



Effectiveness of Counselling Services by Religious Organizations to Psychologically Affected Clients in Arusha City, Tanzania

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Abstract: The purpose of this study was to assess the effectiveness of counselling provided by religious organizations to psychologically affected clients. An exploratory research design was used. The study involved a population of psychologically affected clients aged seven and above who received counselling and the providers of counselling services in religious organizations in Arusha City, Tanzania. Purposive sampling technique was employed to obtain a sample of 42 respondents from 22 religious organizations. The data collection tools were interview and questionnaire. Content analysis was used to analyze qualitative data while quantitative data was analyzed through the statistical package for social sciences descriptive statistics. The study established that counselling services provided by religious organizations to psychologically affected clients were effective, which was indicated by the fact that there is a low level of psychological distress among respondents. Respondents were satisfied with the counselling services as they managed to solve their conflicts, thus meeting their goals. Counselling provided was also significant in improving the lives of the psychologically affected individuals. The study recommends that religious organizations should have sources of referral and networking to refer clients with psychological distresses for further assistance. Religious organizations are also advised to increase centres for counselling and provide further education opportunities for their counsellors to enhance their services.

Keywords: Counselling; psychologically affected clients; Religious coping; Religious organizations.

How to Cite: Maliti, L. H., Cosmas, V., and Lubawa, D. (2023). Effectiveness of Counselling Services by Religious Organizations to Psychologically Affected Clients in Arusha City, Tanzania. East African Journal of Education and Social Sciences 4(2), 78-86. DOI: <https://doi.org/10.46606/eajess2023v04i02.0278>.

Introduction

Counselling is focused on addressing normative developmental and mental health issues and challenges faced by individuals across lifespan (American Psychological Association (APA), 2022).

Traditionally, counselling is a service that is mostly provided in health care facilities by mental health practitioners such as psychologists, psychiatrists, mental health nurses, social workers and counsellors. However, religious organizations such

as temples, churches and mosques have also been playing a role in provision of counselling to psychologically affected individuals (Harris et al., 2006; Jain & Jadhav 2009; Khandelwal et al. 2004). Counselling provided in religious organizations' settings is often offered by religious leaders such as imams, rabbis, priests, and other clergy (American Psychiatric Association, 2016).

Although most of the time religious counselling is classified as informal (Harris et al., 2006), some religious organizations use evidence-based practices (EBP) for treatment and care of psychologically affected clients (Terry et al. 2015). In order to apply EBP, the provider has to undergo some formal training in counselling. For instance, Ellor et al. (2001) recorded that half of clergy under their study had reported to have some form of mental health training, hence used evidence-based practices (EBP) including providing referrals where necessary.

In low-income countries, unlike high income countries where counselling is more formalised, individuals are unable to access formal provided quality care as there are fewer than two mental health workers per 100,000 of the population, compared to the recommended global average of 13 mental health workers (Moeti, 2021). In response to this challenge, most psychologically affected individuals in Africa opt for religious organizations for help. In Kenya for example, religious leaders focus upon prayer, counselling and casting out of demons (Dein, 2010).

Tanzanian population is reported to be highly devoted to religious organization services. Religion serves as an important part of life, bringing an estimate of 93% of the population that belong to various religious organizations (Killian, 2011). Besides counselling services being facilitated by the Ministry of Health, Community Development, Gender, Elderly and Children, just like any other country, Tanzania's religious organizations play a part in providing counselling services to psychologically affected clients where religious leaders within the organizations are the primary providers of the informal service (Daniel et al., 2018). Religious organizations in Tanzania are reported the largest providers of hospital services, owning 41.1% of hospital facilities countrywide, and are considered the second largest providers of health services, owning 23.3% of total health infrastructures (Jankowski, 2021).

Health services among religious organisations extend to counselling services. A good number of psychologically affected clients seem also to prefer mental health treatment by religious leaders over professional health-care providers for mental health related services (Daniel et al., 2018). Studies further point out that clients routinely seek treatment from traditional and religious or spiritual healers prior to seeking care in the formal health system (Knettel et al., 2018). Given that trend, the outcomes of religious organisations' counselling treatments to clients has not been well documented since the available studies on counselling in Tanzania have focused on the provided formal services. This study therefore sought to establish effectiveness of counselling services provided by religious organizations to psychologically affected clients. The study was guided by the following three research questions:

1. What is the level of psychological distress among psychologically affected clients who received counselling services from religious organizations?
2. Did the psychologically affected clients achieve their goal by solving their problems after receiving counselling services from religious organization?
3. How satisfied were the psychologically affected clients with life after receiving the counselling services from religious organizations?

Literature Review

The role of religious organisations in the provision of counselling services is a well-known practice in the world. Counselling has been a practice across all religious organizations. In the United States, like elsewhere, religious organizations have been observed providing counselling to psychologically affected clients, especially among African-American populations (Campbell & Littleton, 2018). Such services mainly aim at helping church members to better recognize and acknowledge mental health issues and adopt appropriate coping strategies.

Among other religious organisations, Buddhism has been reported as the best choice for counselling practices with good healing methods for millions of individuals with mental health challenges (Lee et al, 2017). Using *mindfulness* method in the counselling process, Buddhist counselling is seen as a process of reducing suffering to individuals through training the human mind to attain a state of equanimity, joy

and liberation (ibid). Buddhist counselling employs three powerful strategies namely self-cultivation, mindfulness and meditation.

In Ghana, Osei-Tutu et, al. (2019) argued that Christian and Islamic religious organizations offer a viable option to help psychologically affected client through counselling services Most of the cases reported and addressed through counselling include premarital and in-marriage problems, parenthood concerns, psychological problems, mental disorders and academic and career related issues. The authors suggest collaboration between formal and informal services through referral for implementing parenthood and mental health promotion interventions.

In Tanzania, counselling services are provided formally and are coordinated by the Ministry of Health, Community Development, Gender, Elderly and Children (Daniel et al., 2018). However, one of challenges that individuals from the rural parts of Tanzania have been facing is inability to access formal mental health services. Other challenges include shortage of service providers and required resources (Jenkins et al., 2010).

The practice and choice of mental health services in Tanzania is influenced by cost and religious sects (Mwansisya et al, 2015) where religious leaders play a major roles in helping individuals who are psychologically affected (Daniel et al., 2018). Studies like that of Knettel et al. (2018) report that clients routinely sought treatment from traditional and religious or spiritual healers prior to seeking care in the formal health system. This implies that clients attach significant trust into the counselling services provided by the religious organisations.

Theoretical Framework

This study was underpinned by the Pargament's theory of religious coping which was found by Kenneth Pargament in 1997 (Pargament, 1997; Wang, 2021). The theory explains religious coping to involve religiously framed cognitive, emotional or behavioral responses to stress (Wortmann, 2013). In this theory, an individual's global religiousness may translate into specific religious beliefs and practices that are in turn directly related to health and well-being. In other words, religious coping involves drawing on religious beliefs and practices to deal with life stressors and providing scientific evidence of religion's role in mental health (Pargament, 1997).

Pargament theory suggests that people who draw on positive religious coping use their religion or spirituality to cope with stress, resulting in developing feelings of love, mercy, grace and support in relationship to a *higher being* or in other supreme beings (Pargament, 1997). On the other hand, those individuals who draw on negative religious coping results in bringing in feelings of shame, punishment, guilt, fear and abandonment when faced with stress. Those individuals who drew on positive religious coping would experience positive outcomes and those who developed negative religious coping would have negative outcomes.

Counselling provided by religious organizations bring forth a base for development of coping strategies to psychologically affected clients, making Pargament's theory a mechanism for understanding outcomes of such services through assessing the methods of coping adopted by the client (Pargament, 1997; Pargament et al., 2000; Pargament et al., 2004). While full recovery of psychologically affected clients as a result of counselling services from religious organizations cannot be directly measured, Pargament's theory addresses religious involvement which allows assessment of counselling services provided and its effects to psychologically affected clients.

Methodology

Design

This study employed an exploratory research design. Exploratory research design is a methodological approach that explores research questions that have not previously been studied in depth (Scribbr, n.d). An exploratory design seemed most appropriate since the research did not come across any previous research done in Arusha City on the effectiveness of counselling services provided by religious organizations to psychologically affected clients.

Population and Sampling

The study was carried out in Arusha City in Tanzania. The city has diverse religious organizations made up of various religious faiths such as Christianity, Islam, Jewish and Hinduism (Special Travel International, 2022; Ngowi, 2011). Religious organizations in the city are estimated to be 232 within 25 Wards (Alan et al., 2016). This condition made the city a place where the robust data would be attained. The sampling formula was used based on the number of Wards in the City resulting in a total of 10 Wards. According to, McLeod (2019), sample sizes equal to

or greater than 30 are required for the central limit theorem to hold true. Therefore, 30% of the number of religious organizations in each Ward was chosen resulting in a total of 22 religious organizations which were used in the study.

The population involved in the study consisted of psychologically affected clients aged seven years old and above who had received counselling services and the providers of counselling services in religious organizations. This was based on the criteria that counselling can be provided to children of age seven and above (Child Mind Institute, 2014). From the population of 57 individuals within the religious organizations selected, a sample size of 42 respondents was used in the study. Purposive sampling technique was used in selecting the study's respondents.

Instruments

Data collection was done through an interview schedule and a questionnaire from which standardized psychological tests were incorporated. Interviews were administered to 14 key respondents while the questionnaires was provided to 28 respondents. The standardized psychological tests used in this study were the Kessler Psychological Distress Scale (K10), Client Satisfaction Questionnaire (CSQ-8) and Satisfaction with Life Scale (SWLS). Kessler Psychological Distress Scale (K10) is a self-report scale developed in 1992 by Professors Ron Kessler and Dan Mroczek to measure the psychological distress in an individual (Kessler et al., 2003). Client Satisfaction Questionnaire (CSQ-8), on the other hand, is an 8 item self-reporting scale that was designed by Attkisson and Zwick (1982) to measure the satisfaction of a client with the health and human services provided. Satisfaction with Life Scale (SWLS) is another self-report questionnaire developed by Diener et al. (1985) which measures the level of life satisfaction.

Validity and Reliability

Validity was ensured through expert judgment of the University of Iringa supervisors who assured the construct, content, face and criterion validity of the tools used in the study. Additionally, participants were made to understand the nature of the study by receiving adequate information about the study so as to respond objectively. Reliability, on the other hand, was ensured through the use of already existing instruments for data collection. The use of multiple instruments also enhanced the reliability of the findings.

Statistical Treatment of Data

Qualitative data was analyzed through content analysis while quantitative data was analyzed through descriptive statistics.

Ethical Considerations

Participants were included based on their willingness to participate. The researchers obtained the permit to collect data from the City Council of Arusha after presenting an introduction letter from the University of Iringa. Information provided by participants was protected and used for the intended purpose only

Results and Discussion

This section presents and discusses the results of the study, guided by three research questions.

Research Question 1: What is the level of psychological distress among psychologically affected clients who received counselling services from religious organizations?

In order to determine the level of psychological distress of the psychologically affected clients, the Kessler Psychological Distress Scale (K10) was used. Findings indicates that all respondents had low psychological distress as shown in Table 1.

Table 1: Psychological Distress Level

Psychological Distress Level	f	%
Low psychological distress	28	100
Total	28	100

In table 2, most of respondents (75-100%) reported none of the time they felt any of the listed psychological distresses. This implies that on average, the clients who received counselling had low psychological distress.

Interviews carried out with clients to find out the level of psychological distress revealed that clients who received counselling experienced less psychological distress as a result of the quality of the counselling received. For instance, one respondent pinpointed, "before I received counselling, I was often sad, I could not do any activity at home and I was always tired. I did not understand what my problem was, but after counselling, I started getting back to my normal self" (Client 70, Organization L). Another client commented that "I was hopeless before receiving counselling. I felt that there was no future for me but counselling helped me" (Client 63, Organization G).

One of the providers of counselling service reported that

The reason people come to us for counselling is that we help them get through their problems so as to get rid of stress and challenges they have. We do this by going through the challenges they identify to be the problem and they feel so relieved afterwards. Sometimes they just need someone to talk to as they might have lacked people that can listen to them (Provider of Service 5, Organization M).

These findings are similar to those of a study by Campbell and Littleton (2018) in which counselling was reported to help in managing clients' depression and anxiety as part of mental health needs. Jobby and Viswasom (2018) and Lestari (2018) reported similar findings. This shows that counselling provided by religious organizations to psychologically affected clients results in reduction of the psychological distress. Therefore, the counselling service provided was successful.

Table 2: The Kessler Psychological Distress Scale (K10) Items

SN	Psychological Distress	Symptoms Duration					
		Some of the time		A little of the time		None of the time	
		f	%	f	%	f	%
1	Feeling tired out for no good reason					28	100
2	Feeling nervous	1	3.6	6	21.4	21	75
3	Feeling nervous that nothing could calm you down			1	3.6	27	96.4
4	Feeling hopeless	1	3.6	1	3.6	26	92.8
5	Feeling restless					28	100
6	Feeling so restless that you could not sit still			1	3.6	27	96.4
7	Feeling depressed			1	3.6	27	96.4
8	Feeling that whatever you did was an effort					28	100
9	Feeling so sad that nothing could cheer you up	1	3.6	2	7.1	25	89.3
10	Feeling worthless			1	3.6	27	96.4

Research Question 2: Did the psychologically affected clients achieve their goal by solving their problems after receiving counselling services from religious organizations?

In determining whether the clients had solved their existing problems as the result of the service received, the Client Satisfaction Questionnaire (CSQ-8) was administered. As shown in Table 3, all respondents indicated to be satisfied with the counselling service received as the majority (92.9%) considered the service provided to be excellent.

Table 3: Rating of the Counselling Service Provided

Satisfaction with Counselling	f	%
Excellent	26	92.9
Good	2	7.1
Total	28	100

Table 4 further provides feedback of respondents on the quality of services provided. The table indicates quality of service provided, attainment of the goals, extent to which needs were met, providing a recommendation to a friend with similar problems, the amount of help received, whether the service received helped to deal with the problems more

efficiently, the overall satisfaction with services received and whether a client would come back for service if needed help again. In all these items in the questionnaire, majority of respondents (75-96.4%) considered the services provided to be excellent. Therefore, the findings suggest that the clients managed to meet their goals.

Similarly, interviews revealed that the clients who received counselling services were satisfied with the service provided. They reported that the service was free, confidential and it helped them to solve their personal problems in a positive manner. For instance, one client reported to have been satisfied with the service received in the following words: "I am satisfied with the service received because it is free, yet it has helped me, I cannot afford paying for formal counselling" (Client 63, Organization G).

These findings corroborate those of Hiltunen et al. (2013) whose report shows that clients who received counselling/psychotherapy, specifically with the use of Cognitive Behavioural Therapy (CBT) were satisfied with the service provided and were able to solve their problems. A study by Amos et al. (2020) reported similar findings that respondents'

issues were resolved through the counselling service received.

Research Question 3: How satisfied were the psychologically affected clients with life after receiving the counselling services from religious organizations?

This research question sought to establish how satisfied the psychologically affected clients felt with life after receiving the counselling services from religious organizations.

Table 4: The Client Satisfaction Questionnaire (CSQ-8) Response

SN	Client Satisfaction	Clients Rating	
		f	%
1	Quality of services received		
	Excellent	24	85.7
	Good	3	10.7
2	Attainment of the kind of service needed		
	Excellent	23	82.2
	Good	3	10.7
3	Extent to which needs are meet		
	Excellent	21	75
	Good	7	25
4	Providing recommendation to a friend in need of similar service		
	Excellent	26	92.9
	Good	2	7.1
5	Satisfaction with the amount of help received		
	Excellent	27	96.4
	Good	1	3.6
6	Whether the service received helped to deal with their problems more efficiently		
	Excellent	21	75
	Good	7	25
7	Overall satisfaction with services received		
	Excellent	27	96.4
	Good	1	3.6
8	Whether a client would come back for service if needed help again		
	Excellent	25	89.3
	Good	3	10.7
	Fair	0	0

Findings in table 5 show that 82.1% of respondents were extremely satisfied while 17.9% were satisfied.

Table 5: Level of Satisfaction with Life among Clients

Satisfaction with Life	f	%
Extremely satisfied	23	82.1
Satisfied	5	17.9
Total	28	100

The interview findings further threw more light on the feelings of respondent as it was revealed that clients who received counselling reported to be satisfied with life.

One client, for instance, pinpointed that “I am happy now that I have solved my indifferences with my husband; before I received counselling, I was thinking of separating with my husband as I gave up on solving the problems” (Client 70, Organization L) Study findings of Bakalim and Karckay (2017) indicated similar results that counselling resulted into positive emotions, happiness and life satisfaction. Crits-Christoph (2008) also provided similar findings showing that quality of life improved after counselling. This shows that counselling is significant in improving the lives of psychologically affected individuals.

Conclusions and Recommendation

Conclusions

The study concludes that the counselling service provided by religious organizations to psychologically affected clients was effective. The effectiveness of the counseling services is indicated by the fact that respondents had lower psychological distress after counselling. They were satisfied with the counselling service as they managed solve their conflicts, thus, meeting their goals. Therefore, the provided counselling was significant in improving the lives of the psychologically affected individuals.

Recommendations

Religious organizations are recommended to have sources of referral and networking to refer clients with psychological distresses as a result of mental illnesses and other psychological conditions that might require further assistance. Religious organizations are also advised to increase centres for counselling and provide further education opportunities for their counsellors to enhance their services.

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