Investigating the Relationship Between Religiosity and Expectations of Treatment

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Abstract

Previous research has shown that individuals reporting religious and spiritual beliefs also report more positive levels of mental health, and that positive expectations of treatment also lead to increased treatment seeking and treatment outcomes. Research on the intersection of religiosity and expectations of treatment, however, remains scant. The present study recruited 14 patients at a small psychiatric clinic in a predominantly Latino community in Massachusetts. We administered the Brief Multidimensional Measurement of Religiousness/ Spirituality (MMRS) and Anticipated Benefits of Care (ABC) questionnaires. Contrary to our hypotheses, initial results indicate a strong association between religiousness/spirituality and expectations of treatment. These results suggest that religion is not associated with decreased expectations of treatment.

Background

The role of religion and expectations of treatment has generally demonstrated that religiosity leads to lower positive expectations of treatment. Endorsing the belief that mental illness was caused by supernatural, religious, or spiritual forces predicted lower rates of use of mental health services (Alvidrez, 1999). In a sample of Puerto Rican individuals, individuals reported higher expectations when receiving treatment from a spiritual counselor than from a mental health practitioner (Koss, 1986). Moreover, these higher initial expectations of treatment from a spiritual counselor also correlated with more favorable treatment outcomes from spiritual healing. The authors suggest that such differences may not be due to treatment efficacy, but rather initial expectations of treatment, following previous research suggesting that positive expectations of treatment lead to better treatment .

Little research, however, has examined the intersection between expectations of treatment and religious beliefs concurrently in treatment seeking samples. If individuals prefer spiritual and religious healing over mental health practitioners (i.e. Koss 1986), then it is expected that when religious individuals seek mental health treatment, they would hold lower expectations of treatment outcome. If individuals also believe that their mental illness may be due to spiritual or religious issues, those seeking mental health treatment may also not anticipate much improvement from mental health treatment.

Methods

We recruited 14 participants who were currently seeking treatment in a small, Massachusetts-based mental health clinic. Participants were administered the Brief Multidimensional Measure of Religiousness and Spirituality (MMRS; Fetzer Institute, 2000), a measure which assesses individual levels of religiosity overall as well as several aspects of religiousness, including daily spiritual practices and beliefs and values related to religion. To measure expectations of treatment, we also administered the Anticipated Benefits of Care questionnaire (ABC; Warden et al., 2010). Lastly, all participants completed a brief demographics survey to evaluate whether any of the relationships among our measures may be due to age and gender differences.

Due to the majority of patients speaking Spanish as their primary language, one of the co-authors (Balvaneda), who is also a native Spanish speaker, sought consultation with other mental health practitioners who were native Spanish speakers to translate all assessment questionnaires. Currently, no formally tested translated versions of these measures exist.

Participant Score Means

	Whole Sample (N = 14)
Demographics	
Age	46.2
Female(n)	6.0
Measures	
MMRS	91.07
ABC	24.9

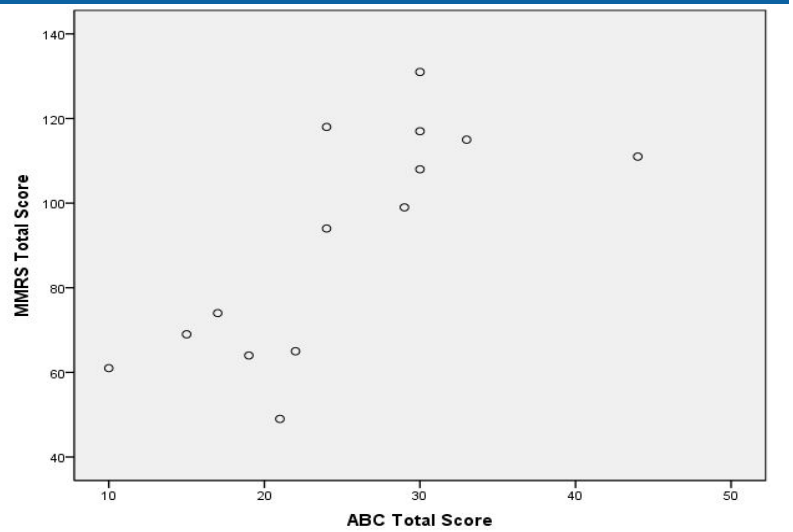
Note. MMRS is out of 165 possible points. Lower scores indicate higher religiousness. ABC is out of 50 possible points. Lower points indicate more positive expectations of treatment.

Bivariate correlations demonstrating significant relationship among the MMRS and ABC but not demographic scores.

Measure	*MMRS*	*ABC*	*Age*	*Gender*
MMRS	-			
ABC	.74**	-	.	
Age	.16	.06	-	
Gender	-.06	.07	-.20	-

Note. **p<.01

Graph demonstrating individual scores and the relationship between MMRS and ABC



Results

Overall, the ABC showed a strong correlation with the MMRS r = .74, p<.01. As expectations of treatment increased positively, levels of religiosity and spirituality also increased. Because the MMRS has several subdomains, we conducted correlational analyses on each of the subdomains. Two subdomains were moderately significant (p < .05): Forgiveness (r=.56) and Private Religious Practices (r=.60). Three subdomains were highly statistically significant in correlating with expectations of treatment (p<.01): Daily Spiritual Experiences (r=.66), Meaning (r=.72), and Organizational Religiousness (r=.74).

In terms of overall self-ranking, expectations of treatment were more strongly correlated with overall religiousness (r = .74) than overall spirituality (r =. 62), though this difference was not large.

Discussion

The purpose of our study was to conduct an investigation of the relationship between religiosity and expectations of treatment in a small treatment seeking sample. Contrary to our hypotheses, expectations of treatment and religiosity and spirituality were positively correlated. Participants who held more positive expectations of treatment also demonstrated higher religious values and levels of spirituality. Moreover, because this research examined specific domains of religiosity and spirituality, the results suggest that promoting conflict resolution (Forgiveness), private and public religious practices (Private Religious Practices and Daily Spiritual Experiences), and attendance in religious organizations and events (Organizational Religiousness) may prove most beneficial when attempting to incorporate spirituality and religiosity into treatment. **Limitations**: The correlational nature of the research precludes conclusions about causality. While it is doubtful that promoting more positive expectations of treatment would lead to higher levels of religiousness and spirituality, it cannot be concluded that improving religiosity and spirituality may promote more positive expectations of treatment. **Future Directions**: Further research should examine the effects of incorporating religious and spiritual support into the treatment setting on expectations towards treatment and treatment outcomes concurrently.

Selected References

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