Study explores religion and mental health care

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A Massey psychology researcher is investigating whether mental health treatment is less effective when the religion or spiritual beliefs of patients are ignored.

Doctoral student Bronwyn Clark says studies overseas have shown that a therapist's understanding of a client's deeply held religious or spiritual views and values is crucial in developing effective treatment, but anecdotal evidence suggest therapists in New Zealand typically steer clear of discussing religious beliefs.

"Despite the fact that the majority of New Zealanders - 68 per cent according the latest Statistics New Zealand figures - affiliate themselves with a religious or spiritual belief system, there is currently no empirical research into the needs and expectations of mental health service users in New Zealand who possess spiritual or religious beliefs," Ms Clark says.

She is surveying people who have sought treatment from public or private mental health services so she can evaluate the degree to which their spiritual beliefs were discussed or understood by counsellors, psychologists, psychotherapists and psychiatrists. She plans to use their responses to create and trial a structured therapy model for therapists to be able to incorporate a client's religious views in therapy.

Rather than seeing religious, spiritual beliefs as a separate, off-limit, aspect of a client's personality, she thinks mental health professionals should recognise that these beliefs contribute to a person's psychological

makeup, profoundly affecting emotions and behaviour in both positive and negative ways.

"Religion is not some kind of add-on. It's a fundamental part of who a person is, it colours everything. To ignore or neglect this creates major limitations to therapy. Spiritual and religious concerns are intimately connected with mental health in numerous ways that can be considered to both help and hinder."

She says she is using a broad definition of the terms "religious" and "spiritual" to include Buddhist, Christian, Muslim, and other organised religions as well as "new age" and alternative forms of worship.

Psychologists and psychiatrists are generally less likely to have religious beliefs than their clients, says Ms Clark, who is based at the University's School of Psychology in Albany. Overseas research on the "religiosity gap" indicates up to 79 per cent of mental health users consider spiritual or religious beliefs to be very important in their lives, compared with 21 per cent of psychologists.

She says that for some mental health professionals, discussing a person's religious beliefs is "in the too-hard basket", irrespective of the religious beliefs of the therapist. "There is a big fear around ethics - how do you discuss a client's religious and spiritual beliefs sensitively? There isn't any training to deal with this."

A practising Christian, she says her experiences working in a faith-based residential care facility for mental health clients sparked her interest in the topic, as many told her their beliefs were overlooked in dealings with therapists. "One person was told by a psychologist that her religious beliefs had no relevance at all to what they were talking about."

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