Turkish Psychological Articles, December 2022, *25*(50), 34-36 DOI: 10.31828/tpy1301996120221206m000049

Summary
Religion and Psychotherapy: Ethical Issues and Suggestions

Kaan Alp Karamanlı[1]

Extended Summary

Nowadays, he fact that religious issues might be related to patients' problems being addressed in psychotherapy is widely accepted (Myers, 2004). Parallel to that, technical parts of addressing patients' religious issues in psychotherapy are discussed in the literature repeatedly (Miller, 1999). But ethical issues, which might arise when religious matters are brought by patients to psychotherapy, are much less discussed. This article aims to review current literature while taking into account cultural differences.

Short History of Religion and Psychology

Towards the end of the 20th century, the influence of patients' value systems and worldviews on psychotherapy was recognized (Kizilhan, 2014; Plante, 2007). While the influence of patients' religious beliefs on the psychotherapy process is widely agreed upon (Dein, 2004; Kizilhan 2014; Sahker, 2016), formal training on what to do for avoiding ethical violations when patients' problems are related to their religious beliefs is absent (Sahker, 2016). The absence of training on these matters might make psychotherapists predisposed to ignore the ethical implications the occasion comprises, but the decision of ignoring might be an ethical violation by itself (Hawkins & Bullock, 1995; Johnson, 2001).

Religious Issues Brought to the Therapy Room: General Ethical Problems and Suggestions

a. Competence

For overcoming the most important ethical barrier on addressing religious issues in psychotherapy, which is competence, additions should be made to formal clinical training programs (Sahker, 2016). However, these additions cannot help the professionals who completed their formal education. Therefore, they would have to acquire competence in this area by keeping up to date with related materials, participating in related workshops and clinical training programs, taking supervision and consultation in the situations where they believe that the case exceeds their competence (Plante, 2007). Besides these suggestions, psychotherapists should be aware that having an affiliation with a religion does not make a therapist competent to conduct psychotherapy on the matters related to that religion (Gonsiorek, Richards, Pargament, & McMinn, 2009). Competence-based approach, rather than an affiliation-based one, is advised (Gonsiorek et al., 2009).

b. Assessment of the influence of religious matters on patients' current problem

Assessment of the relationship between a patient's religious beliefs and current psychological problems should be standard procedure in clinical practice (Lomax, Karff, & McKenny, 2002; Myers, 2004). Most of the time the question of "Are you having any problems or worries related to your religious beliefs?'' would be adequate (Sahker, 2016). Depending on the answer, the therapist can decide whether to continue to question the relationship between the patient's religious beliefs and current problems or not (Sahker, 2016). If continuing to questioning is decided following questions would be (Sahker, 2016):

1- Are religious and spiritual matters important for you?
2- Do religious/spiritual beliefs you have in the past or today relieve you or disturb you?
3- Do you have someone to talk to about these matters?
4- Would you like to address these matters in psychotherapy?

c. Addressing the influence of the patient's religious issues on his current psychological problems

The therapist should neither ignore the influence of a patient's religious beliefs on his current psychological problems nor attack his patient's religious beliefs (Johnson, 2001). Ignoring this influence could impair the therapeutic alliance and hinder the success of psychothera-

Address for Correspondence: [1]Kaan Alp Karamanlı, T.C. Sağlık Bakanlığı İstanbul Bakırköy Prof. Dr. Mazhar Osman Ruh Sağlığı ve Sinir Hastalıkları Eğitim ve Araştırma Hastanesi 11. Psikiyatri Servisi, Zuhuratbaba Mah. Doktor Tevfik Sağlam Cd. 25/2, 34147 Bakırköy / İstanbul.
E-mail: kaanalpkaramanli07@gmail.com

py (Hawkins & Bullock, 1995; Johnson, 2001). On the other hand, attacking a patient's religious beliefs means that the therapist is not respecting the patient as an independent individual (Myers, 2004). Also, most of the time the problem that should be focused on in psychotherapy would be an obsessively focused part of the religious belief or misinterpretation of some aspects of religious belief by a patient, rather than religion itself (DiGuiseppo, Robin, & Dryden, 1990; Myers, 2004). Attacking the fact that a patient has a religious belief would produce detrimental results in psychotherapy because it is damaging rapport, leaving patients with feelings of not being accepted and not being understood (Lomax et al., 2002).

Another ethically delicate situation arises when it comes to advising a patient on religious matters, like advising to start praying or suggesting to cease any kind of religious practice (Maximo, 2019). Resembling other session topics in psychotherapy, giving any direct advice is ethically troubling by itself, even without implications of advising on a seriously delicate matter like religious practice taken into account (Maximo, 2019).

Lastly, a therapist should take extreme caution when he is thinking of referring the patient to a clergy. Since the clergy is outside of the field of mental health, this decision includes many ethical violation risks; like breaching confidentiality, treating the patient inappropriately, forcing the patient to a religious belief (Barnett & Johnson, 2011; Lomax et al.., 2002).

d. Effects of psychotherapists' religious affiliations or the absence of religious affiliations on the psychotherapy process

A therapist's religious beliefs might affect the psychotherapy process in many ways. A therapist might despise his patient because of having religious beliefs and might see these beliefs as a sign of the patient's low intelligence (Gonsiorek et al., 2009). In another case, a therapist might see his patient's lack of religiousness as a sign of his indecency (Gonsiorek et al., 2009). But the prejudices that take its roots from transferential issues may not be easily detected as the aforementioned ones (Myers, 2004). The presence of extreme wonder from the therapist towards to patient's religious belief, ignoring the tension in the therapy room that takes its roots from the patient's religious beliefs, and feeling angry towards to patient might signal a transferential issue (Dein, 2004**;** Greenberg & Witztum, 1991; Myers, 2004). In this case, the therapist should consult an experienced colleague in this specific area, and if deemed necessary, the patient should be referred (Barnett & Johnson, 2011).

Self-disclosure of a therapist's religious affiliation is another controversial topic in the literature, in terms of ethical violations (e.g., Barnett & Johnson, 2011; Hawkins & Bullock, 1995; Lomax et al, 2002; Maximo, 2019; Riggs, 2006; Tillman, 1998; Tjeltveit, 1986). The use of self-disclosure seems to depend on which therapy school therapists have affiliated with, but irresponsible and aimless use of self-disclosure is always an ethically troubling decision (Lomax et al, 2002; Maximo, 2019).

e. Things to consider when including religious practices in the psychotherapy process

The use of religious practices in psychotherapy might cause confusion about the role of the therapist and create multiple relationships, resulting in an ethical violation (Garzon, 2005). If these practices are to be included in psychotherapy, it should be ensured that they are only included for treatment purposes and not for religious purposes, and also that the therapist does not take on the role of a clergy (Tan, 1994). Especially in the situation that medical interventions are not offered because of religious reasons, even though they are needed in patient's treatment, serious ethical problems would arise (Hamdan 2008; Tan, 1994).

f. Effects of religious issues on diagnosing

Life-changing decisions for patients like being diagnosed with a mental disorder would require a very thoughtful approach especially when religious differences between patient and therapist are present or the potential diagnosis is related to patients' religious beliefs (Kizilhan, 2014). In case of there is a noticeable difference in worldview and religious beliefs between patient and therapist, the risk of stigmatizing these differences as a diagnosis might arise (Kizilhan, 2014). The therapist should carefully evaluate if the patient's "abnormalities" are still abnormal in the cultural and religious context the patient is living in (Kizilhan, 2014).

g. Situations where the patient's religious beliefs are harmful to himself or others

The therapist should approach the patient's religious beliefs with respect but with one exception: If these beliefs are harmful to the patient himself or others the therapist should warn and inform the patient about the action he is going to take and then contact authorities (APA, 2017; TPD, 2004).

h. Situations where patients should be referred to another mental health professional

The therapist should consider referring the patient to another mental health professional, if the patient mentions his desire to continue psychotherapy with another therapist who has the same religious beliefs as him, even though the current therapist's all the effort for building a strong rapport (Hathaway & Ripley, 2009).

Religious Issues Brought to the Therapy Room: Recommendations for Therapists Working with Various Patient Groups and Under Various Settings

a. Recommendations for the therapists work with highly religious patients

Conducting psychotherapy with highly religious patients requires special competence (APA, 2017). Since highly religious patients are more distrustful towards the health system than their secular counterparts (Myers, 2004; Sell & Goldsmith, 1988), the therapist may have to put in more effort to build rapport when working with a religious patient. For this end, the therapist should not ignore the influence of the patient's religious beliefs on his psychological problems (Myers, 2004; Kizilhan, 2014). Also, the therapist should not stereotype the patient on the basis of his religious beliefs, and should explore the beliefs and value system of each patient specifically (Gonsiorek et al., 2009). Lastly, the therapist should be aware of the possibility that patients may view starting psychotherapy as a weakness of their religious beliefs, and the concept of God in the patient's mind may become more punitive as the psychotherapy continues (Dein, 2004).

b. Recommendations for the therapists working with non-religious patients

Patients who abandon their family religion may experience anxiety and depressive symptoms, and this process can end up in a suicide attempt in extreme cases (Exline, Yali, & Sanderson, 2000). Even in cases with a better prognosis, experiencing discrimination and prejudice (Cragun, Kosmin, Keysar, Hammer & Nielsen, 2012), and tension with family members and romantic partners are commonly observed (Hammer, Cragun, Hwang, & Smith, 2012; Sahker, 2016).

When working with a patient who rejects his family religion, the therapist should consider possible losses that the patient may have (Exline et al., 2012). The patient would likely experience conflict with his family, romantic partner, and other people around him, and loses the social support provided by being a member of a religion (Sahker, 2016). The therapist should try to compensate for the psychological losses and the weakening social support when working with these patients (Sahker, 2016).

c. Recommendations for the therapists working with patients from rural areas

The initial problem that therapists working with patients from rural areas may encounter is local people consulting to traditional healers and religious figures who have no competence in health and medicine (Kardel, Gonzalez, & Beine, 2001; cited in Kizilhan, 2014). The therapist, while respecting the beliefs of the locals, should warn these people about the harm they may suffer from religious figures' and traditional healers' incompetency (Kizilhan, 2014). In addition, since it can be seen as a sign of disbelief (Kizilhan, 2014), it should be questioned whether the patient's decision of starting to the psychotherapy causes any problems in his daily life.

d. Recommendations for the therapists working in public institutions

Therapists working in public institutions should take into account the laws that originate from the separation of religion and state and therefore should avoid including religious practices in psychotherapy (Riggs, 2006). Similarly, psychologists working with children and adolescents in public institutions should not make religious practices part of any psychological intervention (Riggs, 2006).

Conclusion

The interaction between religion and psychotherapy is increasing. What clinical psychologists should do is not ignore but discuss this interaction for the purpose of keeping it in the ethical frame. Towards that end, in this article, ethical problems that religious issues may cause in psychotherapy and possible solutions to these problems are discussed for therapists working with various patient groups in various settings.

It is considered that this review article would contribute to the literature. However, this article does not claim to be an article that offers all the solutions to all possible problems arising from the interaction of religion and psychotherapy. Rather, the purpose of this article is to draw attention to the possible consequences of this interaction and to initiate a discussion that might have fruitful outcomes.