

University of Missouri – St. Louis

The Graduate School
Announcement

An oral examination in defense of the dissertation for the degree
Doctor of Philosophy in Psychology with an emphasis in Clinical-Community Psychology

Katherine Judd

M.A. in Psychology, May, 2013, University of Missouri-St. Louis

B.A. in Psychology, May, 2011, Truman State University

Doctrinal Dialogues: Factors Influencing Client Willingness to Discuss Religious Beliefs

Date: December 2, 2016

Time: 1:00 p.m. to 3:00 p.m.

Place: 339 Stadler Hall

Abstract

Religious beliefs are an important part of daily life for many individuals; however, these beliefs are often not discussed in therapy settings. As a result, clients and clinicians may encounter barriers to treatment and be unable to harness potentially beneficial aspects of the religious belief system. The current study investigated factors influencing client willingness to discuss religious beliefs with a therapist, with the factors of interest being perceived clinician cultural humility (PCH), religious outlier status (ROS), and religious commitment (RC). Participants in the current study (N = 535) completed measures assessing RC and ROS and viewed a five-minute clip depicting a therapy session in which the clinician was either high or low in cultural humility. They then rated their perceptions of clinician cultural humility and their willingness to discuss religious beliefs with the therapist depicted in the clip. It was predicted that PCH, ROS, and RC would each separately predict willingness to discuss and would significantly contribute to a full three-factor regression model. PCH was expected to be the strongest predictor in the full model, and significant interactions were expected between PCH and ROS and between PCH and RC. Results demonstrated that PCH and ROS significantly predicted willingness to discuss when considered separately, while RC did not. In the full model, PCH was both the strongest predictor and the only significant predictor, accounting for 36% of the variance in willingness to discuss. These results emphasize the importance of clinician cultural humility in establishing an open therapeutic environment. Moreover, they suggest that clients are more willing to discuss their religious beliefs with a clinician who is high in cultural humility than one who is not, regardless of more stable client factors such as religious commitment and religious outlier status. These findings have implications for training and clinical practice, as they suggest that cultural humility may be more important than cultural competence in some therapy situations, particularly when working with religious clients.

Defense of Dissertation Committee

Brian Vandenberg, Ph.D. (Chair)

Ann Steffen, Ph.D.

Matthew Taylor, Ph.D.

Susan Kashubeck-West, Ph.D.