



## **A leader's guide to discussions on religion and faith in NAMI programs**

This resource was created for NAMI program leaders to help guide discussions about religion and faith with sensitivity and respect. Although the focus of this document is mainly on religion, this resource also applies when any personal belief or faith is expressed by someone as part of their personal story and perspective.

Everyone has a different relationship with religion and/or faith. There are many different religious traditions and faith perspectives within the United States and worldwide. For some, religious beliefs and/or practices are a cornerstone of mental health and wellness, while for others they are not. For still others, conversations about religion and faith can be upsetting and bring up difficult feelings.

When conversations about religion and faith arise during a class, presentation or support group, it's important to understand and honor the diversity of experiences people have related to these topics so that everyone remains welcome and safe.

### **Things to consider when participants share their experiences of religion and faith**

#### **Be welcoming and inclusive**

We can never predict what diverse perspective will enter the room during a NAMI class, presentation or support group. We do know that our programs change lives and that for some, they save lives. Imagine an empty chair in each class, presentation or support group that represents a person who hasn't yet found NAMI. Ask yourself whether this stranger would feel welcome in this room regardless of their beliefs, religious tradition or faith perspective. If you suspect they would not, adjust using the strategies provided in this document.

#### **Be aware that there are differing emotional responses to religion and faith**

We all relate differently to religion and/or faith. When sharing what helps you, recognize that others may not take the same comfort from it that you do. Examples:

- One person may have positive associations with the scent of burning sage. Another person may strongly dislike the smell of sage.
- One person may find praying to God, or a "higher power" comforting. Prayer goes against the belief system of another.
- One person may feel connected to a religious ritual, object or symbol (religious jewelry, yarmulke, hijab, icon, etc.). For another, being in the presence of religious rituals, objects or symbols may trigger negative feelings.

### **Keep the focus on mental health**

NAMI classes, presentations and support groups are a safe space to talk about religion, faith, religious practices and beliefs in the context of mental health and wellness. Make sure the primary focus of sharing is on mental health. Examples:

- A person may share how a religion/religious figure/faith/belief/practice positively or negatively impacts their mental health
- A person may share a practice that comforts them during difficult times

### **Don't make assumptions**

What a person believes may be different than what you think. Examples:

- Don't assume that all people from the same religious tradition share the same beliefs. People from the same faith tradition may have different opinions about the origin and treatment of mental health conditions
- Don't assume that a non-religious person is an atheist. Some people consider themselves spiritual rather than religious and find meaning in specific beliefs and/or rituals
- Don't assume that all people have been born and raised in the faith tradition that they hold. People come to religion and faith in different ways
- Don't assume that certain religions/faiths are better for a person's mental health than others

### **Be prepared to redirect**

Discussions about faith and religion often bring up strong emotions, even when mental health is the primary focus of sharing. Be prepared to redirect the discussion after addressing difficult feelings if you notice the group dynamic becoming negative, or if the conversation is becoming a debate. NAMI leader tools like the Redirect Approaches or Hot Potato (for handling emotional topics) are helpful here.

### **Strategies that foster safe and productive conversations**

#### **Model and encourage the use of I-statements**

I-statements are a way to express personal perspectives or experiences rather than speaking for a group or generalizing. These statements often begin with "I feel," "I think" or "I experienced" rather than "people feel," "people experience," "you should" or "everyone should." One person can't speak for an entire group of people and generalizing can be hurtful or misleading. Starting a thought with "I" or "for me" makes it clear that you're only talking about your point-of-view. It's ok to share personal experiences related to religion and faith but use "I" statements and encourage others to do as well.

Examples:

- "My religious community rejected me when they found out I have a mental health condition."
- "[Religion/religious figure/faith/belief/practice/] saved my life. My belief in \_\_\_ helps me."
- "My practice of \_\_\_\_\_ is soothing and helps me feel more at peace."

#### **Affirm all experiences as valid**

Affirm each person's feelings and how religion or faith impacts their life, even if it's different than your own experience or belief. This reminds everyone that what works for each person is unique. Examples:

- "I'm so glad [religion/religious figure/faith/belief/practice] has helped you stay well."
- "It sounds like [religion/religious figure/faith/belief/practice] brings you comfort during hard times."

- “You have strong feelings about [religion/religious figure/faith/belief/practice]. Thanks for being willing to share that with us so vulnerably.”

### **Maintain group safety**

While the details of someone’s religious traditions, faith, beliefs and/or practices may be an important part of their story, leaders must be mindful of others in the group for which religion is a difficult topic. Encourage participants to focus on their feelings and what helps them rather than describing specific beliefs and practices in detail. In some cases, a person sharing that something is important to their wellbeing is enough information, or, that their experience with religion or faith hasn’t been positive. Always ask yourself whether the conversation will serve the group, and whether you are being welcoming of everyone in the room. Examples:

- “I appreciate your willingness to share in detail about [religion/religious figure/faith/belief/practice]. Let’s focus for a moment on what has been most helpful. How does this contribute to your mental health today?”
- “Each person has a different relationship with religion and faith. What we’re most focused on here is what helps you feel supported. I’d love to hear about how [religion/ religious figure/faith/belief/practice] supports your mental health.”

### **Keep the conversation focused on the present**

By focusing conversations on the present rather than the past comments are more likely to remain constructive. Examples:

- “It sounds like [religion/religious figure/faith/belief/practice] helps you stay well. What’s one way you can tap into that today?”
- “It sounds like you’ve had some very negative experiences with [religion/ religious figure/faith/belief/practice]. What helps you stay well today?”

### **Don’t share unsolicited opinions or advice**

Be mindful that what works for you may not work for others. Examples:

- Don’t say “I think if you [religious practice], it may help you”.
- Don’t say “Science shows that [religious practice] is bad for your health.”
- Don’t say “In my opinion [religion/religious figure/faith/belief/practice] is the only answer to our problems.”

### **Example of what to say when a participant brings up religion or faith**

“I’d like to remind everyone that this is a safe place to share what helps us feel well, and this may or may not include religion and faith. Please be mindful of our group when sharing with the understanding that people have different beliefs and practices. For some people a religious tradition, faith, practice or belief is important to staying well and finding comfort and support, and for others it isn’t. We’re interested to know how these impact you in general and what feelings you have related to religion and faith. Please speak from your experience only without sharing opinions about what is “right” or “wrong” to believe. We encourage you to keep your comments focused on the present and how this impacts your mental health right now. Our [class/presentation/support group] is a place where we can support one another’s diverse experiences.”

**Summary:**

- Be welcoming and inclusive
- Be aware that there are differing emotional responses to religion and faith
- Keep the focus on mental health
- Don't make assumptions
- Be prepared to redirect
- Model and encourage the use of I-statements
- Affirm all experiences as valid
- Maintain group safety
- Keep the conversation focused on the present
- Don't share unsolicited opinions or advice

NAMI programs are a safe and inclusive place for people of all religions, faiths and beliefs. For this reason, theological debates or attempts to convert others to one's own religion/faith/belief are not appropriate.

"Our words matter"