SPIRITUAL PSYCHOLOGY AND COUNSELING
spiritualpc.net / 2021 Volume: 6 Number: 3

Original Article

Metaphysical Diversity in Mental Health Discourse: The Key to Scientific Progress in the Helping Professions

David R. Hodge[1, 2]
Arizona State University

[1] School of Social Work, Arizona State University
[2] Program for Research on Religion and Urban Civil Society, University of Pennsylvania
Correspondence to: David R. Hodge, Ph.D., 411 N. Central Ave., Suite 800, Mail Code 3920, Phoenix, AZ 85004-0689, USA. E-mail: DavidHodge@asu.edu. David R. Hodge, Ph.D., is a professor at Arizona State University and senior nonresident fellow at the University of Pennsylvania's Program for Research on Religion and Urban Civil Society

Corresponding author:
David R. Hodge, Ph.D.
E-mail:
DavidHodge@asu.edu

eISSN: 2458-9675

Received: 03.10.2021
Accepted: 25.10.2021

Abstract
Mental health problems represent a significant and growing challenge across the globe. Although progress has been made developing effective therapeutic interventions, this paper argues that a lack of metaphysical diversity hinders scientific advancement in this crucial area. Using the United States as an example, demographic data is reported illustrating the under-representation of theists in psychology and social work, the two largest providers of mental health services in America. Drawing from McIntosh's theory of privilege, it is posited that secular perspectives enjoy an advantaged status in mental health discourse, a status that is reinforced by the dissemination of secular narratives in culture-shaping forums. To illustrate how limited diversity impacts service provision, cognitive-behavioral therapy (CBT) is used as a case example. While the secular values embedded in CBT suggest it is often a good fit with secular clients, these same values may limit its validity with committed theists, such as Muslims. The paper concludes by suggesting that increased metaphysical diversity will help advance scientific knowledge by fostering the creation of research agendas that reflect the values of the diverse demographic groups mental health professionals are called to serve.

Keywords:
Metaphysical Diversity; Mental Health; CBT; Cultural Competence; Mental Health Discourse

Citation: Hodge, D. R. (2021). Metaphysical diversity in mental health discourse: The key to scientific progress in the helping professions. *Spiritual Psychology and Counseling, 6*(3), 7–30. https://dx.doi.org/10.37898/spc.2021.6.3.154

DOI: 10.37898/spc.2021.6.3.154

Mental health problems represent a significant social challenge in societies around the world (Radez et al., 2021). In middle- and high-income nations, over 50 percent of the general population suffer from at least one mental disorder during their lifetime (Trautmann et al., 2016). Global direct and indirect costs associated with diagnosis and treatment of mental health disorders are estimated to be 2.5 trillion United States Dollars (USD). These annual costs are projected to double by 2030.

Science has made some initial progress in addressing many mental health problems. For instance, cognitive behavioral therapy (CBT) is often effective with depression, one of the most common mental health challenges (Banyard et al., 2021). In many ways, however, the development of effective therapeutic strategies is still in its infancy (Trautmann et al., 2016). The lack of effectiveness may partially explain why the treatment gap for mental and substance use disorders is greater than all other health sectors (Trautmann et al., 2016).

This implicitly raises the question of how the quality and perceived relevance of mental health services provided to the public might be improved. Given the prevalence of mental health challenges, it is important to develop new therapeutic strategies while concurrently increasing the utility of existing interventions. In keeping with this aim, the next section reviews some of the foundational conditions necessary for scientific advancement to occur in mental health discourse.

Scientific Advancement

In broad relief, science advances through bold theorizing, rigorous testing, and critical debate (Losee, 2004). Scientific progress, however, cannot be taken for granted. To succeed, the scientific enterprise requires a particular set of norms and values that function to guide inquiry. It is almost universally accepted that all scientific observations are theory laden (Pantazakos, 2021). There is no neutral social location from which completely objective assessments of phenomena can be made. Consequently, science functions best in an open and pluralistic environment; an environment in which incompatible views are expressed and conflicting aims pursued (Popper, 1963). Ideally, scientific discourse should be characterized by the robust interaction of diverse, theory laden perspectives. Although often chaotic, the interplay of competing viewpoints yields scientific outcomes that are, over time, progressively more ethical and effective.

Put differently, the lack of diversity limits the utility of the scientific enterprise (Inbar & Lammers, 2016). Without competing voices, a shared worldview tends to develop (Kuhn, 1970). Theoretical paradigms emerge that serve to highlight certain data while simultaneously obscuring other data. Homogenous epistemic communities are created based upon shared assumptions about the nature of reality (Smith, 2014).

The epistemic homogeneity hinders the ability of science to progress and explore new options and alternatives (Tzovara et al., 2021). Science calcifies as the values of dominant groups are implicitly embedded into theory and method, the range of perspectives that are deemed legitimate narrows, and views that fall outside the dominant narrative are ignored, mischaracterized, or even disenfranchised.

Diversity helps mitigate these unproductive dynamics (Duarte et al., 2015). For example, scientific discourse characterized by a multiplicity of voices helps mitigate confirmation bias, the tendency to search for, interpret, and favor data that confirms pre-existing hypotheses about the nature of reality. Marshalling difference viewpoints helps to solve problems by bringing different epistemic perspectives to bear on challenges (Wang et al., 2016). People with different values, beliefs and experiences can shed new light on existing problems, provide novel explanations of phenomena, and craft previously unconsidered potential solutions (Tzovara et al., 2021).

It is widely acknowledged, at least in principle, that these biases represent significant threats to the validity of scientific results at both the micro and macro levels. At the micro level, it has been observed that most findings reported in individual studies are false (Ioannidis, 2005). For example, the Open Science Collaboration (2015) examined 100 studies published in leading psychology journals. In subsequent research, only 36 percent of the significant findings could be replicated. In other words, 64% of the findings published in the some of the most prestigious psychology journals in the world could not be replicated by other scientists. Even if research findings can be reproduced by other scientists, it is important to note that the findings may simply represent accurate measurement of the prevailing bias in a given area of inquiry (Ioannidis, 2005). The findings may be reliable, but not valid.

Perhaps more disconcerting from an ethical perspective are the effects at the macro level. Bias can function at a systemic level to disenfranchise disfavored populations (Tzovara et al., 2021). As implied above, the beliefs and values of scientists are implicitly embedded in academic products (Smith, 2003a). To cite a classic example, European American scientists who create measures of intelligence tend to incorporate their own socially situated values into the tests. As a result, historically disadvantaged African Americans, who may not be familiar with the language and examples that serve as common reference points in European American culture, often record systematically lower test scores (Zuberi & Bonilla-Silva, 2008).

Kohlberg's (1981) theory of moral development serves as another example of how the lack of diversity can lead to systemic bias against populations without a seat at the academic table. Kohlberg, a male, drawing upon the work of other male theorists, such as Piaget and Darwin, developed a stage theory of morality. He subsequently tested his theory using male subjects, confirming his hypothesis that rationality and

justice represents the pinnacle of moral development. When tested across genders, men tended to report higher levels of moral development relative to women. As Gilligan (1993) subsequently illustrated, this differential was unsurprising since females tend to prioritize care and love, while males tend to favor rationality and justice. The masculine values that characterized academic discourse biased Kohlberg's theory against women, resulting in females necessarily recording lower levels of moral development relative to males when measured using Kohlberg's theoretical framework.

In these and other examples, the central issue is the difference in theoretically based value systems. Whenever a difference in worldviews exists between scientists and other groups, the interventions developed by the former may lack validity with the latter and, in some cases, even have negative effects (Wambach & Van Soest, 1997). In short, it is critical to have a scientific workforce that reflects the diversity of the wider society it is charged with serving. This line of reasoning implicitly raises the question of how reflective the mental health workforce is in the United States—to focus on one influential nation.

Metaphysical Diversity among American Mental Health Professionals

As alluded to above, the effectiveness of mental health care is contingent upon the nature of the people developing and providing mental health services. Although no consensus exists regarding the composition of the mental health workforce in the US, the Department of Health and Human Services (HHS) lists five groups as core mental health professionals: social workers, psychologists, marriage and family therapists, psychiatrists, and psychiatric nurses (Heisler & Bagalman, 2015). Of these, the Congressional Research Service reports that social workers and psychologists are by far the largest providers of mental health services. Consequently, the subsequent discussion focuses on these two professions, examining a form of diversity that is of concern to many members of the American public, namely metaphysical diversity (Wang et al., 2016).

Metaphysical diversity is understood in this paper to refer to different ways of understanding reality, including transcendent reality. Populations that hold diverse worldviews about the nature of reality include, for example, theists and secularists. Secularism can be defined as a worldview that is oriented toward the temporal or material world, as opposed to the religious or transcendent worldviews affirmed by theists and other spiritually informed populations (Dictionary.com, 2021; Merriam-webster, 2021).

The extent research suggests that both psychologists and social workers are less invested in traditional theistic beliefs relative to the general American public (Hodge, 2002b; Shafranske & Cummings, 2013). For instance, while 64 percent of the public believes that God really exists, only 32 percent of clinical psychologists are convinced God exists (Delaney et al., 2013). Similarly, 72 percent of the American

public base their whole life upon their religion in comparison to 35 percent of clinical psychologists (Delaney et al., 2013).

Both psychologists and social workers are less likely to self-identify as Protestants and Catholics relative to members of the general public (Oxhandler et al., 2015; Shafranske & Cummings, 2013). Among social work faculty at the top-ranked programs in America, 12 percent identify as Catholic and 2 percent identify as evangelical Christian (Wuest, 2009). In comparison, 24 percent of the public identify as Catholic and 26 percent self-identify as evangelical Christian. The under-representation of among the latter group is particularly striking. In a manner analogous to African Americans in the area of race, evangelical Christians are the largest theistic minority in the US (Hodge, 2004a) and, accordingly, are the nation's largest religious subculture (Smith, 1998; Talbot, 2000). The findings among psychologists and social workers are consistent with research conducted among the wider population of academics (Ecklund & Park, 2009; Rothman et al., 2005). For instance, just 1 percent of faculty at elite universities are born again Christians, a rubric that serves as a proxy for traditional Protestants or evangelical Christians (Gross & Simmons, 2009).

Furthermore, many of the most influential thought-leaders in psychology are atheists. Examples include Sigmund Freud, Albert Ellis, Carl Rogers, Abraham Maslow, B.F. Skinner, John B. Waston, G. Stanley Hall, Hans Ernest Jones Eysenck, and Raymond B. Cattell, to list just some (Martin, 2007). Many other key theorists, such as Jean Piaget (Evans, 1973) and Carl Jung (Homans, 1982), rejected theism. In these cases, traditional religious beliefs were typically re-interpreted so as to conform to the dominant secular narrative in mental health discourse (Hunter, 1991). The preponderance of secularists among psychology's most influential theorists is particularly notable since psychologists often play an outsized role in shaping discourse across mental health disciplines.

In sum, psychologists, social workers and other mental health professionals tend to affirm a secular worldview (Rizvi & Pasha-Zaidi, 2021). This worldview stems from the European movement commonly known as the Enlightenment (Gellner, 1992). Enlightenment thinkers posited that human beings are autonomous individuals who can objectively discern material reality apart from any type of spiritual revelation (Lyotard, 1979/1984). Authority stemming from religious sources was largely rejected by Enlightenment thinkers and relocated in the individual. The individual human being is viewed as an island of authority in a naturalistic world (Skinner, 2010). To be clear, this does not mean that the Enlightenment did not make positive contributions to humanity. In in conjunction with theists (Stark, 2004), the Enlightenment made signal contributions to the scientific revolution (Pinker, 2021). Rather, the point is that the secular worldview that currently dominates mental health discourse can be traced back to the Enlightenment (Jafari, 1993).

Table 1
Common Values Affirmed in the Western Mental Health Counseling

Material/naturalistic orientation
Individualism
Independence
Self-determination
Identity rooted in sexuality and work
Self-actualization
Personal achievement and success
Self-expression
Explicit communication that clearly express individual opinion
Self-reliance
Sensitivity to individual oppression
Respect for individual rights
Egalitarian gender roles
Pro-choice
Sexuality expressed based on individual choice
Clothing used to accentuate individual beauty and sexuality
Spirituality individually constructed

Adapted from Hodge, D. R. (2015). *Spiritual assessment in social work and mental health practice*. New York, NY: Columbia University Press.

Table 1 delineates the values that flow from the secular metaphysical worldview. While not every mental health professional would affirm all the values featured in the table, the majority are familiar with them since they permeate discourse in the helping professions. In turn, these values are assumed, in some form, to be linked to health and wellness (Jafari, 1993). Accordingly, they are typically embedded in therapeutic strategies in a manner analogous to the way in which European American values are embedded in intelligence tests or male values are embedded in Kohlberg's moral development theory (Rizvi & Pasha-Zaidi, 2021).

It is important to note that the metaphysical homogeneity among psychologists and social workers is not unique. Mental health professionals are not alone in affirming secular values (Kanpol & Poplin, 2017). The secular orientation discussed above has been observed in many other perception-shaping venues.

Pervasiveness of the Secular Narrative in Societal Discourse

The secular narrative that pervades the helping professions also permeates much of the broader American society (Smith, 2003b). In particular, the post-industrial knowledge sector in western societies is dominated by a secular orientation (Gouldner, 1979). The secular value system infuses the reality defining knowledge sector including, for example, the K-12 education system, elite university departments, higher education administration, corporate management, advertising agencies, governmental and regulatory sectors, news media, film industry, and television programming.

American television programming serves as a case in point. As Sue (2010) notes, ultimate or "true" power is the ability to define reality. Perhaps no other medium is more influential in shaping perceptions of reality in society than fictional television programing (Stone et al., 2008). Through the selective presentation of content, television implicitly teaches viewers how to understand reality (Signorielli, 2004). The average American watches approximately five hours of television a day (Lind, 2014). Through exposure to this selective presentation of content, television socializes the public into a distinct value system with associated beliefs and biases.

Content analyses have repeatedly documented that secular perspectives pervade fictional television programming (Cohen & Hetsroni, 2020; Clarke, 2005; Lind, 2014; Moore, 2014; Skill et al., 1994; Skill & Robinson, 1994). In a manner analogous to African Americans in an earlier era (Pierce et al., 1977), traditional religious perspectives are largely absent from the vast majority of television content. For instance, an analysis of 20 years of programming did not uncover any scripts that affirmed the importance of faith, the power of prayer, or the possibility of miracles (Lichter et al., 1994). Yet, these are all beliefs commonly affirmed among theists (Stark, 2008).

Heroes and leaders in fictional programming are typically depicted as secular (Engstrom & Valenzano, 2010; Grigg, 2007). When theists are featured, they tend to be portrayed negatively, as old-fashioned, out of touch, and even dangerous (Lichter et al., 1994). For instance, an examination of secular and Christian leaders found that secular leaders were framed as significantly more loving, compassionate, caring, and attractive relative to Christian leaders (Skill & Robinson, 1994). In the few instances when Christian leaders were featured, they tended to be depicted as bland, shallow, and participants in unlawful activities. In sum, traditional theists and their values are essentially de-legitimized as culturally valid options due to their invisibility and negative portrayals (Lind, 2014; Skill & Robinson, 1994).

As alluded to above, the privileging of secularism has been observed in many other reality defining venues in America (Smith, 2003b). Examples include the K-12 educational system (Nord, 2010), higher education (Marsden, 1994), broadcast news (Haskell, 2011; Kerr, 2003), comic strips (Lindsey & Heeren, 1992), corporate advertising (Maquire et al., 1999; Maquire & Weatherby, 1998), films (Powers et al., 1996), film reviews (Moore, 2014), popular periodicals (Perkins, 1984; Woodward, 2005), and news media (Bolce & De Maio, 2008; Kabir, 2006). Through this reinforcing, frequently interlocking set of systems, a secular narrative is disseminated to the wider culture. Secular values are unconsciously embedded into societal discourse at multiple levels shaping perceptions about theists and their values (Kinnaman & Lyons, 2007; Kinnaman & Lyons, 2016).

The key point is that the secular worldview commonly affirmed among mental health professionals is reinforced by much of the broader American society.

Psychologists and social workers are taught to see secular values as the cultural center, as the way society should be structured. Although secularism is just one of many different metaphysical orientations (Richards & Bergin, 2014), mental health professionals are socialized to see it as normative.

Due to the pervasiveness of secularism, mental health professionals can be unaware of its status as just one culturally distinct understanding of reality (Vandrick, 2015). Value systems that occupy the cultural center are—by definition—often hard to recognize (Torino, 2015). To draw from McIntosh's (2015) work, the cultural pervasiveness serves to obscure the structural power imbalances that advantage or privilege the understandings of mental health professionals.

Table 2
Advantages that Mental Health Professionals Typically Enjoy

I can assume I will be exposed to curricular content in the K-12 educational system that features secular role models.
If I pursue higher education, I can expect to encounter many people in positions of power that share my metaphysical orientation.
I can expect university professors to highlight content that agrees with my worldview.
I can likely find people who share my values to recommend me for graduate programs.
I can be pretty sure of finding professional mentors.
I can read influential psychological theorists and typically expect that my value system will be affirmed.
I can read major newspapers and be pretty sure their editorial positions on issues will be similar to my own and, in any case, I can be confident that the patterns of reasoning will be familiar to me.
When I watch fictional television programming, I can assume characters from my cultural group will generally be depicted in a positive manner.
When I tune into the most popular radio stations, I can expect the lyrical content will typically reflect my interests and beliefs.
I can expect advertisers to present their products in a manner that speaks to my metaphysical belief system.
I can read major periodicals, such as *Time* and *US News and World Report*, and expect that issues of importance to me will be brought to my attention and covered sympathetically.
I never have to worry about where or when to "come out" regarding my core social identity.
I can remain unaware of the theistic values of religious people—who may comprise the majority of the world's population—without feeling any penalty within my social circles for this lack of knowledge.

Adapted from: Hodge, D. R. (2009). Secular privilege: Deconstructing the invisible rose-tinted sunglasses. *Journal of Religion and Spirituality in Social Work: Social Thought, 28*(1/2), 8-34.

Table 2 depicts some of the common advantages mental health professionals enjoy in the United States and many other nations. These advantages help to illustrate the ubiquity of the secular narrative. In contrast, theists do not enjoy these types of advantages. Traditional Catholics, evangelical Christians, Muslims and other theists do not typically benefit from, for example, having positive exemplars in their educational materials, television programing, and popular media content (Hodge, 2009).

The omnipresence of secularism in the lives of many mental health professionals functions to authenticate—often at a deeply unconscious level—the correctness of the secular meta-narrative. Since reality is continually viewed through the prism of a materialistic lens, over time people come to assume their materialistic view

of the world is accurate, normal, and correct (Kuhn, 1970). These perceptions are reinforced through interactions with like-minded others who are also exposed to the same reality-defining content.

Because the secular orientation is so widely held, mental health professionals can have trouble viewing theistic orientations as legitimate intellectual options. The situation is analogous to the development of intelligence tests or Kohlberg's (1981) moral development framework. Alternative perspectives are not even considered (Inbar & Lammers, 2016). To the extent that they are considered, they are perceived to represent a conflicting value system (Brandt et al., 2014). This dynamic can have serious consequences for metaphysical minorities in mental health discourse.

Effects of Metaphysical Homogeneity in Mental Health Discourse

The US is perhaps the most religiously diverse society in the world (Eck, 2001). To be clear, not all religious people hold culturally distinctive value systems. Many people, for instance, have reinterpreted theistic tenets to conform to the dominant secular meta-narrative (Hunter, 1991). This is illustrated by the fact that liberal Christians are more affectively aligned with atheists than with traditional or conservative Christians (Yancey, 2017).

Nevertheless, many religious people continue to hold traditional values (Hunter, 1991). Under the broader secular canopy, numerous distinct subcultures exist (Richards & Bergin, 2014). In addition to evangelical Christians (Hodge, 2004a), other examples include traditional Catholics (Shafranske, 2014), Hindus (Hodge, 2004b), Latter Day Saints (Walton et al., 2011), Native Americans (Hodge et al., 2009), and Muslims (Hedayat-Diba, 2014).

These subcultures affirm metaphysical worldviews that differ from the secular worldview affirmed in the broader society (Smith, 2014). Islam, perhaps the fastest growing religion in America, serves as a case-in-point (Hedayat-Diba, 2014). Like many other religions, Islam provides adherents a comprehensive meta-narrative that guides and directs practice.

Table 3 depicts values commonly affirmed within Islamic discourse, and juxtaposes them with the secular values featured in Table 1. As can be seen, substantial dissimilarity exists. This is not to say that no value correspondence exists between Muslims and people who are secular. Rather, the point is that Islam represents a culturally distinct worldview in which some values differ from those commonly affirmed in secular discourse (Rizvi & Pasha-Zaidi, 2021). Similar degrees of incongruence exist regarding other theistic subcultures and western secularism (Richards & Bergin, 2014).

Table 3
Common Values Affirmed in the Mental Health Counseling and Islam

Mental Health Counseling	Islam
Material/naturalistic orientation	Spiritual/eternal orientation
Individualism	Community
Independence	Interdependence
Self-determination	Consensus
Identity rooted in sexuality and work	Identity rooted in culture and God
Self-actualization	Community actualization
Personal achievement and success	Group achievement and success
Self-expression	Self-control
Explicit communication that clearly express individual opinion	Implicit communication that safeguards others' opinions
Self-reliance	Community reliance
Sensitivity to individual oppression	Sensitivity to group oppression
Respect for individual rights	Respect for community rights
Egalitarian gender roles	Complementary gender roles
Pro-choice	Pro-life
Sexuality expressed based on individual choice	Sexuality expressed in marriage
Clothing used to accentuate individual beauty and sexuality	Clothing used to operationalize modesty and spirituality
Spirituality individually constructed	Spirituality derived from the *shari'a*

Adapted from Hodge, D. R. (2015). *Spiritual assessment in social work and mental health practice*. New York, NY: Columbia University Press.

As can be seen in Table 3, a difference in worldviews exists between theists and secular mental health professionals (Richards & Bergin, 2004). To the extent that secularism serves as the normative belief system in mental health discourse, theists and their values are outside the mainstream (Chambers et al., 2012). As implied above, it is assumed that other reasonable, intelligent people share the same Enlightenment-rooted understanding of reality (Yancey & Williamson, 2014). Theistic values—which by definition fall outside the cultural center—are, at best, perceived to have marginal utility, especially in terms of promoting health and wellness (Brandt et al., 2014). It is important to note that this is not necessarily a conscious process. Perceptions that are inconsistent with the reigning epistemic understanding are unconsciously viewed as being incongruent with science and largely ignored (Kuhn, 1970).

In keeping with this understanding, content analyses have illustrated that secular views dominant the professional literatures in both psychology (Bergin, 1980; Lehr & Spilka, 1989; Redding, 2001; Weaver et al., 1998a) and social work (Cnaan et al., 1999; Hardy, 2013; Hodge, 2002a; Hodge et al., 2021; Tompkins et al., 2006). Theistic perspectives are essentially absent from the literature in these and other disciplines including, family therapy (Glenn, 1997; Kelly, 1992), psychiatry (Weaver et al., 1998b), nursing (McEwen, 2004), and medicine (Laird et al., 2007; Potter, 1993). For example, an examination of required textbooks in America's most influential social work programs found that evangelical Christians and Muslims were rarely depicted, and when they were depicted, they were generally framed pejoratively (Hodge et al., 2006).

A number of prominent psychologists have posited that devout theistic faith fosters various forms of psychopathology, including Freud (1966) and Ellis (1980). In keeping with this view, content analysis of the *Diagnostic and Statistical Manual of Mental Disorders, III-R* revealed that the DSM authors linked religious faith with psychopathology (Larson et al., 1998). Similar analysis of Medline literature suggested that Muslims are adversely affected by their tradition and should reject it in favor of the secular values (Laird et al., 2007). The power of the secular paradigm to influence the selection and interpretation of phenomena is illustrated by the fact that a substantial and growing body of empirical research indicates that the empirical relationship between religion and health runs in the opposite direction (Koenig et al., 2012; Koenig et al., 2020; Oman & Syme, 2018). Research has associated devout theism, including Islam, with health and wellness (Koenig & Shohaib, 2019).

A number of studies using experimental designs have documented bias toward theists. For instance, Gartner (1986) examined admissions to APA doctoral programs using mock applications. Applicants who mentioned they were evangelical Christians were less likely to be admitted than equally qualified secular applicants. Using a similar methodology, other researchers have essentially replicated these findings, documenting bias toward theists among psychologists (Neumann et al., 1991), and social workers (Neumann et al., 1992), as well as psychiatrists (Neumann et al., 1995), and physicians (Neumann & Leppien, 1997a; Neumann & Leppien, 1997b). For instance, social workers discriminated against evangelical Christians in the areas of in-service training, professional presentations, and publishing.

Studies employing self-report provide an interesting perspective on the degree to which theists are perceived to be outside the bounds of legitimate discourse. Among psychologists, one in six report they would be willing to discriminate against conservatives in reviewing their work (Inbar & Lammers, 2012). One in four would discriminate in reviewing their grant applications, and one in three state they would discriminate in hiring decisions. Thus, the greater the potential to influence mental health discourse, the greater the willingness to discriminate (Crawford & Pilanski, 2014), with social conservatives being perhaps particularly at risk for discrimination (Inbar & Lammers, 2012). These findings are consistent with those reported by Yancy (2011), who found that faculty across a range of academic disciplines reported they would discriminate against conservative Christians when hiring new faculty members. In sociology, perhaps the closest disciplinary neighbor to psychology and social work, approximately 50% of faculty indicated they would be less likely to hire such Christians.

To recap, the extent evidence indicates little metaphysical diversity exists among psychologists and social workers. The secular orientation commonly affirmed by these helping professionals is reinforced and accentuated in the broader American

culture. In turn, the lack of empathic exposure to different understandings of reality tends to engender some degree of bias toward theists in mental health discourse. The paucity of diversity has important implications for service provision, including interventions designed to address mental health challenges, such as CBT.

CBT as a Culturally Constructed Intervention

CBT is one of the most effective therapeutic interventions (Banyard et al., 2021). It has been used to successfully address a variety of mental health problems (Chorpita et al., 2011; Hollon & Ponniah, 2010). Due to its perceived effectiveness in clinical settings, its importance is likely to continue to increase in keeping with the trend toward prioritizing evidenced-based treatments (Dobson, 2019).

At its most basic level, CBT posits that mental health problems are caused by cognitive distortions. Events are interpreted based upon one's beliefs about a given event. Therapy consists of helping clients identify maladaptive beliefs. Once identified, the detrimental cognitive scripts are replaced with salutary scripts. Changing one's thought patterns results in enhanced wellness.

CBT is not, however, a value free intervention (Chin & Hayes, 2017). As is the case with all therapeutic strategies, certain anthropological assumptions regarding human wellness are implicitly embedded in CBT (Smither & Khorsandi, 2009). This modality reflects its creator's values regarding human existence, relational dynamics, and healthy functioning.

Albert Ellis (1962) is widely considered to be the founder of contemporary CBT. Later theorists, such as Beck (1976), acknowledge they built upon Ellis' foundational work. As noted above, Ellis (1980) was a committed atheist who posited that devout theism fosters mental illness.

Table 4
Secular CBT Self-statements

Self-worth
I am a worthwhile person with positive and negative traits.
High frustration tolerance
Nothing is terrible or awful, only—at worst—highly inconvenient. I can stand serious frustrations and adversity, even though I never have to like them.
Needing approval and love
It is highly preferable to be approved of, to be loved by significant people, and to have good social skills. But if I am disapproved of, I can still fully accept myself and lead an enjoyable life.
Self-acceptance
If I fail at school, work, or some other setting, it is not a reflection on my whole being. (My whole being includes how I am as a friend, daughter, etc. as well as qualities of helpfulness, kindness, etc.). Further, failure is not a permanent condition.

Adapted from Ellis, A. (2000). Can rational emotive behavior therapy (REBT) be effectively used with people who have devout beliefs in God and religion? *Professional Psychology: Research and Practice*, *31*(1), 29.

In manner analogous to Kohlberg, Ellis' values are incorporated into his therapeutic understanding of wellness (Rizvi & Pasha-Zaidi 2021). Table 4 lists several representative "self-statements" largely drawn from the work of Ellis (2000), in tandem with the underlying therapeutic concept each statement is designed to address. In clinical settings, clients are taught to replace maladaptive beliefs with these self-statements, which are posited to engender mental health.

As can be seen, these statements implicitly reflect the secular values listed in Table 1. As the use of the word "I" signifies, ultimate authority is vested in the autonomous self. The self-actualizing individual is implicitly posited to be the source from which change proceeds. Reflecting Enlightenment assumptions about the nature of reality, no reference is made to God, community, or family. The statements are completely secular in nature. The self-directing individual functions as a sovereign master of one's life in a manner that parallels the Enlightenment assumption that the individual is an island of authority in a materialistic world (Skinner, 2010).

For potential clients who share these assumptions about the nature of reality, this therapeutic modality may represent a good fit. No substantial difference in value systems exists between Ellis's understanding of wellness and the understanding of secular clients. In the same way that intelligence tests developed by European Americans may accurately measure IQ among white children, CBT may be effective in addressing mental health problems among secular clients.

Conversely, CBT may lack social validity with other populations (Yusoff et al., 2020). Social or cultural validity refers to the degree to which an intervention is perceived to be valid, relevant, and consistent with the norms a particular cultural group (Lindo & Elleman, 2010). In short, it refers to the perceived utility or relevance of a given intervention in the eyes of prospective clients. Higher perceptions of social validity typically result in a greater willingness among clients to adopt and consistently implement interventions.

Muslims, traditional Catholics, and other committed theists may view traditional CBT as lacking social validity (Husain & Hodge, 2016). For example, in the same way that mental health professionals tend to believe secular values foster wellness, Muslims typically assume the Islamic values delineated in Table 3 engender wellness. Islam teaches that surrender of the self to God is a perquisite for wellness. Thus, Muslims may feel uncomfortable with the concept of the individual self as the locus of authority (Yusoff et al., 2020).

To be clear, Muslims generally support the notion that cognitive distortions frequently undergird mental health problems (Hamdan, 2008). Muslims, like most other theists, believe that correct beliefs play an important role in facilitating wellness

(Richards & Bergin, 2014). Rather, the difficulty lies in the metaphysical assumptions reflected in the self-statements (Yusoff et al., 2020).

Table 5
Secular and Islamic CBT Protocols

Secular self-statements	Islamic statements
Self-worth	
I am a worthwhile person with positive and negative traits.	We have worth because we are created in Allah. We are created with strengths and weaknesses.
High frustration tolerance	
Nothing is terrible or awful, only—at worst—highly inconvenient. I can stand serious frustrations and adversity, even though I never have to like them.	Misfortunes and blessings are from Allah. Misfortunes are not terrible or awful, but rather a test. Although adversity may be unpleasant, we can withstand it. Allah tells us that He will not test us beyond what we can bear. By reminding ourselves of Allah's goodness, and engaging in prayer, we can cope with life's challenges.
Needing approval and love	
It is highly preferable to be approved of, to be loved by significant people, and to have good social skills. But if I am disapproved of, I can still fully accept myself and lead an enjoyable life.	Although it is nice to have the favor of others, we do not need the approval of others. True satisfaction and solace is found in our relationship with Allah. Our regular remembrance of Allah helps us to know that He loves us.
Self-acceptance	
If I fail at school, work, or some other setting, it is not a reflection on my whole being. (My whole being includes how I am as a friend, daughter, etc. as well as qualities of helpfulness, kindness, etc.). Further, failure is not a permanent condition.	Allah knows us better than we know ourselves. Allah knows our weakness. Allah knows we make mistakes. Consequently, we can take comfort in Allah's mercy and accept ourselves with our strengths and weaknesses.

Adapted from Hodge, D. R. (2015). *Spiritual assessment in social work and mental health practice*. New York, NY: Columbia University Press.

These secular assumptions can be illustrated by considering statements that reflect a different set of metaphysical assumptions. Table 5 depicts statements that have been "repackaged" to incorporate Islamic values. As can be seen, the Islamic statements also address the same therapeutic concepts. However, these Islamic statements ground their authority in God, while also referencing the Islamic community, spiritual practices, and other Islamic precepts. Since Allah is the focal point of the Islamic worldview, this phrasing is more likely to resonate with Muslims (Yusoff et al., 2020). They may also carry much more authority. Similarly, incorporating the notion of God's promises can provide an important new rationale for dealing with difficult situations.

As alluded to above, CBT is not the only intervention that conflicts with the values held by various religious subcultures (Husain & Hodge, 2016). While not all interventions developed in mental health discourse necessarily conflict with the values of all theists (Andrews et al., 2017), it is important to note that many other therapeutic approaches also lack congruence with minority worldviews. For

instance, approaches that make no mention of the spiritual are not a good fit with many American Indian cultures who view the religious dimension as a fundamental aspect of healing (Hodge et al., 2009).

As a temporary measure, adapting commonly used modalities to incorporate the values of religious groups can be helpful. For instance, the modification process illustrated in table 4 can be used to increase the social validity of CBT with theists. Indeed, a limited body of research indicates that CBT adapted to reflect clients' religious values is effective with religious clients (Tan, 2013; Yusoff et al., 2020). The degree to which mental health professionals are positioned to increase the social validity of existing interventions is, at best, an open question.

Enhancing Social Validity in Service Provision

The ability to enhance the social validity of interventions is predicated on cultural competence. Indeed, cultural competence is necessary for effective therapeutic work across any cultural divide (Sue et al., 2019). As such, the importance of cultural competence is widely endorsed across the helping professions.

Cultural competence is comprised of three dimensions (Hodge, 2018). In the context of the present paper, cultural competence can be understood as a dynamic process in which mental health professionals develop a growing awareness of their own secular worldview and its associated assumptions and biases, in tandem with an empathic understanding of commonly affirmed theistic worldviews in the service catchment area. It is at this point of empathetic understanding that psychologists, social workers, and other mental health practitioners are able to modify interventions so that they resonate with the client's worldview.

Given the literature reviewed in the previous sections, it is unclear how mental health professionals might develop the degree of cultural competence needed to adapt interventions successfully. For instance, it is difficult to develop an empathetic understanding of diverse religious groups if they are not featured in the literature (Hodge et al., 2021). Similarly, infrequently and often pejorative portrayals in television and other media do little to engender an emphatic understanding of religious minorities.

Furthermore, most mental health professionals are not exposed to curricular content that facilitates the development of cultural competence during their educations. Most psychologists (Shafranske & Cummings, 2013; Vogel et al., 2013), and social workers (Canda & Furman, 2010; Oxhandler et al., 2015; Sheridan, 2009) report receiving little, if any, training on religion during their education. Likewise, counselors (Henriksen et al., 2015; Walker et al., 2004), marriage and family therapists (Carlson et al., 2002), and physicians (Koenig, 2013) also tend to report receiving minimal training.

Many, if not most, clients want to have their spiritual beliefs and values incorporated into the therapeutic dialogue (Hodge, 2015). As alluded to above, people often rely upon their religious and spiritual resources to cope with challenges, including mental health problems (Abu-Raiya & Pargament, 2015; Koenig et al., 2012). As a result, the integration of religion into the clinical conversation is frequently important to clients (Oxhandler et al., 2021).

Yet, many potential clients appear to be aware of mental health professionals' questionable ability to work with them in an effective and ethical manner (Richards & Bergin, 2014). In turn, this perception affects clients' willingness to see professionals about their mental health challenges. Put simply, some potential users of mental health services do not believe that professionals will be respectful of their religious beliefs and avoid seeking treatment as a result.

Boorstin and Schlachter (2000) explored the reasons why people chose not to seek professional help for mental health problems using a national sample of likely voters in the US. The most common answer was respondents' belief that they can handle their problems on their own. However, the second most cited rationale was fear that their religious values and beliefs would not be respected or taken seriously. Concern about professionals' cultural competence ranked ahead of finances, which was the third most prominent reason. Interestingly, evangelical Christians were particular likely to express concern that their religious beliefs would not be respected. Similar concerns appear to exist among many other theistic populations (Richards & Bergin, 2014).

Such perceptions are disconcerting. As alluded to in the introduction, the treatment gap for mental health problems is among the highest in the larger health sector (Trautmann et al., 2016). On a global level, the economic cost of untreated mental health challenges is estimated to be approximately $1 trillion USD per year (Chisholm et al., 2016). Such figures do not capture the human suffering associated with untreated mental health challenges. However, they do serve to underscore the financial ramifications associated with a homogenous discourse that functions to discourage members of minority groups from seeking treatment.

Conclusion

The lack of diversity in mental health discourse is negatively impacting the helping professions' ability to address the needs of some clients. Interventions designed to mitigate mental health problems often lack social validity with theistic clients. Furthermore, mental health professionals typically do not possess the cultural competence training needed to adapt existing interventions so that they fit clients' value system. Consequently, many members of the public decline to seek mental health treatment, which results in substantial costs to society in lost productivity,

fractured relationships, and other economic and social costs.

To address this situation, efforts must be made to foster more metaphysical diversity across mental health disciplines (Inbar & Lammers, 2016). The open interchange of diverse perspectives will assist all professionals to interact in a more ethical and effective manner with an increasingly wide range of clients. Understanding how religious people view the world positions secular professionals to enhance the social validity of commonly used interventions such as CBT.

Furthermore, theoretically driven research agendas are needed that reflects the values of the diverse demographic groups mental health professionals are called to serve (Hodge et al., 2009). People from different religious cultures should be encouraged to develop mental health interventions that incorporate their underlying metaphysical assumptions about wellness at a foundational level (Johnson & Watson, 2012). An environment should be nurtured that fosters the development of alternative therapeutic modalities, in a manner analogous to Gilligan's (1993) work in the area of moral development.

Indeed, such diversity is a necessary perquisite for scientific progress in the helping professions (Popper, 1963). Increasing the degree of metaphysical diversity among mental health professionals will result in more effective interventions characterized by enhanced levels of social validity in the eyes of potential clients. Given the costs associated with the burgeoning mental health crisis, we can no longer afford homogeneous discourse. Efforts to diversify must be a priority. The first step in this process is raising awareness.

References

Abu-Raiya, H., & Pargament, K. I. (2015). Religious coping among diverse religions: Commonalities and divergences. *Psychology of Religion and Spirituality*, *7*(1), 24.

Andrews, B., Watson, P. J., Chen, Z. J., & Morris, R. J. (2017). Postmodernism, positive psychology and post-traumatic growth within a Christian ideological surround. *The Journal of Positive Psychology, 12*(5), 489-500.

Banyard, H., Behn, A. J., & Delgadillo, J. (2021). Personality disorders and their relation to treatment outcomes in cognitive behavioural therapy for depression: A systematic review and meta-analysis. *Cognitive Therapy and Research*, 1-16.

Beck, A. T. (1976). *Cognitive therapy and the emotional disorders.* International Universities Press.

Bergin, A. E. (1980). Psychotherapy and religious values. *Journal of Consulting and Clinical Psychology, 48*(1), 95-105.

Bolce, L., & De Maio, G. (2008). A prejudice for the thinking classes. *American Politics Research, 36*(2), 155-185.

Boorstin, B., & Schlachter, E. (2000). *American Association of Pastoral Counselors and Samaritan Institute Report*. Greenberg Quinlan Research, Inc.

Brandt, M. J., Reyna, C., Chambers, J. R., Crawford, J. T., & Wetherell, G. (2014). The ideological-conflict hypothesis: Intolerance among both liberals and conservatives. *Current Directions in Psychological Research, 23*(1), 27-34.

Canda, E. R., & Furman, L. D. (2010). *Spiritual diversity in social work practice: The heart of helping* (2nd ed.). Oxford University Press.

Carlson, T. D., Kirkpatrick, D., Hecker, L., & Killmer, M. (2002). Religion, spirituality, and marriage and family therapy: A study on family therapists' beliefs about the appropriateness of addressing religious and spiritual issues in therapy. *The American Journal of Family Therapy, 30,* 157-171.

Chambers, J. R., Schlenker, B. R., & Collisson, B. (2012). Ideology and prejudice: The role of value conflicts. *Psychological Science, 24*(2), 140-149.

Chin, F., & Hayes, S. C. (2017). Acceptance and commitment therapy and the cognitive behavioral tradition: Assumptions, model, methods, and outcomes. In *The science of cognitive behavioral therapy* (pp. 155-173). Academic Press.

Chisholm, D., Sweeny, K., Sheehan, P., Rasmussen, B., Smit, P., Cuijpers, P. et al. (2016). Scaling-up treatment of depression and anxiety: A global return on investment analysis. *The Lancet, 3,* 415-424.

Chorpita, B. F., Daleiden, E. L., Ebesutani, C., Young, J., Becker, K. D., Nakamura, B. J. et al. (2011). Evidence-based treatments for children and adolescents: An updated review of indicators of efficacy and effectiveness. *Clinical Psychology: Science and Practice, 18*(2), 154-172.

Clarke, S. H. (2005). Created in whose image? Religious characters on network television. *Journal of Media and Religion, 4*(3), 137-153.

Cnaan, R. A., Wineburg, R. J., & Boddie, S. C. (1999). *The newer deal: Social work and religion in partnership.* Columbia University Press.

Cohen, Y., & Hetsroni, A. (2020). Monotheism and television: a comparative content analysis of religion in prime-time programming in the USA, Israel, and Turkey. *Atlantic Journal of Communication*, *28*(2), 103-114.

Crawford, J. T., & Pilanski, J. M. (2014). Political intolerance, right and left. *Political Psychology, 35*(6), 841-850.

Delaney, H. D., Miller, W. R., & Bisono, A. M. (2013). Religiosity and spirituality among psychologists: A survey of clinical members of the American Psychological Association. *Spirituality in Clinical Practice, 1*(S), 95-106.

Dictionary.com. (2021). Retrieved from http://www.dictionary.com/browse/secular

Dobson, K. S. (2019). *Handbook of cognitive-behavioral therapies* (4th ed.). Guilford Press.

Duarte, J. L., Crawford, J. T., Stern, C., Haidt, J., Jussim, L., & Tetlock, P. E. (2015). Political diversity will improve social psychological science. *Behavioral and Brain Sciences, 38,* e130.

Eck, D. L. (2001). *A new religious America.* HarperCollins.

Ecklund, E. H., & Park, J. Z. (2009). Conflict between religion and science among academic scientists? *Journal for the Scientific Study of Religion, 48*(2), 276-292.

Ellis, A. (1962). *Reason and emotion in psychotherapy.* Lyle Stuart.

Ellis, A. (1980). The case against religion: A psychotherapist's view and the case against religiosity. American Atheist Press.

Ellis, A. (2000). Can rational emotive behavior therapy be effectively used with people who have devout beliefs in God and religion? *Professional Psychology: Research and Practice, 31*(1), 29-33.

Engstrom, E., & Valenzano, J. M. (2010). Demon hunters and hegemony: Portrayal of religion on the CW's Supernatural. *Journal of Media and Religion, 9,* 67-83.

Evans, R. I. (1973). *Jean Piaget: The man and his ideas.* E. P. Dutton.

Freud, S. (1966). *Introductory lectures on psychoanalysis* (J. Strachey, Trans.). Norton.

Gartner, J. D. (1986). Antireligious prejudice in admissions to doctoral programs in clinical psychology. *Professional Psychology: Research and Practice, 17*(5), 473-475.

Gellner, E. (1992). *Postmodernism, reason and religion.* Routledge.

Gilligan, C. (1993). *In a different voice: Psychological theory and women's development.* Harvard University Press.

Glenn, N. (1997). *Closed hearts, closed minds: The textbook story of marriage.* Institute for American Values.

Gouldner, A. W. (1979). *The future of intellectuals and the rise of the new class.* Seabury Press.

Grigg, R. (2007). Vanquishing evil without the help of God: The Man from U.N.C.L.E. and a world come of age. *Journal of Communication and Religion, 30,* 308-339.

Gross, N., & Simmons, S. (2009). The religiosity of American college and university professors. *Sociology of Religion, 70*(2), 101-129.

Hamdan, A. (2008). Cognitive restructuring: An Islamic perspective. *Journal of Muslim Mental Health, 3*(1), 99-116.

Haskell, D. M. (2011). "What we have here is a failure to communicate": Same-sex marriage, evangelicals, and the Canadian news media. *Journal of Religion and Popular Culture, 23*(3), p311.

Hedayat-Diba, Z. (2014). Psychotherapy with Muslims. In P. S. Richards & A. E. Bergin (Eds.), *Handbook of psychotherapy and religious diversity* (2nd ed., pp. 287-317). American Psychological Association.

Heisler, E. J., & Bagalman, E. (2015). *The mental health workforce: A primer.* Congressional Research Service.

Henriksen, R. C., Polonyi, M. A., Bornsheuer-Boswell, J. N., Greger, R. G., & Watts, R. E. (2015). Counseling students' perceptions of religious/spiritual counseling training: A qualitative study. *Journal of Counseling & Development*, *93*(1), 59-69.

Hardy, K. (2013). Searching for the spirit: A content analysis of the Black church in mainstream social work journals. *Journal of Religion & Spirituality in Social Work: Social Thought*, *32*(4), 373-396.

Hodge, D. R. (2015). *Spiritual assessment in social work and mental health practice.* Columbia University Press.

Hodge, D. R. (2002a). Does social work oppress evangelical Christians? A new class analysis of society and social work. *Social Work, 47*(4), 401-414.

Hodge, D. R. (2002b). Equally devout, but do they speak the same language? Comparing the religious beliefs and practices of social workers and the general public. *Families in Society, 83*(5/6), 573-584.

Hodge, D. R. (2004a). Developing cultural competency with evangelical Christians. *Families in Society, 85*(2), 251-260.

Hodge, D. R. (2004b). Working with Hindu clients in a spiritually sensitive manner. *Social Work, 49*(1), 27-38.

Hodge, D. R. (2009). Secular privilege: Deconstructing the invisible rose-tinted sunglasses. *Journal of Religion and Spirituality in Social Work: Social Thought, 28*(1/2), 8-34.

Hodge, D. R. (2018). Spiritual competence: What it is, why it is necessary, and how to develop it. *Journal of Ethnic & Cultural Diversity in Social Work*, *27*(2), 124-139.

Hodge, D. R., Baughman, L. M., & Cummings, J. A. (2006). Moving toward spiritual competency: Deconstructing religious stereotypes and spiritual prejudices in social work literature. *Journal of Social Service Research, 32*(4), 211-232.

Hodge, D. R., Carpenter, B. M., Yepez, R. A., & Lietz, B. C. (2021). Spirituality and Religion in Leading Social Work Journals: A 10-Year Content Analysis. *Social Work Research*, *45*(1), 43-50.

Hodge, D. R., Limb, G. E., & Cross, T. L. (2009). Moving from colonization toward balance and harmony: A Native American perspective on wellness. *Social Work, 54*(3), 211-219.

Hodge, D. R., Wolfer, T. A., Limb, G. E., & Nadir, A. (2009). Expanding diversity in social work discourse: Exploring the possibility of a theistic perspective. *Journal of Religion and Spirituality in Social Work: Social Thought, 28*(1-2), 202-214.

Hollon, S. D., & Ponniah, K. (2010). A review of empirically supported psychological therapies for mood disorders in adults. *Depression Anxiety, 27*(10), 891-932.

Homans, P. (1982). A personal struggle with religion: Significant fact in the lives and work of the first psychologists. *The Journal of Religion, 62*(2), 128-144.

Hunter, J. D. (1991). *Culture Wars.* BasicBooks.

Husain, A., & Hodge, D. R. (2016). Islamically modified cognitive behavioral therapy: Enhancing outcomes by increasing the cultural congruence of cognitive behavioral self-statements. *International Social Work, 59*(3), 393-405.

Inbar, Y., & Lammers, J. (2012). Political diversity in social and personality psychology. *Perspectives on Psychological Science, 7*(5), 496-503.

Inbar, Y., & Lammers, J. (2016). Political diversity in social psychology. In P. Valdesolo & J. Graham (Eds.), *Psychology of polarization* (pp. 1-14). Routledge.

Ioannidis, J. P. A. (2005). Why most published research findings are false. *PLOS Medicine, 2*(8), e124.

Jafari, M. F. (1993). Counseling values and objectives: A comparison of western and Islamic perspectives. *The American Journal of Islamic Social Sciences, 10*(3), 326-339.

Johnson, E. L., & Watson, P. J. (2012). Worldview communities and the science of psychology. In R. L. Piedmont & A. Village (Eds.), *Research in the social scientific study of religion* (pp. 269-283). Brill.

Kabir, N. (2006). Representation of Islam and Muslims in the Australian media, 2001-2006. *Journal of Muslim Minority Affairs, 26*(3), 313-328.

Kanpol, B., & Poplin, M. (Editors). (2017). *Christianity and the secular border patrol: The loss of Judeo-Christian knowledge.* Peter Lang.

Kelly, E. W. (1992). Religion in family therapy journals: A review and analysis. In L. A. Burton (Ed.), *Religion and the family* (pp. 185-209). Haworth Pastoral Press.

Kerr, P. A. (2003). The framing of fundamentalist Christians: Network television news, 1980-2000. *Journal of Media and Religion, 2*(4), 203-235.

Kinnaman, D., & Lyons, G. (2007). *Unchristian: What a new generation really thinks about Christianity and why it matters.* Baker Books.

Kinnaman, D., & Lyons, G. (2016). *Good faith.* Baker Books.

Koenig, H. G., Al-Zaben, F., & VanderWeele, T. J. (2020). Religion and psychiatry: Recent developments in research. *BJPsych Advances, 26*(5), 262-272.

Koenig, H. G., & Al Shohaib, S. S. (2019). Religiosity and mental health in Islam. In H. Moffic, J. Peteet, A. Hankir, & R. Awaad (Eds.) *Islamophobia and Psychiatry* (pp. 55-65). Springer.

Koenig, H. G. (2013). *Spirituality in patient care: Why, how, when, and what* (3rd ed.). Templeton Press.

Koenig, H. G., King, D., & Carson, V. B. (2012). *Handbook of religion and health* (2nd ed.). Oxford University Press.

Kohlberg, L. (1981). *The philosophy of moral development: Moral stages and the idea of justice.* Harper & Row.

Kuhn, T. S. (1970). *The structure of scientific revolutions* (2nd ed.). University of Chicago.

Laird, L. D., Marrais, J. d., & Barnes, L. L. (2007). Portraying Islam and Muslims in MEDLINE: A content analysis. *Social Science & Medicine, 65,* 2425-2439.

Larson, D., Milano, G. M., & Lu, F. (1998). Religion and mental health: The need for cultural sensitivity and synthesis. In S. O. Okpaku (Ed.), *Clinical methods in transcultural psychiatry* (pp. 191-210). American Psychiatric Association.

Lehr, E., & Spilka, B. (1989). Religion in the introductory psychology textbook: A comparison of three decades. *Journal for the Scientific Study of Religion, 28*(3), 366-371.

Lichter, S. R., Lichter, L. S., & Rothman, D. (1994). *Prime time: How TV portrays American culture.* Regnery Publishing.

Lind, S. J. (2014). Christmas in the 1960s: A Charlie Brown Christmas, religion, and the conventions of the television genre. *The Journal of Religion and Popular Culture, 26*(1), 1-22.

Lindo, E. J., & Elleman, A. M. (2010). Social validity's presence in the field-based reading intervention research. *Remedial and Special Education, 31*(6), 489-499.

Lindsey, D. B., & Heeren, J. (1992). Where the sacred meets the profane: Religion in the comic pages. *Review of Religious Research, 34*(1), 63-77.

Losee, J. (2004). *A historical introduction to the philosophy of Science* (4th ed.). Oxford University.

Lyotard, J.-F. (1979/1984). *The postmodern condition: A report on knowledge* (G. Bennington & B. Massumi, Trans.). University of Minnesota Press.

Maquire, B., Sandage, D., & Weatherby, G. A. (1999). Television commercial content: Religion versus science and professional expertise. *Sociological Focus, 32*(4), 413-425.

Maquire, B., & Weatherby, G. A. (1998). The secularization of religion and television commercials. *Sociology of Religion, 59*(2), 171-178.

Marsden, G. M. (1994). *The soul of the American university: From protestant establishment to established nonbelief.* Oxford University Press.

Martin, M. (Editor). (2007). *The Cambridge companion to atheism.* Cambridge University Press.

McEwen, M. (2004). Analysis of spirituality content in nursing textbooks. *Journal of Nursing Education, 43*(1), 20-30.

McIntosh, P. (2015). Extending the knapsack: Using the white privilege analysis to examine conferred advantage and disadvantage. *Women & Therapy, 38,* 232-245.

Merriam-webster. (2021). Retrieved from http://www.merriam-webster.com/dictionary/secular

Moore, R. C. (2014). When religious cinema meets secular press: Reviewers' reactions to the films of Sherwood pictures. *Journal of Communication & Religion, 37*(4), 42-62.

Neumann, J. K., Harvill, L. M., & Callahan, M. (1995). Impact of humanistic, liberal Christian, and evangelical Christian values on the self-reported opinions of radiologists and psychiatrists. *Journal of Psychology and Theology, 23*(3), 198-207.

Neumann, J. K., & Leppien, F. V. (1997a). Impact of religious values and medical specialty on professional inservice decisions. *Journal of Psychology and Theology, 25*(4), 437-448.

Neumann, J. K., & Leppien, F. V. (1997b). Influence of physicians' religious values on inservice training decisions. *Journal of Psychology and Theology, 25*(4), 427-436.

Neumann, J. K., Thompson, W., & Woolley, T. W. (1991). Christianity versus Humanism: The influence of values on the nonclinical professional decisions of Veterans Administration psychologists. *Journal of Psychology and Theology, 19*(2), 166-177.

Neumann, J. K., Thompson, W., & Woolley, T. W. (1992). Evangelical vs. liberal Christianity: The influence of values on the nonclinical professional decisions of social workers. *Journal of Psychology and Christianity, 11*(1), 57-67.

Nord, W. A. (2010). *Does God make a difference? Taking religion seriously in our schools and universities.* Oxford University Press.

Oman, D., & Syme, S. L. (2018) Weighing the evidence: What is revealed by 100+ meta-analyses and systematic reviews of religion/spirituality and health? In A. Possamai-Inesedy & K. J. Flannelly (Series Eds.) *Religion, spirituality and health: A social scientific approach: Vol. 2. Why religion and spirituality matter for public health* (pp. 261-281). Springer.

Open Science Collaboration. (2015). Estimating the reproducibility of psychological science. *Science, 349*(6251), 944-945.

Oxhandler, H. K., Parrish, D. E., Torres, L. R., & Achenbaum, W. A. (2015). The integration of clients' religion and spirituality in social work practice: A national survey. *Social Work, 60*(3), 228-237.

Oxhandler, H. K., Pargament, K. I., Pearce, M. J., Vieten, C., & Moffatt, K. M. (2021). The relevance of religion and spirituality to mental health: A national survey of current clients' views. *Social Work, 66*(3), 254-264.

Pantazakos, T. (2021). Problems of empirical solutions to the theory-ladenness of observation. *Synthese*, 1-23.

Perkins, H. W. (1984). Religious content in American, British, and Canadian popular publications from 1937 to 1979. *Sociological Analysis, 45*(2), 159-165.

Pierce, C. M., Carew, J. V., Pierce-Gonzalez, D., & Wills, D. (1977). An experiment in racism: TV commercials. *Education and Urban Society, 10*(1), 61-87.

Pinker, S. (2021). Enlightenment environmentalism: A humanistic response to climate change. *Journal of Applied Corporate Finance*, *33*(2), 8-23.

Popper, K. (1963). *Conjunctures and refutations: The growth of scientific knowledge.* Routledge & Kegan Paul.

Potter, R. L. (1993). Religious themes in medical journals. *Journal of Religion and Health, 32*(3), 217-222.

Powers, S., Rothman, D. J., & Rothman, S. (1996). *Hollywood's America: Social and political themes in motion pictures.* Westview Press.

Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G., & Waite, P. (2021). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *European Child & Adolescent Psychiatry*, *30*(2), 183-211.

Redding, R. E. (2001). Sociopolitical diversity in psychology. *American Psychologist, 56*(3), 205-215.

Richards, P. S., & Bergin, A. E. (2004). A theistic spiritual strategy for psychotherapy. American Psychological Association.

Richards, P. S., & Bergin, A. E. (Editors). (2014). *Handbook of psychotherapy and religious diversity* (2nd ed.). American Psychological Association.

Rizvi, S., & Pasha-Zaidi, N. (2021). Health and wellbeing: Bridging secular and Islamic worldviews. In *Toward a positive psychology of Islam and Muslims* (pp. 183-206). Springer.

Rothman, S., Lichter, S. R., & Nevitte, N. (2005). Fundamentals and fundamentalists: A reply to Ames et al. *The Forum, 3*(2), Article 8.

Shafranske, E. P. (2014). Psychotherapy with Roman Catholics. In P. S. Richards & A. E. Bergin (Eds.), *Handbook of psychotherapy and religious diversity* (2nd ed., pp. 53-76). American Psychological Association.

Shafranske, E. P., & Cummings, J. P. (2013). Religious and spiritual beliefs, affiliations, and practices of psychologists. In K. I. Pargament (Ed.), *APA handbook of psychology, religion, and spirituality: Vol. 2. An applied psychology of religion and spirituality* (pp. 23-41). American Psychological Association.

Sheridan, M. (2009). Ethical issues in the use of spiritually based interventions in social work practice: What we are doing and why. *Journal of Religion and Spirituality in Social Work, 28*(1/2), 99-126.

Signorielli, N. (2004). Aging on television: Messages relating to gender, race, and occupation in prime time. *Journal of Broadcasting and Electronic Media, 48*(2), 279-301.

Skill, T., & Robinson, J. D. (1994). The image of Christian leaders in fictional television programs. *Sociology of Religion, 55*(1), 75-84.

Skill, T., Robinson, J. D., Lyons, J. S., & Larson, D. (1994). The portrayal of religion and spirituality on fictional network television. *Review of the Religious Research, 35*(3), 251-267.

Skinner, R. (2010). An Islamic approach to psychology and mental health. *Mental Health, Religion & Culture, 13*(6), 547-551.

Smith, C. (1998). *American Evangelicalism.* University of Chicago Press.

Smith, C. (2003a). *Moral, believing animals: Human personhood and culture.* Oxford University Press.

Smith, C. (2003b). *The secular revolution.* University of California Press.

Smith, C. (2014). *The sacred project of American sociology.* Oxford University Press.

Smither, R., & Khorsandi, A. (2009). The implicit personality theory of Islam. *Psychology of Religion and Spirituality, 1*(2), 81-96.

Stark, R. (2004). *For the glory of God*. Princeton University Press.

Stark, R. (2008). *What Americans really believe: New findings from the Baylor surveys of religion.* Baylor University Press.

Stone, S., English, D., Ekman, E., & Fujimori, S. (2008). Collaboration among social work and journalism students and faculty: An instructional model. *Journal of Social Work Education, 44*(1), 163-172.

Sue, D. W. (Editor). (2010). *Microaggressions and marginality: Manifestation, dynamics, and impact.* John Wiley.

Sue, D. W., Sue, D., Neville, H. A., & Smith, L. (2019). *Counseling the culturally diverse: Theory and practice* (8th ed.). John Wiley & Sons.

Talbot, M. (2000, February 27). A mighty fortress. *The New York Times Magazine*, 34-41, 66-8, 84-5.

Tan, S.-Y. (2013). Addressing religion and spirituality from a cognitive-behavioral perspective. In K. I. Pargament (Ed.), *APA handbook of psychology, religion, and spirituality: Vol. 2. An applied psychology of religion and spirituality* (pp. 169-187). American Psychological Association.

Tompkins, C. J., Larkin, H., & Rosen, A. L. (2006). An analysis of social work textbooks for aging content: How well do social work foundation texts prepare students for our aging society? *Journal of Social Work Education, 42*(1), 3-23.

Torino, G. C. (2015). Examining biases and white privilege: Classroom teaching strategies that promote cultural competence. *Women & Therapy, 38,* 295-307.

Trautmann, S., Rehm, J., & Wittchen, H.-U. (2016). The economic costs of mental disorders. *EMBO Reports, 17*(9), 1245-1249.

Tzovara, A., Amarreh, I., Borghesani, V., Chakravarty, M. M., DuPre, E., Grefkes, C., ... & Badhwar, A. (2021). Embracing diversity and inclusivity in an academic setting: Insights from the Organization for Human Brain Mapping. *NeuroImage*, *229*, 117742.

Vandrick, S. (2015). No "knapsack of invisible privilege" for ESL university students. *Journal of Language, Identity, and Education, 14,* 54-59.

Vogel, M. J., McMinn, M. R., Peterson, M. A., & Gatherecoal, K. A. (2013). Examining religion and spirituality as diversity training: A multidimensional look at training in the American Psychological Association. *Professional Psychology: Research and Practice, 44*(3), 158-167.

Walker, D. F., Gorsuch, R. L., & Tan, S.-Y. (2004). Therapists' integration of religion and spirituality in counseling: A meta-analysis. *Counseling and Values, 49,* 69-80.

Walton, E., Limb, G. E., & Hodge, D. R. (2011). Developing cultural competency with Latter-Day Saint clients: A strengths-based perspective. *Families in Society, 92*(1), 50-54.

Wambach, K. G., & Van Soest, D. (1997). Oppression. In R. L. Edwards (Ed.), *Encyclopedia of social work* (19th ed., pp. 243-252). NASW Press.

Wang, X.-H., Kim, T.-Y., & Lee, D.-R. (2016). Cognitive diversity and team creativity: Effects of team intrinsic motivation and transformational leadership. *Journal of Business Research, 69,* 3231-3239.

Weaver, A. J., Kline, A. E., Samford, J. A., Lucas, L. A., Larson, D. B., & Gorsuch, R. L. (1998a). Is religion taboo in psychology? A systematic analysis of research on religion in seven major American psychology association journals: 1991-1994. *Journal of Psychology and Christianity, 17*(3), 220-232.

Weaver, A. J., Samford, J. A., Larson, D. B., Lucas, L. A., Koenig, H. G., & Patrick, V. (1998b). A systematic review of research on religion in four major psychiatric journals: 1991-195. *The Journal of Nervous and Mental Disease, 186*(3), 187-189.

Woodward, K. L. (2005). What's in a name?: The New York Times on "partial-birth" abortion. *Notre Dame Journal of Law, Ethics, & Public Policy, 19*(2), 427-442.

Wuest, L. G. (2009). *Factors associated with inclusion of spirituality in secular social work education* (Dissertation, Portland State University).

Yancey, G. A., & Williamson, D. A. (2014). *So many Christians, so few lions: Is there Christianophobia in the United States?* Rowman & Littlefield.

Yancey, G. (2011). *Compromising scholarship: Religious and political bias in American higher education.* Baylor University Press.

Yancey, G. (2017). Christian fundamentalists or atheists: Who do progressive Christians like or hate more? *Journal of Religion & Society, 19*, 1-25.

Yusoff, S. N. A. M., Raudhah, A., Zulkifli, N. A., & Azmi, L. (2020). Bridging science and religion–treatment of depressed Muslim patients using Islamic Integrated Cognitive Behavioural Therapy. *Malaysian Journal of Science Health & Technology*, *6*(Special Issue).

Zuberi, T., & Bonilla-Silva (Editors). (2008). *White logic, white methods: Racism and methodology.* Rowman & Littlefield Publishers.