednarek, 2013). It would then be crucial not to over emphasise the role of adversity or other negative factors in these accounts and feed into a trauma culture which highlights the extremes of experiences for public entertainment (Rothe, 2011).

Moreover, more consideration around tones that mock, and ridicule conspiracy beliefs is needed within UK news media and politics. More ridicule and exclusion towards people with conspiracy beliefs, could actually give rise to a greater likelihood that their beliefs may become fringe and extreme potentially lead to more people developing radical intentions. For instance, more state anger and anomie have been supported as mediating factors between conspiracy beliefs and willingness for violence and crime (Jolley et al., 2019; Jolley & Paterson, 2020). Thus, more care should be taken in discourse and in published communication within the media, policy, and politics to how conspiracy beliefs are described and engaged with.

It will be important that conspiracy beliefs are not linked and described with factors lacking robust evidence in media and policies, which may instead be reifying inaccurate stereotypes in the public sphere, particularly around mental health but also things such as radicalisation. Similar caution around reporting of other mental health and social issues should be practiced, for around instance

severe mental health and homicide (SHiFT, 2006). For example, extreme care should be taken with language in news articles and policies around discourse that links conspiracy beliefs and mental health constructs and madness (Husting & Orr, 2007). In policy work, there have been proposals that preventing conspiracy beliefs could be a public mental health approach to decrease radicalisation (Allington, 2020; Leonard & Philippe, 2021; Mughal et al., 2023). However, this could be seen as drawing on notions of danger and pathology from mixed findings from academia and negative representations in the media. Instead, using tentative findings from this research, it may be more beneficial from a political and policy level to look at the impact of oppressive systems on individuals' beliefs and look to prevent community trauma (Pinderhughes et al., 2015). For those who are concerned about the subset of 'dangerous' conspiracy beliefs then it could be that focusing on increasing trust in government, integration and decreasing discriminatory practices in powerful institutions would be a more fruitful way to intervene with these beliefs (Drochon, 2018). This would involve engaging with, not excluding people with conspiracy beliefs, and for instance implementing anti-racist practices in the police and education systems. However, it is also important to acknowledge that the erasure of conspiracy beliefs may not be the goal, as they can also be seen as a natural part of social life which have been present across history (van Prooijen & Douglas, 2017).

5. CONCLUSION

The current mixed methods research explored how conspiracy believers see themselves and the development of their beliefs within the wider context of UK news media representations of conspiracy beliefs. Qualitative interviews highlighted the inclusion of early life experiences as potentially important in the narratives of the development of conspiracy beliefs, but this was not the only issue included. Experiences in adulthood and the experiences of community and societal level adversity were also incorporated into narratives, as well as positive aspects of relationships, communities and identity processes involved. The media analysis found that conspiracy beliefs were often represented as false, dangerous and something to be mocked, without context. Overall, the oppositional positions held by conspiracy believers and the media seemed to be evident, especially around notions of "truth," positivity, danger, and context, including adverse experiences. The research has highlighted the utility in moving beyond conventional realist approaches to understanding conspiracy beliefs, and the nuanced and rich findings that can be gained when considering lived narratives in context. The value of de-pathologising these common beliefs should be considered by clinicians, researchers, media, and policymakers.

6. REFERENCES

Allington, D. (2020). Conspiracy Theories, Radicalisation and Digital Media. *London: Kings College London*.

Allington, D., McAndrew, S., Moxham-Hall, V., & Duffy, B. (2023). Coronavirus conspiracy suspicions, general vaccine attitudes, trust and coronavirus information source as predictors of vaccine hesitancy among UK residents during the COVID-19 pandemic. *Psychological Medicine*, *53*(1), 236–247.

Alper, S., & Imhoff, R. (2022). Suspecting foul play when it is objectively there: the association of political orientation with general and partisan conspiracy beliefs as a function of corruption levels. *Social Psychological and Personality Science*, *14*(15), 610–620.

Alsuhibani, A., Shevlin, M., Freeman, D., Sheaves, B., & Bentall, R. P. (2022). Why conspiracy theorists are not always paranoid: Conspiracy theories and paranoia form separate factors with distinct psychological predictors. *PloS One*, *17*(4), e0259053.

Altheide, D. L. (2003). Mass media, crime, and the discourse of fear. *The Hedgehog Review*, *5*(3), 9–26.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. https://doi.org/https://doi.org/10.1176/appi.books.9780890425596

Andrade, G. (2021). Covid-19 vaccine hesitancy, conspiracist beliefs, paranoid ideation and perceived ethnic discrimination in a sample of University students in Venezuela. *Vaccine*, *39*(47), 6837–6842. http://10.0.3.248/j.vaccine.2021.10.037

Angermeyer, M. C., Dietrich, S., Pott, D., & Matschinger, H. (2005). Media consumption and desire for social distance towards people with schizophrenia. *European Psychiatry*, *20*(3), 246–250.

Arendt, H. (1998). *The human condition* (2nd ed.). University of Chicago Press.

Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*, *8*(1), 19–32.

Asselin, M. E. (2003). Insider research: Issues to consider when doing

qualitative research in your own setting. *Journal for Nurses in Professional Development*, *19*(2), 99–103.

Atanasova, D., Koteyko, N., Brown, B., & Crawford, P. (2019). Mental health and the media: From illness to wellbeing. *Sociology Compass*, *13*(5), e12678.

Aupers, S. (2012). 'Trust no one': Modernization, paranoia and conspiracy culture. *European Journal of Communication*, *27*(1), 22–34.

Ball, M., Morgan, G., & Haarmans, M. (2023). The Power Threat Meaning Framework and 'Psychosis.' In J. A. Díaz-Garrido, R. Zúñiga, H. Laffite, & E. Morris (Eds.), *Psychological Interventions for Psychosis: Towards a Paradigm Shift* (pp. 141–169). Springer.

Barkun, M. (2013). *A culture of conspiracy: Apocalyptic visions in contemporary America*. University of California Press.

Bentall, R. P., de Sousa, P., Varese, F., Wickham, S., Sitko, K., Haarmans, M., & Read, J. (2014). From adversity to psychosis: pathways and mechanisms from specific adversities to specific symptoms. *Social Psychiatry and Psychiatric Epidemiology*, *49*, 1011–1022.

Berrios, G. E. (1991). Delusions as "wrong beliefs": A conceptual history. *The British Journal of Psychiatry*, *159*(S14), 6–13.

Bertin, P., Nera, K., & Delouvée, S. (2020). Conspiracy beliefs, rejection of vaccination, and support for hydroxychloroquine: A conceptual replication-extension in the COVID-19 pandemic context. *Frontiers in Psychology*, *11*, 2471.

Bhaskar, R. (2010). *Reclaiming reality: A critical introduction to contemporary philosophy*. Taylor & Francis.

Bhaskar, R. (2013). *A realist theory of science*. Routledge.

Bogart, L. M., & Bird, S. T. (2003). Exploring the relationship of conspiracy beliefs about HIV/AIDS to sexual behaviors and attitudes among African-American adults. *Journal of the National Medical Association*, *95*(11), 1057–1065.

Bogart, L. M., & Thorburn, S. (2006). Relationship of African Americans' sociodemographic characteristics to belief in conspiracies about HIV/AIDS and birth control. *Journal of the National Medical Association*, *98*(7), 1144–1150.

Bohnert, A. S. B., & Latkin, C. A. (2009). HIV testing and conspiracy beliefs

regarding the origins of HIV among African Americans. *AIDS Patient Care and STDs*, *23*(9), 759–763. https://doi.org/10.1089/apc.2009.0061

Bordia, P., & DiFonzo, N. (2004). Problem solving in social interactions on the Internet: Rumor as social cognition. *Social Psychology Quarterly*, *67*(1), 33–49.

Bortolotti, L., Ichino, A., & Mameli, M. (2021). Conspiracy theories and delusions. *Reti, Saperi, Linguaggi*, *8*(2), 183–200.

Boyle, M. (2002). *Schizophrenia : A scientific delusion?* Taylor & Francis Group. http://ebookcentral.proquest.com/lib/uel/detail.action?docID=1602168

Boyle, M. (2013). The persistence of medicalisation: Is the presentation of alternatives part of the problem? In S. Coles, S. Keenan, & B. Diamond (Eds.), *Madness contested : power and practice* (pp. 3–22). PCCS.

Bratich, J. Z. (2008). *Conspiracy panics: Political rationality and popular culture*. State University of New York Press.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101.

Braun, V., & Clarke, V. (2021a). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research*, *21*(1), 37–47.

Braun, V., & Clarke, V. (2021b). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, 1–67. https://doi.org/10.1037/qup0000196

Braun, V., & Clarke, V. (2021c). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative Research in Sport, Exercise and Health*, *13*(2), 201–216.

Braun, V., & Clarke, V. (2023). Toward good practice in thematic analysis: Avoiding common problems and be (com) ing a knowing researcher. *International Journal of Transgender Health*, *24*(1), 1–6.

Brotherton, R., & French, C. C. (2014). Belief in conspiracy theories and susceptibility to the conjunction fallacy. *Applied Cognitive Psychology*, *28*(2), 238–248.

Brotherton, R., French, C. C., & Pickering, A. D. (2013). Measuring belief in conspiracy theories: The generic conspiracist beliefs scale. *Frontiers in Psychology*, *4*, 279.

Bruder, M., Haffke, P., Neave, N., Nouripanah, N., & Imhoff, R. (2013). Measuring Individual Differences in Generic Beliefs in Conspiracy Theories Across Cultures: Conspiracy Mentality Questionnaire. *Frontiers in Psychology*, *4*, 225. https://www.frontiersin.org/article/10.3389/fpsyg.2013.00225

Burnham, J. B. (2012). Developments in Social GGRRAAACCEEESSS: visible-invisible, voiced-unvoiced. In I.-B. Krause (Ed.), *Culture and reflexivity in systemic psychotherapy : Mutual perspectives.* (pp. 139–162). Karnac Books Ltd.

Butter, M., & Knight, P. (2018). The history of conspiracy theory research: A review and commentary. In J. E. Uscinski (Ed.), *Conspiracy theories and the people who believe them* (pp. 33–46). Universität Tübingen.

Byford, J. (2011). *Conspiracy theories: A critical introduction*. Springer.

Campbell, M. L. C., & Morrison, A. P. (2007). The subjective experience of paranoia: Comparing the experiences of patients with psychosis and individuals with no psychiatric history. *Clinical Psychology & Psychotherapy*, *14*(1), 63–77.

Caple, H., & Bednarek, M. (2013). *Delving into the discourse: Approaches to news values in journalism studies and beyond*. Reuters Institute for the Study of Journalism. https://ora.ox.ac.uk/objects/uuid:1f5c6d91-bb1f-4278-a160-66149ecfb36b/download_file?file_format=application%2Fpdf&safe_filename=Delving%2Binto%2Bthe%2BDiscourse&type_of_work=Working+paper

Carlson, J. S., Yohannan, J., Darr, C. L., Turley, M. R., Larez, N. A., & Perfect, M. M. (2020). Prevalence of adverse childhood experiences in school-aged youth: A systematic review (1990–2015). *International Journal of School & Educational Psychology*, *8*(sup1), 2–23.

Casara, B. G. S., Suitner, C., & Jetten, J. (2022). The impact of economic inequality on conspiracy beliefs. *Journal of Experimental Social Psychology*, *98*, 104245.

Cassam, Q. (2021). Misunderstanding vaccine hesitancy: A case study in epistemic injustice. *Educational Philosophy and Theory*, 1–15.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. SAGE Publications.

Cichocka, A., Marchlewska, M., & De Zavala, A. G. (2016). Does self-love or

self-hate predict conspiracy beliefs? Narcissism, self-esteem, and the endorsement of conspiracy theories. *Social Psychological and Personality Science*, *7*(2), 157–166.

Clement, S., Lassman, F., Barley, E., Evans-Lacko, S., Williams, P., Yamaguchi, S., Slade, M., Rüsch, N., & Thornicroft, G. (2013). Mass media interventions for reducing mental health-related stigma. *Cochrane Database of Systematic Reviews*, *7*.

Coady, D. (2012). *What to believe now: Applying epistemology to contemporary issues*. John Wiley & Sons.

Coady, D. (2021). Conspiracy theory as heresy. *Educational Philosophy and Theory*, *55*(7), 756–759.

Cohen, S. (2011). *Folk devils and moral panics*. Routledge.

Cole, C. L., Newman-Taylor, K., & Kennedy, F. (2016). Dissociation mediates the relationship between childhood maltreatment and subclinical psychosis. *Journal of Trauma & Dissociation*, *17*(5), 577–592.

Collins, J. A., & Fauser, B. C. J. M. (2005). Balancing the strengths of systematic and narrative reviews. *Human Reproduction Update*, *11*(2), 103–104.

Connolly, J. M., Uscinski, J. E., Klofstad, C. A., & West, J. P. (2019). Communicating to the public in the era of conspiracy theory. *Public Integrity*, *21*(5), 469–476.

Cordonier, L., Cafiero, F., & Bronner, G. (2021). Why are conspiracy theories more successful in some countries than in others? An exploratory study on Internet users from 22 Western and non-Western countries. *Social Science Information*, *60*(3), 436–456. https://doi.org/10.1177/05390184211018961

Corstens, D., & Longden, E. (2013). The origins of voices: links between life history and voice hearing in a survey of 100 cases. *Psychosis*, *5*(3), 270–285.

Corstens, D., Longden, E., McCarthy-Jones, S., Waddingham, R., & Thomas, N. (2014). Emerging perspectives from the hearing voices movement: implications for research and practice. *Schizophrenia Bulletin*, *40*(Suppl_4), S285–S294.

Creswell, J. W., & Plano Clark, V. L. (2007). *Designing and conducting mixed methods research*. Sage publications.

Cromby, J., & Harper, D. J. (2009). Paranoia: A social account. *Theory &*

Psychology, *19*(3), 335–361.

Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., Pachter, L. M., & Fein, J. A. (2015). Adverse Childhood Experiences: Expanding the Concept of Adversity. *American Journal of Preventive Medicine*, *49*(3), 354–361. https://doi.org/https://doi.org/10.1016/j.amepre.2015.02.001

Daniel, L., & Harper, D. (2022). The social construction of conspiracy beliefs: A Q-methodology study of how ordinary people define them and judge their plausibility. *Journal of Constructivist Psychology*, *35*(2), 564–585.

Darwin, H., Neave, N., & Holmes, J. (2011). Belief in conspiracy theories. The role of paranormal belief, paranoid ideation and schizotypy. *Personality and Individual Differences*, *50*(8), 1289–1293.

Davis, J., Wetherell, G., & Henry, P. J. (2018). Social devaluation of African Americans and race-related conspiracy theories. *European Journal of Social Psychology*, *48*(7), 999–1010. https://doi.org/10.1002/ejsp.2531

Dawson, P. (2022). What is “the narrative”?: Conspiracy theories and journalistic emplotment in the age of social media. In P. Dawson & M. Mäkelä (Eds.), *The Routledge Companion to Narrative Theory* (pp. 71–85). Routledge.

Dentith, M. R. X. (2023). The Future of the Philosophy of Conspiracy Theory: An Introduction to the Special Issue on Conspiracy Theory Theory. *Social Epistemology*, 1–8.

Dickson, J. M., Barsky, J., Kinderman, P., King, D., & Taylor, P. J. (2016). Early relationships and paranoia: Qualitative investigation of childhood experiences associated with the development of persecutory delusions. *Psychiatry Research*, *238*, 40–45.

Douglas, K. M. (2021a). COVID-19 conspiracy theories. *Group Processes & Intergroup Relations*, *24*(2), 270–275.

Douglas, K. M. (2021b). Are conspiracy theories harmless? *The Spanish Journal of Psychology*, *24*(e13), 1–7. https://doi.org/10.1017/SJP.2021.10

Douglas, K. M., Sutton, R. M., & Cichocka, A. (2017). The psychology of conspiracy theories. *Current Directions in Psychological Science*, *26*(6), 538–542.

Douglas, K. M., Uscinski, J. E., Sutton, R. M., Cichocka, A., Nefes, T., Ang, C. S., & Deravi, F. (2019). Understanding Conspiracy Theories. *Political*

Psychology, *40*(S1), 3–35. https://doi.org/10.1111/pops.12568

Dowhower, D. P., Harvey, S. M., & Oakley, L. P. (2022). Experiences of discrimination and endorsement of HIV/AIDS conspiracy beliefs: exploring difference among a sample of Latino, Black, and White young adults. *Ethnicity & Health*, *27*(7), 1537–1554. http://10.0.4.56/13557858.2021.1932765

Drochon, H. (2018). Who believes in conspiracy theories in Great Britain and Europe. In J. Uscinski (Ed.), *Conspiracy theories and the people who believe them* (pp. 337–346). Oxford University Press New York, NY.

Duffy, B., & Dacombe, R. (2023). *Conspiracy Belief Among the UK Public and the Role of Alternative Media*. The Policy Institute. https://www.kcl.ac.uk/policy-institute/assets/conspiracy-belief-among-the-uk-public.pdf

Duplaga, M. (2020). The determinants of conspiracy beliefs related to the COVID-19 pandemic in a nationally representative sample of internet users. *International Journal of Environmental Research and Public Health*, *17*(21), 7818.

Dwyer, S. C., & Buckle, J. L. (2009). The space between: On being an insider-outsider in qualitative research. *International Journal of Qualitative Methods*, *8*(1), 54–63.

Dynel, M., & Zappavigna, M. (2023). Enacting polyvocal scorn in# CovidConspiracy tweets: The orchestration of voices in humorous responses to COVID-19 conspiracy theories. *Discourse, Context & Media*, *52*, 100670.

Dyrendal, A., & Jolley, D. (2020). Conspiracy theories in the classroom: Problems and potential solutions. *Religions*, *11*(10), 494.

Einstein, K. L., & Glick, D. M. (2015). Do I think BLS data are BS? The consequences of conspiracy theories. *Political Behavior*, *37*, 679–701.

Enders, A., Farhart, C., Miller, J., Uscinski, J., Saunders, K., & Drochon, H. (2022). Are republicans and conservatives more likely to believe conspiracy theories? *Political Behavior*, 1–24.

Fazel, S., Gulati, G., Linsell, L., Geddes, J. R., & Grann, M. (2009). Schizophrenia and violence: systematic review and meta-analysis. *PLoS Medicine*, *6*(8), e1000120.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M.,

Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, *14*(4), 245–258. https://doi.org/https://doi.org/10.1016/S0749-3797(98)00017-8

Fenster, M. (1999). *Conspiracy theories: Secrecy and power in American culture*. University of Minnesota Press.

Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Polyvictimization and trauma in a national longitudinal cohort. *Development and Psychopathology*, *19*(1), 149–166. https://doi.org/DOI: 10.1017/S0954579407070083

Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2013). Improving the adverse childhood experiences study scale. *JAMA Pediatrics*, *167*(1), 70–75.

Fiske, J. (2016). Black Bodies of Knowledge : Notes on an Effective History. *Cultural Critique*, *33*, 185–212. http://www.jstor.org/stable/1354391

Flaherty, E., Sturm, T., & Farries, E. (2022). The conspiracy of Covid-19 and 5G: Spatial analysis fallacies in the age of data democratization. *Social Science & Medicine*, *293*, 114546. https://doi.org/10.1016/j.socscimed.2021.114546

Fletcher, A. J. (2017). Applying critical realism in qualitative research: methodology meets method. *International Journal of Social Research Methodology*, *20*(2), 181–194.

Fonagy, P., Luyten, P., & Allison, E. (2015). Epistemic petrification and the restoration of epistemic trust: A new conceptualization of borderline personality disorder and its psychosocial treatment. *Journal of Personality Disorders*, *29*(5), 575–609.

Franks, B., Bangerter, A., & Bauer, M. W. (2013). Conspiracy theories as quasi-religious mentality: an integrated account from cognitive science, social representations theory, and frame theory. *Frontiers in Psychology*, *4*, 424.

Franks, B., Bangerter, A., Bauer, M. W., Hall, M., & Noort, M. C. (2017). Beyond “monologicality”? Exploring conspiracist worldviews. *Frontiers in Psychology*, *8*, 861. https://doi.org/10.3389/fpsyg.2017.00861

Freeman, D., & Bentall, R. P. (2017). The concomitants of conspiracy concerns. *Social Psychiatry and Psychiatric Epidemiology*, *52*(5), 595–604.

https://doi.org/10.1007/s00127-017-1354-4

Freeman, D., Waite, F., Rosebrock, L., Petit, A., Causier, C., East, A., Jenner, L., Teale, A.-L., Carr, L., & Mulhall, S. (2022). Coronavirus conspiracy beliefs, mistrust, and compliance with government guidelines in England. *Psychological Medicine*, *52*(2), 251–263.

Fricker, M. (2007). *Epistemic injustice: Power and the ethics of knowing*. Oxford University Press.

Furnham, A., & Grover, S. (2021). Do you have to be mad to believe in conspiracy theories? Personality disorders and conspiracy theories. *International Journal of Social Psychiatry*, *68*(7), 1454–1461. https://doi.org/10.1177/00207640211031614

Furnham, A., & Grover, S. (2022). Do you have to be mad to believe in conspiracy theories? Personality disorders and conspiracy theories. *International Journal of Social Psychiatry*, *68*(7), 1454–1461.

Garety, P., Joyce, E., Jolley, S., Emsley, R., Waller, H., Kuipers, E., Bebbington, P., Fowler, D., Dunn, G., & Freeman, D. (2013). Neuropsychological functioning and jumping to conclusions in delusions. *Schizophrenia Research*, *150*(2–3), 570–574.

Garton, S., & Copland, F. (2010). 'I like this interview; I get cakes and cats!': The effect of prior relationships on interview talk. *Qualitative Research*, *10*(5), 533–551.

Gaston, S., & Uscinski, J. E. (2018). Out of the shadows: conspiracy thinking on immigration. In *The Henry Jackson Society*. https://henryjacksonsociety.org/wp-content/uploads/2018/12/Out-of-the-Shadows-Conspiracy-thinking-on-immigration.pdf

Georgaca, E. (2004). Factualization and plausibility in delusional discourse. *Philosophy, Psychiatry, & Psychology*, *11*(1), 13–23.

Gerry, L. (2012). *Accounts of conspiracy beliefs within the general population: a grounded theory*. University of East London.

Giles, D., & Shaw, R. L. (2009). The psychology of news influence and the development of media framing analysis. *Social and Personality Psychology Compass*, *3*(4), 375–393.

Gombin, J. (2013). Conspiracy theories in France. Interim report. *Open Society Foundations*. https://counterpoint.uk.com/wp-content/uploads/2018/04/Conspiracy-Theories-in-France-interim-report-3rd-

May.pdf

Goreis, A., Pfeffer, B., Zesch, H. E., Klinger, D., Reiner, T., Bock, M. M., Ohmann, S., Sackl-Pammer, P., Werneck-Rohrer, S., & Eder, H. (2023). Conspiracy beliefs and COVID-19 guideline adherence in adolescent psychiatric outpatients: the predictive role of adverse childhood experiences. *Child and Adolescent Psychiatry and Mental Health*, *17*(1), 1–12.

Goreis, A., & Voracek, M. (2019). A systematic review and meta-analysis of psychological research on conspiracy beliefs: Field characteristics, measurement instruments, and associations with personality traits. *Frontiers in Psychology*, *10*, 1–13. https://doi.org/10.3389/fpsyg.2019.00205

Goulden, R., Corker, E., Evans-Lacko, S., Rose, D., Thornicroft, G., & Henderson, C. (2011). Newspaper coverage of mental illness in the UK, 1992-2008. *BMC Public Health*, *11*, 1–8.

Green, R., & Douglas, K. M. (2018). Anxious attachment and belief in conspiracy theories. *Personality and Individual Differences*, *125*, 30–37. https://doi.org/https://doi.org/10.1016/j.paid.2017.12.023

Greenburgh, A., & Raihani, N. J. (2022). Paranoia and conspiracy thinking. *Current Opinion in Psychology*, *47*, 101362. https://doi.org/10.1016/j.copsyc.2022.101362

Grodzicka, E. D., & Harambam, J. (2021). What should academics do about conspiracy theories? Moving beyond debunking to better deal with conspiratorial movements, misinformation and post-truth. *Journal for Cultural Research*, *25*(1), 1–11.

Grzesiak-Feldman, M., & Ejsmont, A. (2008). Paranoia and conspiracy thinking of Jews, Arabs, Germans, and Russians in a Polish sample. *Psychological Reports*, *102*(3), 884–886.

Gutierrez, I. A., & Park, C. L. (2015). Emerging adulthood, evolving worldviews: How life events impact college students' developing belief systems. *Emerging Adulthood*, *3*(2), 85–97.

Halvorsrud, K., Nazroo, J., Otis, M., Brown Hajdukova, E., & Bhui, K. (2019). Ethnic inequalities in the incidence of diagnosis of severe mental illness in England: a systematic review and new meta-analyses for non-affective and affective psychoses. *Social Psychiatry and Psychiatric Epidemiology*, *54*,

1311–1323.

Hanna, P. A. (2015). *They're Watching Us: Conspiracy Theorists in Popular Media* [Western Kentucky University]. https://digitalcommons.wku.edu/cgi/viewcontent.cgi?article=1568&context=stu_hon_theses

Harambam, J. (2017). *"The Truth Is Out There": Conspiracy culture in an age of epistemic instability* [Dissertation, Erasmus University Rotterdam]. file:///Users/meganpatterson/Downloads/REPUB_102423 (1).pdf

Harambam, J. (2020). *Contemporary conspiracy culture: Truth and knowledge in an era of epistemic instability*. Routledge.

Harambam, J., & Aupers, S. (2015). Contesting epistemic authority: Conspiracy theories on the boundaries of science. *Public Understanding of Science*, *24*(4), 466–480.

Harambam, J., & Aupers, S. (2017). 'I Am Not a Conspiracy Theorist': Relational Identifications in the Dutch Conspiracy Milieu. *Cultural Sociology*, *11*(1), 113–129. https://doi.org/10.1177/1749975516661959

Harambam, J., & Aupers, S. (2021). From the unbelievable to the undeniable: Epistemological pluralism, or how conspiracy theorists legitimate their extraordinary truth claims. *European Journal of Cultural Studies*, *24*(4), 990–1008. https://doi.org/10.1177/1367549419886045

Harambam, J., Grusauskaite, K., & de Wildt, L. (2022). Poly-truth, or the limits of pluralism: Popular debates on conspiracy theories in a post-truth era. *Public Understanding of Science*, *31*(6), 784–798.

Harper, D. (2011). Social inequality and the diagnosis of paranoia. *Health Sociology Review*, *20*(4), 423–436. https://doi.org/10.5172/hesr.2011.20.4.423

Harper, D. (2021). Realising the potential of general population research to reconceptualise the study of "delusions": From normalising "psychosis" to defamiliarising "normality." *Theory & Psychology*, *31*(6), 1–25.

Harper, D. (2022). Rethinking paranoia and distressing and disruptive unusual beliefs. In E. Maisel & C. Ruby (Eds.), *Humane alternatives to the psychiatric model* (Vol. 2, pp. 116–142). Ethics International Press.

Hebel-Sela, S., Hameiri, B., & Halperin, E. (2022). The vicious cycle of violent intergroup conflicts and conspiracy theories. *Current Opinion in Psychology*, *47*. https://doi.org/10.1016/j.copsyc.2022.101422

Hebel-Sela, S., Stefaniak, A., Vandermeulen, D., Adler, E., Hameiri, B., & Halperin, E. (2022). Are societies in conflict more susceptible to believe in COVID-19 conspiracy theories? A 66 nation study. *Peace and Conflict: Journal of Peace Psychology*. https://doi.org/10.1037/pac0000645

Higgs, R. N. (2020). Reconceptualizing psychosis: The Hearing Voices Movement and social approaches to health. *Health and Human Rights*, *22*(1), 133.

Hofstadter, R. (2012). *The paranoid style in American politics*. Vintage.

Holt, K., Ustad Figenschou, T., & Frischlich, L. (2019). Key dimensions of alternative news media. *Digital Journalism*, *7*(7), 860–869.

Honig, A., Romme, M. A. J., Ensink, B. J., Escher, S. D., Pennings, M. H. A., & DEVRIES, M. W. (1998). Auditory hallucinations: a comparison between patients and nonpatients. *The Journal of Nervous and Mental Disease*, *186*(10), 646–651.

Hughes, K., Lowey, H., Quigg, Z., & Bellis, M. A. (2016). Relationships between adverse childhood experiences and adult mental well-being: results from an English national household survey. *BMC Public Health*, *16*, 1–11.

Husting, G., & Orr, M. (2007). Dangerous machinery:“Conspiracy theorist” as a transpersonal strategy of exclusion. *Symbolic Interaction*, *30*(2), 127–150.

Imhoff, R., & Bruder, M. (2014). Speaking (un–) truth to power: Conspiracy mentality as a generalised political attitude. *European Journal of Personality*, *28*(1), 25–43.

Imhoff, R., & Lamberty, P. (2018). How paranoid are conspiracy believers? Toward a more fine-grained understanding of the connect and disconnect between paranoia and belief in conspiracy theories. *European Journal of Social Psychology*, *48*(7), 909–926.

Jack, A. H., & Egan, V. (2018). Childhood bullying, paranoid thinking and the misappraisal of social threat: trouble at school. *School Mental Health*, *10*(1), 26–34.

Jaiswal, J., Singer, S. N., Siegel, K., & Lekas, H.-M. (2019). HIV-related ‘conspiracy beliefs’: Lived experiences of racism and socio-economic exclusion among people living with HIV in New York City. *Culture, Health & Sexuality*, *21*(4), 373–386. https://doi.org/10.1080/13691058.2018.1470674

Janoff-Bulman, R. (1992). *Shattered assumptions : towards a new psychology of trauma*. Free Press.

Janssen, I., Hanssen, M., Bak, M., Bijl, R. V, De Graaf, R., Vollebergh, W., McKenzie, K., & Van Os, J. (2003). Discrimination and delusional ideation. *The British Journal of Psychiatry*, *182*(1), 71–76.

Jardina, A., & Traugott, M. (2019). The Genesis of the Birther Rumor: Partisanship, Racial Attitudes, and Political Knowledge. *Journal of Race, Ethnicity & Politics*, *4*(1), 60–80. http://10.0.3.249/rep.2018.25

Johnson-Schlee, S. (2019). Playing cards against the state: Precarious lives, conspiracy theories, and the production of 'irrational' subjects. *Geoforum*, *101*, 174–181. https://doi.org/https://doi.org/10.1016/j.geoforum.2019.02.013

Johnson, S. L., Wibbels, E., & Wilkinson, R. (2015). Economic inequality is related to cross-national prevalence of psychotic symptoms. *Social Psychiatry and Psychiatric Epidemiology*, *50*, 1799–1807.

Johnstone, L., & Boyle, M. (2018a). The power threat meaning framework: An alternative nondiagnostic conceptual system. *Journal of Humanistic Psychology*, 0022167818793289.

Johnstone, L., & Boyle, M. (2018b). *The Power Threat Meaning Framework: Towards the identification of patterns in emotional distress, unusual experiences and troubled or troubling behaviour, as an alternative to functional psychiatric diagnosis*. British Psychological Society.

Jolley, D., & Douglas, K. M. (2014). The Effects of Anti-Vaccine Conspiracy Theories on Vaccination Intentions. *PLoS ONE*, *9*(2), 1–9. http://10.0.5.91/journal.pone.0089177

Jolley, D., Douglas, K. M., Leite, A. C., & Schrader, T. (2019). Belief in conspiracy theories and intentions to engage in everyday crime. *British Journal of Social Psychology*, *58*(3), 534–549.

Jolley, D., & Jaspal, R. (2020). Discrimination, HIV conspiracy theories and pre-exposure prophylaxis acceptability in gay men. *Sexual Health*, *17*(6), 525–533.

Jolley, D., & Lantian, A. (2022). Bullying and conspiracy theories: Experiences of workplace bullying and the tendency to engage in conspiracy theorizing. *Social Psychology*, *53*(4), 198–208. https://doi.org/10.1027/1864-9335/a000492

Jolley, D., Marques, M. D., & Cookson, D. (2022). Shining a spotlight on the dangerous consequences of conspiracy theories. *Current Opinion in*

Psychology, *47*. https://doi.org/10.1016/j.copsyc.2022.101363

Jolley, D., Meleady, R., & Douglas, K. M. (2020). Exposure to intergroup conspiracy theories promotes prejudice which spreads across groups. *British Journal of Psychology*, *111*(1), 17–35. https://doi.org/10.1111/bjop.12385

Jolley, D., & Paterson, J. L. (2020). Pylons ablaze: Examining the role of 5G COVID-19 conspiracy beliefs and support for violence. *British Journal of Social Psychology*, *59*(3), 628–640. https://doi.org/10.1111/bjso.12394

Jorm, A. F. (2000). Mental health literacy: Public knowledge and beliefs about mental disorders. *The British Journal of Psychiatry*, *177*(5), 396–401.

Kay, A. C., Whitson, J. A., Gaucher, D., & Galinsky, A. D. (2009). Compensatory control: Achieving order through the mind, our institutions, and the heavens. *Current Directions in Psychological Science*, *18*(5), 264–268.

Keeley, B. L. (1999). Of Conspiracy Theories. *The Journal of Philosophy*, *96*(3), 109–126. https://doi.org/10.2307/2564659

Kesner, L., & Horáček, J. (2022). Global adversities, the media, and mental health. *Frontiers in Psychiatry*, *12*, 809239.

Kirkbride, J. B., Jones, P. B., Ullrich, S., & Coid, J. W. (2014). Social deprivation, inequality, and the neighborhood-level incidence of psychotic syndromes in East London. *Schizophrenia Bulletin*, *40*(1), 169–180.

Klein, M. (2022). Content Analysis in the Research on Reporting Styles. In F. Oehmer-Pedrazzi, S. Heike, E. Kessler, K. Humprecht, & L. C. Sommer (Eds.), *Standardisierte Inhaltsanalyse in der Kommunikationswissenschaft–Standardized Content Analysis in Communication Research: Ein Handbuch* (pp. 67–76). Springer.

Krippendorff, K. (2019). *Content Analysis: An Introduction to Its Methodology* (Fourth Edi). SAGE Publications, Inc. https://doi.org/10.4135/9781071878781

Lantian, A., Muller, D., Nurra, C., Klein, O., Berjot, S., & Pantazi, M. (2018). Stigmatized beliefs: Conspiracy theories, anticipated negative evaluation of the self, and fear of social exclusion. *European Journal of Social Psychology*, *48*(7), 939–954.

LeBlanc, P. (2021). Biden warns about conspiracies flourishing in the US: ‘The rest of the world’s wondering about us.’ *CNN*.

https://edition.cnn.com/2021/07/21/politics/conspiracy-theories-us-biden-town-hall/index.html

Leonard, M.-J., & Philippe, F. L. (2021). Conspiracy theories: A public health concern and how to address it. *Frontiers in Psychology*, *12*, 3007.

Leveaux, S., Nera, K., Fagnoni, P., & Klein, P. P. P. L. (2022). Defining and Explaining Conspiracy Theories: Comparing the Lay Representations of Conspiracy Believers and Non-Believers. *Journal of Social and Political Psychology*, *10*(1), 335–352.

Levinsson, A., Miconi, D., Li, Z. Y., Frounfelker, R. L., & Rousseau, C. (2021). Associations between endorsement of conspiracy theories and sympathy for violent radicalization in young adults during the COVID-19 pandemic: moderation by psychological distress. *International Journal of Environmental Research and Public Health*, *18*(15), 7846.

Lewandowsky, S., & Cook, J. (2020). *The conspiracy theory handbook*. Skeptical Science. http://sks.to/conspiracy

Longden, E., Corstens, D., Escher, S., & Romme, M. (2012). Voice hearing in a biographical context: A model for formulating the relationship between voices and life history. *Psychosis*, *4*(3), 224–234.

Longden, E., Sampson, M., & Read, J. (2016). Childhood adversity and psychosis: generalised or specific effects? *Epidemiology and Psychiatric Sciences*, *25*(4), 349–359.

Longdon, E., & Read, J. (2017). 'People with problems, not patients with illnesses': using psychosocial frameworks to reduce the stigma of psychosis. *Israel Journal of Psychiatry and Related Sciences*, *54*(1), 24–30.

Luke, D. A., Caburnay, C. A., & Cohen, E. L. (2011). How much is enough? New recommendations for using constructed week sampling in newspaper content analysis of health stories. *Communication Methods and Measures*, *5*(1), 76–91.

Macnamara, J. R. (2005). Media content analysis: Its uses, benefits and best practice methodology. *Asia Pacific Public Relations Journal*, *6*(1), 1–34.

Mancosu, M., & Vegetti, F. (2021). "Is it the message or the messenger?": Conspiracy endorsement and media sources. *Social Science Computer Review*, *39*(6), 1203–1217.

March, E., & Springer, J. (2019). Belief in conspiracy theories: The predictive

role of schizotypy, Machiavellianism, and primary psychopathy. *PloS One*, *14*(12), e0225964.

Mari, S., Gil de Zuniga, H., Suerdem, A., Hanke, K., Brown, G., Vilar, R., Boer, D., & Bilewicz, M. (2022). Conspiracy theories and institutional trust: examining the role of uncertainty avoidance and active social media use. *Political Psychology*, *43*(2), 277–296.

Maxcy, S. J. (2003). Pragmatic threads in mixed methods research in the social sciences: The search for multiple modes of inquiry and the end of the philosophy of formalism. In A. Tashakkori & C. Teedle (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 51–89). SAGE Publications.

Maxwell, J. A. (2012). *A realist approach for qualitative research*. Sage.

Mayring, P. (2004). Qualitative content analysis. *A Companion to Qualitative Research*, *1*(2), 159–176.

McConnell-Henry, T., James, A., Chapman, Y., & Francis, K. (2010). Researching with people you know: Issues in interviewing. *Contemporary Nurse*, *34*(1), 2–9.

McEvoy, P., & Richards, D. (2006). A critical realist rationale for using a combination of quantitative and qualitative methods. *Journal of Research in Nursing*, *11*(1), 66–78.

McGinty, E. E., Kennedy-Hendricks, A., Choksy, S., & Barry, C. L. (2016). Trends in news media coverage of mental illness in the United States: 1995–2014. *Health Affairs*, *35*(6), 1121–1129.

McHugh, M. L. (2012). Interrater reliability: the kappa statistic. *Biochemia Medica*, *22*(3), 276–282.

Molek-Kozakowska, K. (2013). Towards a pragma-linguistic framework for the study of sensationalism in news headlines. *Discourse & Communication*, *7*(2), 173–197.

Mooney, J. (2020). Using biographical narrative interviewing methodology to research adults' experiences of disclosing childhood sexual abuse. *Social Work and Social Sciences Review*, *22*(1), 64–82.

Moore, A. (2016). Conspiracy and conspiracy theories in democratic politics. *Critical Review*, *28*(1), 1–23.

Morrison, A. P., & Barratt, S. (2010). What are the components of CBT for psychosis? A Delphi study. *Schizophrenia Bulletin*, *36*(1), 136–142.

Mughal, R., DeMarinis, V., Nordendahl, M., Lone, H., Phillips, V., & Boyd-MacMillan, E. (2023). Public mental health approaches to online radicalisation: A systematic review of the literature. *Preprints*, 2023050494. https://doi.org/10.20944/preprints202305.0494.v1

Muirhead, R., & Rosenblum, N. L. (2020). *A lot of people are saying: The new conspiracism and the assault on democracy,*. Princeton University Press.

Mukumbang, F. C. (2023). Retroductive theorizing: a contribution of critical realism to mixed methods research. *Journal of Mixed Methods Research*, *17*(1), 93–114.

Munn, Z., Peters, M. D. J., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Medical Research Methodology*, *18*, 1–7.

Nera, K., Leveaux, S., & Klein, P. P. L. E. (2020). A “conspiracy theory” conspiracy? A mixed methods investigation of laypeople’s rejection (and acceptance) of a controversial label. *International Review of Social Psychology*, *33*(1), 13.

Nera, K., & Schöpfer, C. (2023). What is so special about conspiracy theories? Conceptually distinguishing beliefs in conspiracy theories from conspiracy beliefs in psychological research. *Theory & Psychology*, *33*(3), 287–305.

Neuendorf, K. A. (2017). *The content analysis guidebook*. Sage.

O’Cathain, A., Murphy, E., & Nicholl, J. (2008). The quality of mixed methods studies in health services research. *Journal of Health Services Research & Policy*, *13*(2), 92–98.

O’Mahoney, J., & Vincent, S. (2014). Critical realism as an empirical project: A beginner’s guide. In P. Edwards, J. O’Mahoney, & S. Vincent (Eds.), *Studying organizations using critical realism: A practical guide* (pp. 1–21). OUP Oxford.

O’Mahony, C., Brassil, M., Murphy, G., & Linehan, C. (2023). The efficacy of interventions in reducing belief in conspiracy theories: A systematic review. *Plos One*, *18*(4), e0280902.

Office for National Statistics. (2022). *Trust in government, UK: 2022*. Census 2021. https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/trustingovernmentuk/2022#:~:text=One-third (35%25) of,not trust the

national government.

Oleksy, T., Wnuk, A., Maison, D., & Łyś, A. (2021). Content matters: Different predictors and social consequences of general and government-related conspiracy theories on COVID-19. *Personality and Individual Differences*, *168*, 110289. https://doi.org/https://doi.org/10.1016/j.paid.2020.110289

Oliver, J. E., & Wood, T. J. (2014). Conspiracy theories and the paranoid style (s) of mass opinion. *American Journal of Political Science*, *58*(4), 952–966.

Orosz, G., Krekó, P., Paskuj, B., Tóth-Király, I., Bőthe, B., & Roland-Lévy, C. (2016). Changing conspiracy beliefs through rationality and ridiculing. *Frontiers in Psychology*, *7*, 1525.

Overton, S. L., & Medina, S. L. (2008). The stigma of mental illness. *Journal of Counseling & Development*, *86*(2), 143–151.

Pantazi, M., Gkinopoulos, T., Witkowska, M., Klein, O., & Bilewicz, M. (2022). "Historia est magistra vitae"? The impact of historical victimhood on current conspiracy beliefs. *Group Processes & Intergroup Relations*, *25*(2), 581–601.

Park, R., Zax, D., & Goldberg, B. (2020). Fighting Conspiracy Theories Online at Scale. *Ethnographic Praxis in Industry Conference Proceedings*, *2020*(1), 265–278. https://doi.org/10.1111/epic.12036

Patton, M. Q. (1990). *Qualitative evaluation and research methods*. SAGE Publications.

Peters, E., Joseph, S., Day, S., & Garety, P. (2004). Measuring delusional ideation: The 21-item Peters et al. Delusions Inventory (PDI). *Schizophrenia Bulletin*, *30*(4), 1005–1022. https://doi.org/10.1093/oxfordjournals.schbul.a007116

Pigden, C. (1995). Popper revisited, or what is wrong with conspiracy theories? *Philosophy of the Social Sciences*, *25*(1), 3–34.

Pilgrim, D. (2019). *Critical realism for psychologists*. Routledge.

Pinderhughes, H., Davis, R., & Williams, M. (2015). *Adverse community experiences and resilience: A framework for addressing and preventing community trauma*. Prevention Institute. https://www.preventioninstitute.org/sites/default/files/publications/Adverse Community Experiences and Resilience.pdf

Pipes, D. (1999). *Conspiracy: How the paranoid style flourishes and where it comes from*. Simon and Schuster.

Poon, K. T., Chen, Z., & Wong, W. Y. (2020). Beliefs in Conspiracy Theories Following Ostracism. *Personality and Social Psychology Bulletin*, *46*(8), 1234–1246. https://doi.org/10.1177/0146167219898944

Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour.* Sage Publications.

Raab, M. H., Ortlieb, S. A., Auer, N., Guthmann, K., & Carbon, C. C. (2013). Thirty shades of truth: Conspiracy theories as stories of individuation, not of pathological delusion. *Frontiers in Psychology*, *4*, 1–9. https://doi.org/10.3389/fpsyg.2013.00406

Read, J., Agar, K., Argyle, N., & Aderhold, V. (2003). Sexual and physical abuse during childhood and adulthood as predictors of hallucinations, delusions and thought disorder. *Psychology and Psychotherapy: Theory, Research and Practice*, *76*(1), 1–22.

Roiha, A., & Iikkanen, P. (2022). The salience of a prior relationship between researcher and participants: Reflecting on acquaintance interviews. *Research Methods in Applied Linguistics*, *1*(1), 100003.

Ross, M. W., Essien, E. J., & Torres, I. (2006). Conspiracy beliefs about the origin of HIV/AIDS in four racial/ethnic groups. *Journal of Acquired Immune Deficiency Syndromes*, *41*(3), 342–344. https://doi.org/10.1097/01.qai.0000209897.59384.52

Rothe, A. (2011). *Popular trauma culture: Selling the pain of others in the mass media*. Rutgers University Press.

Rother, E. (2007). Systematic literature review X narrative review. *Acta Paulista de Enfermagem*, *20*, v–vi.

Rottweiler, B., & Gill, P. (2022). Conspiracy beliefs and violent extremist intentions: The contingent effects of self-efficacy, self-control and law-related morality. *Terrorism and Political Violence*, *34*(7), 1485–1504. https://doi.org/10.1080/09546553.2020.1803288

Saglam, E. (2021). Taking the matter into your own hands: ethnographic insights into societal violence and the reconfigurations of the state in contemporary Turkey. *Journal of Southeast European & Black Sea Studies*, *21*(2), 213–230. http://10.0.4.56/14683857.2021.1909293

Sakki, I., & Castrén, L. (2022). Dehumanization through humour and conspiracies in online hate towards Chinese people during the COVID-19 pandemic. *British Journal of Social Psychology*, *61*(4), 1418–1438.

https://doi.org/10.1111/bjso.12543

Salman, M., Mallhi, T. H., Tanveer, N., Shehzadi, N., Khan, H. M., Mustafa, Z. U., Khan, T. M., Hussain, K., Mohamed, M. S., & Maqbool, F. (2022). Evaluation of Conspiracy Beliefs, Vaccine Hesitancy, and Willingness to Pay towards COVID-19 Vaccines in Six Countries from Asian and African Regions: A Large Multinational Analysis. *Vaccines*, *10*(11), 1866.

Sanati, A., & Kyratsous, M. (2015). Epistemic injustice in assessment of delusions. *Journal of Evaluation in Clinical Practice*, *21*(3), 479–485.

Schwartz, R. C., & Blankenship, D. M. (2014). Racial disparities in psychotic disorder diagnosis: A review of empirical literature. *World Journal of Psychiatry*, *4*(4), 133–140.

Serdenes, R., Arana, F., Karasin, J., Kontos, N., & Musselman, M. (2023). Approaching differential diagnosis and decisional capacity assessment in the context of COVID-19 conspiracy beliefs: A narrative review and clinical discussion. *General Hospital Psychiatry*, *83*, 75–80.

Shaw, R. L., & Giles, D. C. (2009). Motherhood on ice? A media framing analysis of older mothers in the UK news. *Psychology and Health*, *24*(2), 221–236.

Shea, R., & Anton Wilson, R. (2010). *The Illuminatus! Trilogy: The Eye in the Pyramid, The Golden Apple, Leviathan*. Bantam Doubleday Dell Publishing.

SHiFT. (2006). *Mind over matter: improving media reporting of mental health*. SHiFT, National Institute for Mental Health London, UK.

Sieff, E. (2003). Media frames of mental illnesses: The potential impact of negative frames. *Journal of Mental Health*, *12*(3), 259–269.

Simmons, W. P., & Parsons, S. (2005). Beliefs in conspiracy theories among African Americans: A comparison of elites and masses. *Social Science Quarterly*, *86*(3), 582–598. https://doi.org/10.1111/j.0038-4941.2005.00319.x

Skrodzka, M., Kende, A., Faragó, L., & Bilewicz, M. (2022). “Remember that we suffered!” The effects of historical trauma on anti-Semitic prejudice. *Journal of Applied Social Psychology*, *52*(5), 341–350. http://10.0.4.87/jasp.12862

Sperber, D., Clément, F., Heintz, C., Mascaro, O., Mercier, H., Origgi, G., & Wilson, D. (2010). Epistemic vigilance. *Mind & Language*, *25*(4), 359–393.

Stains, R. R. (2016). Cultivating courageous communities through the practice and power of dialogue. *Mitchell Hamline Law Review*, *42*(5), 5.

Statista. (2023). *Leading English-language news websites in the United Kingdom (UK) in January 2023, by monthly visits*. https://www.statista.com/statistics/288763/newspaper-websites-ranked-by-monthly-visitors-united-kingdom-uk/

Stecula, D. A., & Pickup, M. (2021). How populism and conservative media fuel conspiracy beliefs about COVID-19 and what it means for COVID-19 behaviors. *Research & Politics*, *8*(1), 2053168021993979.

Stempel, C., Hargrove, T., & Stempel, G. H. (2007). Media use, social structure, and belief in 9/11 conspiracy theories. *Journalism and Mass Communication Quarterly*, *84*(2), 353–372. https://doi.org/10.1177/107769900708400210

Sullivan, D., Landau, M. J., & Rothschild, Z. K. (2010). An existential function of enemyship: Evidence that people attribute influence to personal and political enemies to compensate for threats to control. *Journal of Personality and Social Psychology*, *98*(3), 434.

Swami, V., Voracek, M., Stieger, S., Tran, U. S., & Furnham, A. (2014). Analytic thinking reduces belief in conspiracy theories. *Cognition*, *133*(3), 572–585.

Swami, V., Weis, L., Lay, A., Barron, D., & Furnham, A. (2016). Associations between belief in conspiracy theories and the maladaptive personality traits of the personality inventory for DSM-5. *Psychiatry Research*, *236*, 86–90.

Tajfel, H., Billig, M. G., Bundy, R. P., & Flament, C. (1971). Social categorization and intergroup behaviour. *European Journal of Social Psychology*, *1*(2), 149–178.

Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The Social Psychology of Intergroup Relations* (pp. 33–47). Brooks/Cole.

Taylor, S. P. (2018). Critical realism vs social constructionism & social constructivism: application to a social housing research study. *International Journal of Sciences: Basic and Applied Research*, *37*(2), 216–222.

Thalmann, K. (2019). *The stigmatization of conspiracy theory since the 1950s:" a plot to make us look foolish"*. Routledge.

Thomsen, C., Starkopf, L., Hastrup, L. H., Andersen, P. K., Nordentoft, M., & Benros, M. E. (2017). Risk factors of coercion among psychiatric inpatients: a nationwide register-based cohort study. *Social Psychiatry and Psychiatric Epidemiology*, *52*, 979–987.

Thunberg, S., & Arnell, L. (2022). Pioneering the use of technologies in qualitative research–A research review of the use of digital interviews. *International Journal of Social Research Methodology*, *25*(6), 757–768.

Tomljenovic, H., Bubic, A., & Erceg, N. (2020). It just doesn't feel right–the relevance of emotions and intuition for parental vaccine conspiracy beliefs and vaccination uptake. *Psychology & Health*, *35*(5), 538–554.

Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry*, *16*(10), 837–851.

Uscinski, Joseph E, & Parent, J. M. (2014). *American conspiracy theories*. Oxford University Press.

Van den Bulck, H. (2002). Tools for Studying the Media. In C. Newbold, O. Boyd-Barrett, & H. Van den Bulck (Eds.), *The Media Book* (pp. 55–100). Arnold. https://monoskop.org/images/3/38/The_Media_Book_2002.pdf

Van Os, J., Hanssen, M., Bijl, R. V, & Ravelli, A. (2000). Strauss (1969) revisited: a psychosis continuum in the general population? *Schizophrenia Research*, *45*(1–2), 11–20.

van Prooijen, J. W. (2017). Why Education Predicts Decreased Belief in Conspiracy Theories. *Applied Cognitive Psychology*, *31*(1), 50–58. https://doi.org/10.1002/acp.3301

van Prooijen, J. W. (2019). An existential threat model of conspiracy theories. *European Psychologist*, *25*(1), 1–10.

van Prooijen, J. W., & Douglas, K. M. (2017). Conspiracy theories as part of history: The role of societal crisis situations. *Memory Studies*, *10*(3), 323–333.

van Prooijen, J. W., & Douglas, K. M. (2018). Belief in conspiracy theories: Basic principles of an emerging research domain. *European Journal of Social Psychology*, *48*(7), 897–908.

van Prooijen, J. W., Douglas, K. M., & De Inocencio, C. (2018). Connecting the dots: Illusory pattern perception predicts belief in conspiracies and the supernatural. *European Journal of Social Psychology*, *48*(3), 320–335. https://doi.org/10.1002/ejsp.2331

van Prooijen, J. W., Staman, J., & Krouwel, A. P. M. (2018). Increased conspiracy beliefs among ethnic and Muslim minorities. *Applied Cognitive Psychology*, *32*(5), 661–667. https://doi.org/10.1002/acp.3442

van Prooijen, J. W., & Van Lange, P. A. (2014). The social dimension of belief in

conspiracy theories. In J. W. van Prooijen & P. A. Van Lange (Eds.), *Power, politics, and paranoia: Why people are suspicious of their leaders* (pp. 237–253). Cambridge University Press.

van Prooijen, J. W., & Van Vugt, M. (2018). Conspiracy theories: Evolved functions and psychological mechanisms. *Perspectives on Psychological Science*, *13*(6), 770–788.

Vincent, S., & O'Mahoney, J. (2018). Critical realism and qualitative research: An introductory overview. In C. Cassell, A. Cunliffe, & G. Grady (Eds.), *Studying Organizations Using Critical Realism: A Practical Guide* (pp. 201–217). Sage.

Wagner-Egger, P., Adam-Troian, J., Cordonier, L., Cafiero, F., & Bronner, G. (2022). The Yellow Vests in France: Psychosocial determinants and consequences of the adherence to a social movement in a representative sample of the population. *International Review of Social Psychology*, *35*(1). https://doi.org/10.5334/irsp.556

Wagner-Egger, P., Bronner, G., Delouvée, S., Dieguez, S., & Gauvrit, N. G. (2019). Why 'healthy conspiracy theories' are (oxy)morons: Statistical, epistemological, and psychological reasons in favor of the (ir)rational view. *Social Epistemology Review and Reply Collective*, *8*(3), 50–67.

Walker, P. (2019). Farage under fire for conspiracy claims linked to antisemitism. *The Guardian*. https://www.theguardian.com/politics/2019/nov/21/farage-under-fire-for-conspiracy-claims-linked-to-antisemitism

Weber, R. P. (1990). *Basic content analysis*. Sage.

Wengraf, T. (2001). *Qualitative research interviewing: Biographic narrative and semi-structured methods*. SAGE Publications.

Wengraf, T., & Chamberlayne, P. (2013). Biography-using research (BNIM), Sostris, institutional regimes and critical psycho-societal realism. In A. Mrozowicki & J. D. Turk (Eds.), *Realist biography and European policy: An innovative approach to European policy studies* (pp. 63–92). Leuven University Press.

Wood, L., Burke, E., Byrne, R., Pyle, M., Chapman, N., & Morrison, A. (2015). Stigma in psychosis: A thematic synthesis of current qualitative evidence. *Psychosis*, *7*(2), 152–165.

Wood, M. J. (2018). Propagating and debunking conspiracy theories on Twitter

during the 2015–2016 Zika virus outbreak. *Cyberpsychology, Behavior, and Social Networking*, *21*(8), 485–490.

Wood, M. J., & Douglas, K. M. (2013). “What about building 7?” A social psychological study of online discussion of 9/11 conspiracy theories. *Frontiers in Psychology*, *4*, 409.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, *15*(2), 215–228.

YouGov. (2018). *Brexit and Trump voters are more likely to believe in conspiracy theories*. https://yougov.co.uk/topics/international/articles-reports/2018/12/14/brexit-and-trump-voters-are-more-likely-believe-co

Zachariadis, M., Scott, S., & Barrett, M. (2013). Methodological implications of critical realism for mixed-methods research. *MIS Quarterly*, 855–879.

Zeng, J. (2022). Content Analysis in the Research Field of conspiracy theories in the digital media environment. In F. Oehmer-Pedrazzi, S. Heike, E. Kessler, K. Humprecht, & L. C. Sommer (Eds.), *Standardisierte Inhaltsanalyse in der Kommunikationswissenschaft–Standardized Content Analysis in Communication Research: Ein Handbuch* (pp. 463–469). Springer.

7. APPENDICES

7.1. Appendix A: Table of Papers Included in the Scoping Review

Table A1

Papers Included in the Scoping Review

Title	Authors	Year	Country	Population	Sample Size
Covid-19 vaccine hesitancy, conspiracist beliefs, paranoid ideation and perceived ethnic discrimination in a sample of University students in Venezuela.	Andrade, G.	2021	Venezuela	Students	273
Relationship of African Americans' sociodemographic characteristics to belief in conspiracies about HIV/AIDS and birth control.	Bogart, L. M., & Thorburn, S.	2006	US	African American adults	500
HIV Testing and Conspiracy Beliefs Regarding the Origins of HIV among African Americans	Bohnert, A. S., & Latkin, C. A.	2009	US	African American adults	1430
The impact of economic inequality on conspiracy beliefs	Casara, B. G. S., Suitner, C., & Jetten, J.	2022	Australia, US, Italy	Students and General Population adults	515
Why are conspiracy theories more successful in some countries than in others? An exploratory study on Internet users from 22 Western and non-Western countries	Cordonier, L., Cafiero, F., & Bronner, G.	2021	International (22 countries)	General population adults	24,286

Social devaluation of African Americans and race-related conspiracy theories	Davis, J., Wetherell, G., & Henry, P. J.	2018	US	General population adults	2871
Experiences of discrimination and endorsement of hiv/aids conspiracy beliefs: Exploring difference among a sample of latino, black, and white young adults	Dowhower, Daniel P Harvey, S Marie Oakley, Lisa P	2022	US	Adults with exclusion criteria around sexual health	536
The concomitants of conspiracy concerns. Social psychiatry and psychiatric epidemiology, 52(5), 595-604.	Freeman, D., & Bentall, R. P.	2017	US	General population adults	1618
Do you have to be mad to believe in conspiracy theories? Personality disorders and conspiracy theories	Furnham, A., & Grover, S.	2022	UK	British adults	475
Conspiracy beliefs and COVID-19 guideline adherence in adolescent psychiatric outpatients: the predictive role of adverse childhood experiences	Goreis, A., Pfeffer, B., Zesch, H. E., Klinger, D., Reiner, T., Bock, M. M., ... & Kothgassner, O. D.	2023	Germany	Adolescents on mental health wards	93
Anxious attachment and belief in conspiracy theories	Green, R., & Douglas, K. M.	2018	US	General population adults (Amazon workers)	246
HIV-related 'conspiracy beliefs': Lived experiences of racism and socio-economic exclusion among people living with HIV in New York City	Jaiswal, J., Singer, S. N., Siegel, K., & Lekas, H. M.	2019	US	African American and Latinx adults	20
The Genesis of the Birther Rumor: Partisanship, Racial Attitudes, and Political Knowledge.	Jardina, A., & Traugott, M.	2019	US	General population adults	
Discrimination, HIV conspiracy theories and pre-exposure prophylaxis acceptability in gay men	Jolley, D., & Jaspal, R.	2020	UK	White British gay men	244

Bullying and conspiracy theories: Experiences of workplace bullying and the tendency to engage in conspiracy theorizing	Jolley, D., & Lantian, A.	2022	UK	General population adults	273
The Determinants of Conspiracy Beliefs Related to the COVID-19 Pandemic in a Nationally Representative Sample of Internet Users	Duplaga, M.	2020	Poland	General population adults	1002
“Historia est magistra vitae”? The impact of historical victimhood on current conspiracy beliefs	Pantazi, M., Gkinopoulos, T., Witkowska, M., Klein, O., & Bilewicz, M.	2020	Greece, Poland	General population adults and students	160, 386, 342
Beliefs in conspiracy theories following ostracism.	Poon, K. T., Chen, Z., & Wong, W. Y.	2020	Hong Kong	General population adults	643
Conspiracy Beliefs about the Origin of HIV/AIDS in Four Racial/ Ethnic Groups	Ross, M. W., Essien, E. J., & Torres, I.	2006	US	General population adults	1494
Evaluation of Conspiracy Beliefs, Vaccine Hesitancy, and Willingness to Pay towards COVID-19 Vaccines in Six Countries from Asian and African Regions: A Large Multinational Analysis.	Salman, M., Mallhi, T. H., Tanveer, N., Shehzadi, N., Khan, H. M., Mustafa, Z. U., ... & Khan, Y. H.	2022	Pakistan, Saudi Arabia, India, Malaysia, Sudan, and Egypt	General population adults	2841
Are Societies in Conflict More Susceptible to Believe in COVID-19 Conspiracy Theories? A 66 Nation Study	Hebel-Sela, S., Stefaniak, A., Vandermeulen, D., Adler, E., Hameiri, B., & Halperin, E.	2022	International (66 countries)	General population adults	46,450
Beliefs in Conspiracy Theories Among African Americans: A Comparison of Elites and Masses	Simmons, W. P., & Parsons, S.	2005	US	African American locally elected officials	170
"Remember that we suffered!" The effects of historical trauma on anti-Semitic prejudice.	Skrodzka, M., Kende, A., Faragó, L., & Bilewicz, M.	2022	Hungary	Students	350

Media Use, Social Structure, and Belief in 9/11 Conspiracy Theories	Stempel, C., Hargrove, T., & Stempel III, G. H.	2007	US	General population adults	1010
It just doesn't feel right – the relevance of emotions and intuition for parental vaccine conspiracy beliefs and vaccination uptake	Tomljenovic, H., Bubic, A., & Erceg, N.	2020	Croatia	General population adults	823
Why education predicts decreased belief in conspiracy theories.	van Prooijen, J. W.	2017	Netherlands	General population adults	4062
Increased conspiracy beliefs among ethnic and Muslim minorities.	van Prooijen, J. W., Staman, J., & Krouwel, A. P.	2018	Netherlands	General population adults	355
The Yellow Vests in France: Psychosocial determinants and consequences of the adherence to a social movement in a representative sample of the population	Wagner-Egger, P., Adam-Troian, J., Cordonier, L., Cafiero, F., & Bronner, G.	2022	France	General population adults	1760

7.2. Appendix B: Demographics and Measures Collected

Age category (please tick) (✓)

18-24	
25-34	
35-44	
45-54	
55-64	
65+	
Prefer not to say	

Which of these categories best describes your gender identity? (Please tick) (✓)

Woman	
Man	
Non-binary/non-conforming	
Transgender	
Prefer not to say	

Which of these categories describes your ethnicity best? (Please tick) (✓)

Asian or Asian British- Indian	
Asian or Asian British- Pakistani	
Asian or Asian British- Bangladeshi	
Asian or Asian British- Chinese	
Asian or Asian British- Any other Asian background	
Black, Black British, Caribbean, or African- Caribbean	

Black, Black British, Caribbean, or African- African	
Black, Black British, Caribbean, or African- Any other Black, Black British, or Caribbean background	
Mixed or multiple ethnic groups- White and Black Caribbean	
Mixed or multiple ethnic groups- White and Black African	
Mixed or multiple ethnic groups- White and Asian	
Mixed or multiple ethnic groups- Any other Mixed or multiple ethnic background	
White-English, Welsh, Scottish, Northern Irish or British	
White- Irish	
White- Gypsy or Irish Traveller	
White- Roma	
White- Any other White background	
Other ethnic group- Arab	
Other ethnic group- Any other ethnic group	
Prefer not to say	

Which one of these categories describes your religion best? (Please tick) (✓)

No religion	
Buddhist	
Christian	
Hindu	
Jewish	
Muslim	
Sikh	
Any other religion	
Prefer not to say	

What is the highest level of education/qualification you've completed? (Please tick) (✓)

No qualifications	
One to four GCSEs (any grade) or equivalent	
Five or more GCSEs (grade A* to C or 9 to 4) or equivalent	
One A-level or one to three AS-levels or equivalent	
Two or more A-levels or equivalent	
NVQ Level 1,2 or 3 or equivalent (e.g., BTEC General, BTEC National, OND or ONC)	
Degree or above (e.g., BA, BSc, NVQ Level 4, MSc, PhD)	
Apprenticeship	
Prefer not to say	

Have you needed mental health support for any reason (please select all that apply)? (✓)

Yes- Seeing a mental health professional currently	
Yes- Have seen a mental health professional in the past three years	
Yes- Receiving medication from GP currently	
Yes- Have received medication from GP in the past three years	
No- have never accessed support	
Prefer not to say	

Which of these categories best describes your relationship status? (Please tick) (✓)

Never married and never registered a same-sex civil partnership	
Married or in a registered same-sex civil partnership	
Separated, but still legally married or in a same-sex civil partnership	
Divorced or dissolved same-sex civil partnership	
Widowed or surviving same-sex civil partner	
Prefer not to say	

The Generic Conspiracist Beliefs Scale (Brotherton et al., 2013)

There is often debate about whether or not the public is told the whole truth about various important issues. This brief measure is designed to assess your beliefs about some of these subjects. Please indicate the degree to which you believe each statement is likely to be true.

(✓)	*Definitely not true*	*Probably not true*	*Not sure/ cannot decide*	*Probably true*	*Definitely true*
1. The government is involved in the murder of innocent citizens and/or well-known public figures, and keeps this a secret					
2. The power held by heads of state is second to that of small unknown groups who really control world politics					
3. Secret organizations communicate with extra-terrestrials, but keep this fact from the public					
4. The spread of certain viruses and/or diseases is the result of the deliberate, concealed efforts of some organization					
5. Groups of scientists manipulate, fabricate, or suppress evidence in order to deceive the public					
6. The government permits or perpetrates acts of terrorism on its own soil, disguising its involvement					
7. A small, secret group of people is responsible for making all major world decisions, such as going to war					
8. Evidence of alien contact is being concealed from the public					
9. Technology with mind-control capacities is used on people without their knowledge					
10. New and advanced technology which					

would harm current industry is being suppressed					
11. The government uses people as patsies to hide its involvement in criminal activity					
12. Certain significant events have been the result of the activity of a small group who secretly manipulate world events					
13. Some UFO sightings and rumours are planned or staged in order to distract the public from real alien contact					
14. Experiments involving new drugs or technologies are routinely carried out on the public without their knowledge or consent					
15. A lot of important information is deliberately concealed from the public out of self-interest					

Philadelphia Adverse Childhood Experiences (Cronholm et al., 2015)

This part of the interview will ask you about your experiences and adversities growing up. Please circle the answer

	1	2	3	4	5
1. While you were growing up how often did a parent, step-parent, or another adult living in your home swear at you, insult you, or put you down?	More than once	Once	Never		
2. While you were growing up, how often did a parent, step-parent, or another adult living in your home act in a way that made you afraid that you would be physically hurt?	More than once	Once	Never		
3. While you were growing up did a parent, step-parent, or another adult living in your	More than once	Once	Never		

	home push, grab, shove, or slap you?					
4.	While you were growing up, did a parent, step-parent, or another adult living in your home hit you so hard that you had marks or were injured?	More than once	Once	Never		
5.	During the first 18 years of life, did an adult or older relative, family friend, or stranger who was at least five years older than yourself ever touch or fondle you in a sexual way or have you touch their body in a sexual way?	Yes	No			
6.	During the first 18 years of life, did an adult or older relative, family friend, or stranger who was at least five years older than yourself ever attempt to have or actually have any type of sexual intercourse, oral, anal or vaginal with you?	Yes	No			
7.	While you were growing up, there was someone in your life who helped you feel important or special.	Very often true	Often true	Sometimes	Rarely true	Never true
8.	While you were growing up, your family sometimes cut the size of meals or skipped meals because there was not enough money in the budget for food.	Very often true	Often true	Sometimes	Rarely true	Never true
9.	While you were growing up, how often, if ever, did you see or hear in your home a parent, step parent, or another adult who was helping to raise you being slapped, kicked, punched, or beaten up?	Many times	A few times	Once	Never	
10.	While you were growing up, how often, if ever, did you see or hear in your home a parent, step parent, or another adult who was helping to raise you being hit or cut with an object, such as a stick, cane, bottle, club, knife or gun?	Many times	A few times	Once	Never	
11.	While you were growing up, did you live with anyone who was a problem drinker or alcoholic?	Yes	No			
12.	While you were growing up, did you live with anyone who used illegal street drugs or who abused prescription medications?	Yes	No			
13.	While you were growing up, did you live with anyone who was depressed or mentally ill?	Yes	No			
14.	While you were growing up, did you live with anyone who was suicidal?	Yes	No			

15. While you were growing up, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	Yes	No			
16. While you were growing up, how often, if ever, did you see or hear someone being beaten up, stabbed, or shot in real life?	Many times	A few times	Once	Never	
17. While you were growing up, how often did you feel that you were treated badly or unfairly because of your race or ethnicity?	Very often true	Often true	Sometimes	Rarely true	Never true
18. While you were growing up, did you feel safe in your neighbourhood?	All of the time	Most of the time	Some of the time	None of the time	
19. While you were growing up, did you feel people in your neighbourhood looked out for each other, stood up for each other, and could be trusted?	All of the time	Most of the time	Some of the time	None of the time	
20. While you were growing up, how often were you bullied by a peer or classmate?	All of the time	Most of the time	Some of the time	None of the time	
21. While you were growing up, were you ever in foster care?	Yes	No			

7.3. Appendix C: Research Advert

University of East London

Research Participants Needed!

Early life experiences and unconventional beliefs

- **Are you over 18 years of age?**
- **Do you speak English?**
- **Do you hold beliefs that other people or the media refer to as "conspiracy beliefs" or "conspiracy theories" but which you think are legitimate beliefs which are attempts to seek the truth?**

If so, we invite you to take part in our study.

What is the study?

We want to understand unconventional beliefs more. In particular we want to understand whether people's beliefs are affected by what has happened to them in their lives.

Who am I?

My name is Megan Patterson, and I am studying for a Professional Doctorate in Clinical Psychology at the University of East London. As part of my studies, I am conducting the research that you are being invited to take part in.

If you are interested, please get in contact with me via email. I will then send you more information about the study so you can decide whether to take part in it.

Megan Patterson on Email:
BeliefStudy@uel.ac.uk

7.4. Appendix D: Terminology and Consultation with UEL's People's Committee

An initial consultation with the UEL People's Committee highlighted that use of language and method of approach would be very important so as not to further other and stigmatise people who hold conspiracy beliefs. The term 'conspiracy theory' and 'conspiracy theorist' were identified as loaded in themselves, with the labels in some instances being viewed as pejorative, threatening and having extreme connotations, as well as it being an action to delegitimise knowledge (Fenster, 1999; Harambam, 2020). Hence, as recommended by the People's Committee, the term conspiracy beliefs and/or unconventional beliefs will be used in the present study. The committee also highlighted that it would be crucial to be mindful of the legitimate scepticism that people who hold conspiracy beliefs may have about engaging in research with a person associated with a university and academia. Further to this, the importance of transparency around the how people's data will be used and stored and for what purpose was acknowledged. This was of particularly salient for those who endorse conspiracy beliefs, particularly around monitoring and information being kept secret from the public.

7.5. Appendix E: Debrief Form

Debrief form

Participant Debrief Form

Early life experiences and unconventional beliefs

Contact person: Megan Patterson

Email: beliefstudy@uel.ac.uk

Thank you for participating in my research study on exploring the relationship between people's early life experiences and their beliefs. This document offers information that may be relevant in light of you having now taken part.

How will my data be managed?

The University of East London is the Data Controller for the personal information processed as part of this research project. The University will ensure that the personal data it processes is held securely and processed in accordance with the GDPR and the Data Protection Act 2018. More detailed information is available in the Participant Information Sheet, which you received when you agreed to take part in the research.

What will happen to the results of the research?

The research will be written up as a thesis and submitted for assessment for my doctoral degree. The thesis will be publicly available on UEL's online Repository. Findings will also be disseminated to a range of audiences (e.g., academics, clinicians, public, etc.) through journal articles, conference presentations, talks, magazine articles, blogs. In all material produced it will not be possible to identify you personally. For example, if you have been interviewed, any quotes from your interview will be anonymised (e.g., names of people and places will be changed) and it will not be possible to identify you from them. You will be given the option to receive a summary of the research findings once the study has been completed for which relevant contact details will need to be provided. Anonymised research data will be securely stored by Professor David Harper for a maximum of five years, following which all data will be deleted.

What if I been adversely affected by taking part?

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise distress or harm of any kind. Nevertheless, it is possible that your participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. If you have been affected in any of those ways, you may find the following resources/services helpful in relation to obtaining information and support:

- **Samaritans-** To talk about anything that is upsetting you, you can contact Samaritans 24 hours a day, 365 days a year. You can call 116 123 (free from any phone), email jo@samaritans.org or visit some branches in person.
- **SANEline-** If you're experiencing a mental health problem or supporting someone else, you can call SANEline on 0300 304 7000 (4.30pm–10.30pm every day).
- **Shout-** If you would prefer not to talk but want some mental health support, you could text SHOUT to 85258. Shout offers a confidential 24/7 text service providing support if you are in crisis and need immediate help.

Who can I contact if I have any questions/concerns?

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Megan Patterson, Trainee Clinical Psychologist, School of Psychology, University of East London, Water Lane, London E15 4LZ

(Email: u2075226@uel.ac.uk)

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor:

Prof. David Harper, School of Psychology, University of East London, Water Lane, London E15 4LZ,

(Email: d.harper@uel.ac.uk)

Or

Chair of School Ethics Committee:

Dr Trishna Patel, School of Psychology, University of East London, Water Lane,

London E15 4LZ.

(Email: t.patel@uel.ac.uk)

Thank you for taking part in my study

7.6. Appendix F: Interview Codebook

Table A2

Interview Codes, Definitions and Occurrence in Interviews

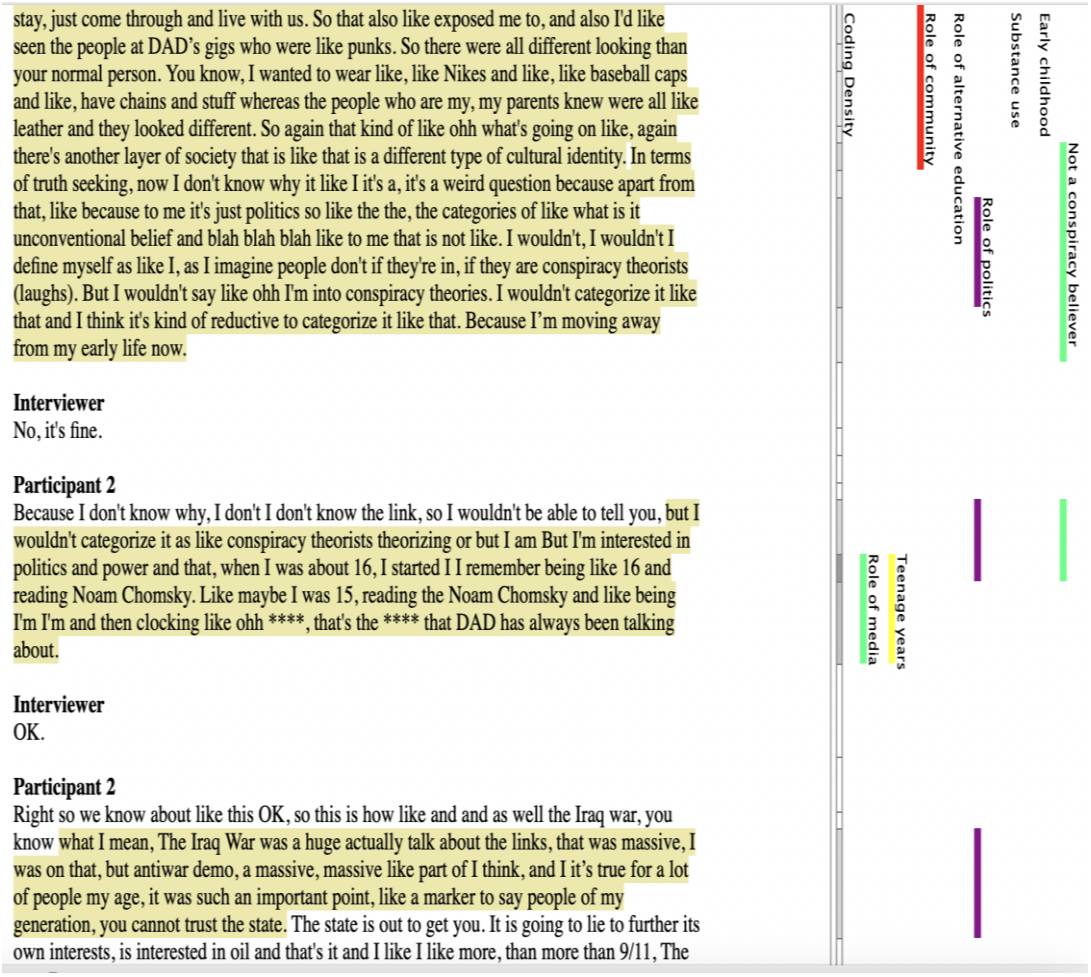
Code name	Code definition	Number of interviews code mentioned in	Number of times code referenced across interviews
Beliefs still evolving	Mentioned beliefs as still evolving or changing in adulthood up to the present time	2	5
Celebrity theorist	Mentioned key celebrity figures who promote conspiracy beliefs (Andrew Tate, David Icke, Jordan Peterson)	2	3
Early childhood	Mentioned early childhood (0-12) as a time when beliefs developed	3	8
Engaging with information differently	Part of the development of beliefs was knowing how to find real or true information and how to analyse it, which is different to the mainstream	2	2
Experiences of discrimination	Mentioned personal experience of discrimination (not related to beliefs).	1	7
Specific moments	Mentioned lightbulb moment, things clicking, becoming awake at a specific point in time/after a specific event at some point in early life	2	3
Making links	Part of the process of developing beliefs was making new links/connection between information	2	2
Not a conspiracy believer	Described how people (including themselves), or theories are not conspiracies but some other form of truth seeker or counter knowledge	3	10
Gradual development of mistrust	Mentioned mistrust as gradually developing over the course of someone's life, no lightbulb moment	2	5
Parental adversity	Described their parents as having experienced adversity or abuse (not the participant themselves).	1	7
Parental mental health issues	Participant mentioned parents having mental health issues	1	2
Parental separation	Referred to experiences of parental separation	1	1
Parental substance use	Mentioned parental substance use and/or misuse	2	2
Personal research	The process of finding and making sense of research themselves in the	2	4

	development of beliefs		
Influence of alternative education	The role of education and learning from outside mainstream/dominant narratives as impacting development of beliefs. Could be from direct sources (friends, family) or from media	2	6
Influence of class	Role of class/SES in developing beliefs	1	12
Influence of community	Role of having a community, friends, or like-minded people to discuss and support ones' beliefs as part of their development	3	18
Influence of family	The role of family's (extended and immediate) ideas, beliefs, practices, and culture in development of beliefs	3	32
Influence of alternative media	Role of media (film, books, news, documentaries) in influencing the development of beliefs	3	23
Influence of oppression	Role of oppression in general in developing beliefs	2	3
Influence of race	Role of racism and colonialism in developing beliefs	1	9
Influence of religion	Role of religion in developing beliefs	2	12
Influence of politics	Role of politics, government or political movements	3	21
Influence of school	Role of mainstream school or education in developing beliefs	3	9
Influence of significant world events	Role of significant events (e.g., 9/11, Covid) in developing of beliefs	2	10
Influence of social media	Role of social media (e.g., Twitter, Facebook, Reddit) on development of beliefs and sharing ideas. Can talk about the advent of social media.	2	4
Separating from nonsense	Mentioned how their beliefs are different and distanced their beliefs from others which, they think are nonsense, crazy, or give conspiracy beliefs a bad name	2	4
Stigma	Described experiences of stigma related to their beliefs e.g., being called a 'whack job'	2	4
Substance use	Mentioned personal experience of substance use or misuse	1	4
Teenage years	Referred to forming beliefs during teenage years	3	12
Young adulthood	Young adulthood (20s) as being a key time when beliefs developed	2	2

7.7. Appendix G: Transcript and Coding Sample

Figure A1

Transcript and Coding Example from NVivo 12



stay, just come through and live with us. So that also like exposed me to, and also I'd like seen the people at DAD's gigs who were like punks. So there were all different looking than your normal person. You know, I wanted to wear like, like Nikes and like, like baseball caps and like, have chains and stuff whereas the people who are my, my parents knew were all like leather and they looked different. So again that kind of like ohh what's going on like, again there's another layer of society that is like that is a different type of cultural identity. In terms of truth seeking, now I don't know why it like I it's a, it's a weird question because apart from that, like because to me it's just politics so like the the, the categories of like what is it unconventional belief and blah blah blah like to me that is not like. I wouldn't, I wouldn't I define myself as like I, as I imagine people don't if they're in, if they are conspiracy theorists (laughs). But I wouldn't say like ohh I'm into conspiracy theories. I wouldn't categorize it like that and I think it's kind of reductive to categorize it like that. Because I'm moving away from my early life now.

Interviewer
No, it's fine.

Participant 2
Because I don't know why, I don't I don't know the link, so I wouldn't be able to tell you, but I wouldn't categorize it as like conspiracy theorists theorizing or but I am But I'm interested in politics and power and that, when I was about 16, I started I I remember being like 16 and reading Noam Chomsky. Like maybe I was 15, reading the Noam Chomsky and like being I'm I'm and then clocking like ohh ****, that's the **** that DAD has always been talking about.

Interviewer
OK.

Participant 2
Right so we know about like this OK, so this is how like and and as well the Iraq war, you know what I mean, The Iraq War was a huge actually talk about the links, that was massive, I was on that, but antiwar demo, a massive, massive like part of I think, and I it's true for a lot of people my age, it was such an important point, like a marker to say people of my generation, you cannot trust the state. The state is out to get you. It is going to lie to further its own interests, is interested in oil and that's it and I like I like more, than more than 9/11, The

7.8. Appendix H: Codes, Subthemes and Themes

Table A3

Codes, Subthemes and Themes from Thematic Analysis

Code	Subtheme Level 1	Subtheme Level 2	Theme
Influences of significant world events	Early questioning of the truth	Early questioning of the truth	Questioning “the truth”: Multi-faceted development of scepticism
Young adulthood			
Teenage years			
Early childhood			
Specific moments			
Substance use			
Gradual development of mistrust	Evolving scepticism	Evolving scepticism	
Beliefs still evolving			
Influence of social media	Authentication from prominent believers	Relationships and beliefs	Exposure to “new truths”: Becoming a Conspiracy Believer and Finding a Community
Celebrity theorist			
Influence of community	Role of immediate relationships		
Influence of family			
Influence of alternative media			

Influence of alternative education	Learning alternative narratives	Process of leaving the mainstream	
Separating from nonsense	Forging of identity		
Not a conspiracy believer			
Stigma	Stigma		
Engaging with information differently	Connecting the dots		
Personal research			
Making links			
Parental adversity	Parental adverse experiences	Familial adversity	Underbelly of “the truth”: relative influence of adversity on beliefs
Parental mental health issues			
Parental separation			
Parental substance use			
Experiences of discrimination	Exposure to societal power	Exposure to oppressive systems	
Influence of class			
Influence of oppression			
Influence of race			
Influence of religion	Questioning the legitimacy of mainstream institutions		
Influence of school			
Influence of politics			

7.9. Appendix I: Media Analysis Codebook

Table A4

Media Analysis Codes and Definition

Code	Definition
Article Type	Is the article a news story, commentary, feature or interview?
Belief	Article expresses or strongly implies that a conspiracy theory is, or is very likely to be, true.
Disbelief	Article expresses or strongly implies that the conspiracy theory is, or is very likely to be, false
Authenticating	Article refers explicitly to some authority, whether self or others, to support an argument or position
Directive	Article encourages audience to engage (or avoid engaging) in some course of action
Rhetorical	Article asks a rhetorical or clearly leading question; may include “clickbait”-style headlines
Prudent	Article uses cautionary statements, usually used to qualify what followed as "hearsay."
Apprehensive	Article expressed conspiracy related fear, dread, anxiety, or apprehension and included statements that expressed a "threatened" feeling
Sensemaking	Article attempts at solving or make sense of an issue, namely whether or not the theory was true.
Ridicule	Article uses ridicule, sarcasm or condescending language around someone else's beliefs or comments. Can include comments on ‘madness’ of theories.
Wish	Article conveys a hope or a wish for some desired object or consequence
Personal	Article includes statements that describe the person's experiences in the context of the theory
Named believers	Article is about an individual, specific people’s or a specific group’s conspiracy beliefs. In terms of groups, article needs to name a specific group, not just general views/people/ trolls on internet not huge groups, like ‘right wingers’, ‘libertarians’ e.g., Andrew Tate Supporters, Trump supporters, BNP, climate deniers
Early life	Article mentions early life experiences of people who hold beliefs
Adversity	Article mentions adversity experienced by people who hold beliefs
Development	Article mentions how/why the beliefs developed for people

7.10. Appendix J: Example of News Article Coding

Jewish group and MPs urge GB News to stop indulging conspiracy theories

Wed 8 Feb 2023

Peter Walker

Political correspondent

Fears antisemitic tropes are being spread after host Neil Oliver discusses plan to impose 'one-world government'

The UK's leading Jewish organisation and a group of MPs have called on GB News and the media regulator Ofcom to tackle the broadcaster's indulgence of conspiracy theories, warning that some recent segments and guests risked spreading ideas linked to antisemitism.

The criticism comes as the channel faces increasing scrutiny over its mix of serious news with programmes that delve heavily into conspiracies about areas including Covid vaccines and a plot to create a world government.

The decision by the Board of Deputies of British Jews and the all-party parliamentary group against antisemitism to speak out follows a recent edition of the weekly GB News show hosted by Neil Oliver, the broadcaster and historian.

Oliver, who delivers trademark monologues to camera, used the show last Saturday to discuss what he called a "silent war" by generations of politicians to take "total control of the people" and impose a "one-world government".

The idea seemingly echoes a noted conspiracy theory document called Silent Weapons for Quiet Wars, supposedly a secret manual for world government found by chance in 1986. This has a long section on the role of the Rothschild banking dynasty, a common antisemitic trope.

On the same show, one of Oliver's guests was a man called William Keyte, introduced as a "constitutional expert", who is a supporter of a fringe campaign group called the New Chartist Movement.

Keyte's focus is on the supposed primacy of common law over parliament, which has no crossover with antisemitic ideas.

However, the New Chartist Movement website contains articles written by other members and contributors that contain antisemitic-linked ideas. It also features pieces written by David Icke, the TV presenter-turned conspiracy theorist who has claimed that a shadowy cabal controls the world, a familiar antisemitic argument.

Other articles on the New Chartist website include one arguing that the "corporate and banking Deep State, completely supported by the Zionist state of Israel" plans to take control of UK politics, another antisemitic notion. Another argues that the "House of Rothschild" has a pivotal role in world affairs.

Keyte has contributed an interview to another conspiracy theory website. While his video is about the common law, other parts of the site include conspiracies about Covid and the 5G network, plus a video with antisemitic overtones about the "illuminati" and the Bilderberg group.

Keyte told the Guardian his interest was in constitutional law. He said: "It seems a shame that rather than focus on the important issues I raised in the interview with Neil in which so many people appear to be interested, you seem to be embarking on a piece about antisemitism. I do not condone antisemitism, but nor do I support the use of the subject to detract from other important issues."

A spokesperson for the Board of Deputies of British Jews said: "It is highly concerning that GB News continues to air a show which embraces all manner of conspiracy theories. Somewhat inevitably, some of those invited on to this show represent organisations that promote antisemitic conspiracy theories. If the channel will not act, we expect that Ofcom will."

Nicola Richards, the Conservative MP who co-chairs the all-party group against antisemitism, said: "Media diversity is incredibly important but not at the expense of professional standards. These developments should be of concern to GB News editors, owners, and producers and I hope they will be carefully reviewing them. With any public platform, there is a responsibility not to open the door to conspiratorial antisemitism or other misinformation.

"No doubt Ofcom will be keeping a close eye on developments at GB News but let's hope that the channel will get its house in order."

Ofcom is understood to be looking into whether it should investigate Oliver's show on Saturday after a complaint. The watchdog is looking into two complaints about another conspiracy theory-heavy GB News show, hosted by Mark Steyn.

Steyn, who has cast doubt on the safety of Covid vaccines, quit the channel this week after GB News sought to make him personally responsible for paying any Ofcom fines. A GB News spokesperson said: "GB News abhors racism and hate in all its forms and would never allow it on the channel."

Table A5

Media Analysis Coding Example

Code name	Coding
Article type	News Story
Belief	No
Disbelief	Yes
Authenticating	Yes
Directive	No
Rhetorical	No
Prudent	No
Apprehensive	Yes
Sensemaking	Yes
Ridicule	Yes
Wish	No
Personal	No
Named believers	Yes
Early life	No
Adversity	No
Development	No

7.11. Appendix K: UEL Ethics Application

UNIVERSITY OF EAST LONDON

School of Psychology

APPLICATION FOR RESEARCH ETHICS APPROVAL

1. Section 1 – Guidance on Completing the Application Form 2. (please read carefully)	
1.1	Before completing this application, please familiarise yourself with: ▪ British Psychological Society's Code of Ethics and Conduct ▪ UEL's Code of Practice for Research Ethics ▪ UEL's Research Data Management Policy ▪ UEL's Data Backup Policy
1.2	Email your supervisor the completed application and all attachments as ONE WORD DOCUMENT. Your supervisor will look over your application and provide feedback.
1.3	When your application demonstrates a sound ethical protocol, your supervisor will submit it for review.
1.4	Your supervisor will let you know the outcome of your application. Recruitment and data collection must **NOT** commence until your ethics application has been approved, along with other approvals that may be necessary (see section 7).
1.5	Research in the NHS: ▪ If your research involves patients or service users of the NHS, their relatives or carers, as well as those in receipt of services provided under contract to the NHS, you will need to apply for HRA approval/NHS permission (through IRAS). You DO NOT need to apply to the School of Psychology for ethical clearance. ▪ Useful websites: https://www.myresearchproject.org.uk/Signin.aspx https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/hra-approval/ ▪ If recruitment involves NHS staff via the NHS, an application will need to be submitted to the HRA in order to obtain R&D approval. This is in addition to separate approval via the R&D department of the NHS Trust involved in the research. UEL ethical approval will also be required. ▪ HRA/R&D approval is not required for research when NHS employees are not recruited directly through NHS lines of communication (UEL ethical approval is required). This means that NHS staff can participate in research without HRA approval when a student recruits via their

	own social/professional networks or through a professional body such as the BPS, for example. ▪ The School strongly discourages BSc and MSc/MA students from designing research that requires HRA approval for research involving the NHS, as this can be a very demanding and lengthy process.
1.6	If you require Disclosure Barring Service (DBS) clearance (see section 6), please request a DBS clearance form from the Hub, complete it fully, and return it to applicantchecks@uel.ac.uk. Once the form has been approved, you will be registered with GBG Online Disclosures and a registration email will be sent to you. Guidance for completing the online form is provided on the GBG website: https://fadv.onlinedisclosures.co.uk/Authentication/Login You may also find the following website to be a useful resource: https://www.gov.uk/government/organisations/disclosure-and-barring-service
1.7	Checklist, the following attachments should be included if appropriate: ▪ Study advertisement ▪ Participant Information Sheet (PIS) ▪ Participant Consent Form ▪ Participant Debrief Sheet ▪ Risk Assessment Form/Country-Specific Risk Assessment Form (see section 5) ▪ Permission from an external organisation (see section 7) ▪ Original and/or pre-existing questionnaire(s) and test(s) you intend to use ▪ Interview guide for qualitative studies ▪ Visual material(s) you intend showing participants

FOR RESEARCH INVOLVING HUMAN PARTICIPANTS

(Updated October 2021)

FOR BSc RESEARCH;

MSc/MA RESEARCH;

PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL, COUNSELLING & EDUCATIONAL PSYCHOLOGY

3. Section 2 – Your Details

2.1	**Your name:**	**Megan Patterson**
2.2	**Your supervisor's name:**	**Prof David Harper**
2.3	**Name(s) of additional UEL supervisors:**	**Maria Castro**
		3rd supervisor (if applicable)
2.4	**Title of your programme:**	**Prof Doctorate of Clinical Psychology**

2.5	**UEL assignment submission date:**	**01/05/2023** Re-sit date (if applicable)

4. Section 3 – Project Details

Please give as much detail as necessary for a reviewer to be able to fully understand the nature and purpose of your research.

3.1	**Study title:** Please note - If your study requires registration, the title inserted here must be the same as that on PhD Manager	**Exploring the Relationship Between People's Early Life Experiences and Conspiracy Beliefs in Adulthood [short title to be used on Participant Information sheet etc is "Early life experiences and unconventional beliefs"]**
3.2	**Summary of study background and aims (using lay language):**	There has been relatively little research interest in examining whether there is a relationship between early life adversity and conspiracy beliefs. The current mixed methods study will explore this topic.
3.3	**Research question(s):**	The study will focus on the following research aims; A) investigating if there is a relationship between experiencing adverse childhood experiences and holding conspiratorial beliefs in adulthood and B) exploring the nature of any relationship between early life experiences and how participants came to hold conspiracy beliefs.
3.4	**Research design:**	This will be a mixed methods study. The initial phase of the research will be a cross-sectional online survey. The second phase of the study will be one to one biographical narrative interviews with participants who have endorsed conspiracy beliefs.
3.5	**Participants:** Include all relevant information including inclusion and exclusion criteria	Participants will be English speaking adults from the general population. A sample size of 84 participants is required for the quantitative phase of this study. For the qualitative phase, two groups will be recruited to enable comparison: people who have experienced a high number of adverse childhood experiences (ACEs); people who have experienced a low number of ACEs.
3.6	**Recruitment strategy:** Provide as much detail as possible and include a backup plan if relevant	The research will be advertised through a mixture of channels including word of mouth, advertising in free media (e.g., local newspapers, local bulletin boards)

		and on social media groups (e.g., Facebook area groups). These strategies have been shown to be effective in recruiting people with conspiracy beliefs in previous research (Gerry, 2012; Harambam & Aupers, 2017; Park et al., 2020). The advert will ask people to email to the researcher's UEL email address if they are interested in taking part or have any questions. When people email their interest, an information sheet will be provided. If participants are still interested at this point, consent will be obtained and an online survey link sent to them by email. As a backup plan, if enough participants are not identified through the means above, the quantitative element of the project (which requires 84 participants) will be dropped and the qualitative part (which requires only approximately 16 participants) will become the sole part of the research project.
3.7	**Measures, materials or equipment:** Provide detailed information, e.g., for measures, include scoring instructions, psychometric properties, if freely available, permissions required, etc.	A set of demographics, including age, ethnicity, religion and contact with mental health services will be recorded. This demographic data will be categorical. In addition, two questionnaires will be used (see Appendix D). The 15-item Generic Conspiracist Beliefs Scale (Brotherton et al., 2013) will be used to assess participants' overall level of conspiracy belief. The other measure to be used is the 21-item expanded version of the Adverse Childhood Experiences questionnaire, the Philadelphia Adverse Childhood Experiences (PHL-ACEs; Cronholm et al., 2015).
3.8	**Data collection:** Provide information on how data will be collected from the point of consent to debrief	After people respond to an advert, a participant information sheet will be provided, and consent will be sought if they agree to take part in the study. Participants will indicate consent by ticking a list of statements for various aspects of data collection, storage, and use, prior to commencing the study. Personal data will be collected on consent forms (names) and prior to the interview (email address and/or

		telephone number for purposes of arranging the interview, via the researcher's UEL email address). Participants will then be asked to complete an online survey using Qualtrics (or hard copies if there are issues with internet accessibility). An online survey link sent to them by email. The survey will collect demographics and data from the GCBS and PHL-ACEs. Data from Qualtrics will be downloaded as CSV files and then tidied in Microsoft Excel (.xls files) and imported to SPSS (.sav files). Participants' scores on GCBS will be calculated and if they endorse holding conspiracy beliefs (e.g. by using mean scores), participants will be invited to take part in an interview. Individual interviews will take place with approximately 16 people who endorse holding conspiracy beliefs (from Qualitrics survey). These interviews will explore approximately 16 participants' life stories and the relationship between their early life experiences and how they came to hold conspiracy beliefs will be carried out. Recordings of interviews will be stored on Microsoft Teams and played on Microsoft Stream. Transcriptions will be downloaded as Microsoft Word files (docx.). Word files will be imported to Nvivo.No further data will be created in the process of analysing the transcripts. Each participant will be given a participant number and all identifiable information (e.g., names, job location, identifiable scenarios) anonymised in the interview transcripts.	
3.9	**Will you be engaging in deception?**	**YES** ☐	**NO** ☒
	If yes, what will participants be told about the nature of the research, and how/when will you inform them about its real nature?	If you selected yes, please provide more information here	
3.10	**Will participants be reimbursed?**	**YES** ☐	**NO** ☒

	If yes, please detail why it is necessary.	If you selected yes, please provide more information here
	How much will you offer? Please note - This must be in the form of vouchers, not cash.	Please state the value of vouchers
3.11	**Data analysis:**	For the quantitative phase of the research, data will be entered and analysed using SPSS software. A mixture of descriptive statistics and Pearson's R correlation will be used to analyse the demographic data and will test whether there is a significant relationship between experiencing ACEs and holding conspiracy beliefs in adulthood (providing the data meets relevant assumptions). A grounded theory approach will be used to analyse the interview data on Nvivo software (Charmaz, 2006).

5. Section 4 – Confidentiality, Security and Data Retention

It is vital that data are handled carefully, particularly the details about participants. For information in this area, please see the UEL guidance on data protection, and also the UK government guide to data protection regulations.

If a Research Data Management Plan (RDMP) has been completed and reviewed, information from this document can be inserted here.

4.1	**Will the participants be anonymised at source?**	**YES** ☒	**NO** ☐
	If yes, please provide details of how the data will be anonymised.	Participants will be anonymised at source for the online survey but not for the interviews. For the survey, in Qualtrics, the 'anonymise responses' setting will be enabled to ensure data are gathered using anonymous links. This will remove participants IP addresses and location data from the results. No further data will be created in the process of analysing the transcripts. Demographic data collected during the survey will not directly identify individuals and they will not be asked to enter their name, date of birth or address. Participants will be asked to select a participant ID before completing the online survey.	
4.2	**Are participants' responses anonymised or are an anonymised sample?**	**YES** ☐	**NO** X
	If yes, please provide details of how data will be anonymised (e.g., all identifying	As noted, the survey sample will be anonymised at source but, for the	

	information will be removed during transcription, pseudonyms used, etc.).	interviews, transcripts will be anonymised (see below) For quantitative analysis of the survey, the anonymised data will be downloaded and saved to the researcher's password protected UEL OneDrive cloud service, which will be encrypted. For the qualitative analysis, data will be pseudonymised and participant IDs used. Any identifying information mentioned within interviews will be substituted at the point of checking the transcription produced by Teams.
4.3	**How will you ensure participant details will be kept confidential?**	Personal or research data will not be shared with anyone outside the research team. In order to ensure participant confidentiality, apart from anonymised quotes, other data will not be shared with anyone outside of the research team. Any data shared with the supervisor will be done so via secure UEL email. Survey data will be collected on UEL's Qualtrics secure questionnaire site. This will be password protected and only accessible by the research team. Data from qualitative interviews will be kept confidential unless the researcher (in consultation with their supervisor) has concerns for someone's safety. In this scenario, participants will be consulted before any next steps are taken, as long as it is possible. Upon completion of the study, participants will be asked to note their participant number as this will be required if they wish to withdraw from the study after completion.
4.4	**How will data be securely stored and backed up during the research?** Please include details of how you will manage access, sharing and security	Electronic consent forms will be saved in a separate H: Drive folder to other research data and will be encrypted. Personally identifying data (names, contact details etc.) will only be stored (securely) for as long as absolutely necessary and then permanently deleted. Those wishing to receive additional information about the study will have the option to enter their email address during the online survey. This will be stored on a

		separate password protected document which only the researcher will have access to. Research data will not be linkable to the details on this spreadsheet. Survey data will be collected on UEL's Qualtrics secure questionnaire site. This will be password protected and only accessible by the research team. For quantitative analysis, the anonymised spreadsheet will be downloaded and saved to the researcher's password protected UEL OneDrive cloud service, which will be encrypted. Each file of questionnaire data will be named with the participants' participant number and the dates of the data completion. All data will be deleted from the Qualtrics server at the end of the study. Video recordings from Microsoft teams will be auto-transcribed and stored on Microsoft stream. Transcriptions of interview data from Microsoft Teams will be downloaded and saved on the researcher's password protected UEL OneDrive cloud service, which will be encrypted. All data and information will be backed up onto the researcher's UEL H: Drive, which will be accessed through the Virtual Private Network and the UEL Remote App.Once the researcher leaves UEL, all anonymised data will be shared with the supervisor and the supervisor will store this data on the UEL OneDrive. All personal and research data will be deleted from the researcher's personal access, and nothing will be stored on personal drives
4.5	**Who will have access to the data and in what form?** (e.g., raw data, anonymised data)	The researcher will have access to the raw data. The researcher will share access to anonymised survey and interview data with their supervisor and the examiners. The files will be shared by the facility of UEL OneDrive for Business. No-one else will have access to research data. UEL storage will be used and accessed from my password protected laptop. Anonymised quotes from interviews may be used in the thesis report and future publications.
4.6	**Which data are of long-term value and will be retained?**	Electronic copies of consent forms will be kept until the thesis has been examined and passed. They will then be erased

	(e.g., anonymised interview transcripts, anonymised databases)	from the secure server. All data will be erased from the researcher's OneDrive and H: Drive once the thesis has been examined and passed. The anonymised database will be retained by the research supervisor and stored on their UEL OneDrive for a maximum of five years for dissemination purposes.	
4.7	**What is the long-term retention plan for this data?**	Once the researcher leaves UEL, all anonymised data will be shared with the supervisor and the supervisor will store this data on the UEL OneDrive. This will then be deleted after 5 years. Participants will be made aware of these data storage intentions in the consent and debrief forms.	
4.8	**Will anonymised data be made available for use in future research by other researchers?**	**YES** ☐	**NO** ☒
	If yes, have participants been informed of this?	**YES** ☐	**NO** ☐
4.9	**Will personal contact details be retained to contact participants in the future for other research studies?**	**YES** ☐	**NO** ☒
	If yes, have participants been informed of this?	**YES** ☐	**NO** ☐

6. Section 5 – Risk Assessment

If you have serious concerns about the safety of a participant, or others, during the course of your research please speak with your supervisor as soon as possible. If there is any unexpected occurrence while you are collecting your data (e.g., a participant or the researcher injures themselves), please report this to your supervisor as soon as possible.

5.1	**Are there any potential physical or psychological risks to participants related to taking part?** (e.g., potential adverse effects, pain, discomfort, emotional distress, intrusion, etc.)	**YES** ☒	**NO** ☐
	If yes, what are these, and how will they be minimised?	Speaking about adverse experiences may bring up difficult memories and experiences for participants. Therefore, resources will be provided to participants in the information sheet of where to find support, should they need it (e.g., Samaritans). It will also be highlighted that participants can stop an interview and withdraw their participation (at any point up to two weeks after data collection). If participants close the survey part way, this will be viewed as a withdrawal of	

		consent and any data provided will not be used.		
5.2	**Are there any potential physical or psychological risks to you as a researcher?**	**YES** ☒	**NO** ☐	
	If yes, what are these, and how will they be minimised?	The personal impact of research will be discussed in supervision as the researcher may witness potentially traumatic narratives and hear beliefs that may personally challenge them.		
5.3	**If you answered yes to either 5.1 and/or 5.2, you will need to complete and include a General Risk Assessment (GRA) form (signed by your supervisor). Please confirm that you have attached a GRA form as an appendix:**	**YES** ☒		
5.4	**If necessary, have appropriate support services been identified in material provided to participants?**	**YES** ☒	**NO** ☐	**N/A** ☐
5.5	**Does the research take place outside the UEL campus?**	**YES** ☒	**NO** ☐	
	If yes, where?	Online		
5.6	**Does the research take place outside the UK?**	**YES** ☐	**NO** ☒	
	If yes, where?	Please state the country and other relevant details		
	If yes, in addition to the General Risk Assessment form, a Country-Specific Risk Assessment form must also be completed and included (available in the Ethics folder in the Psychology Noticeboard). Please confirm a Country-Specific Risk Assessment form has been attached as an appendix. Please note - A Country-Specific Risk Assessment form is not needed if the research is online only (e.g., Qualtrics survey), regardless of the location of the researcher or the participants.	**YES** ☐		
5.7	**Additional guidance:** ▪ For assistance in completing the risk assessment, please use the AIG Travel Guard website to ascertain risk levels. Click on 'sign in' and then 'register here' using policy # 0015865161. Please also consult the Foreign Office travel advice website for further guidance. ▪ For on campus students, once the ethics application has been approved by a reviewer, all risk assessments for research abroad			

	must then be signed by the Director of Impact and Innovation, Professor Ian Tucker (who may escalate it up to the Vice Chancellor). ▪ For distance learning students conducting research abroad in the country where they currently reside, a risk assessment must also be carried out. To minimise risk, it is recommended that such students only conduct data collection online. If the project is deemed low risk, then it is not necessary for the risk assessment to be signed by the Director of Impact and Innovation. However, if not deemed low risk, it must be signed by the Director of Impact and Innovation (or potentially the Vice Chancellor). ▪ Undergraduate and M-level students are not explicitly prohibited from conducting research abroad. However, it is discouraged because of the inexperience of the students and the time constraints they have to complete their degree.

7. Section 6 – Disclosure and Barring Service (DBS) Clearance

6.1	**Does your research involve working with children (aged 16 or under) or vulnerable adults (*see below for definition)?** If yes, you will require Disclosure Barring Service (DBS) or equivalent (for those residing in countries outside of the UK) clearance to conduct the research project	**YES** ☐	**NO** ☒
	* You are required to have DBS or equivalent clearance if your participant group involves: (1) Children and young people who are 16 years of age or under, or (2) 'Vulnerable' people aged 16 and over with particular psychiatric diagnoses, cognitive difficulties, receiving domestic care, in nursing homes, in palliative care, living in institutions or sheltered accommodation, or involved in the criminal justice system, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak with your supervisor. Methods that maximise the understanding and ability of vulnerable people to give consent should be used whenever possible.		
6.2	**Do you have DBS or equivalent (for those residing in countries outside of the UK) clearance to conduct the research project?**	**YES** ☐	**NO** ☐
6.3	**Is your DBS or equivalent (for those residing in countries outside of the UK) clearance valid for the duration of the research project?**	**YES** ☐	**NO** ☐
6.4	**If you have current DBS clearance, please provide your DBS certificate number:**	Please enter your DBS certificate number	

	If residing outside of the UK, please detail the type of clearance and/or provide certificate number.	Please provide details of the type of clearance, including any identification information such as a certificate number
6.5	**Additional guidance:** ▪ If participants are aged 16 or under, you will need two separate information sheets, consent forms, and debrief forms (one for the participant, and one for their parent/guardian). ▪ For younger participants, their information sheets, consent form, and debrief form need to be written in age-appropriate language.	

8. Section 7 – Other Permissions

7.1	**Does the research involve other organisations (e.g., a school, charity, workplace, local authority, care home, etc.)?**	**YES** ☐	**NO** ☒
	If yes, please provide their details.	Please provide details of organisation	
	If yes, written permission is needed from such organisations (i.e., if they are helping you with recruitment and/or data collection, if you are collecting data on their premises, or if you are using any material owned by the institution/organisation). Please confirm that you have attached written permission as an appendix.	**YES** ☐	
7.2	**Additional guidance:** ▪ Before the research commences, once your ethics application has been approved, please ensure that you provide the organisation with a copy of the final, approved ethics application or approval letter. Please then prepare a version of the consent form for the organisation themselves to sign. You can adapt it by replacing words such as 'my' or 'I' with 'our organisation' or with the title of the organisation. This organisational consent form must be signed before the research can commence. ▪ If the organisation has their own ethics committee and review process, a SREC application and approval is still required. Ethics approval from SREC can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by the School and other ethics committee/s.		

9. Section 8 – Declarations

8.1	**Declaration by student. I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor:**	**YES** ☒
8.2	**Student's name:** (Typed name acts as a signature)	**Megan Patterson**
8.3	**Student's number:**	**U2075226**
8.4	**Date:**	**17/06/2022**
Supervisor's declaration of support is given upon their electronic submission of the application		

Student checklist for appendices – ***for student use only***

Documents attached to ethics application	**YES**	**N/A**
Study advertisement	☒	☐
Participant Information Sheet (PIS)	☒	☐
Consent Form	☒	☐
Participant Debrief Sheet	☒	☐
Risk Assessment Form	☒	☐
Country-Specific Risk Assessment Form	☐	☐
Permission(s) from an external organisation(s)	☐	☐
Pre-existing questionnaires that will be administered	☒	☐
Researcher developed questionnaires/questions that will be administered	☐	☐
Pre-existing tests that will be administered	☐	☐
Researcher developed tests that will be administered	☐	☐
Interview guide for qualitative studies	☒	☐
Any other visual material(s) that will be administered	☐	☐
All suggested text in RED has been removed from the appendices	☐	☐
All guidance boxes have been removed from the appendices	☐	☐

7.12. Appendix L: Ethics Approval Letter

University of East London

School of Psychology Ethics Committee

NOTICE OF ETHICS REVIEW DECISION LETTER

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

Reviewer: Please complete sections in **blue** | **Student:** Please complete/read sections in **orange**

Details	
Reviewer:	**Ian Tucker**
Supervisor:	**David Harper**
Student:	**Megan Patterson**
Course:	**Prof Doc Clinical Psychology**
Title of proposed study:	**Exploring the Relationship Between People's Early Life Experiences and Conspiracy Beliefs in Adulthood [short title to be used on Participant Information sheet etc is "Early life experiences and unconventional beliefs"]**

Checklist (Optional)			
	YES	**NO**	**N/A**
Concerns regarding study aims (e.g., ethically/morally questionable, unsuitable topic area for level of study, etc.)	☐	☐	☐
Detailed account of participants, including inclusion and exclusion criteria	☐	☐	☐
Concerns regarding participants/target sample	☐	☐	☐
Detailed account of recruitment strategy	☐	☐	☐
Concerns regarding recruitment strategy	☐	☐	☐
All relevant study materials attached (e.g., freely available questionnaires, interview schedules, tests, etc.)	☐	☐	☐
Study materials (e.g., questionnaires, tests, etc.) are appropriate for target sample	☐	☐	☐
Clear and detailed outline of data collection	☐	☐	☐
Data collection appropriate for target sample	☐	☐	☐
If deception being used, rationale provided, and appropriate steps followed to communicate study aims at a later point	☐	☐	☐
If data collection is not anonymous, appropriate steps taken at later stages to ensure participant anonymity (e.g., data analysis, dissemination, etc.) – anonymisation, pseudonymisation	☐	☐	☐
Concerns regarding data storage (e.g., location, type of data, etc.)	☐	☐	☐
Concerns regarding data sharing (e.g., who will have access and how)	☐	☐	☐
Concerns regarding data retention (e.g., unspecified length of time, unclear why data will be retained/who will have access/where stored)	☐	☐	☐
If required, General Risk Assessment form attached	☐	☐	☐
Any physical/psychological risks/burdens to participants have been sufficiently considered and appropriate attempts will be made to minimise	☐	☐	☐
Any physical/psychological risks to the researcher have been sufficiently considered and appropriate attempts will be made to minimise	☐	☐	☐
If required, Country-Specific Risk Assessment form attached	☐	☐	☐
If required, a DBS or equivalent certificate number/information provided	☐	☐	☐
If required, permissions from recruiting organisations attached (e.g., school, charity organisation, etc.)	☐	☐	☐
All relevant information included in the participant information sheet (PIS)	☐	☐	☐
Information in the PIS is study specific	☐	☐	☐
Language used in the PIS is appropriate for the target audience	☐	☐	☐
All issues specific to the study are covered in the consent form	☐	☐	☐
Language used in the consent form is appropriate for the target audience	☐	☐	☐
All necessary information included in the participant debrief sheet	☐	☐	☐
Language used in the debrief sheet is appropriate for the target audience	☐	☐	☐
Study advertisement included	☐	☐	☐
Content of study advertisement is appropriate (e.g., researcher's personal contact details are not shared, appropriate language/visual material used, etc.)	☐	☐	☐

Decision options	
APPROVED	Ethics approval for the above-named research study has been granted from the date of approval (see end of this notice), to the date it is submitted for assessment.
APPROVED - BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES	In this circumstance, the student must confirm with their supervisor that all minor amendments have been made **before** the research commences. Students are to do this by filling in the confirmation box at the end of this form once all amendments have been attended to and emailing a copy of this decision notice to the supervisor. The supervisor will then forward the student's confirmation to the School for its records. **Minor amendments guidance:** typically involve clarifying/amending information presented to participants (e.g., in the PIS, instructions), further detailing of how data will be securely handled/stored, and/or ensuring consistency in information presented across materials.
NOT APPROVED - MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED	In this circumstance, a revised ethics application **must** be submitted and approved **before** any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application. **Major amendments guidance:** typically insufficient information has been provided, insufficient consideration given to several key aspects, there are serious concerns regarding any aspect of the project, and/or serious concerns in the candidate's ability to ethically, safely and sensitively execute the study.

Decision on the above-named proposed research study	
Please indicate the decision:	**APPROVED**

Minor amendments
Please clearly detail the amendments the student is required to make

Major amendments
Please clearly detail the amendments the student is required to make

Assessment of risk to researcher		
Has an adequate risk assessment been offered in the application form?	**YES** ☒	**NO** ☐
	If no, please request resubmission with an **adequate risk assessment.**	
If the proposed research could expose the researcher to any kind of emotional, physical or health and safety hazard, please rate the degree of risk:		
HIGH	Please **do not approve a high-risk** application. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not be approved on this basis. If unsure, please refer to the Chair of Ethics.	☐
MEDIUM	Approve but include appropriate recommendations in the below box.	☐
LOW	Approve and if necessary, include any recommendations in the below box.	☒

Reviewer recommendations in relation to risk (if any):	Please insert any recommendations

Reviewer's signature	
Reviewer: (Typed name to act as signature)	Ian Tucker
Date:	**20/08/2022**
This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Ethics Committee	
RESEARCHER PLEASE NOTE For the researcher and participants involved in the above-named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place. For a copy of UEL's Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard.	

Confirmation of minor amendments (Student to complete)	
I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data	
Student name: (Typed name to act as signature)	Please type your full name
Student number:	Please type your student number
Date:	Click or tap to enter a date
Please submit a copy of this decision letter to your supervisor with this box completed if minor amendments to your ethics application are required	

7.13. Appendix M: Ethics Amendment 1 Approval Letter

University of East London

School of Psychology Ethics Committee

REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

For BSc, MSc/MA and taught Professional Doctorate students

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology

Note that approval must be given for significant change to research procedure that impact on ethical protocol. If you are not sure as to whether your proposed amendment warrants approval, consult your supervisor or contact Dr Trishna Patel (Chair of School Ethics Committee).

10. How to complete and submit the request	
1	Complete the request form electronically.
2	Type your name in the 'student's signature' section (page 2).
3	When submitting this request form, ensure that all necessary documents are attached (see below).
4	Using your UEL email address, email the completed request form along with associated documents to Dr Trishna Patel: t.patel@uel.ac.uk
5	Your request form will be returned to you via your UEL email address with the reviewer's decision box completed. Keep a copy of the approval to submit with your dissertation.
6	Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

Required documents	
A copy of your previously approved ethics application with proposed amendment(s) added with track changes.	**YES** ☒
Copies of updated documents that may relate to your proposed amendment(s). For example, an updated recruitment notice, updated participant information sheet, updated consent form, etc.	**YES** ☒
A copy of the approval of your initial ethics application.	**YES** ☒

Details	
Name of applicant:	**Megan Patterson**
Programme of study:	**DClinPsych**
Title of research:	Exploring the Relationship Between People's Early Life Experiences and Conspiracy Beliefs in Adulthood [short title to be used on Participant Information sheet etc is "Early life experiences and unconventional beliefs"]
Name of supervisor:	**Prof David Harper**

Proposed amendment(s)	
Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below	
Proposed amendment	**Rationale**
Remove survey/quantitative aspect of study. Only do qualitative interviews	Difficulty recruiting appropriate numbers for survey
Proposed amendment	Rationale for proposed amendment
Proposed amendment	Rationale for proposed amendment
Proposed amendment	Rationale for proposed amendment

Confirmation		
Is your supervisor aware of your proposed amendment(s) and have they agreed to these changes?	**YES** ☒	**NO** ☐

Student's signature	
Student: (Typed name to act as signature)	**Megan Patterson**
Date:	**12/01/2023**

Reviewer's decision		
Amendment(s) approved:	**YES** ☒	**NO** ☐
Comments:	Please enter any further comments here	
Reviewer: (Typed name to act as signature)	**Trishna Patel**	
Date:	**13/01/2023**	

7.14. Appendix N: Ethics Amendment 2 Approval Letter

School of Psychology Ethics Committee

REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

For BSc, MSc/MA and taught Professional Doctorate students

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology

Note that approval must be given for significant change to research procedure that impact on ethical protocol. If you are not sure as to whether your proposed amendment warrants approval, consult your supervisor or contact Dr Trishna Patel (Chair of School Ethics Committee).

11. How to complete and submit the request	
1	Complete the request form electronically.
2	Type your name in the 'student's signature' section (page 2).
3	When submitting this request form, ensure that all necessary documents are attached (see below).
4	Using your UEL email address, email the completed request form along with associated documents to Dr Trishna Patel: t.patel@uel.ac.uk
5	Your request form will be returned to you via your UEL email address with the reviewer's decision box completed. Keep a copy of the approval to submit with your dissertation.
6	Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

Required documents	
A copy of your previously approved ethics application with proposed amendment(s) added with track changes.	**YES** ☒
Copies of updated documents that may relate to your proposed amendment(s). For example, an updated recruitment notice, updated participant information sheet, updated consent form, etc.	**YES** ☒
A copy of the approval of your initial ethics application.	**YES** ☒

Details	
Name of applicant:	**Megan Patterson**
Programme of study:	**DClinPsy**
Title of research:	Exploring the Relationship Between People's Early Life Experiences and Conspiracy Beliefs in Adulthood [short title to be used on Participant Information sheet etc is "Early life experiences and unconventional beliefs"]
Name of supervisor:	**Prof David Harper**

Proposed amendment(s)	
Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below	
Proposed amendment	**Rationale**
Adding phonecall as a method of doing interview (still to be recorded on MS Teams via loudspeaker)	Participants being wary of downloading new app or accessing a meeting with an ID/passcode (if using web browser).
Proposed amendment	Rationale for proposed amendment
Proposed amendment	Rationale for proposed amendment
Proposed amendment	Rationale for proposed amendment

Confirmation		
Is your supervisor aware of your proposed amendment(s) and have they agreed to these changes?	**YES** ☒	**NO** ☐

Student's signature	
Student: (Typed name to act as signature)	**Megan Patterson**
Date:	**04/02/2023**

Reviewer's decision		
Amendment(s) approved:	**YES** ☒	**NO** ☐
Comments:	Please enter any further comments here	
Reviewer: (Typed name to act as signature)	**Trishna Patel**	
Date:	**06/02/2023**	

7.15. Appendix O: Ethics Amendment 3 Approval Letter

School of Psychology Ethics Committee

REQUEST FOR TITLE CHANGE TO AN ETHICS APPLICATION

For BSc, MSc/MA and taught Professional Doctorate students

Please complete this form if you are requesting approval for a proposed title change to an ethics application that has been approved by the School of Psychology

By applying for a change of title request, you confirm that in doing so, the process by which you have collected your data/conducted your research has not changed or deviated from your original ethics approval. If either of these have changed, then you are required to complete an 'Ethics Application Amendment Form'.

12. How to complete and submit the request	
1	Complete the request form electronically.
2	Type your name in the 'student's signature' section (page 2).
3	Using your UEL email address, email the completed request form along with associated documents to Dr Jérémy Lemoine (School Ethics Committee Member): j.lemoine@uel.ac.uk
4	Your request form will be returned to you via your UEL email address with the reviewer's decision box completed. Keep a copy of the approval to submit with your dissertation.

Required documents	
A copy of the approval of your initial ethics application.	**YES** ☒

Details	
Name of applicant:	**Megan Patterson**
Programme of study:	**Professional Doctorate of Clinical Psychology**
Title of research:	Exploring the Relationship Between People's Early Life Experiences and Conspiracy Beliefs in Adulthood [short title to be used on Participant Information sheet etc is "Early life experiences and unconventional beliefs"]
Name of supervisor:	**Prof David Harper**

Proposed title change	
Briefly outline the nature of your proposed title change in the boxes below	
Old title:	Exploring the Relationship Between People's Early Life Experiences and Conspiracy Beliefs in Adulthood [short title to be used on Participant Information sheet etc is "Early life experiences and unconventional beliefs"]
New title:	Conspiracy beliefs: Their development and representation'
Rationale:	Title reflects more accurately the project having removed survey aspect (ethics amendment approved 13.01.2023).

Confirmation		
Is your supervisor aware of your proposed change of title and in agreement with it?	**YES** ☒	**NO** ☐
Does your change of title impact the process of how you collected your data/conducted your research?	**YES** ☐	**NO** ☒

Student's signature	
Student: (Typed name to act as signature)	**Megan Patterson**
Date:	**19/06/2023**

Reviewer's decision		
Title change approved:	**YES** ☒	**NO** ☐
Comments:	**The new title reflects better the research study and will not impact the process of how the data are collected or how the research is conducted.**	
Reviewer: (Typed name to act as signature)	**Dr Jérémy Lemoine**	
Date:	**19/06/2023**	

7.16. Appendix P: Participant Information Sheet

Participant Information Sheet (PIS)

Participant Information Sheet

Early life experiences and unconventional beliefs

Contact person: Megan Patterson

Email: Beliefstudy@uel.ac.uk

We would like to invite you to take part in a research project. Before you decide to take part, it is important for you to understand why the research is being done and what it will involve. A researcher will go through the information sheet with you and answer any questions you have. You may also wish to talk to others about the study before you decide whether to take part. Please ask if there is anything that is not clear.

Why are we doing this research?

My name is Megan Patterson, and I am a postgraduate student in the School of Psychology at the University of East London (UEL) and am studying for a Professional Doctorate in Clinical Psychology. As part of my studies, I am conducting the research that you are being invited to participate in.

What is the purpose of the research?

This research is a Thesis Project which forms part of a Professional Doctorate of Clinical Psychology. The project aims to explore if there is a relationship between people's early life experiences and the kinds of beliefs in adulthood that others or the media see as unconventional. People who hold these beliefs may view themselves as truth-seekers or activists, but they may have heard other people, or the media refer to their beliefs as "controversial" or as "conspiracy beliefs" or "conspiracy theories." It is hoped that this study can bring greater understanding about whether people's beliefs are affected by what has happened to them in their lives.

Why have I been invited to take part?

To address the study aims, I am inviting English-speaking adults from the general population in England to take part in my research.

What will my participation in the project involve?

We would like to interview people with a range of different life experiences and who consider themselves *truth seekers* but whose beliefs might be seen by those who do not agree with them as "controversial" or as "conspiracy beliefs" or "conspiracy theories." If you agree to take part in an interview, you will meet with a researcher remotely via Microsoft Teams for an individual interview. The researcher will discuss any questions about the interview that you may have.

We are aware that people might have concerns about being interviewed by a psychologist, but we would like to reassure you that we are not seeking to say that people holding unconventional beliefs are mentally ill nor will we be diagnosing anybody. Instead, we are interested in whether people's beliefs are affected by what has happened to them in their lives. We will treat everyone's beliefs with respect. The interview will involve the researcher asking you to speak about your early life experiences and the important events and experiences that

have impacted your beliefs. This interview is expected to last for no more than 60 minutes. It will be recorded on Microsoft Teams.

Do I have to take part, and can I change my mind?

You do not have to take part in the study and are free to decide not to take part. If you are satisfied that everything is clear and wish to take part, the researcher will ask you to electronically sign a consent form to confirm your agreement to participate in the interview. You will be given a copy of the consent form to keep.

If you change your mind, you can drop out without having to give any reason. If you decide to drop out, this will not affect your medical care or legal rights. If you would like to withdraw from the interview, you can do so by contacting me prior to the interview, by letting me know during the interview or **within two weeks after the day of the interview**. If you withdraw at this point, your data will not be used as part of the research. If you withdraw after two weeks, the analysis of the data will already have begun, and withdrawal of your data will not be possible. However, we will only use anonymised data from the interview – in other words, even if your data are used it will not be possible for others to identify you (see explanation below).

What happens to my personal information?

All personal information that we collect as research data in this study will be kept confidential and secure so only the study researchers have access to it. If you decide to take part in the study, you will be given a code number (e.g., Particpant003) so your answers and data (e.g., demographic data like age range etc) will be collected anonymously.

If you consent to being interviewed, you will need to give us some personal information for us to contact you (e.g., email address etc) but this will be stored securely only for as long as absolutely necessary and then permanently deleted. Those wishing to receive a summary of the study's findings can give us their email address so we can send the summary to you. All contact information will be stored on a separate password protected document which only the researcher will have access to.

The interview recordings will be transcribed (i.e., typed up) but we will remove any identifying information you mention (e.g., names of people or places you mention) so that you cannot be recognised from it. The audio recordings will be deleted after the thesis has been passed by university examiners. Quotes from the anonymised transcripts may be published in the research thesis and research publications but you will not be identifiable from these quotes.

Data will be saved on the researcher's password protected UEL OneDrive cloud service, which will be encrypted. Any data shared with the supervisor will be done so via secure UEL email. So that we can write the study up for publication (e.g., in scientific journals) the anonymised interview transcripts will be securely stored in the same electronic system for a maximum of five years by the study supervisor Professor David Harper.

> *For the purposes of data protection, the University of East London is the Data Controller for the personal information processed as part of this research project. The University processes this information under the 'public task' condition contained in the General Data Protection Regulation (GDPR). Where the University processes particularly sensitive data (known as 'special category data' in the GDPR), it does so because the processing is necessary for archiving purposes in the public interest, or scientific and historical research purposes or statistical purposes. The University will ensure that the personal data it processes is held securely and processed in accordance with the GDPR and the Data Protection Act 2018. For more information about how the University processes personal data please see www.uel.ac.uk/about/about-uel/governance/information-assurance/data-protection*

Will my participation in the project be kept confidential?

Yes. We will not share any information with anyone else except in the very unlikely situation that you tell us that your safety or the safety of someone else is seriously and urgently threatened. In such an unlikely situation the researcher will seek the advice of the study supervisor about what to do. We will generally discuss this with you first.

What are the possible disadvantages of taking part?

We believe that this study is safe and do not expect you to suffer any harm or injury by taking part in it. As the interview includes questions about your beliefs and early life experiences it is possible that there may be some temporary discomfort. In the unlikely event that you become upset whilst taking part in interviews, we will pause the interview and ask if you want to continue. If you are happy to proceed, we will give you time to recover before continuing. If you wish to leave the interview, you are free to do so at any time. We will also give you a debrief form, which includes information about further sources of support.

What are the possible benefits of taking part?

There are no specific benefits, but people generally find that talking about their beliefs and life events is an interesting experience. We hope the study will increase our understanding of this topic.

What will happen to the results of the project?

At the end of the study, the researcher will write a thesis (i.e., dissertation) for the Professional Doctorate of Clinical Psychology. The thesis will be publicly available on UEL's online Repository. The findings may also be disseminated to a range of audiences (e.g., academics, clinicians, public, etc.) through journal articles, conference presentations, talks, magazine articles and blogs. In all material produced, your identity will remain anonymous, in that, it will not be possible to identify you personally and personally identifying information will either be removed or replaced. When I write up my thesis, I may use quotes from your interview, but you will only be referred to by a pseudonym and nothing that might identify you will be included.

Who has reviewed the research?

My research has been approved by the School of Psychology Ethics Committee. This means that the Committee's evaluation of this ethics application has been guided by the standards of research ethics set by the British Psychological Society.

What if I have a question or concerns?

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me:

Megan Patterson, Trainee Clinical Psychologist, School of Psychology, University of East London, Water Lane, London E15 4LZ

(Email: u2075226@uel.ac.uk)

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor:

Prof. David Harper, School of Psychology, University of East London, Water Lane, London E15 4LZ,

(Email: d.harper@uel.ac.uk)

Or

Chair of School Ethics Committee:

Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: t.patel@uel.ac.uk)

7.17. Appendix P: Consent Form

Consent form

Participant Consent Form

Early life experiences and unconventional beliefs

Contact person: Megan Patterson

Email: BeliefStudy@uel.ac.uk

	Please **tick** box (✓)

1. I confirm that I have read and understand the information sheet dated 12.01.23 Version 002 for the above study.	
2. I have had the opportunity to ask the researcher questions and these questions have been answered to my satisfaction.	
3. I understand that my participation is voluntary and that I am free to withdraw at any time before the data is analysed without giving any reason and without my treatment or legal rights being affected.	
4. I understand that all information will be kept confidential. My personal data will only be accessed by the study team on a need-to-know basis. Anonymised interview data will be kept for five years but this will contain no information which might identify me (e.g. names of people or places).	
5. It has been explained to me what will happen to the data once the research has been completed.	
6. If I would like to receive a summary of the research findings once the study has been completed, I am willing to provide contact details for this to be sent to.	
7. I agree to take part in the above study.	

8. I agree to be interviewed about my early life experiences and the development of my beliefs and for the interview to be audio recorded using Microsoft Teams. I understand that any personally identifying information (e.g. names of people or places) will be removed when the interviews are transcribed (i.e. typed up).	
9. I understand that short, anonymised quotes from my interview may be used in material such as conference presentations, reports, articles in academic journals resulting from the study and that these will not personally identify me.	

Participant's Name (BLOCK CAPITALS)

……

Participant's Signature

……

Researcher's Name (BLOCK CAPITALS)

……

Researcher's Signature

……

Date

……

7.18. Appendix R: Interrater Reliability

Table A6

Percentage Agreement Between Raters for Media Analysis Variables

Variable	% agreement
Article type	100
Belief	100
Disbelief	95.8
Authentication	95.8
Directive	91.6
Rhetorical	100
Prudent	100
Apprehension	91.6
Sensemaking	87.5
Ridicule	87.5
Wish	91.6
Personal	100
Named	95.8
Early life	100
Adversity	100
Development	100
Average % agreement	96.075