REFOCUSSING THERAPY:
The Effectiveness and Uniqueness of a God-Based Therapy Method

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Abstract

Refocussing Therapy (RFT) is a God-based theory and psychotherapy approach. The aim of the present study was to evaluate the effectiveness and uniqueness of RFT using a quasi-experimental mode of investigation. Over a period of four months pre- and post-treatment assessments of 49 RFT clients' mental health status and religious coping were made using the TOP v 4.1 and RCOPE measures. Changes were also assessed for a comparison group of 10 pastoral care (PC) recipients. Significant positive treatment gains were reported by RFT clients, while PC recipients had smaller but generally positive treatment gains. Positive religious coping improved for both the RFT group and the PC group. However, negative religious coping reduced significantly for the RFT group but increased for the PC group. Findings offer preliminary support for the effectiveness of RFT, and indicate that RFT impacts significantly upon clients' clinical status and religious coping. Further research is recommended to determine the efficacy of RFT.

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Forward

As Refocussing Therapy (RFT) is a relatively new therapy approach, this thesis begins with an overview of the general sociological and psychological context within which it has evolved. Issues influencing both the development of the religion-psychology integration and the consequences of this integration for psychological treatment will be discussed in *chapters one* to *four*. A comprehensive description of the RFT method will be outlined in *chapter five*. *Chapter six* considers methodological issues related to this study, *chapter seven* outlines the methodology used. *Chapter eight* presents the results of this study, including data analysis of: the demographic and characteristic differences among participants; participants' reported experience of therapy; the changes occurring post-therapy on the TOP v 4.1 and the RCOPE; and of correlations between the scores on these scales as well as on the RCI-10. Finally, *chapter nine* discusses the findings including strengths, limitations, complexities, and implications for both clinical practice and future research.

This thesis therefore will provide a synopsis of the background and context for the development of RFT, a critique of current psychological theory relating to RFT, a description of RFT, a rationale for the research methodology employed in this study, an outline of the results attained, and a discussion regarding the implications of these results.

Chapter One:

Introduction

"Spiritually oriented psychotherapy is coming of age as a speciality area of psychotherapy."

(Sperry & Shafranske, 2005, p. 4)

Overview

This chapter examines the rationale for the present study, outlines the current interest in the mental health benefits of religion, and considers the contemporary psychological understanding of the concepts of spirituality and religion.

Rationale for Research

Research increasingly points to the therapeutic relevance of individuals' religious and spiritual perspectives, behaviours, and experiences. Religion and spirituality shape clients' worldviews and significantly impact upon their mental health, physical health, and general wellbeing. Worldwide, religion holds meaning and influence for millions of people. It should come as no surprise then that religion is now an area of psychological attention in many universities. Yet despite burgeoning interest regarding the benefits of incorporating spirituality into therapy, very few therapy models have been developed to specifically tap into this resource. While the major theoretical orientations may have components which are sympathetic to a spiritual worldview, none are explicitly aligned with it.

Refocussing Therapy (RFT) is a God-centred theory and therapy approach developed by New Zealander Diane Divett over the last ten years. It has been described as "a remarkable contribution which has the potential to be very influential to the practice of counselling internationally" (Steven, 2005). The potential of this therapy model requires evaluation in order to ascertain its actual effectiveness. This thesis seeks to add to the small but growing body of RFT research by investigating the therapy model's effectiveness.

Current Interest in the Mental Health Benefits of Religion

Spirituality and religion are once again being acknowledged within the mental health profession. "The alienation that has existed between the mental health professions and religion for most of the 20th century is ending" (Richards & Bergin, 2000, p. 3). Religious experience, having been ignored by science and marginalized by theorists, is now being discovered to be a robust clinical variable, and consequently a variable worthy of investigation and integration into psychological treatments (George, Ellison, & Larson, 2002; Larson & Larson, 2003; Pargament, 2002a, 2002b; Powell, Shahabi, & Thoresen, 2003). A substantial body of literature now exists connecting religion and spirituality to physical health (George et al., 2002; Laubmeier, Zakowski, & Bair, 2004; Powell et al., 2003; Rippentrop, 2004; Seeman, Dubin, & Seeman, 2003; Thoresen, Oman, & Harris, 2005), mental health (Bonner, Koven, & Patrick, 2003; Corrigan, McCorkle, Schell, & Kidder, 2003; Koenig & Larson, 2001; Plante & Sharma, 2001; Whitcomb, 2003; Yangarber-Hicks, 2004) and general well-being (Bremer, Simone, Walsh, Simmons, & Felgoise, 2004; Ferriss, 2002; Francis, Robbins, & White, 2003; Walsh, Bremer,

Felgoise, & Simmons, 2003; Wigert, 2002). The role of religiosity in physical and mental health and in the psychology of coping has in very recent times been addressed in every major medical, psychiatric, psychological and behavioural medicine journal (Baumeister, 2002; Emmons, 1999; Miller & Thoresen, 2003a; Mills, 2002; Sperry, 2000). Whereas only a decade ago university libraries were bereft of books addressing spirituality in clinical practice (Sperry & Shafranske, 2005), there are now many to choose from (e.g., Frame, 2003; Miller, 2003; Miller, 1999; Miller & Delaney, 2005b; Richards & Bergin, 2005, 2000; Sperry, 2001, 2005).

Many factors have contributed to the renaissance of spirituality within psychology. The emergence of positive psychology in recent years has seen a focus on strengths alongside vulnerability and psychopathology in clinical practice (Kogan, 2001). The strengths of a person's religion and spirituality have been the sine qua non of much recent research. The resources found therein have been shown to have real significance for people's mental health and well-being (Braam et al., 2004; Cacioppo & Brandon, 2002; Ferriss, 2002; Pargament, Koenig, Tarakeshwar, & Hahn, 2004; Patrick & Kinney, 2003; Pearce, Little, & Perez, 2003; Seeman et al., 2003; Vitale, 2002). As well, there has been a widespread sociological shift within the Western cultural paradigm. Prominent sociologists Bauman (2000; 2001) and Giddens (1999) depict the modern impact of detraditionalisation, individualisation, globalisation, and secularisation as having contributed to the creation of a social climate devoid of coherence and meaning. It seems that the materialistic philosophy of the 1980's and 1990's has experienced an insurgence by many in developed countries who are now searching for meaning beyond acquiring money and possessions. In American Gallup polls between 1994 and 1998 the

number of people indicating that they had a personal need for spiritual growth increased by 24% (as cited in Miller & Thoresen, 2003b). Issues of spirituality have become increasingly cogent in this current milieu.

The growing re-awareness of the potential benefits of spirituality is beginning to impact upon models of psychotherapy. Within New Zealand, Maori have become politically and socially active in rediscovering their spiritual traditions (Durie, 1995). This revival of spirituality has also revived a sense of well-being and identity among Maori and has set a role-model for the greater valuing of spirituality among other New Zealand populations (Saunders, 2001). Spirituality is a cultural reality. Of the 3,880,481 people recorded in the 2001 New Zealand census (New Zealand Statistics, 2001), over half (2,029,053) described themselves as Christians, just over a quarter (1,021,908) described themselves as non-religious, and the remainder were depicted as being from a variety of other religions. Furthermore, a New Zealand Herald poll of 1000 people in 2005 found 68% believed in God (Harvey, 2005).Thus, religious and spiritual concerns may have relevance in psychotherapy for a significant proportion of the New Zealand population.

In the USA, acknowledgement and recognition of a client's religious beliefs and history is no longer merely desirable but is mandated. The American Psychological Association (1992) and the American Psychiatric Association (1995) practice guidelines call for an assessment of clients' religious beliefs and background prior to any form of psychotherapeutic intervention. The New Zealand Code of Ethics also encourages sensitivity to diversity (New Zealand Psychological Society, 1986). This includes responding to the cultural and social backgrounds of clients in ways which will ensure

"competent and culturally safe service" (Principle 1.4.1.) and referring clients to appropriate services when their concerns are beyond the psychologist's expertise (Principle 2.1.6.). As a number of presenting problems may include religious or spiritual concerns, particularly for highly religious clients, the interaction between both psychological practice and theological praxis may be necessary. Guiding ethics generally now advocate for the inclusion of religion in psychotherapy when it is salient for the client (Eck, 2002), and many other academics are advocating for the assessment of spirituality to be included in a client's initial assessment (e.g., Brennan & Heiser, 2004; Fallot, 2001; Gordon & Mitchell, 2004; Hodge, 2005; Miller & Thoresen, 2003a; Moncher & Josephson, 2004; Sexson, 2004; Tse, Lloyd, & Petchkovsky, 2005; Zaccariello, 2004).

Defining Spirituality and Religion

The terms *spirituality* and *religion* have proven chameleonic over the years. Whereas they seem to have been used interchangeably in literature at the beginning of the twentieth century, at the beginning of the twenty first century they have become differentiated (Sperry & Shafranske, 2005), although there is a lack of consensus as to their rudimentary definitions. The word 'religion' derives from the Latin word 'religare' meaning 'to link', to make connection with God (Rizzuto, 2005). Over time, religion has generally come to be seen as a means of expressing spirituality primarily through institutionalised beliefs and behaviours (Fontana, 2003). Spirituality has generally taken on the more munificent meaning, representing personal, private beliefs and behaviours

that reflect the human need for transcendence and connectedness (Miller & Thoresen, 2003a; Myers, 2000; Seybold & Hill, 2001).

Pargament (1997), defines religion as "a search for significance in ways related to the sacred" (p. 32), the sacred being those things that are holy, including ideas such as God and the transcendent, or objects closely related to these. Pargament argues that the differentiation between spirituality and religion has caused an unhelpful dichotomy between the two terms (Hill & Pargament, 2003a). In his definition, spirituality and religion are intimately connected. Nonetheless, it seems to be commonly perceived among academics that spirituality and religion are distinct but overlapping constructs (Larson, Swyers, & McCullough, 1998). A search for the sacred may be attempted through religious observances, but religious observances are not always a search for the sacred.

Allport and Ross (1967) differentiated two types of religious orientation – intrinsic and extrinsic. Intrinsic religion was defined as internalised faith which relates to personal expressions of religion, in other words, the more spiritual aspects. Extrinsic religion is not internalised and is only pursued for its external benefits, such as social support. As such, it generally relates to the more institutionalised expressions of religion. Allport (1960) describes extrinsically motivated persons as using their religion and intrinsically motivated persons as living their religion. The majority of research on intrinsic and extrinsic religiosity seems to regard the two concepts as polarised - existing at either end of a continuum. However, individuals may be neither intrinsically nor extrinsically motivated, or conversely, they may be both at once (Wenger & Yarbrough, 2005). Recent studies indicate that it is religiosity (intrinsic/extrinsic) rather than

spirituality (intrinsic) alone or religion (extrinsic) alone which seems to have the greatest impact upon well-being (Baetz, Larson, Marcoux, Bowen, & Griffin, 2002; Ball, Armistead, & Austin, 2003; Carothers, Borkowski, & Lefever, 2005; Milevsky & Levitt, 2004; Strawbridge, Shema, Cohen, & Kaplan, 2001). For example, Baetz and colleagues' study of 88 Canadian mental health patients identified that frequency of worship attendance alongside the use of religion as a coping resource, and intrinsic religiousness, were the combined factors of religious commitment that impacted upon treatment outcomes. For the purposes of this study the term religion will be used in its broadest sense, including both institutionalised religious observances and personal expressions.

Summary

There is a growing and significant interest in religion and spirituality within psychological academia. The present study is guided by the rationale that God-centred psychotherapy models are both requited and reasonable. The aim of the present study is to investigate such a model, Refocussing (RFT), regarding its effectiveness and to explore some of the unique characteristics which may contribute to its effectiveness.