Oral

Thu. Sep 25, 2025 1:05 PM - 2:05 PM JST | Thu. Sep 25, 2025 4:05 AM - 5:05 AM UTC Session Room 8 (Meeting Room 1)

Oral 1

[O-1-01]

Faith and Therapy: Psychologists' perspectives on working with Muslim clients

*Mariam Salie[1], Shaheen Ashraf Kagee[1] (1. Stellenbosch University (South Africa))

[O-1-02]

Understanding Religion and Coping in South Asians with Psychosis

*Sabrah Khanyari[1], Eric Jarvis[1] (1. McGill University (Canada))

[O-1-03]

Limitations of R/S (Religion/Spirituality)Training Models in Contemporary Psychiatry

*Swayam Bagaria[1] (1. Harvard Divinity School (United States of America))

[O-1-04]

MULTIPERSPECTIVE INDONESIAN RELIGIOUS LEADERS VIEW ON MENTAL DISORDER AND CONFINEMENT ("PASUNG") OF PATIENTS WITH MENTAL DISORDER

*Sak Liung[1], Soewadi Soewadi[2] (1. Panti Rapih Hospital (Indonesia), 2. Faculty of Medicine, Universitas Gadjah Mada (Indonesia))

Oral

Thu. Sep 25, 2025 1:05 PM - 2:05 PM JST | Thu. Sep 25, 2025 4:05 AM - 5:05 AM UTC Session Room 8 (Meeting Room 1)

Oral 1

[O-1-01] Faith and Therapy: Psychologists' perspectives on working with Muslim clients

*Mariam Salie[1], Shaheen Ashraf Kagee[1] (1. Stellenbosch University (South Africa))

Keywords：Muslim mental health、Psychotherapy、Islam、culture、religion

Muslim mental health (MMH) is an under-researched topic in SA, and while there are a few studies which have been published, it is dated and focused largely on Muslim mental health professionals. This abstract is for a PhD sub-study which explored the experiences of psychologists providing psychotherapeutic treatment to Muslim clients. The aim of the study was twofold, a) to explore the experiences of psychologists working with the Muslim community, and b) to explore the explanatory models of mental health conditions held by Muslim clientele. Semi-structured interviews were conducted with 15 participants, who were recruited through purposive and snowball sampling. Participants were qualified clinical and counselling psychologists with several years of experience working within the Muslim communities of the Western Cape, South Africa, in both public and private healthcare. Thematic analysis was used to analyse and interpret the data. Three key themes emerged, namely: a) the community context, b) the Muslim client, and c) the culturally informed psychologist. Participants highlighted the importance of understanding the community context which informs discourses on mental health, influenced largely by the history of South African Muslims and their culture. Secondly, participants reported on how religion and culture influence Muslims' conceptualisation of MH, the therapeutic space and clients' commitment and engagement in therapy. Lastly, participants reported on strategies they utilise when working with Muslims and some recommendations for enhanced therapeutic practice. This study aims to address the research gap by contributing to the body of knowledge in South Africa on Muslim mental health, and contribute to developing culturally sensitive, inclusive care.

Oral

Thu. Sep 25, 2025 1:05 PM - 2:05 PM JST | Thu. Sep 25, 2025 4:05 AM - 5:05 AM UTC Session Room 8 (Meeting Room 1)

Oral 1

[O-1-02] Understanding Religion and Coping in South Asians with Psychosis

*Sabrah Khanyari[1], Eric Jarvis[1] (1. McGill University (Canada))

Keywords：Culture、Religion、South Asians、Coping Strategies、Psychosis

Background: Psychosis is a mental condition that significantly impacts individuals' mental health, social functioning, and quality of life. As the largest visible minority group in Canada, South Asians (SA) represent a diverse community with strong religious ties that often influence their approach to mental health challenges. Despite the potential impact of religious beliefs and practices on the experience and treatment of psychosis, this area remains underexplored in this group. This study aims to understand how religion may influence SA youth's experience of psychosis, incorporating the perspectives of both patients and their families.
Objective: To explore the role of religion in shaping the experiences of SA youth with psychosis, including its influence on coping strategies, treatment adherence, and overall adjustment, while examining family perspectives on these dynamics.
Methods: An in-depth qualitative person centred approach will be employed, involving semi-structured interviews with SA youth diagnosed with psychosis and their family members. Participants will be recruited through two hospital sites in Montreal. Data will be thematically analyzed using the method of inductive thematic analysis described by Braun and Clark (2006). Analysis and discussion on the themes will be guided by Religious Coping Theory (Pargament, 1997), which provides a framework to categorize religious coping strategies according to their impact on mental health and recovery.
Anticipated Contributions: This research is expected to provide nuanced insights into the role of religion in the lives of SA youth with psychosis, highlighting both adaptive and maladaptive coping strategies. Findings aim to inform culturally sensitive, family-centered mental health interventions that enhance treatment engagement and recovery outcomes for this population.

Oral

Thu. Sep 25, 2025 1:05 PM - 2:05 PM JST | Thu. Sep 25, 2025 4:05 AM - 5:05 AM UTC Session Room 8 (Meeting Room 1)

Oral 1

[O-1-03] Limitations of R/S (Religion/Spirituality)Training Models in Contemporary Psychiatry

*Swayam Bagaria[1] (1. Harvard Divinity School (United States of America))

Keywords：Cultural Psychiatry、Religion/Spirituality、Medical Anthropology

Religion and Spirituality (R/S) is now well-established as an important area of competency for psychiatrists specifically and mental health professionals (MHPs) more generally. Current R/S research and training is based on a wide range of psychometric tools and standardized interviews to measure religious commitments. Yet, these initiatives lack inclusive design and a rigorous engagement with the psycho-social aspects and lived experiences of R/S involvement and efficacy. This oral presentation outlines four key lacunae in current R/S initiatives: 1) Religiosity gap: between MH practitioners and patients; 2) Research gap: the mechanisms through which R/S involvement leads to better outcomes; 3) Psycho-social gap: bracketing of patient's familial and social networks in assessing their R/S trajectories, and 4) Diversity gap: the narrow western context within which most initiatives have been designed. By doing so, the presentation will outline the need for a rigorous anthropologically driven training for diagnostic reasoning and treatment design in contemporary psychiatry.

Oral

Thu. Sep 25, 2025 1:05 PM - 2:05 PM JST | Thu. Sep 25, 2025 4:05 AM - 5:05 AM UTC Session Room 8 (Meeting Room 1)

Oral 1

[O-1-04] MULTIPERSPECTIVE INDONESIAN RELIGIOUS LEADERS VIEW ON MENTAL DISORDER AND CONFINEMENT (“PASUNG”) OF PATIENTS WITH MENTAL DISORDER

*Sak Liung[1], Soewadi Soewadi[2] (1. Panti Rapih Hospital (Indonesia), 2. Faculty of Medicine, Universitas Gadjah Mada (Indonesia))

Keywords：religious leaders perspective、mental disorder、confinement

Background: Currently, there is still a stigma and discrimination against people with mental disorders, especially schizophrenia, because they are considered dangerous, so that some families in Indonesia carry out confinement.[1] Confinement is a social problem that is also caused by a lack of knowledge and social support for patients. To stop confinement, religious leaders must be involved. Because of their strong religious background, Indonesian people tend to ask their religious leaders to overcome mental disorders.**Objectives**: To know and discuss the views of religious leaders in Indonesia about mental disorders and confinement.**Method**: We conducted in-depth interviews with seven religious leaders (Islam, Protestant Christianity, Catholicism, Hinduism, Buddhism, Confucianism, & Sunda Wiwitan) in Yogyakarta, Indonesia.**Results**: There were relatively similar views from the answers of religious leaders in Indonesia to the research questions: (1) Are mental illness and disorders the same/not? (2) What causes mental disorders, can they be caused by supernatural powers and be cured? (3) Do your religious teachings discuss mental disorders and opinions about confinement?**Discussion**: Religious leaders state that: mental disorders and illnesses differ in severity and duration; mental disorders can be caused by stress, lack of resilience, gratitude, & faith; they are related to supernatural powers; it can be cured with a spiritual approach and religion can prevent mental disorders. The causes of mental disorders are influenced by local socio-cultural values such as ethnicity, religion, education, socio-economics, and others.[2] All religions prohibit confinement because that is violence that violates human rights. In conclusion, even though religious teachings differ, there are similarities in the views of religious leaders in Indonesia regarding mental disorders and confinement. This is in line with the philosophy of the Indonesian nation, namely "*Bhinneka Tunggal Ika, tan hana dharma mangrwa*" which means even though we are different, we are still one in truth.