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Original Article

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

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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

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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.

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Research Article

Predictors of African American Belief in Illness as Punishment for Sin

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Abstract
While religious participation is positively associated with health, and faith traditions often promote wholesome behavior among followers, religious beliefs endorsing the notion of illness as punishment for sin can be negatively related to health. To date, little is known about the correlates of this belief. This study examined demographic characteristics and religiosity as predictors of the belief that illness occurs as punishment for sin in a national probability sample of African American adults. Of 3,173 participants completing a telephone survey, 2,172 (68.45%) moderately endorsed belief in illness as punishment for sin (mean of 16 [SD=4.59] out of possible 32). Spearman correlations and linear regression modeling were conducted. Findings suggested that participants who were men, less educated, with lower income levels, lower religious beliefs, greater religious participation, greater use of negative religious coping, and both active and passive spiritual health locus of control beliefs, reported significantly stronger belief in illness as punishment for sin. Age, employment, and positive religious coping were not significant predictors. Psychologists, counselors, and health professionals working with African Americans may consider these findings in helping clients find healthy ways to reflect on their illnesses in collaboration with clergy, that are client-centered and respectful of their faith traditions.

Keywords:
Illness as punishment, African Americans, Religious coping, Spiritual health locus of control, Spiritual struggle, Religious beliefs, Religious behaviors

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Approximately 89% of Americans believe in God (Newport, 2016), and this belief is more prevalent among African Americans than among individuals of other races or ethnicities (Masci, 2018). The religion-health connection has been studied extensively (Koenig, King, & Carson, 2012; Ransome, 2020). On balance, these studies have found a positive relationship between religion and health. However, some research has been conducted on negative aspects of religious involvement such as negative religious coping (Holt, Clark & Roth, 2014) and beliefs that illness may result from God's punishment for wrongdoing or sin (Holt et al, 2009).

Research suggests that people have illness schemas (Hagger & Orbell, 2021), which are implicit or explicit beliefs about their illness, including its causes. These beliefs are acquired from family, friends, the media, and personal experiences and may influence a patient's decisions about seeking treatment. Religious and spiritual beliefs can affect the way people approach having an illness (Avent Harris, Wahesh, Barrow, & Fripp, 2021). Illness schemas also can influence how individuals behave toward someone with an illness and may prejudice expectations about their future health (Anandarajah, Roseman, Mennillo, & Kelley, 2021; Leventhal et al., 2008). If those providing healthcare believe that another's illness is caused by God's punishment for sin, the patient may be treated differently because the provider believes God was a causal agent (Anderson et al., 2010; Shiri, Mohtashami, Manoochehri, Nasiri, & Rohani, 2020).

Belief in illness due to punishment for sin exists across cultures and religions and can be responsible for disapproving attitudes towards those with a health condition (Abulhul, 2020; Bhatnagar et al., 2017; Hulett et al., 2018; Lee et al., 2017). This phenomenon sometimes is used to justify marginalization and stigmatization of individuals with mental illness, leprosy, physical deformities, and disabilities (Daniel, 1983; Ravindran & Myers, 2012; Rai, Peters, Syurina, Irwanto, Naniche, & Zweekhorst, 2020; Wesselmann & Graziano, 2010). More recently, individuals living with HIV/AIDS have experienced social, cultural, and religious stigmatization (Payán et al., 2017).

Research is limited regarding who is most likely to hold a belief in illness as punishment for sin. In the case of gender, the findings are mixed. A study in India found that women and men are equally likely to believe that God is punishing them for sin with an illness (Bhatnagar et al., 2017). Conversely, a study of differences in gender and culture around beliefs about illness found that women were more likely than men to believe illness was punishment for sin (Klonoff & Landrine, 1994). One qualitative study found that African American elders with depression believed their illness was a punishment from God rather than having faith in a merciful God (Wittink, Joo, Lewis, & Barg, 2009). A review of the literature suggested those with higher socioeconomic status were less likely to believe that mental illness was a punishment for sin (Rabkin, 1972).

Purpose

In the current study, we examine the association of demographic and religiosity variables with belief in illness as punishment for sin. Demographic variables included age, gender, education level, and household income. Religiosity variables were comprised of positive religious coping (tendency to use positive religious methods for managing stress), negative religious coping (religious struggle), religious beliefs (beliefs about God) and spiritual health locus of control. Because people facing stressful situations often turn to a higher power for support, religious coping was examined. Positive religious coping involves behaviors such as seeking a stronger connection with God or asking God for forgiveness (Mahamid, & Bdier, 2021; Pargament, Feuille, & Burdzy, 2011). Negative religious coping is a form of personal religious struggle (Park, Edmondson, Hale-Smith, & Blank, 2009; Taylor, Chatters, Woodward, Boddie, & Peterson, 2021) and is distinct from having a theological belief that illness is a punishment for sin. Religious struggle can be interpersonal (feelings of upset with one's religious community) or intrapersonal (struggles with one's religious beliefs and one's behavior falling short of those beliefs) or can involve a person's perception of the Divine (Damen, et al, 2021; Hill & Pargament, 2003).

Spiritual health locus of control is a related religious variable comprising perceptions about God's role in one's health-related outcomes (Clark et al, 2017; Holt, Clark, Kreuter, & Rubio, 2003). Active spiritual health locus of control involves the belief that God empowers the individual to be proactive about health. Passive spiritual health locus of control refers to the belief that God has control over one's health and that personal action is not necessary to be healthy. To our knowledge, the relationship between spiritual health locus of control and the belief in illness as punishment for sin has not been previously investigated.

The purpose of the current study was to examine if belief in illness as punishment was associated with a range of demographic characteristics and aspects of religiosity in African Americans. Because belief in illness as punishment for sin is consistently associated with negative health outcomes (Holt, Lewellyn, & Rathweg, 2005; Phillips & Stein, 2007; Reynolds, Mrug, Wolfe, Schwebel, & Wallander, 2016) and because religious participation is highly valued in the African American community (Thompson, Futterman, & McDonnell, 2020), we directed our investigation toward correlates of belief in illness as a punishment in African Americans. We focused our investigation on African Americans as they often value religious engagement (Thompson, Futterman, & McDonnell, 2020), and because African Americans typically carry a greater health burden than European Americans (American Cancer Society, 2019; Centers for Disease Control and Prevention, 2017).

Research Question: What demographic characteristics and religiosity factors predict the belief in illness as punishment for sin?

Hypothesis: The demographic characteristics of education level, employment, and household income, and the religiosity factors of religious beliefs, religious behaviors, positive religious coping, negative religious coping, active spiritual locus of control, and passive spiritual health locus of control will all predict participants endorsing a belief in illness as punishment for sin.

Methods

Procedure

The current analyses used data from the Religion and Health in African Americans (RHIAA) study database. The methodology of this study has been reported in more detail elsewhere (Holt, Roth, Clark, & Debnam, 2014; Schulz et al., 2017). The RHIAA study was an observational cross-sectional study involving telephone interviews in a nation-wide sample of African American adults. The study was approved by the Institutional Review Board (University of Maryland).

Sampling/Study Population

Eligibility criteria for the study included being 21 years or older and African American without a diagnosis of cancer, due to cancer screening questions included in the survey (Holt, Roth, et al., 2014). One adult who self-identified as African American per household was permitted to participate, and participants received a $25 gift card. From a nationwide probability-based sample, 12,418 phone numbers were randomly called by Opinion America, a market research firm; 10,048 individuals were contacted successfully. After excluding the ineligible, 3173 people completed the interview, a 23% response rate, with 2,172 participants having complete data for the Illness as Punishment for Sin scale. Demographic characteristics of participants are presented in Table 1.

Table 1.
Demographic Characteristics of Study Participants (*N* = 2,172)

Variable	*n* (%)
Gender	
1=Male	818 (37.7)
2=Female	1,354 (62.3)
Age (*M* [SD])	53.3 (14.7)
Range	21 - 91
Employment	
1=Full-time employed	845 (38.9)
2=Part-time employed	254 (11.7)
3=Not currently employed	265 (12.2)
4=Retired	551 (25.4)
5=Receiving disability	247 (11.4)
Refused	10 (0.5)

Table 1.
Demographic Characteristics of Study Participants (*N* = 2,172)

Variable	*n* (%)
Education	
1=Less than grade 8	58 (2.6)
2=Grades 9 through 11	200 (9.2)
3=Grade 12 or GED	708 (32.6)
4=College 1 year to 3 years	639 (29.4)
5=College 4 years or more	559 (25.7)
Refused	8 (0.4)
Household Income	
Less than $5,000	163 (7.5)
$5,001 - $10,000	240 (11.0)
$10,001 - $20,000	271 (12.5)
$20,001 - $30,000	249 (11.5)
$30,001 - $40,000	224 (10.3)
$40,001 - 50,000	179 (8.2)
$50,001 - $60,000	167 (7.7)
More than $60,000	412 (19.0)
Refused	267 (12.3)

Note. GED = general equivalency diploma.

Data Collection Tools

Demographic data from the study included items on participant age (What is your age?), gender (What is your gender; 1=male, 2=female), employment (Do you work for pay outside of the home? 1=Full time employed; 2= part time employed, 3= Not currently employed; 4=Retired; 5=Receiving disability payments); education level (What is the highest grade or year of school you completed? 1 = Never attended school or only attended kindergarten; 2 = Grades 1 through 8; 3= Grades 9 through 11; 4 = Grade 12 or GED; 5 = College 1 year to 3 years; 6 = College 4 years or more); and household income (What is the total income of everyone in your household per year, before taxes?).

Belief in Illness as Punishment for Sin was assessed with eight questions on a 4-point Likert scale (1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree) (Holt et al., 2009). Example items include: "God uses sickness to send a message to people." "Illness comes because of something bad a person has done in their life." "God uses sickness as a way to punish people for their sins." Scores ranged from 8–32, and higher scores indicated higher levels of belief. Internal consistency of the Illness as Punishment for Sin scale was good in the present sample (Cronbach's $\alpha = .89$).

Religious involvement was assessed with a 9-item instrument (Lukwago, Kreuter, Bucholtz, Holt, & Clark, 2001) including items reflecting religious beliefs (e.g., personal relationship with God) and behaviors or participation (e.g., religious service attendance) on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree).

An example item measuring religious beliefs or personal relationship with God states: "I am often aware of the presence of God in my life". For measuring religious behaviors an example item states: "I often watch or listen to religious programs on TV or radio". Higher scores indicated greater religious involvement. Internal reliability in this sample of the beliefs (α =.89) and behaviors (α = .73) subscales were good and acceptable, respectively.

The Brief Religious Coping Scale (Brief RCOPE) used six items to measure positive and negative religious coping (three items for each) (Pargament, Feuille, & Burdzy, 2011). An example of an item measuring positive religious coping is, "I work together with God as partners to get through hard times." For negative religious coping, one example item states, "I wonder whether God has abandoned me." Items were rated from 1 (not at all) to 4 (a great deal), and the range was 3–12, where higher scores indicated higher use of each type of religious coping. In the present sample, the reliability for the Brief RCOPE was α = .75 for positive religious coping and α = .52 for negative religious coping, which was reasonable given the brevity of the subscales according to Nunnally and Bernstein (1994).

The Spiritual Health Locus of Control Scale includes 13 items. Active spiritual health locus of control was measured by 11 items that assessed the belief that God empowers the individual to be proactive about health (α = .90 in the current sample). For example, "Even though I trust God will take care of me, I still need to take care of myself." Passive spiritual health locus of control was measured by two items that assessed the belief that God has control over one's health and that personal action is not necessary (r = .59 in the current sample). For example: "It's ok not to seek medical attention because I feel that God will heal me". Items were rated a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree) with higher scores indicating greater levels of the belief.

Statistical Analysis

Summary statistics were reported using mean (standard deviation [SD]) and count (percentage) as appropriate. Normality assumptions were evaluated using the Shapiro-Wilk test. Mann-Whitney tests were used to evaluate differences in mean values. Spearman correlation coefficients were used to estimate the strength of the relationship between the Illness as Punishment for Sin scale and religious and psychosocial scale scores. Analyses were conducted using SPSS version 24 (IBM Corp., Armonk, NY). A p-value of .05 (two-tailed) was used for statistical significance. To evaluate the relative contributions of the demographic and the religious predictors, we conducted two linear regression models for demographic and religious variables, respectively, using stepwise entry with entry criteria of .05 and removal criteria of 10.

Findings

Illness as Punishment for Sin scale scores were modestly right-skewed, mean (SD) = 16.0 (4.59) and median (IQR) = 16 (13–18) out of a possible 32 points. The Shapiro-Wilk test indicated the distribution deviated significantly from normality, $p < .001$. One hundred eighty-three respondents indicated, "strongly disagree" for all eight items (score = 8), and 32 indicated, "strongly agree" for all eight items (score = 32). Therefore, non-parametric Spearman correlations were run to determine if there were significant relationships between belief in illness as punishment for sin and demographic and religiosity factors. The correlations between demographic characteristics and belief in illness as punishment suggested that participants who were younger, male, less educated, had lower income, who were not employed, and held significantly stronger belief in illness as punishment for sin, all of which had small effect sizes. Lower religious beliefs (small effect size), higher negative religious coping (small effect size), and higher passive spiritual health locus of control (medium effect size) were related to higher belief in illness as punishment for sin, while religious behaviors, positive religious coping and active spiritual health locus of control were not significant. Findings for the Spearman correlations are below (see Table 2). Intercorrelations among the predictor variables (Table 2) indicate that some of the demographic variables were associated with the religiosity factors.

Table 2.
Spearman Rho Correlation Matrix for All Variables

Variables	1	2	3	4	5	6	7	8	9	10	11
Belief in Illness as Punishment	-.00	**-.06****	**-.24****	**-.24****	**.11***	**-.10*****	.03	.03	**.29*****	.07	**.45*****
1. Age	1.00	.035	**-.11****	**.49****	**-.11****	.01	**.15****	**.10****	**-.06****	-.010	**.08****
2. Gender		.1.00	.00	.02	**-.12****	**.15****	**.19****	**.13****	**-.16****	.023	.023
3. Education			1.00	**-.27****	**.48****	**.06****	.03	.00	**-.15****	-.020	**-.24****
4. Household Income				1.00	**-.43****	**-.04***	**.04***	-.02	**.05***	-.030	**.13****
5. Employment					1.00	**.05***	.01	-.02	**-.17****	.01	**-.25****
6. Religious Beliefs						1.00	**.52****	**.37****	**-.23****	**.43****	**-.11****
7. Religious Behaviors							1.00	**.39****	**-.18****	**.29****	-.00
8. Positive Religious Coping								1.00	**-.17****	**.28****	-.00
9. Negative Religious Coping									1.00	-.04	**.10****
10. Active Spiritual Health Locus of Control										1.00	**-.12****
11. Passive Spiritual Health Locus of Control											1.00

N=3,173
*. Correlation is significant at the 0.05 level (2-tailed)
**. Correlation is significant at the 0.01 level (2-tailed)
***. Correlation is significant at the 0.001 level (2-tailed).

For the binary demographic variable of gender, t-tests were also conducted. There was a significant difference (t= 2.34; p=.020) between the genders with males (M=16.29, SD=4.65) reporting a stronger belief in illness as punishment for sin than females (M=15.82, SD=4.55).

To evaluate the relative contributions of the demographic and the religious predictors, we conducted a linear regression analysis using stepwise entry with entry criteria of .05 and removal criteria of 10. The linear regression model combining both demographic characteristics and religiosity factors was significant, R^2= .27, adjusted R^2 = .26, F (12, 1834) = 55.95, p <.001. It also indicated that male participants, those who were less educated, those with lower income levels, with lower religious beliefs, greater religious behaviors, greater use of negative religious coping, and both active and passive spiritual health locus of control beliefs, reported significantly stronger belief in illness as punishment for sin. Age, employment, and positive religious coping were not significant (See Table 3 for linear regression analysis).

Table 3.
Linear regression with demographic characteristics and religiosity predicting belief in illness as punishment for sin.

Independent Variable	B	SEB	Beta	p
Age	-.01	.01	-.04	.09
Gender	-.38	.20	-.04	**.05**
Education	-.21	.11	-.05	**.049**
Household Income	-.14	.05	-.07	**.006**
Employment	.01	.08	.01	.95
Religious Beliefs	-.12	.05	-.07	**.009**
Religious Behaviors	.10	.03	.08	**.002**
Positive Religious Coping	-.02	.05	-.01	.68
Negative Religious Coping	.52	.06	.20	**.001**
Active Spiritual Health Locus of Control	.10	.02	.17	**.001**
Passive Spiritual Health Locus of Control	.93	.06	.34	**.001**

N=1847
B = unstandardized regression coefficient; SEB = standard error of the unstandardized regression coefficient; Beta = standardized regression coefficient; P = Probability value

Discussion

The current study examined the prevalence of the belief in illness as a punishment for sin in a national probability sample of African American adults and examined how these beliefs were related to demographic characteristics and religiosity factors. Our findings suggested that belief in illness as punishment for sin was moderately endorsed by participants and related to several participant characteristics. Four of the 6 demographic predictors were significantly related: gender, education, employment, and income. Of these, having a lower income had the strongest relationship with belief in illness as punishment for sin. Age was not significantly associated with belief in illness as punishment for sin.

Regarding religiosity factors, our correlation findings demonstrated that 3 of the 6 variables were significantly related to endorsing a belief in illness as punishment for sin: religious beliefs, negative religious coping, and passive spiritual health locus of control. Lower religious beliefs, higher negative religious coping, and higher passive spiritual health locus of control were related to higher belief in illness as punishment for sin. Of these religiosity factors, passive spiritual health locus of control had the strongest relationship with belief in illness as punishment for sin. Religious behaviors, positive religious coping and active spiritual health locus of control were not significantly correlated with belief in illness as punishment for sin.

Our finding that men are more likely than women to believe in illness as punishment for sin was unexpected. These findings contradict Klonoff and Landrine (1994), who found in a study of Whites and ethnic minority (African Americans, Mexican Americans, and Asian Americans) college students that women were more likely to endorse this belief than men, regardless of race or ethnicity. Perhaps this difference is due to the difference in samples, for example, persons in college vs. not in college.

Our finding that age was not significantly associated with illness as punishment for sin was also surprising. One study found that African American elders with depression believed their illness was a punishment from God instead of believing in a God of mercy (Mills et al, 2017). The authors used a different method for data collection (i.e., semi-structured interviews) than used in the current study, which may account for the finding. Also, their sample was limited to those who were depressed or elders. Since scant literature about demographic factors and the belief in illness as punishment for sin exists, additional studies are necessary to examine this belief in all age groups, particularly adults, in African American and other racial groups (Mills et al, 2017).

Regarding education level and household income, our findings also suggested that those with less education and lower income were more likely to believe in illness as punishment for sin. These findings are consistent with other literature (Rabkin, 1972). It is possible the lower SES and education association with belief in illness as punishment for sin might simply be because, as the literature suggests, people in those categories are generally higher in religiosity factors which may reinforce such a belief (Brandt, & Henry, 2012; Schieman, Nguyen, & Elliott, 2003).

Our correlational findings suggested that the religiosity factors of lower religious beliefs, higher negative religious coping, and higher passive spiritual health locus of control were significantly associated with endorsing a belief in illness as punishment for sin. Since the belief in illness as punishment for sin is not empowering to those who believe in it, these significant associations make intuitive sense. These findings suggest that psychologists, healthcare providers and clergy who serve those with

health challenges should discuss these beliefs and encourage health-enhancing behaviors, particularly in the African American population.

From our linear regression model, we found several significant predictors among both the demographic characteristics and the religiosity factors. Gender, education, and income were significant demographic predictors, while age and employment were not significant predictors. Men, lower education participants, and lower income participants reported higher beliefs in illness as punishment from God. For the religiosity factors, lower religious beliefs, higher religious behaviors, higher negative religious coping, higher passive spiritual health locus of control and higher active spiritual health locus of control were found to be predictors, while positive religious coping was not found to be a predictor of belief in illness as punishment for sin. The 3 variables with the strongest relationship to belief in illness as punishment for sin in descending order were: passive spiritual health locus of control, followed by negative religious coping, followed by gender. Interestingly, the regression analysis found that higher religious behaviors were related to higher belief in illness as punishment, but this was not the case in our correlational results in which religious behaviors were not significantly correlated with illness as punishment beliefs. This suggests that religious behaviors uniquely predict illness as punishment beliefs when other variables are considered in the regression equation. Also, the relatively high correlation between religious beliefs and religious behaviors ($r = 0.52$; Table 2) may explain why higher religious behaviors but lower religious beliefs predict illness as punishments beliefs in the regression analyses since regression indicates the unique contribution of each variable.

We found higher negative religious coping or personal religious struggle - but not positive religious coping - was correlated with the higher belief in illness as punishment for sin. Negative religious coping predicted and mediated increased alcohol consumption in previous studies (Brewer et al., 2015; Holt, Clark, et al., 2014). The current study also found that having lower religious beliefs was associated with stronger belief in illness as punishment for sin, which is interesting given the previously reported correlation between belief in illness as punishment for sin and lower SES and education. It is unknown whether this is because participants held a negative religious belief in illness as punishment for sin, which led people to have lower religious beliefs overall, or whether those who had stronger religious beliefs overall were less likely to hold such a negative religious belief. Since the belief in illness as punishment for sin is associated with negative health outcomes in the extant literature (Phillips & Stein, 2007; Reynolds et al., 2016) and in many cases religiosity is associated with positive health outcomes (Ellison & Levin, 1998; Holt et al., 2005), our negative association makes intuitive sense. Our findings also indicated that higher passive spiritual health locus of control was predictive of the belief in illness as punishment for sin. This result may be because passive spiritual health locus of

control is correlated with negative health behaviors which can lead to the experience of worse health (Clark et al., 2018; Debnam et al., 2012).

An unexpected finding of our study was that active spiritual health locus of control positively predicted the belief in illness as punishment for sin. This finding indicates a complex relationship between the constructs of spiritual health locus of control and belief in illness as punishment for sin. Perhaps some people are more motivated to take responsibility for their health because they believe in illness as punishment for sin and want to avoid said punishment (Kapoor, Harris, & Baker, 2018). Literature suggests that both active and passive spiritual health locus of control are positively associated with religious beliefs (Clark, Williams, Huang, Roth, & Holt, 2018; Holt, Lukwago, & Kreuter, 2003).

Findings of the current study suggested that the belief in illness as punishment for sin can be predicted by several demographic characteristics and religiosity factors correlated with negative health outcomes. Holding a negative belief, such as illness as punishment for sin, can lead to painful feelings of stigmatization for oneself and others (Bhatnagar et al., 2017; Hulett et al., 2018; Lee et al., 2017; Selman et al., 2018). Our results are counter to the intentions of religious institutions that seek to provide solace and comfort to their congregations (Subramaniam, Camacho, Carolan, & López-Zerón, 2017). Belief in illness as punishment for sin can reinforce shame and guilt from illness and interfere with the benefits of religious consolation (Satterly, 2001). Religious organizations, clinical psychologists and health professionals should consider using these findings to reduce negative health outcomes, as appropriate, while taking into account client contextual factors and respecting their religious beliefs (Ai et al., 2002).

Additional research should compare the relationship between the belief in illness as punishment for sin and demographics between African Americans and other racial groups. Since we found that men were more likely to hold the belief of illness as punishment for sin than women, additional research examining demographic characteristics of African American males relative to this belief is suggested. Further research also is needed to investigate belief in illness as punishment and engagement in risky health behaviors such as alcohol consumption (O'Malley & Johnston, 2002). Further research is indicated as well to tease out the connections between SES, education level, religious beliefs, and belief in illness as punishment for sin. Finally, additional research is recommended to determine how health outcomes are mediated or moderated by belief in illness as punishment for sin.

Belief in illness as punishment for sin is a teaching affirmed in several religious traditions, and this belief can have positive and negative effects, and be influenced by contextual factors. For example, some individuals may benefit psychologically and spiritually from illness, by perceiving illness as the consequence of wrongdoing in their phenomenological world, whereas others may not attribute illness to human

transgression. Psychologists, counselors, and other health professionals working with African Americans may be able to use the findings of this study to help their clients develop positive ways of reframing their illnesses if doing so does not interfere with the clients' held religious beliefs or spiritual growth. Counseling and clinical psychology practitioners should collaborate with clergy to address the issue of belief in illness as punishment for sin in an appropriate way with their religious clients.

Limitations

The current study had several limitations. The Brief RCOPE Negative Religious Coping construct had a reliability of $\alpha = .52$, which could indicate that the measure is unsound. However, according to Nunnally and Bernstein (1994), this reliability score was reasonable given the brevity of the subscales. Our results were based on self-reported data, which may be subject to recall bias or socially desirable responding. Further, the response rate was 23%, so results may not be representative of a general population of African Americans. However, this study used a national probability-based sample and percentages in our sample in terms of region are similar to national statistics, and the response rate is similar to large studies. Because the original study used telephone interviewing (Holt, Roth, et al., 2014), data may have been biased because only people who had land lines were able to participate. Additionally, there may have been a self-selection bias, where religious or spiritual people were more likely to participate. Many of the effect sizes were small, suggesting that there was a small relationship between the demographic and religiosity variables correlating with belief illness as punishment for sin.

Conclusion

Results of the current study suggested that African American adults hold a moderately strong belief in illness as punishment for sin and that belief is associated with several demographic and religiosity factors. Since that belief and many of the religiosity factors associated with it are also associated with negative health outcomes, those holding said belief may be at risk for poorer health. We acknowledge that faith traditions have good reasons for reinforcing the importance of wholesome behavior in their followers, and that illness may be used by a Higher Power to discipline, refine, or test believers in some circumstances (see, for example, the story of Job from the Biblical and Quranic texts) (Fehige, 2019). The scientific method cannot disprove (or prove) the existence of a higher metaphysical reality. Future research examining the positive and negative effects of beliefs about the etiology of illness may be useful to support better health outcomes in African Americans adults, while doing so in an appropriate, client-centered fashion, respectful of their contexts and held religious beliefs.

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Research Article

The Relationships between Optimism, Happiness and Religious Coping

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Abstract
This study aimed to examine the relationship between optimism, happiness and religious coping depending on Carver and Scheier's expectancy-value theory which indicate the basis of optimism and pessimism is confident and doubt. In the current study, participants of the study consist of 323 volunteer Turkish Muslims. 67.7% (N=219) of the sample consisted of female and 32.2% (N=104) of the sample consisted of male. The age range of the participants ranged between 17 and 59 years with mean age of 30.64. In this study The Life Orientation Test (LOT), The Oxford Happiness Questionnaire short form-OHQ-SF and Religious Coping Scale (Brief RCOPE) scales were used. Data was collected through Google documents on the Internet. The data collection sample was not specifically selected and the data were obtained randomly. Findings of correlations showed significant relationships between positive religious coping and optimism, and positive religious coping and happiness. There was negatively a significant relationship between negative religious coping and happiness. The results of the regression weights demonstrated that positive and negative religious coping predicted optimism and happiness. Finally, optimism partially mediated the relationship between positive religious coping and happiness.
Keywords:
Optimism, Happiness, Coping, Religious Coping, Religion

İyimserlik, Mutluluk ve Dini Başa Çıkma Arasındaki İlişkiler

Öz
Bu çalışmanın amacı, Carver ve Scheier'in ortaya atmış olduğu iyimserlik ve kötümserliğin temelinin güven ve şüphe olduğu ifade eden değer beklentileri teorisine dayalı olarak iyimserlik, mutluluk ve dini başa çıkma arasındaki ilişkileri incelemektir. Bu çalışmanın katılımcıları 323 (yaş ortalamaları 30.64) Türk-Müslüman gönüllüden oluşmaktadır. Örneklemin %67,7'si (N=219) kadınlardan, %32,2'si (N=104) erkeklerden meydana gelmektedir. Katılımcılar 17-59 yaşları arasında olup, çalışmanın yaş ortalaması 30,64'tür. Bu çalışmada veriler Yaşam Yönelim Testi, Oxford Mutluluk Ölçeği Kısa Formu ve Dini Başaçıkma Ölçeğiyle toplanmıştır. Veriler internet üzerinden Google Dokümanlar aracılığıyla elde edilmiştir. Katılımcıların belirlenmesi, tesadüfi örnekleme yöntemine dayanmaktadır. Korelasyon bulguları göstermiştir ki olumlu dini başa çıkma ve iyimserlik arasında ve olumlu dini başa çıkma ile mutluluk arasında pozitif ve anlamlı ilişki vardır. Olumsuz dini başa çıkma ile mutluluk arasında ise negatif yönde anlamlı ilişki bulunmaktadır. Regresyon ilişkilerine göre olumlu ve olumsuz dini başa çıkma iyimserlik ve mutluluğu yordamaktadır. Son olarak iyimserlik, olumlu dini başa çıkma ile mutluluk arasındaki ilişkide kısmi aracılık yapmaktadır.
Anahtar Kelimeler:
İyimserlik, Mutluluk, Başa Çıkma, Dini Başa Çıkma, Din

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People use coping strategies to avoid chaos from life. At the core of the concept of coping is the assumption of actively surviving and responding to difficult situations (Pearlin & Schooler, 1978). They reveal different coping styles depending on their feelings and thoughts. Basically, individuals develop positive coping and negative coping strategies (Schwartz, 1986) in order to solve problems in daily life. Pargament et al. (1998) also introduce the concept of religious coping, depending on the concept of coping. The religious coping is divided into positive religious coping and negative religious coping. When the religious coping is evaluated, it is revealed that individuals behave differently according to life stressors. The person's use of negative and positive religious coping also affects well-being and mental health. As in positive coping, people who use positive religious coping have a more positive approach to life. And it uses religious elements in a more positive way. People who use negative religious coping, on the other hand, evaluate religious phenomena more negatively (Pargament, Smith, Koenig, & Perez, 1998). In this study, the assumption that happiness and optimism changed according to religious coping styles was prioritized.

Seligman pioneered positive psychology that expresses people's well-being, happiness, optimism, forgiveness, humility, spirituality (religiosity) and gratitude in contrast to the disease-based approach of mainstream psychology (Seligman, 2006, 2013). In 1998, Seligman revealed in his book Learned Optimism that there are many types of research about optimism and pessimism. Learned optimism was also an antithesis to the learned helplessness of mainstream psychology (Fariddanesh & Rezaei, 2019; Seligman, 2006, 2013; Strümpfer, 2006) of mental illness and mental health, along which waxing and waning in the process of fortigenesis moves individuals in the directions of more or less strength; Seligman and Peterson observed that spirituality (or religiosity) is universal and positive psychologists state that spirituality and religiosity are very important in mental health (Peterson & Seligman, 2004). In addition, psychologists who work on religiosity benefit a lot from positive psychology (Snyder & Lopez, 2002). Morover, Pargament, who developed the theory of religious coping, has been involved in many studies on positive psychology (Pargament, 1997).

The definitions of optimism and pessimism focus on people's future expectations. The optimist hopes that good things will happen to him in the future. On the contrary, the pessimist hopes that bad things will happen to him in the future (Carver, Scheier, & Segerstrom, 2010; Carver & Scheier, 2014). In psychology, optimism and pessimism are based on the expectancy-value model of motivation. According to the expectancy-value theory, the basis of optimism and pessimism is confident and doubt in the future. If people are confident in achieving their future goals, they are optimistic. If they doubt and withdraw about their future goals, they are pessimistic (Austin & Vancouver, 1996; Carver et al., 2010; Carver & Scheier, 2014; Higgins, 2006; Scheier & Carver, 1992).

Happiness is that people have a meaningful life, develop positive emotions towards life and are satisfied or get pleasure out of life (e.g. by building hope and optimism or by savoring and mindfulness, etc.) (Seligman, Parks, & Steen, 2004). Religious coping is often used by people in stressful events or by disenfranchised people in a society. Religious coping is also associated with health and mental health as a result of major critical life events (Pargament, Smith, Koenig, & Perez, 1998).

People have different views of the world. Some persons take good care of the world. These optimistic people tend to see the positive side of the causes and results of events. On the contrary, some people are pessimistic because they concentrate on the bad side of things (Scheier & Carver, 1985) defined in terms of generalized outcome expectancies. Two preliminary studies assessed the scale's psychometric properties and its relationships with several other instruments. The scale was then used in a longitudinal study of symptom reporting among a group of undergraduates. Specifically, respondents were asked to complete three questionnaires 4 weeks before the end of a semester. Included in the questionnaire battery was the measure of optimism, a measure of private self-consciousness, and a 39-item physical symptom checklist. Subjects completed the same set of questionnaires again on the last day of class. Consistent with predictions, subjects who initially reported being highly optimistic were subsequently less likely to report being bothered by symptoms (even after correcting for initial symptom-report levels. Researches show that personality dimensions of optimism-pessimism effect psychological well-being, mental health and happiness outcomes (Carver et al., 1993; Scheier & Carver, 1992; Warren, Van Eck, Townley, & Kloos, 2015). In terms of positive psychology, when people face troubles and adversity, optimists cope more effectively than pessimists. Coping and religious coping also affect psychological outcomes through optimism. In addition, the findings of meta-analytic study indicate that the relationship between optimism and coping is the strong (Carver et al., 1993; Nes & Segerstrom, 2006; Pargament & Raiya, 1980; Warren et al., 2015). In the context of this literature, happiness may also be associated with coping and optimism when evaluated in mental health or well-being. Some studies detect that positive religious coping is significantly associated with happiness (Hebert, Zdaniuk, Schulz, & Scheier, 2009; Lewis, Maltby, & Day, 2005).

Some previous studies have addressed the relationship between coping and optimism. In addition, some studies on religiosity have addressed the relationship between religiosity and happiness, or religious coping and optimism (e.g. Lewis et al., 2005; Scheier & Carver, 1985; Warren et al., 2015). However, at present no study has investigated the relationship between optimism, happiness, and religious coping. Optimism, which is based on the model of behavioral self-regulation, has led to significant behavioral changes, behavioral consequences and behavioral outputs (Carver & Scheier, 1982a, 1982b; Scheier & Carver, 1985).

Previous studies show that religiosity supports mental health as well as having a positive effect on well-being. The issue of religious coping is in many ways related to variables such as mental health, happiness, and optimism. This situation differs according to how one uses religious coping (Kvande, Klöckner, Moksnes, & Espnes, 2015; Lewis et al., 2005; Pargament, 1997; Warren et al., 2015). Although the effect of religious coping on mental health and happiness is investigated, its relationship with optimism is little known (Kvande et al., 2015). Therefore, the relationship between religious coping (positive and negative) and optimism (and pessimism) should be examined.

The main problem of this study is to examine the relationships between religious coping, happiness and optimism. The studies of Kvande et al., (2015) and Warren et al., (2015) were effective in the emergence of this problem. Because these two studies revealed that there are various statistical relationships between religious coping, optimism and well-being. In addition, Pargament et al., (1998) stated that religious coping is highly effective on mental health and well-being. It was wondered whether similar results would emerge in the Turkish sample. For this reason in the current study, the relationships between religious coping, optimism and happiness are discussed hypothetically and statistically.

Current Study and Hypotheses

In the current study, the relationships between optimism/pessimism, happiness and religious coping were investigated depending on the model of Carver and Scheier (1982a, 1982b, 1985). In addition, whether optimists or pessimists have used positive religious coping or negative religious coping was examined. The following hypotheses were tested in the context of previous studies and their relationships with each variable. In the study by Warren et al., (2015) a statistically significant relationship was found between religious coping and optimism. In this study, it was revealed that there is a significant relationship between life satisfaction, including happiness, and religious coping. In the research, there is a positive relationship between positive religious coping with optimism and life satisfaction. There is a negative relationship between negative religious coping with optimism and life satisfaction. Based on these findings following hypotheses were formed: *H_1: Positive religious coping correlates positively with optimism and happiness and H_2: Negative religious coping correlates negatively with optimism and happiness*. As it is known, optimism and happiness are considered as elements of well-being. Pargament (1997) stated that optimism, coping and religious coping are effective on well-being. Carver, Scheier & Segerstrom (2010) also conducted a study confirming this phenomenon. They revealed the relationship between well-being and optimism/pessimism. In particular, the effect of coping on optimism was mentioned. In this direction, following hypotheses were established: *H_3: Positive and negative religious coping predict optimism,* and *H_4:*

Positive and negative religious coping predict happiness. In the study of Kvande et al., (2015), it was revealed that optimism mediated the relationship between religious coping and well-being. In this context, *"H_5: Optimism mediates the relationship between positive religious coping and happiness"* and *"H_6: Optimism mediates the relationship between negative religious coping and happiness"* were hypothesized.

Methods

Participants

Data was collected through Google documents on the Internet. The data collection sample was not specifically selected and the data were obtained randomly. Participants of the study consist of 323 volunteers Turkish Muslims. According to the data obtained with Personal Information Form; 67.7% (N=219) of the sample consisted of female and 32.2% (N=104) of the sample consisted of male. The age range of the participants ranged between 17 and 59 years with mean age of 30.64. 76.5% (N=247) of the participants have spent most of their lives in the city, 7.1% (N=53) have lived in the village and 16.4% (N=23) have lived in the town. In terms of marital status, 56% (N=181) of the sample are single and 44% (N=142) are married. According to the economic situation, the majority of the sample consists of middle-income (%91).

Measurement Tools

Personal Information Form

The Personal Information Form which included demographic variables such as gender, age, marital status, income and place of residence by participants, was created by the researcher.

The Life Orientation Test (LOT)

Optimism was assessed by the Life Orientation Test (Scheier & Carver, 1985) defined in terms of generalized outcome expectancies. Two preliminary studies assessed the scale's psychometric properties and its relationships with several other instruments. The scale was then used in a longitudinal study of symptom reporting among a group of undergraduates. Specifically, respondents were asked to complete three questionnaires 4 weeks before the end of a semester. Included in the questionnaire battery was the measure of optimism, a measure of private self-consciousness, and a 39-item physical symptom checklist. Subjects completed the same set of questionnaires again on the last day of class. Consistent with predictions, subjects who initially reported being highly optimistic were subsequently less likely to report being bothered by symptoms (even after correcting for initial symptom-report levels. The scale was developed by Scheier and Carver (1985) to measure

optimism and pessimism. The scale consists of 12 items. 4 of 12 items were used as filling material. The scale is a five point Likert type (5=strongly agree, 4=agree, 3=neutral, 2=disagree, and 1=strongly disagree). The Turkish adaptation of LOT was applied by Aydın and Tezer (1991). In their study (Aydın & Tezer, 1991), the Cronbach's alpha was acceptable (α=.77). In this study, Cronbach's coefficient (α) was acceptable (α=.726).

The Oxford Happiness Questionnaire short form-OHQ-SF

Happiness was assessed by the Oxford Happiness Questionnaire short form-OHQ-SF (Hills & Argyle, 2002)the Oxford Happiness Questionnaire (OHQ. The scale was developed by Hills and Argyle (2002) to measure happiness. The scale consists of 8 items. The scale is a five point Likert type (5=strongly agree, 4=agree, 3=neutral, 2=disagree, and 1=strongly disagree). The Turkish adaptation of OHQ-SF was applied by Doğan and Çötok. In their study (Doğan & Çötok, 2011), the Cronbach's alpha was acceptable (α=.85). Doğan and Çötok (2011) fourth item (I don't think I look attractive) of The Turkish adaptation of OHQ-SF was extracted from the scale because of item total correlation value (.17) was lower than .30. In this study, Cronbach's coefficient (α) was acceptable (α=.809).

Religious Coping Scale (Brief RCOPE)

Religious coping was assessed by the Positive and Negative Natterns of Religious Coping Scale (Brief RCOPE) (Pargament, Smith, Koenig, & Perez, 1998). The scale was developed by Pargament, Smith, Koenig, and Perez (1998) to measure religious coping. Positive and Negative Natterns of Religious Coping Scale (Brief RCOPE) consist positive religious coping and negative religious coping. The scale consists of 10 items and 2 subscales. The scale is a four point Likert type (0 "not at all" to 3 "a great deal"). The Turkish adaptation of Positive and Negative Natterns of Religious Coping Scale (Brief RCOPE) was applied by Ekşi and Sayın (2016). In their study (Ekşi & Sayın, 2016), the Cronbach's alpha (item totals of the whole scale) was acceptable (α=.69). The Cronbach's alpha of positive religious coping was acceptable (α=.64). The Cronbach's alpha of negative religious coping was acceptable (α=.63). In this study, Cronbach's (item totals of the whole scale) coefficient (α) was acceptable (α=.909). In the current study, the Cronbach's alphas of positive religious coping and negative religious coping were acceptable (.933, and .905 respectively).

Data Collection

Data on the relationships between religious coping, optimism and happiness were collected through a questionnaire. Survey data was obtained via the internet and Google Docs. Various social media sites and communication tools have been used.

Participants were included in the survey as volunteers. A consent form was presented to the participants before the survey was conducted. Necessary information was given to the participants in line with the consent form, and the person who filled out the questionnaire accordingly approved the consent form. Considering these principles, the survey application was carried out between 08 July 2019 and 01 August 2019. Ethics committee approval was not required as the survey was conducted with adults. This study complied with ethical standards.

Data Analysis

After the survey was done, the data were coded via SPSS. Missing values were determined in the surveys and necessary corrections were made. In this study, Structural Equation Modelling (SEM) and descriptive analysis were used. Analysis of Moment Structure 21 (AMOS) and Statistical Package for Social Sciences (SPSS), package version 18 were used to analyze the data. Regression and mediator variable were analyzed with the help of AMOS. Correlations were analyzed with both SPSS and AMOS and the same findings were obtained.

Results

The main purpose of this study is to examine the relationships between optimism, happiness and religious coping. Therefore, in regard to the hypotheses of the current research, firstly, the correlations between the variables were analyzed. Secondly, the way in which religious coping predicts optimism and happiness were examined. Finally, the mediations of optimism on the relationship between positive/negative religious coping and happiness were investigated. The correlations between the variables were presented in Table 1 below.

Table 1.
Correlations between variables

Variables	Mean	SD	Skewness	Kurtosis	α	1	2	3	4
(1) PRC	3,17	,804	-1,293	1,082	.933	1			
(2) NRC	2,49	1,00	,028	-1,195	.905	.409**	1		
(3) Optimism	3,29	,819	-,513	-074	.726	.239**	-.063	1	
(4) Happiness	3,27	,739	-,232	-,306	.809	.276**	-.174**	.605**	1

n=323 **p < 0.01

The correlation coefficients between the variables observed (positive/negative religious coping, optimism, happiness) before regressions were analyzed. Correlation was investigated according to both the structural equation model and Pearson correlation coefficients. The results of both (SEM and Pearson) analyses were presented in Table 1. The findings of the study showed that there was a relationship between positive religious coping and optimism. The correlation between positive religious coping and optimism was a significant positive relationship (r = .239, p

< 0.01). In other words, the increasing use of positive religious coping promoted optimism. When the correlation was considered, it was possible to say the opposite. The results indicated that the highest correlation had appeared between positive religious coping and happiness (r = .276, p < 0.01). There was a significant positive relationship between positive religious coping and happiness. Therefore, it could be stated that religious coping would contribute to happiness (Table 1).

According to the correlation results in Table 1, a relationship was not found between negative religious coping and optimism (r = -.063, p > 0.01). The results of the last correlation analysis in this study indicated that correlation was observed between negative religious coping and happiness (r = -.174, p < 0.01). There was a significant negative relationship between negative religious coping and happiness. Thus, increased use of negative religious coping would lead to a decrease in happiness (Table 1). In the current study, after correlation analysis, regression analysis was examined. Both regression analysis and mediation analysis could be performed in a study (Baron & Kenny, 1986). It might also be necessary to resort to regression analysis as a prerequisite for mediation. Table 2 below was presented the regression weights.

Table 2.
Regression weights

Path	Standardized coefficient (β)	Standard error	*t* value	*p*
Positive religious coping ---> optimism	.318	.059	5.450	***
Positive religious coping ---> happiness	.276	.051	7.517	***
Negative religious coping ---> optimism	-.193	.048	-3.308	***
Negative religious coping ---> happiness	-.345	.041	-6.211	***

*** p < 0.001

Findings of structural model analysis indicated that positive religious coping has affected positively on optimism (β= .318, p< .001) and happiness (β= .276, p< .001). The results also showed that negative religious coping negatively affected on optimism (β= -.193, p< .001) and happiness (β= -.345, p< .001). According to ΔR^2 values positive religious coping explained 32% of the variance of optimism and 28% of the variance of happiness. Furthermore, according to ΔR^2 values negative religious coping explained 19% of the variance of optimism and 35% of the variance of happiness (see Table 2).

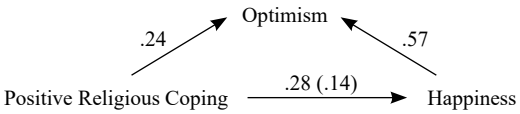
In this study, after the regression analysis, the model of mediator variable was tested (see Figure 1). In an attempt to investigate the mediating roles of optimism in the links between positive/negative religious coping, and happiness path analysis was used to assess the statistical significance of indirect effects (Fox, 1980). According to the model in Figure 1, there have to be some conditions for the mediating variable role. The path coefficients from positive religious coping to optimism (β= .239, p< .001) and from optimism to happiness (β= .572, p< .001) were statistically significant.

Table 3.
Bootstrap Analysis

Prc > Happiness	*p = .000	Bootstrap	
		Lower	Upper
Direct Effects	,139*	,029	,227
Indirect Effects	,137*	,063	,194
Total Effects	,276*	,134	,371

These conditions respectively; in the total effects, the path coefficients from positive religious coping (β= .276, p< .001) to happiness was statistically significant. Results of direct model (Figure 1 and Table 3) revealed that the path coefficients from positive religious coping to happiness (β= .139, p< .001) was reduced, but still significant. The standardized indirect effect of positive religious coping on happiness was ,137. As seen in Figure 1 and Table 3, the direct effect of positive religious coping on happiness was ,139. It was written as ,14 rounded up in the Figure 1. The model fits of the mediation analysis were x^2/df= 4,31; CFI=,912; TLI=,894; GFI=,901; SRMR=,053; RMSEA=,065. These model fit values are at an acceptable level (Kline, 2011). Therefore, optimism appeared as a partial mediator in the relationship between positive religious coping and happiness (see Figure 1).

Figure 1.
Mediation Model-1



Discussion

The main purpose of the current study was to analyze the relationship between optimism, happiness, and religious coping. This research was forecasted to lend and close the gap that continues in the present literature concerning the essential variables of the research of cultures outside the Judeo-Christian tradition, notably within Muslim samples. Moreover, the current study was considered to be important as the relationship between optimism, happiness, and religious coping was tackled within the Muslim sample for the first time. Primarily, the theoretical background was given in this research. Then, correlations, regression weights, and mediator analysis between variables were examined with the data obtained from the sample.

The correlation matrix findings of the current study showed that there were statistically and significant correlations between positive religious coping, optimism and happiness (see Table 1). Positive religious coping were positively correlated with optimism and happiness. Accordingly, results indicated that "H_1 positive religious coping correlate positively with optimism and happiness" hypothesis was confirmed. In addition, there was no statistically significant relationship between negative religious coping and

optimism. But, negative religious coping was negatively correlated with happiness. These results showed that the H_2 hypothesis that "negative correlation between negative religious coping and optimism" was not confirmed, while the negative relationship between negative religious coping and happiness was confirmed.

Results of the current study indicated that positive religious coping was positively associated with optimism and happiness. For example, the correlation findings of this study in the context of the relationship between positive religious coping and optimism were consistent with a study examined in 533 residents of South Carolina with psychiatric disabilities. In the study conducted in Southern Carolina, it was found that there was a significant positive relationship between positive religious coping and optimism and there was also a significant negative relationship between negative religious coping and optimism (Warren et al., 2015). But, the correlation findings of the current study in the context of the relationship between negative religious coping and optimism were not consistent with research of Warren et al., (2015). Because the findings of this study showed that there was no statistically significant relationship between negative religious coping and optimism.

According to the findings of this study, there was statistically significant relationship between religious coping and happiness. A positive correlation was found between positive religious coping and happiness, while a negative correlation was found between negative religious coping and happiness. These results of the current study were consistent with and similar to other studies. For instance, in studies conducted in different countries on Muslim and non-Muslim sample, it was found that there was a positive relationship between positive religious coping and happiness, and a negative relationship between negative religious coping and happiness (Abarghouei, Sorbi, Abarghouei, & Bidaki, 2016; Fallah, Mangoli, & Zare, 2012; Lewis et al., 2005; Mohammad, Akbar, & Hossein, 2012).

In the path analysis, positive and negative religious coping predicted and affected optimism and happiness. These findings supported the $H_{3\text{-}4}$ research hypotheses that *positive and negative religious coping predicts optimism* and *positive and negative religious coping predicts happiness* (see Table 2). The results of positive and negative religious coping regression weights for optimism in the current study showed that were consistent with the findings of another study. In a study, positive religious coping and negative religious coping predicted optimism. Positive religious coping had a positive effect on optimism while negative religious coping had a negative effect on optimism (Warren et al., 2015). The results of positive and negative religious coping regression weights for happiness in the current study also indicated that was consistent with the findings of the other studies (Barrett & Pargament, 1998; Fallah et al., 2012; Hebert et al., 2009; Lewis et al., 2005; Mohammad et al., 2012; Pargament, 1997;

Park, Holt, Le, Christie, & Williams, 2018; Warren et al., 2015). For instance, The Study of Abarghouei, Sorbi, Abarghouei, and Bidaki (2016) examined that religious coping affected happiness. According to the results of these researches, positive and negative religious coping predicted happiness as in the current study. Therefore, it could be said that this study supported previous studies.

Optimism partially mediated the relationship between positive religious coping and happiness. The finding of the current study from the mediation test supported the H_5 research hypothesis that *optimism mediates the relationship between positive religious coping and happiness* (see Figure 1). But, optimism did not mediate the relationship between negative religious coping and happiness. The result of this research from mediation analysis did not support the H_6 research hypothesis that optimism mediates the relationship between negative religious coping and happiness.

The findings of current study were consistent with the research of Warren et al., (2015) which stated that optimism mediates the relationship between positive religious coping and psychological distress and life satisfaction. In addition, the study of Warren et al., (2015) showed that optimism mediated the relationship between negative religious coping and psychological distress and life satisfaction. There could not be detected that previously was conducted a study that indicated optimism mediated the relationship between positive religious coping and happiness.

Considering the possible causes of the findings, the correlation between positive religious coping with optimism and happiness could be evaluated in the context of positive psychology. In the positive psychology approach, there was an assumption that positive variables could be related to each other (Seligman, 2013). In this study, the relationship between positive religious coping, optimism and happiness could be evaluated in this context. When assessed in the context of the relationship between mental health and religiosity, it was seen that religiosity had a positive effect on mental health (Dezutter, Soenens, & Hutsebaut, 2006). In addition, religiosity predicted variables such as well-being and psychological resilience, which was one of the positive indicators of the relationship between mental health and religiosity (Aghababaei et al., 2016). In this respect, it could be said that positive religious coping predicted happiness and optimism positively. Moreover, it could be appraised in this way that optimism partially mediated the relationship between positive religious coping and happiness, and that it did not mediate the relationship between negative religious coping and happiness.

Conclusion

The results of current study showed that there were positive relationships between positive religious coping and optimism and happiness as the correlation coefficients. In addition, a negative correlation was found between negative religious coping and happiness. However, there was no statistically significant relationship between

negative religious coping and optimism. According to the regression weights, positive and negative religious coping predicted both optimism and happiness. Moreover, optimism partially mediated the relationship between positive religious coping and happiness. Nevertheless, optimism did not mediate the relationship between negative religious coping and happiness. It could be recommended for future studies to include the religiousness variable in the model of the study. In addition, it might be beneficial to add variables such as depression and anxiety. Because when looking at the literature, the relationships between religious coping and both positive (such as well-being etc.) and negative (such as anxiety etc.) variables were also examined.

Compliance with Ethical Standards

Conflict of Interest Author declares that there is no potential conflict of interest relevant to this study

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Ethical Approval This study was conducted in accordance with the ethical standards of the institution/university or national/public research committee and with the 1964 Declaration of Helsinki**.**

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Research Article

Jung's Simurg is on Freud's Iceberg*

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Abstract
The study aimed to examine the concept of psyche according to the Qur'an. By using content analysis in accordance with the qualitative research pattern, the Qur'an was read and themes were created. The themes are birds on the four mountains, the soul that comes with a driver and a witness, building a friendship with Satan, the soul that comes with a guardian and a observer, building a friendship with God, there is a tremendous trial from your God. In findings, fitrat or genesis or human nature in the Qur'an means psyche. The psyche compartments are soul, spirit, heart, friend, ego. In the Qur'an, the soul is nefis. The character is the friend. The heart is the driver for the infidel's psyche. The heart is the guardian for the muslim's psyche. The ego is the witness for the infidel's psyche. The ego is the observer for the muslim's psyche. Spirit is the source of vitality and is not responsible for the trial in this world. The psyche compartments are the basis for life, death and resurrection. Therefore, they are effective in the formation of emotions, thoughts and behaviors. The psyche compartments will help us at caring, at disease diagnosis, at treatment and in understanding of the human.

Keywords:
Qur'an, Psyche, Human Nature, Soul, Spirit, Psychiatric Nursing.

Jung'un Simurg'u Freud'un Buzdağı'nın Üzerine Tüneklemiş

Öz
Çalışma, Kur'anı Kerim'e göre psyche kavramını incelemeyi amaçlamıştır. Nitel araştırma desenine uygun olarak içerik analizi kullanılarak Diyanet İşleri Başkanlığı Kur'an'ı Kerim Meali üzerinde okumalar yapılarak temalar oluşturulmuştur. Temalar şunlardır; dört dağ üzerindeki kuşlar; bir sevk edici, bir de şahitlik edici ile gelen nefis; şeytanla arkadaşlık kurmak; bir koruyucu, bir de gözetleyici ile gelen nefis; Allah ile arkadaşlık kurmak; Allah'dan büyük bir imtihan var. Bulgularda Kur'an dilinde insan fıtratı psyche demektir. Psyche öğeleri nefis, ruh, kalp, tıynet, kendi'dir. Kuran'da tıynet arkadaştır. Kalp, kafirin sevk edicisiyken, müslümanın koruyucusudur. Ego, kafirin şahidiyken, müslümanın gözlemcisidir. Ruh, canlılığın kaynağıdır ve bu dünyadaki imtihandan sorumlu değildir. Psyche öğeleri yaşam, ölüm ve dirilişin temelidir. Bunun için duygu, düşünce ve davranışların oluşmasında etkilidirler. Psyche öğeleri hemşirelik biliminde insanı anlama, bakım ve hastalık tanı, tedavisinde bizlere yardımcı olacaktır.

Anahtar Kelimeler:
Kur'anı Kerim, Psyche, Fıtrat, Nefis, Ruh, Psikiyatri Hemşireliği.

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The psyche's catalysts, which can be called the psychological mechanisms that guide behavior, will help us understand the psyche on which stories, epics, mythological stories, legends, and philosophy drew. Theoreticians who explained the personality and therefore the origin of behavior also drew on stories, epics, mythological stories, legends, and philosophy. For example, Jung (2003) noticed the representative narration for the psyche in the Qur'an. Some interpreters of the Qur'an have interpreted the Qur'an from Freud's perspective (Assad, 2013; Karaman, Dönmez, Çağrıcı, & Gümüş**,** 2003). In Plato's understanding of the soul, the soul consists of three parts (Bıçak, 2015). Freud calls these psyche mechanisms id, ego, and superego (as cited in Gençtan, 1990). Jung (2008; 2003; 2001; 1997; 1996) defines the parts of the psyche with archetypes that are in the race to fixate on consciousness. As can be seen from all these explanations, these psyche parts have certain functions in the psyche mechanism, and they work in a relationship with each other. And also, in another article, I stated that the psyche parts came together with the call from God and later got separated from each other (Malak- Akgün, 2021).

Human self-recognition, being oneself, and the process of individuation are the subjects of both psychology and religion. It is through the primary samples, the primary ideas (archetype/â'yân-ı sabite) given to man that he does not feel like an alien to the world he was born to and he has lived in since birth. Should man not have these latent images of his inner world, he would not be able to recognize them in the outer world. The literature contains some evaluations developed in the light of divine sources for Jung's notion of collective unconscious and archetypes, which form the basis of his theories for analytical psychology and Ibn 'Arabi's notion of Â'yan-ı Sâbite (Izutsu, 2015; Öztekin, 2011; Şirin, 2019).

According to Ghazzâlî, the second window opening up onto the heart is the spiritual domain. One of the functions of the soul, also called the inner self, in this domain is to transform inspiration and images into comprehensive thoughts and visions by means of dreams and imagination. This reality carries a similar quality to Jung's studies on archetypes (Skinner, 2010). From the perspective that man's biological and psychological sides reflect a sensitive interaction, we see that man is home to a soul, *nefs*, reason, and inclinations and that he has a side disposed to the physical world via his conscious functions. He has a dimension disposed to the metaphysical world via his spiritual abilities. In Freud's theory, within the psyche, there exists a conflicting relationship between the id, the ego, and the superego (Hutton, 1988). The dynamic interaction occurring in the heart's subsystems change, either voluntarily or involuntarily, the heart's characteristics, thereby preventing it from remaining a static organ (Ansari, 1992). The psyche that has transcended personal experiences, people, and time in the collective unconscious in psychoanalytic theory, can be interpreted as the spiritual realm opening onto the heart in Ghazzâlî's theory (Skinner, 2010).

In another article, I could not identify how many such mechanisms there can be or their relationship to each other (Malak- Akgün, 2021). Therefore, I aimed to seek answers to these questions in this study. The answers to these questions will ensure significant progress in psychiatric nursing because the psyche is very important for psychiatric nurses. In psychiatric nursing, the individual is evaluated from the biological, sociological, psychological, and spiritual perspectives, and care is provided by utilizing various theories and approaches (Birol, 2010). The psyche, which has been tried to be understood since ancient times, will help us in psychology and nursing sciences, in understanding humans, and in diagnosing, treating, and caring for the disease. In this context, taking advantage of religious sources is an important strategy when explaining the psyche. Therefore this study aims to examine the concept of psyche according to the Qur'an. The study seeks to put forward the existence of man based on the psychology of religion. The research questions are as follows;

- What are the psyche mechanisms in the Qur'an?
- How many psyche mechanisms are there in the Qur'an?
- What is the function of psyche mechanisms in the Qur'an?
- How are the psyche mechanisms related in the Qur'an?

Method

The research employed one of the qualitative research methods by reading the Qur'an surahs several times. If the concept of psyche is evaluated within the framework of the whole Qur'an, one can develop a correct perspective on the psyche. By using content analysis, which is a qualitative research method, psyche mechanisms were tried to be explained from the perspective of the Qur'an. All of the Qur'an surahs were read in the order of revelation. The Holy Qur'an of the Presidency of Religious Affairs of Turkey (2013) was selected as the main reading text. The website "*clearquran.com*" was used for the English version of the Qur'an as the website offers a clear, pure, and easy-to-understand English translation of the Qur'an (ClearQur'an b.t.).

Design

The qualitative descriptive research design was used to examine the concept of psyche according to the Qur'an. For the reporting of qualitative research, the Consolidated Criteria for Reporting Qualitative Research (Tong, Sainsbury, & Craig, 2007) were used. In content analysis, the researcher considered four stages in organizing data and reaching conclusions: decontextualization, recontextualization, categorization, and compilation. In the first step, decontextualization, the researcher

read the text data several times. In the next stage, in line with the purpose, appropriate data were marked by considering the theoretical background of the psyche. In the third stage, themes were categorized. In the last stage, the created themes were written, and the process was completed (Bengtsson, 2016).

Data Analysis

Content analysis provides a meaningful conception of the raw data obtained and creates a certain framework, and once the themes are determined, they are organized and embodied by the emergence of codes and categories (Creswell, 2014). Nvivo program was used in the analysis. All of the Qur'an surahs were read several times in the order of revelation. It was thought that if the concept of psyche is evaluated within the framework of the whole Qur'an, one can have a correct perspective on the psyche. After reading the surahs several times, creating themes, and achieving saturation in the themes, the analysis was completed.

Results

The following themes were obtained: *"birds on the four mountains," "the soul that comes with a driver and a witness," "building a friendship with Satan," "the soul that comes with a guardian and an observer," "building a friendship with God," and "there is a tremendous trial from your God."*

Theme 1: Birds on the four mountains

In al-Baqarah 260, we find the description of the psyche parts that come together upon God's call and get separated from each other. The Prophet Abraham's desire to learn how the dead are raised and the representative narrative of how Allah revives the dead should be paid attention to. In this verse, as in al-Kahf 99, when birds are a whole, they are divided into pieces and each piece is mixed together. However, upon the call, each bird is integrated, revived, and flies to Abraham. This verse is as follows;

"when Abraham said, "My God, show me how You give life to the dead." He said, "Have you not believed?" He said, "Yes, but to put my heart at ease." He said, "Take four birds, and incline them to yourself, then place a part on each hill, then call to them; and they will come rushing to you. And know that God is Powerful and Wise."

This depiction is like the situation of people who died and then rose from their graves by resurrection and returned to Allah (for example, "*The Trumpet will be blown, then behold, they will rush from the tombs to their God.* Ya-seen 51", Qaf 41-43). In this representation, while explaining how four dead birds are resurrected upon Allah's call, we are given important clues about the psyche. Like birds in this verse, people are familiar with Allah. Because Allah has created man to know Him (*I did*

not create the jinn and the humans except to worship Me. adh-Dhariyat 56). Because Allah is closer to man than his jugular vein. After all, even if he does not believe in God, he still knows God. For example, in al-A'raf 189-190, these complexities of infidels are exemplified as follows;

"But when she has grown heavy, they pray to God their God, "if You give us a good child, we will be among the thankful. But when He has given them a good child, they attribute partners to Him in what He has given them. God is exalted above what they associate."

In al-Baqarah 260, the psyche parts, like the birds waiting on the four hills for a short time, come together upon the command of Allah for resurrection. Allah is able to do all this. In order to understand the psyche, the representations we need to pay attention to in this representative narrative are four birds and four mountains. Birds are animals that can migrate. In the verses of creation, sleep, death, and resurrection, it is understood that the soul has migrated from the physical world to the unseen world. He is in this world when the soul connects with the consciousness. When the soul does not connect with the consciousness, the soul begins its journey into the realm of the unseen. However, the accommodation of birds is the mountain. In this theme, we find that the psyche has four basic parts, which are the determinants of situations related to life, death, and resurrection.

Theme 2: The soul that comes with a driver and a witness

In the theme of "*the soul that comes with a driver and a witness*," the contact of four birds on the four mountains is found in verses 21-29 of Surah Qaf. How the psyche parts, which are described in Surah al-Kahf and Baqarah, have been disconnected from each other after coming together with the apocalypse is explained in Qaf 21-29. The verse is as follows;

"And every soul will come forward, accompanied by a driver and a witness. You were in neglect of this, so We lifted your screen from you, and your vision today is keen. And His escort will say, "This is what I have ready with me. Throw into Hell every stubborn disbeliever. Preventer of good, aggressor, doubter. Who fabricated another god with God; toss him into the intense agony." His escort will say, "Our God, I did not make him rebel, but he was far astray." He will say, "Do not feud in My presence—I had warned you in advance. The decree from Me will not be changed, and I am not unjust to the servants."

Starting the creation from a single soul (*He created you from one person, then made from it its mate, and brought down livestock for you—eight kinds in pairs. He creates you in the wombs of your mothers, in successive formations, in a triple*

darkness. Such is God, your God. His is the kingdom. There is no god but He. So what made you deviate? az-Zumar 6) shows that the psyche part that was first created is the soul. In another article, I explained that the shadow archetype corresponded to the soul in the Qur'an. This is because the soul has a dark side like a shadow. The soul is made ready for envious and selfish passions (*Souls are prone to avarice; yet if you do what is good, and practice piety—God is Cognizant of what you do.* an-Nisa, 128). *Nefs* (the soul) orders the extreme evil (*Yet I do not claim to be innocent. The soul commands evil, except those on whom my God has mercy. Truly my God is Forgiving and Merciful.* Yusuf, 53), is stingy, ambitious (*And those who, before them, had settled in the homeland, and had accepted faith. They love those who emigrated to them, and find no hesitation in their hearts in helping them. They give them priority over themselves, even if they themselves are needy. Whoever is protected from his natural greed—it is they who are the successful.* al-Hashr, 9) and deceives the person into doing unpleasant work (*He said, "Your souls enticed you to do something. But patience is beautiful, and God is my Help against what you describe."* Yusuf, 18). Jung (2008; 2003; 2001; 1997; 1996) defines the shadow as all immorality, ambitions, and all unpleasant desires and activities. The shadow is our dark personality, the animal-like side of our personality, the racial heritage inherited from the lower forms of life, and the primitive side of our creation. The soul is the first substance in human creation (*O people! Fear your God, who created you from a single soul, and created from it its mate, and propagated from them many men and women. And revere God whom you ask about, and the parents. Surely, God is Watchful over you*. an-Nisa, 1) like a shadow (Malak-Akgün, 2021).

The soul (shadow) is accompanied by his friend when he comes to the presence of Allah with referrals and witnesses for questioning. It is stated here that the soul enters with his friend. In the interrogation, he and his friend accuse each other. We can understand from al-Isra 14 whether this contention takes place between different entities or between psyche parts. The fact that self-sufficiency as a person's accountant in al-Isra 14 is sufficient can help us to understand that this contention takes place among psyche parts. The verse is as follows;

"Read your book; today there will be none but yourself to call you to account." (al-Isra, 14).

Theme 3: Building a friendship with Satan

In the Qur'an, it is understood that Allah sent the demons upon the disbelievers, provoking temptation and rage (*Have you not considered how We dispatch the devils against the disbelievers, exciting them with incitement?* Maryam, 83). These people are referred to as the friends and followers of the devil, as well as the devil himself. In these verses, the so-called satan is evil or ill-tempered (Turkish Language Institution b.t.). For this reason, it is natural that the figure, called the friend in Qaf 21-29, is the

devil feuding with the self. The following are some verses;

"The devils inspire their followers to argue with you; but if you obey them, you would be polytheists." (al-An'am, 121).

"O Children of Adam! Do not let Satan seduce you, as he drove your parents out of the Garden, stripping them of their garments, to show them their nakedness. He sees you, him and his clan, from where you cannot see them. We have made the devils friends of those who do not believe." (al-A'raf, 27).

"That is only Satan frightening his partisans; so do not fear them, but fear Me, if you are believers." (Ali-Imran, 175).

"…when they are alone with their devils" (al-Baqarah, 14).

"Those who believe fight in the cause of God, while those who disbelieve fight in the cause of Evil. So fight the allies of the Devil. Surely the strategy of the Devil is weak." (An-Nisa, 76).

"And I will mislead them, and I will entice them, and I will prompt them to slit the ears of cattle, and I will prompt them to alter the creation of God." Whoever takes Satan as a God, instead of God, has surely suffered a profound loss. He promises them, and he raises their expectations, but Satan promises them nothing but delusions." (An-Nisa, 119-120).

"Satan is an enemy to you, so treat him as an enemy. He only invites his gang to be among the inmates of the Inferno." (Fatir, 6).

"Satan has taken hold of them, and so has caused them to forget the remembrance of God. These are the partisans of Satan. Indeed, it is Satan's partisans who are the losers." (al-Majudilah, 19).

The trial scene in Qaf 21-29 is also mentioned in Surahs az-Zukhruf and an-Nisa. These surahs mention the people who make friends with the devil. In my opinion, it is not the person or the soul, but the archetype Jung defines as the persona, that makes friends with the devil. Therefore, the person making friends with the devil might be called the devil directly. This is because after the devil makes friends with the persona, he makes significant changes in the structure of the persona, becomes a part of the psyche, and thus has significant effects on one's emotions, thoughts, and behaviors. A verse on the subject is as follows;

"Whoever shuns the remembrance of the Most Gracious, We assign for him a devil, to be his companion. They hinder them from the path, though they think they are guided. Until, when he comes to Us, he will say, "If only there were between me and you the distance of the two Easts." What an evil companion!" (az-Zukhruf, 36-38).

In my opinion, it is the persona, who is the friend of the soul, that says what a devil friend you are. The soul is in conflict with his friend, not with witnesses or drivers. In this interrogation, while the soul and his friend blame each other, they are both responsible for the crimes they commit together. This is because we know that the soul

gives the person an indulgence (eg, Qaf 16), preaches stinginess (eg al-Hashr 9, at-Taghabun 16), in other words, causes many negative feelings, thoughts, and behaviors.

As long as the person does not purify his soul (Karaman, Dönmez, Çağrıcı, & Gümüş**,** 2003), he will continue to be directed by his soul. And also he will continue to be exposed to the evil of the sneaking whisperers (eg al-A'raf 201, al-Anfal 11, Ta-Ha 120, al-Hajj 52-53, al-Mu'minun 97). On the other hand, various fears, ugliness and indecency will be taught as nice things to him by the devil (e.g., al-Baqarah 268, al-An'am 43). Therefore, the tendency of the person to have negative feelings, thoughts, and behaviors increases. This is the case for infidels and also for Muslims. In this process, it is understood from the verses that Allah helps the person and protects his/her psyche against external interventions. A verse on the subject is as follows;

> *"When you read the Qur'an, We place between you and those who do not believe in the Hereafter an invisible barrier." (al-Isra, 45).*

Theme 4: The soul that comes with a guardian and an observer

In my opinion, they are defined as the driver and witness for the infidel's psyche. And also they are defined as a guardian and an observer of the Muslim's psyche. For the unbelieving heart of the infidel will lead him to sin, and the strengthened and reinforced heart of the Muslim will be his protector. Therefore, the guardian or the observer is the heart of the person. In another article, I explained that the Qur'anic equivalent of anima-animus could be the heart (Malak-Akgün, 2021). Anima-animus (heart) also has an important effect on human emotions, thoughts, and behaviors. For this reason, the heart (anima-animus), the soul, and the character or the friend (persona) are responsible for the human actions and the deed book in this world. And in the hereafter, the heart will be one of those who answer in the presence of Allah. The following are some verses;

> *"When you read the Qur'an, seek refuge with God from Satan the outcast." (an-Nahl, 98).*
>
> *"There is no soul without a Protector over it." (at-Tariq, 4).*
>
> *"Not a word does he utter, but there is a watcher by him, ready." (Qaf, 18).*

In my opinion, the person in the Qur'an (yourself, me, you, him, her in English, *kendi, bana, sana, ona* in Turkish) is the equivalent of the word ego (Malak-Akgün, 2021). The witness and the observer represent the ego. The ego witnesses all that is happening in this World because it is our consciousness in the world. And therefore it is our memory (Plotnik, 2009). For this reason, the ego, which has a memory, will witness itself in the hereafter. While the ego witnesses the sins of an infidel, it is just the observer of a Muslim because Muslims have vision and prudence. The vision is the eye of the heart. Thus, they can understand the truths more clearly (Karaman,

Dönmez, Çağrıcı, & Gümüş, 2003). In al-A'raf 203, it is stated that these (the verses of the Qur'an) are insights from your God, and guidance, and mercy, for a people who believe. It is explained that the verses of the Qur'an are the vision and the prudence from Allah (*the light that enlightens your eyes*). The vision is also related to the ego, in other words, to the consciousness, since it also means apprehension and comprehension (Turkish Language Institution b.t.). For this reason, the ego (observer) of the person with vision and prudence is responsible for his/her actions. A Muslim's ego prevents him/her from being dragged into evil emotions, thoughts, and behaviors. Since infidels do not have vision or prudence, the ego cannot interfere with evil feelings, thoughts, and behaviors, and only becomes a witness. Therefore, the ego includes cognation, hearing, vision, eyesight, cognition, apprehension, and comprehension. Cognation means understanding, reasoning, perception, apprehension, and comprehension (Turkish Language Institution b.t.). In other words, cognation is connected with vision and hence is related to the ego. This statement reinforces that the ego can be observant and witness. Because in the hereafter, the ears, eyes, and skins will testify against themselves. And these organs are important in perception (Plotnik, 2009). Some verses on the subject are as follows;

> *"He who perfected everything He created, and originated the creation of man from clay. Then made his reproduction from an extract of an insignificant fluid. Then He proportioned him, and breathed into him of His Spirit. Then He gave you the hearing, and the eyesight, and the brains—but rarely do you give thanks." (as-Sajdah, 7-8-9).*

> *"…They will have a terrible punishment. On the Day when their tongues, and their hands, and their feet will testify against them regarding what they used to do." (an-Nur, 23-24).*

In al-Qiyamah 14, it is explained that we can see psyche parts in their simplest form in the hereafter. al-Qiyamah 14 states, "*And man will be evidence against himself.*" Ateş (2018) translated al-Qiyamah 14 as "*Indeed, the person sees his own soul*." The word translated as "*sees*" is cognation. Therefore, the verse can also be translated as "the *person is a cognation against his/her soul,*" "*And man will be evidence against himself,*" "*Indeed, the human being will testify against himself,*" and "*the man knows perfectly well what he did*." With the ability of the ego to fixate on consciousness in the hereafter, one's prudence and cognation or consciousness of the ego will be able to perceive the whole psyche. Due to the inability of the ego to fixate on the consciousness, infidels in the world are those who forget Allah, so "*He made them forget themselves*" (al-Hashr 19). Therefore, they have no prudence or vision. The person who has no prudence or vision can comprehend and recognize neither himself nor the truth. For this reason, this person cannot comprehend the evil of his heart (anima-animus), the sneakiness and stinginess of his soul (shadow), his misery, and that his friend (persona) is trying to seduce him (ego). He will not be able to go to paradise: "*There is a tremendous trial from your God*" (Al-Baqarah 49).

Theme 5: Building a friendship with God

A Muslim's friend is Allah. And He inspires the Muslims. He formulates Muslims' emotions, thoughts, and behaviors. Some of the verses on the subject are as follows;

> *And who is better in religion than he who submits himself wholly to God, and is a doer of good, and follows the faith of Abraham the Monotheist? God has chosen Abraham for a friend. (an-Nisa' 127).*
>
> *And when I inspired the disciples: "Believe in Me and in My Messenger." (al-Ma'idah 111)*
>
> *And know that God stands between a man and his heart, and that to Him you will be gathered. (al-Anfal 24).*

Theme 6: There is a tremendous trial from your God

Psyche parts are the basis for life, death, and resurrection. And also they are responsible for the trial in this world. Therefore, they are effective in the formation of emotions, thoughts, and behaviors. For example, in my opinion in al-Isra 14 (al-Isra 14), the soul of the infidel answers to his ego, and the infidel's ego confirms what his soul has done. This ego does not say what his soul did was wrong. I understand that ego is active, not passive, in the formation of emotions, thoughts, and behaviors. The spirit does not take part in this trial because it means "life, breath, power." Its task is to provide vitality. The spirit is the source of life for all living creatures (Karaman, Dönmez, Çağrıcı, & Gümüş**,** 2003). The spirit is the source of vitality and is not responsible for the trial in this world. Therefore, it is not one of the birds on the four mountains. In this study, when the above surahs are examined, it is understood that the synonym of the psyche is not the spirit but human nature or genesis. Human nature means genesis in the dictionary (Turkish Language Institution b.t.). Human nature or genesis means *fitrat* in Arabic. Therefore, the spirit is one of the parts of the psyche (*fitrat* or human nature or genesis). What the Qur'an defines as psyche parts are shadow, anima/animus, ego, and persona in Jung, and id, ego, and superego in Freud. As can be examined in Table 1, four items can be categorized as follows;

Table 1
Clasification of Psyche (Human Nature) according to the Holy Qur'an, Psychoanalytic and Analytical Psychology Theories

Psychoanalytic Theory	Ego	Id	Id	Superego
Analytical Psychology Theory	Ego	Shadow	Anima - Animus	Persona
Qur'an	Yourself, me, you, him, her	Soul (Nefis)	Heart	Friend
Qur'an (Muslim)	Observer	Soul	Guardian	Muslim Character - Building a friendship with God
Qur'an (İnfidel)	Witness	Soul	Driver	Devil Character -Building a friendship with Satan

Discussion

This study aims to examine the concept of psyche according to the Qur'an. Content analysis was used in accordance with the qualitative research design, and six themes were obtained. Thus, the aim of the study was achieved. According to the findings, *fitrat* or genesis or human nature in the Qur'an means the psyche. Psyche parts are soul, spirit, heart, friend, and ego. In the Qur'an, the soul is the *nefs*. The character is the friend. The friend is the persona. The heart is the driver for the infidel's psyche. The heart is the guardian of the Muslim's psyche. The ego is the witness for the infidel's psyche. The ego is the observer of the Muslim's psyche. According to the Qur'an, psyche parts come together upon God's call and later get separated from each other. The soul is called and received by God in sleep and death takes place in the same process. It is clear in the verses that the soul, not the spirit, is taken by the ambassadors (the angels) at the time of death. The soul that follows God's call falls asleep, dies, or resurrects in his grave (Malak-Akgün, 2021). We can understand from the verses al-Kahf 99, al-Baqarah 260, and Qaf 21-29 that the psyche has integrity. If the soul is separated from the psyche by Allah's call and then initiates sleep or leads to death, the psyche will lose integrity. My interpretation is that psyche parts that intermingle after a wave of death will come together after the trumpet is blown (Malak-Akgün, 2021). In classical interpretation, this has been interpreted as the dispatch of large crowds intertwined (Karaman, Dönmez, Çağrıcı, & Gümüş**,** 2003). And also Şirin (2019) said that Muhyiddin Ibn 'Arabi's Ayani-sabita might be one that can contribute to the science of psychology just as Jung's archetype concept did.

Focusing on the description of the psyche parts that come together with the call of al-Baqarah 260 and get separated from each other, the theme of "*birds on four mountains"* was formed. As in al-Kahf 99, this depiction is like the situation of people who died when they were alive, later resurrected, and returned to Allah (for example, Qur'an 36:51, 54:6-8). In this theme, we find that the psyche has four basic parts, which are the determinants of situations related to life, death, and resurrection. The depiction of "four mountains" is very similar to Jung's (1996) dunes on the water and Freud's (2006) iceberg. In my opinion, these narratives are archetypal descriptions according to human nature. Indeed, Jung developed his theory by taking inspiration from the eastern texts related to the concept of archetype that constitutes an important element of his personality theory. Jung conducted psychological counseling studies, which he made with his patients based on this concept (Jung, 2003; Jung, 1997). Freud also drew on mythology to explain the basic concepts of psychoanalysis. In this respect, psychoanalytic theory is both an individual and a social movement. And also it is related not only to treating mental problems but also to the fields, such as religion, which are the dynamics of civilization (Yiğit-Tekel, 2019).

These four psyche parts were also found in verses 21-29 of Surah Qaf. In Surah al-Kahf and in verse 260 of Surah al-Baqarah, the psyche parts get disconnected from each other. Once they come together after the trumpet is blown, the new situation of the psyche parts is explained in Qaf 21-29. In the theme of "*the soul that comes with a driver and a witness*," psyche parts are the basis for life, death, and resurrection. Therefore, they are effective in the formation of emotions, thoughts, and behaviors. So they have a common responsibility for human life. Therefore, it is understood that they determine whether we can pass the test in this world or in the other world. The spirit is the source of vitality and is not responsible for the trial in this world. The spirit is the center of personality in the Qur'an. For Jung, the soul is a name for the mysterious part of our beings that is the source of symbols and images, a bridge between the consciousness and unconsciousness (Tacey, 2004). Jung, James, and Frankl conceptualized the soul as the center of personality, the central point within the psyche to which everything is related, a source of internal energy. Nobody has direct access to this center. Nobody can feel it or grasp it intellectually (Stein, 2017). The book review "*Psychology Without Spirit: The Freudian Quandary*" by Samuel B. Sotillos (2021) states that psychoanalysis has limited the spirituality and spirit of the individual to the empirical ego. The author notes that it is wrong to classify the human identity with three concepts (Yiğit-Tekel, 2019).

Due to the ability of the ego to fixate on the consciousness in the hereafter, one's prudence and cognation or consciousness of the ego will be able to perceive the whole of the psyche. The person can only perceive consciousness and also some personal and collective unconscious in this world. According to my interpretation, due to the ability of the ego to fixate on the consciousness in the hereafter, the person can perceive the whole of the processes of the personal and collective unconscious. Therefore, they have prudence or vision in the hereafter. The person who has prudence or vision can comprehend and recognize himself and the truth. Psyche parts and processes that we are not able to perceive with consciousness might be explained to us in a representative narrative in the Qur'an. In the classic exegesis, the driver, the witness, the guardian, and the observer are interpreted as angels, and the friend is interpreted as the devil. In other words, these psyche parts are interpreted as angels or as the devil (Karaman, Dönmez, Çağrıcı, & Gümüş, 2003). Freud (2014) claims that the motivation for human behaviors lies in the deepest levels. While spirituality has been an inseparable part of mental health throughout the history of humanity, modern psychology influenced by materialism has completely excluded spirituality and religion. However, spirituality and religion have been considered to be important variables in behavioral sciences in recent years (Yiğit-Tekel, 2019). Considering our rich cultural and spiritual heritage, carrying out such studies in Turkey can contribute greatly to the nursing profession.

In another article, I explained that the soul could be a shadow archetype (Malak-Akgün, 2021). The shadow was questioned because of his responsibilities for the behaviors in life by coming to the presence of God with the psyche parts defined as the driver, the witness, and friends. In my opinion, it is the persona, not the soul, who makes friends with the devil. This is because the persona, the social ego, enables the person to come into contact with the world. Therefore, the persona will increase the likelihood of an infidel not acknowledging the truth. The persona increases the probability of being an infidel, unbeliever, hypocrite, and a friend and supporter of Satan. Thus the person might have an evil character and be the devil himself. An infidel is described as having an evil character. This is because the malicious other personality might be the devil. And the evil impulses that his conscience or superego (Assad, 2013) judged might be the devil. Such an interpretation might have been made, considering them.

In another article, I found that it was suggested that a person should wear the mask of a Muslim (persona) and surrender himself to Islam and be careful not to turn to blasphemy and that the social environment should be composed of Muslims (Malak-Akgün, 2021). In this process, it is understood that Allah helps the person and protects his persona against external interventions (al-Isra 45). But for the infidels, the situation is the opposite. Accordingly, when it is desired to make changes in the psyche by intervening in the psyche, it is possible to change the psyche by changing the persona. This is because the persona is the psyche mechanism that Freud (2006) calls the superego, and it is known that the superego is a combination of social rules. For this reason, behavioral theorists might interfere with the persona (superego), and cognitive theorists might interfere with the ego. Yunus Emre provided an ontological comprehension that explains the meaning of existence and life. The origin of "self" or "ego" is based on the soul that is Truth (*Hakk*) within this ontological understanding grounded in Oneness. The only possible way to transition from the illusory formed self to the real self, the soul, is through the love of Truth and with a mentor or guide that has experienced this love of Truth. The relationship that is established with the mentor or guide heals relational problems and has a nature that also frees humans from their biological, relational, societal, and psychological boundaries. The moral sentiment based on the perception of life is oriented to purify the negative attributes that sustain the illusory self to gain virtues that will allow experiencing the real self (Dinçer, 2016).

The heart is the driver for the infidel's psyche. The heart is the guardian of the Muslim's psyche. The ego is the witness for the infidel's psyche. The ego is the observer of the Muslim's psyche. The sealed heart of the infidel leads him to sin. And the strengthened, enhanced, and reinforced heart of the Muslim becomes his guardian. In another article, I explained that the Qur'anic equivalent of anima-animus might be the heart and that the heart (anima-animus) of the person who takes refuge in Allah is strengthened, enhanced, and reinforced (Malak-Akgün, 2021). Anima-

animus (heart) also has an important effect on human emotions, thoughts, and behaviors. According to Jung (2008; 2003; 2001; 1997; 1996), the psyche contains a limited consciousness called ego. Freud (2006) stated that the ego that fixates on the consciousness was responsible for conscious thoughts, emotions, and behaviors. As long as there is consciousness, the person interacts with this world (as cited in Gençtan, 1990). Yourself (or me, you, her, him), soul, heart, friend struggle to fixate on consciousness. God states in al-Anfal 24 that He enters between the person and his heart to enable him to move on the right path and prevent his heart from being misled. For this reason, it might be possible to protect the consciousness from malicious feelings, if ego or consciousness is not fixated on the heart. Assad (2013) states that the driver is the combination of the instinctive impulses of the sinner and his unlimited and immeasurable desires. Az-Zumar 6, which describes creation, and at-Taqwir 7, which describes the resurrection, define the matching soul (Karaman, Dönmez, Çağrıcı, & Gümüş, 2003).

I interpreted that when the soul becoming wife, heart will genesis (Malak-Akgün, 2021). For this reason, the heart might cause the person to have negative feelings and thoughts as well as the soul. The soul and the heart is the psyche mechanism that Freud (2006) calls the id. In al-Anfal 24, I understand that God is interfering with the connection between himself (ego) and his coldheartedness or heart disease. Thus, the people with heart disease and coldheartedness (Hajj 53) is protected from the negative feelings of his heart (for example at-Tawbah 15, al-Muddathir 31). Therefore the heart can be the driver for the infidel's psyche while it can be the guardian of the Muslim's psyche.

The Qur'anic equivalent of the person (yourself, me, you, him, her) is the ego (Malak-Akgün, 2021). And the concept of the witness represents the ego. The ego witnesses all that is happening in this world as it is our consciousness in the world and therefore, it is our memory (Plotnik, 2009). The ego witnesses the sins of a disbeliever, while a Muslim is only a watcher because Muslims are prudent. The clairvoyant's ego is responsible for and watchdogs his behaviors. The ego prevents the Muslim from being dragged into evil emotions, thoughts, and behaviors. If the disbeliever does not have any prudence, the ego only witnesses the disbelief: it cannot intervene in the negative feelings, thoughts, and behaviors. The ego of the person with vision and prudence is responsible for as well as observes his/her actions. The Muslim's ego prevents him/her from being dragged into evil emotions, thoughts, and behaviors. Since infidels do not have vision or prudence, the ego cannot interfere with but only witnesses evil feelings, thoughts, and behaviors.

For this reason, in my opinion in al-Isra 14 (al-Isra 14), the soul of the infidel answers to his ego, and the infidel's ego confirms what his soul has done. This ego does not say what his soul did was wrong. I understand that the ego is active, not passive, in the formation

of emotions, thoughts, and behaviors. Freud describes the decision-making and balancing aspect of the ego while explaining the functioning of the ego and the superego (as cited in Gençtan, 1990). Therefore, we can conclude that the ego will be the witness by the expression of the eyes, ears, and skins that testify against oneself. It is the ego, and its responsibility in life, that is mentioned in Fussilat 22. *"You were unable to hide yourselves from your hearing, and your sight, and your skins, to prevent them from testifying against you, and you imagined that God was unaware of much of what you do."* And these organs are important in perception (Plotnik, 2009). This statement is once again adduced as proof that the ego can be an observer and witness. Asad (2013) interprets the concept of witness as a combination of the conscience or memory of the id.

Evil is a concept that has different meanings for each person. The problem of evil, on the other hand, is a problem that mankind has not been able to solve and has become the subject of many discussions throughout history. It is discussed mainly in philosophy and in many fields such as art, literature, and culture. It is a problem that has become the favorite subject of philosophers and theologians because of its mystical and philosophical features (Taşabat, 2021). Freud and Jung had contrasting views on what they called religion. For Freud, "*religion was an obsessional neurosis, and at no time did he modify that judgment*." In contrast, Jung stated that "*it was the absence of religion that was the chief cause of adult psychological disorders*" (Spinks cited in Fırıncı, 2019). Jung declares his personal relationship to God as follows: "*I find that all my thoughts circle around God like the planets around the sun, and are as irresistibly attracted by Him. I would feel it to be the grossest sin if I were to oppose any resistance to this force*" (Jung, as cited in Morgan, 2011). Jung also emphasizes that it is crucially necessary to construct a religion-based worldview, ethos, a religious mooring in order to re-align with the 'collective unconscious' that infuses all of the conscious and unconscious thoughts, actions, and dreams (Morgan, 2011). Transferring rich spiritual knowledge in Islam to therapy and approaching problem solutions by utilizing an individual's spirituality can contribute to a more effective counseling process. A new point of view is aimed to be brought to spiritual consultants evaluating the values of spiritual counseling in the process of application of using sacred texts, pray, worship, contemplation, patience, gratitude, listening to hymn etc. (Keskinoğlu & Ekşi, 2019). *Itikaf* (the Islamic practice of retreating in a mosque, for a certain number of days), an intensive worship program, was found to have positive psychological effects. At the end of the *itikaf*, the anger-control scores were observed to increase as the anger scores decreased. A significant difference was observed in the Subjective Well-Being Inventory and State-Trait Anger Expression Inventory posttests in terms of the duration of the *itikaf* (Karakaş & Eker, 2018).

Even though some previous studies appear like proving the common clinical doctrine that religion worsens mental health; a greater amount of research using

superior methodologies seems to claim quite the opposite, i.e. that religious attachment is mainly related to greater well being, slighter depression, and anxiety, more social support, and less substance abuse (Keskinoğlu & Ekşi, 2019).

It was concluded that the spirit was not included in the proceedings because it was the source of life (Karaman, Dönmez, Çağrıcı, & Gümüş, 2003). Therefore, it is not one of the birds on the four mountains. The synonym for the psyche was understood to be human nature, not a soul or a spirit. The spirit is just one of the parts of the psyche, just like the soul, the heart, and other parts. It is emphasized in the Qur'an that Allah placed some immutable laws in human nature. There is a genesis in human nature that will recognize Allah and will be compatible with faith and Islam. If a person does not behave in accordance with this nature, Allah will misguide him (Karaman, Dönmez, Çağrıcı, & Gümüş, 2003): "*Those who deny Our signs, they are deaf and dumb, in darkness. Whoever God wishes He misguides, and whoever He wishes He makes him on a straight path"* (Al-An'am 39).

The Arabic word for human nature or genesis is *fitrat*. Therefore, the spirit is one of the parts of the psyche (*fitrat* or human nature or genesis). The parts of the psyche are shadow, anima/animus, ego, and persona in Jung, and id, ego, and superego in Freud. The psyche parts are the basis for life, death, and resurrection, and are responsible for the trial in this world. Therefore, they are effective in the formation of emotions, thoughts, and behaviors. A Muslim's friend is Allah. And He inspires the Muslims. He formulates Muslims' emotions, thoughts, and behaviors. I hope that our friend is and will always be Allah.

In the Islamic tradition, there has been a great deal of misunderstanding about participating in therapy. This is, in large part, because modern psychology is generally understood to be antithetical to any religion or spiritual tradition. Although this has, to some degree, changed in recent years with the increased awareness about the need for cultural and spiritual competencies within the field of mental health, it is still a problem (Sotillos, 2021). This point of view should first be brought to researchers and consultants. Kemahlı (2017) notes that when psychological literature of the modern period (Freud, 2014; Jung, 2001) and Eastern/Islamic philosophical resources are examined (Ghazzâlî, 2000; Rüşd, 2004), there is a serious terminological disparity in the comparisons made in international publications, due not only to the fact that analyses have used different names for concepts but also to that there is not an exact terminological equivalent for many, if not all, of these concepts (Kemahlı, 2017).

Conclusion

The obtained themes are *"birds on the four mountains," "the soul that comes with a driver and a witness," "building a friendship with Satan," "the soul that comes*

with a guardian and an observer," "building a friendship with God," and "there is a tremendous trial from your God." According to the findings, *fitrat* or genesis or human nature in the Qur'an means the psyche. It has been found that the human psyche consists of many parts, which function as parts of a whole. These parts are soul, spirit, heart, friend, and ego. In the Qur'an, the soul is the *nefs*. The character is the friend. The heart is the driver for the infidel's psyche. The heart is the guardian of the Muslim's psyche. The ego is the witness for the infidel's psyche. The ego is the observer of the Muslim's psyche. The spirit is the source of vitality and is not responsible for the trial in this world. The psyche parts are the basis for life, death, and resurrection. These parts also determine whether we can pass the trial in this world, that is, whether we can win God's approval both in this world and in the other world. Therefore, they are effective in the formation of emotions, thoughts, and behaviors. As a result, psyche parts will help us care for patients, diagnose and treat diseases, and understand human beings, just as they will help us understand the psyche on which stories, epics, mythological stories, legends, and philosophy drew.

By distinguishing between the overlapping and non-overlapping aspects of Jung's and Freud's theories with the Qur'an, the psyche can be understood more accurately. I suggest that the other parts of the psyche should also be evaluated from this perspective. The healing and mercy of the Qur'an will become more evident for Muslims. The approach I used in the study was thus able to ensure the validity and reliability of the theory itself. The theory was tested in this way by eliminating existing inconsistent and consistent aspects. The new perspective revealed by the study is expected to help those involved in both nursing and psychology better evaluate the psyche and offer more effective psychological help or care to individuals. Study findings provide important data for nursing, especially for spiritual care studies. In nursing care plans, nurses can evaluate their patients, identify their problems, and care for them based on these concepts.

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Compliance with Ethical Standards

Ethics committee permission is not required since the study includes a text reading.

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Research Article

Does Forgiveness Affect Marital Satisfaction?*

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Abstract
This study determines married couples' experiences that negatively affected their lives and their relationships and that they have had difficulty forgiving, what they did to overcome these incidents, and how they have reacted to each other. The study also examines the variables predicting spouses' marital satisfaction. The study employs a nested mixed methods design in which 289 married individuals living in Turkey participated. Of the participants, 97 stated having had an experience with their spouses that they could not forgive. These data were analyzed using content analysis. The Marital Life Scale was administered to determine participants' marital satisfaction. Stepwise regression analysis was used to determine the variables that predict the participants' marital satisfaction. The participants' experiences with their spouses that were difficult to forgive involved neglect and abuse, communication problems and quarrels, problems related to in-laws, distrust and infidelity, economic problems, addictions such as alcohol and gambling, and problems related to sharing household chores. The participants used different methods to solve the problems they have with their spouses. The study has identified having an unforgivable experience and reacting to problems experienced by being cross as the predictive variables of marital satisfaction. Some incidents in married life resulted in marital bonds weakening.
Keywords:
Forgiveness, Marital Satisfaction, Couple Relations, Family Relations

Affetmek Evlilik Doyumunu Etkiler Mi?

Öz
Bu çalışmada evli çiftlerin hayatlarını ve ilişkilerini olumsuz olarak etkileyen, birbirlerini affetmekte zorlandıkları yaşantılarının neler olduğu, bu olayın üstesinden gelmek için neler yaptıkları ve her hangi bir sorun karşısında birbirlerine nasıl tepki verdikleri belirlenmiştir. Ayrıca evli bireylerin evlilik doyumlarını yordayan değişkenlerin neler olduğu araştırılmıştır. Türkiye'de yaşamakta olan 289 evli bireyin katılımı ile gerçekleştirilen araştırmada iç içe karma desen kullanılmıştır. Katılımcılardan 97'si eşleri ile ilişkilerinden affedemedikleri bir yaşantısı olduğunu belirtmiştir. Bu veriler içerik analizi ile analiz edilmiştir. Katılımcıların evlilik doyumunu yordayan değişkenleri belirlemek için ise aşamalı regresyon analizi kullanılmıştır. Katılımcıların eşlerini affetmekte zorlandıkları yaşantıları, ihmal ve istismar yaşantıları, iletişim sorunları ve kavgalar, kök aile ile ilgili yaşanan sorunlar, güvensizlik ve aldatma, ekonomik sorunlar, alkol kumar gibi bağımlılıklar, ev işlerinin paylaşımı ile ilgili sorunlar olarak belirlenmiştir. Katılımcıların eşleri ile yaşamış oldukları bu sorunları çözmek için farklı yöntemler kullandıkları tespit edilmiştir. Araştırmada, affedilemeyen bir yaşantının olması ile yaşanan sorunlara küserek tepki verme evlilik doyumunu yordayan değişkenler olarak elde edilmiştir. Evlilik hayatında yaşanan bazı olaylar eşler arasındaki bağın zayıflamasına yol açmaktadır.
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The concept of forgiveness has a long history and was the subject of religion and philosophy prior to psychology. Many moral and religious traditions state that negative emotions such as revenge, anger, and spite need to be addressed, that more positive emotions can be achieved through compassion and forgiveness toward the person to whom these emotions are directed, and that healing can only be achieved in this way (Ransley, 2004). For this reason, experts working in the field of forgiveness psychology as well as some clients consider forgiveness to be a religious concept and perceive it to be a religious coping method (Fincham et al., 2006). Forgiveness was introduced into the field of psychology in the 1980s (Legaree et al., 2007). The concept of forgiveness is used in many different areas and is very easily misunderstood. Many people define forgiveness as forgetting an experienced problem; reaching a compromise with the person who is at fault; and overlooking, ignoring, and tolerating the mistake (Enright et al., 1998; Landmon, 2002). Others perceive forgiveness as a weakness and permission for the person who made the mistake to hurt them; they may believe they will be unable to prevent the harm that comes their way by forgiving the mistake (Kearns & Fincham, 2004).

In the literature on psychology and psychotherapy, the concept of forgiveness is defined as releasing the anger one feels toward someone who has caused them harm for fixing the relationship and healing from the emotional wounds (DiBlasio & Proctor, 1993). Forgiveness can be defined as people letting go of their desire to take revenge from one who had hurt them, to punish them, and to feel negative emotions toward them; it means to feel compassion, generosity, and even love toward the person in place of feeling negative emotions (Enright et al., 1998). Forgiveness also includes ending the anger felt toward one who has harmed or betrayed the individual (Legaree et al., 2007). Based on these definitions, forgiveness includes social aspects as well as the changes occurring in the individual's inner world due to psychological and interpersonal changes (Ransley, 2004; McCullough et al., 2000).

Spy (2004), considers not forgiving as a strong enemy that grows unnoticed and settles in individuals' lives, just like a cancer gnawing away someone. Forgiveness is not for the person who harms the individual, but for the individual himself because negative emotions such as hate and anger cause physical and mental harm to the individual. With forgiveness, negative emotions decrease, and positive emotions increase. With forgiveness, the individual retakes the control of his life by controlling his emotion. Taking his life under control helps the individual increase his self-confidence (Ransley, 2004).

When emotionally closer individuals hurt each other, it can be more hurtful, and it can be more difficult to restore the relationship back to its old self by overcoming the problems. For this reason, forgiveness has an important effect in removing the hurt in intimate relationships. Especially in relationships with long-term interactions such as

marriage, emotional conflicts and tensions are commonplace (Kerr, 1981). However, the issue is not the experience of negative experiences and emotions, but the way they are handled (Amato & Rogers, 1997; Fincham et al., 2004; Gottman, 1994; Gottman & Levenson, 1999). Generally, both spouses contribute to the problems in marital relationships. Conflicts that cannot be resolved or seem to be resolved but covered up can negatively affect spouses' attitudes towards each other and their good intentions, and prevent them from finding constructive solutions to challenges they will face in the future. Until these resentments come to the surface and voiced by both individuals, solving the problems in the relationship becomes difficult. Furthermore, problems that are not solved can spread to the future conflicts (Fincham, 2000). This may lead to the development of dysfunctional patterns such as decreased cooperation between spouses, decreased sexual intercourse, increased emotional responses, decreased relationships with the spouse's relatives or friends, and spouses acting independently economically. The chronicity of the problems experienced between the married individuals and the suffering of the spouses harm their marriages irreversibly (Asil et al., 2014). Forgiveness is effective in coping with couples' negative experiences, regaining emotional balance and getting satisfaction from their marriage (Cooper & Gilbert, 2004; Diblasio & Proctor, 1993; Paleari et al., 2005).

Retaliation or avoidance behaviors can often be observed among couples who have problems in marital relationships and cannot forgive each other (Fincham, 2000; Fincham et al., 2004; McCullough & Hoyt, 2002; Paleari et al., 2005). Both of these behaviors make the solution of the existing problem difficult. In addition to the decreased frequency of these behaviors in people who forgive to maintain the relationship, benevolent responses to the person making the mistake are also observed (Fincham et al., 2006; Gordon et al., 2009; McCullough et al., 2003). A real forgiveness is an active process. Whenever the depth of the hurt or injustice, or the quality of the relationship between spouses begins to change, full forgiveness takes place (Cooper & Gilbert, 2004). After forgiveness, the people who were forgiven can prevent the negative feelings they feel towards their spouses dominate the interaction they have with their spouses. Their negative feelings, thoughts and behaviors towards their spouses become well balanced, and their desire to punish their spouses decreases (Gordon & Baucom, 1998; Gordon et al., 2005; McCullough et al., 2000). The positive resolution of the conflicts helps to revive the relationship, improve the hurt feelings and fix the relationship (Bono et al., 2008; Diblasio & Proctor, 1993; Karremans et al., 2003). As a result of these experiences, spouses can look at their lives and relationships with a new and richer perspective. Generally, the spouses who have completed the forgiveness process state that the painful experience they had further matured them and strengthened their relationships (Spy, 2004). Forgiveness and being forgiven have an important effect on marital satisfaction and the maintenance of a long-term marriage (Fenell, 1993; Fincham et al., 2002; Gordon et al., 2005; Kachadourian et al., 2004).

Tezer (1996) defines marital satisfaction as the individuals' perception about their level of their needs being met in marriage. Marital satisfaction affects the entire life of the individual. Many people attach more importance to marital satisfaction than many different sources of satisfaction they receive in life because there is a strong relationship between individual's marital satisfaction and life satisfaction (Kasapoğlu & Yabanigül, 2018; Ng et al., 2009). Researchers concluded that couples who show less interest in their spouses, who cannot be a "we", who support conflict, and who experience high levels of frustration and chaos in their marriage get divorced between three and five years. Many people consider marriage as a union that will provide personal and emotional satisfaction and development (Buehlman et al., 1992; Carrère et al., 2000). However, failure to meet expectations leads to disappointment and decrease in their love for each other (Huston et al., 2001).

While some individuals define family as the source of love and care and an institution with a sense of belonging and close emotional ties, the family can also become a source of stress for some. A happy family environment is one of the most important elements for family members to have healthy living conditions and high quality of life. In environments where spouses feel anger towards each other and where problems cannot be solved constructively, family members produce dysfunctional solutions within the family (McGoldrick et al., 2008). In order for the maintenance of other subsystems in the family with integrity and balance, the subsystem between spouses must be functional (Segrin & Flora, 2011). Problems between spouses affect not only two individuals but the entire family system. When the problems between spouses, whether there are children or not, are not effectively resolved, when marriage transformed into a space where the spouses have negative feelings towards each other and try to take revenge, or when the spouses do not make any effort to solve their problems, emotional bonds will be damaged even if the marriage continues. It is an inevitable fact that the spouses will have conflicts in long-term marriages. However, resolving these problems in a constructive way and overcoming these negative incidents positively affect marital satisfaction and thus the entire family system (Gordon et al., 2009; Meredith et al., 1986; Mirzadeh & Fallahchai, 2012). There is a mutual interaction between the quality of the relationship between the spouses and forgiveness. The marital quality predicts forgiveness, and forgiveness predicts marital quality (Fincham et al., 2006; Paleari et al., 2005). Forgiveness-based interventions increase the marital satisfaction of couples who experience conflicts (Asil et al., 2014; Warwar & Malcolm, 2010).

Although the literature has studies on forgiveness between spouses, more studies are needed that examine spousal relationships in order to develop adequate and necessary interventions for families and couples. Spouses' ability to forgive each other has an important effect on maintaining a long-term and satisfying marital relationship. In order

to be able to forgive, individuals must first express their memories and discover the emotion that arose in them. This study aims to determine married couples' experiences that have negatively affected their lives and relationships and that they have difficulty forgiving, what they have done to overcome these incidents, and how they react to each other. In addition, this study also addresses the question of what variables predict spouses' marital satisfaction. The study's findings are believed will help family therapists, counselors, and specialists working in the field of psychology understand spousal relationships. Forgiveness is important not only for the quality of spouses' relations but also for one's own mental health. Healthily organizing relationships helps one balance their inner world and positively affects social and family relationships. Therefore, more studies on forgiveness in marital relationships are needed. For this purpose, the present study seeks answers to the following questions:

1. What memories do spouses have that they cannot forgive in their spousal relationship?
2. What have they done to overcome these incidents?
3. How do they react to each other when they have a problem?
4. Do married individuals' duration of marriage, gender, employment status, ways of reacting toward their spouses, and memories they cannot forgive predict marital satisfaction?

Another question the study addresses involves the variables that predict participants' marital satisfaction. Stepwise regression analysis has been employed to determine the variables predicting participants' marital satisfaction. Participants' demographic information (marriage duration, gender, employment status), ways of reacting toward their spouses when they have a problem, and whether they have experienced something they cannot forgive have been included in the regression analysis.

Method

This study employs a nested mixed methods design and has been carried out with the participation of married individuals. The study has added a quantitative stage within the qualitative stage. The quantitative and qualitative data were collected, analyzed, and interpreted simultaneously (Creswell & Plano-Clark, 2011). The quantitative stage was added to determine how the participants reacted to their spouses when they experienced a problem and the extent of their reaction, as well as how the duration of their marriage, gender, employment status, and having a memory of something unforgiveable predict their marital satisfaction.

Because the information regarding a large number of participants' experiences of something they could not forgive their spouse, a basic qualitative research design was employed during the qualitative dimension of the study (Merriam, 2009/2013). A basic

qualitative research design focuses on participants' comments about the researched subject and the meanings they attribute to their experiences. A form was developed for collecting the data. Questions were developed on the form in order to determine participants' personal information (i.e., gender, employment status, number of children, and duration of marriage) and whether they had experiences where forgiving their spouses was difficult. The developed pilot form was first administered to five married people. After receiving feedback, the final form was developed. In addition to the demographic information, the participants were asked whether they had had any experiences where forgiving their spouse was difficult. If the answer was yes, the participant was asked what it was about, when it happened, how they coped with the situation, and how these experiences affected their marital relationships.

The quantitative dimension of the study used the relational research design, a descriptive research method. Information was obtained on how the participants react toward their spouse when experiencing a problem in their marital life. To do this, some behavioral options were presented to the participants ("I talk with my spouse to resolve the problem;" "I become angry at my spouse/I do not talk to them;" "I cry;" "I yell at my spouse;" "I ignore the problem, think nothing of it, and cover it up;" "I often remind my spouse about what they had done by bringing up the incident over and over;" "I throw whatever is in my hands at my spouse and all over the place;" or "other"). All participants were additionally administered the Marital Life Scale.

Marital Life Scale*:* In the study, the Marital Life Scale developed by Tezer (1996) was used to determine the satisfaction levels of married individuals in their marital relationships. Tezer stated that the name of the scale was named in this way in order not to affect the people to whom it was administered. The scale is a five-point Likert-type scale measuring married individuals' perceptions about their marriage. While the minimum score that can be obtained from the scale is 10, the maximum score can be 50. The test-retest reliability coefficient determined by the Pearson product-moment correlation coefficient was found as .85, Cronbach alpha internal consistency coefficient was found as .91 in the first implementation and .89 in the second implementation. In this study, model fit values of the scale [GFI=0.973, AGFI=0.948, PGFI=0.513, RMSEA=0.037, CFI=0.995; $\chi 2$=40.263, df=29, p=.080>.05] shows that the scale has a very good fit. In addition, the Cronbach alpha internal consistency coefficient of the scale in this study was found as .91.

Participants

In the study, information was obtained from a total of 289 married participants. 184 (64%) of these participants were female and 105 (36%) were male. While 219 (76%) participants had a job, 70 (24%) did not have a job. 26 (9%) of them graduated from elementary school, 20 (7%) from middle school, 45 (16%) from high school,

and 198 (68%) from university. 77 participants had been married for 1-5 years, 91 for 6-10 years, 37 for 11-15 years, 20 for 16-20 years, 34 for 21-25 years, 13 for 26-30 years, 13 for 31-35 years and four of them for 36-40 years. While 45 participants had no children, 96 of them had one child, 107 had two children, 30 had three children, eight had four children and three of them had five children.

Data Collection and Analysis

In the study, the form was put in an envelope and delivered to married individuals in order to collect the qualitative data reliably. In order for the participants to take part in the study, the criterion of being married was determined. Since the researcher chose the closest and easiest participants to collect data, convenience sampling was used in the study (Yıldırım & Şimşek, 2008). In order to reach married individuals, first, university students were asked to send the sealed forms to their parents. Also, extra forms were given to volunteer students who stated that they could deliver the forms to married individuals. In the directive included in the form, the participants were asked to seal the envelope after filling out the form, sign it and send it to the researcher. In this way, 113 data were obtained. In addition to the forms collected with envelopes, an online form was developed, and 176 data were collected from married individuals with this form. In total, 289 data lists were examined. 97 of the 289 participants stated that they had an experience where they could not forgive their spouse during their marital life, and this information was analyzed by content analysis. The research data were analyzed by the expert researcher, who is a psychological counselor and family therapist, using the NVivo program. Qualitative data collected in writing was first transferred to the computer in writing by the researcher. Afterwards, a code list and themes were developed based on the literature reviewed on forgiveness and the data collected. One week after the first coding process, the coding was reviewed and coding lists were formed. In the analysis of qualitative data, repeating the coding process after waiting for a while increases the validity (Furman, Langer, & Taylor, 2010). Then, the coding lists were checked by another expert, a family counselor, and the validity and reliability of the study findings was ensured by taking into account the consistency between the coding made by both experts.

The data obtained from the Marital Life Scale administered to determine the marital satisfaction of the participants were analyzed with the SPSS program. Demographic information obtained from the participants, how they reacted to their spouses when they experienced a conflict, and the data obtained from the Marital Life Scale were analyzed with stepwise regression analysis. The categorical variables (gender, employment status, duration of marriage) were re-coded as dummy variable before being included in the regression analysis (Leech, Barrett & Morgan, 2005). In order to determine whether the assumptions of regression analysis were met, linearity,

extreme values, Mahalonobis values, missing data, normality of distribution and adequacy of the sample size were tested. Furthermore, tolerance values and variance inflation factor values among the variables were examined, and regression analysis was performed after all the assumptions were met.

Results

The qualitative findings are categorized under two themes: (a) Unforgiveable memories, where participants stated having experienced something where they could not forgive their spouses, and (b) coping styles. In addition to the qualitative findings, the study's quantitative dimension presents two more themes: (c) how participants react when a problem occurs and (d) the variables that predict marital satisfaction.

a. Unforgivable memories

97 (34%) of the 289 participants responded with a yes and 192 (66%) responded with a no to the question "Do you have a memory in your marriage where you had difficulty forgiving your spouse?" 81 of the participants who stated having an experience they could not forgive were female (84%) and 16 were male (16%). While 103 of the participants who stated having no experience was unforgiveable were female (54%), 89 were male (46%). The themes related to participants' unforgiveable memories and their comments regarding these experiences are presented in Table 1.

Table 1.
*Participants' memories of not being able to forgive their spouse (*n = *97)*

Unforgiveable Memories	f	Quotes from Participants' Statements
Neglect and abuse	42	"A week after getting married, I got my first beating because of mistakes others made at the wedding. Then it continued the pregnancy, then the pressure that his family put on us, my husband's distrust toward me. Worst of all, when I went to the hospital for checkup, he cursed me in front of people, and he wanted me to get an abortion, that was the worst." (Female, married for 2 years) "During my postpartum period, he didn't talk to me for a week and left me alone because I did not agree to go on a long journey with his family." (Female, married for 6 years) "I was sent to prison because of an incident, and my wife did not come to visit." (Male, married for 30 years) "This is an incident that I will never forget in my life. This is something I will feel remorse for. I cheated on my wife because she wasn't interested in me or I felt she wasn't. So, this incident happened. I thought I was in love with the other woman. And I had a big fight with my wife at home. Because I was looking for a haven. I realized that what I was doing was a huge mistake, and my two daughters hated me because of this incident. Because they were at an age where they understood what was happening. But during those times, I believed that my wife was the only reason why I did that. It was an unforgivable mistake I made when I was young. I felt that my wife was the trigger." (Male, married for 23 years).

Table 1.
*Participants' memories of not being able to forgive their spouse (*n = *97)*

Unforgiveable Memories	f	Quotes from Participants' Statements
Communication problems / quarrels	26	"He rubbed my nose in it when I trusted and confided in him." (Female, married for 8 years) "His lying." (Female, married for 17 years) "Every time we argued, he felt justified and made me feel guilty." (Female, married for 3 years) "The arguments." (Male, married for 8 years) "Being disrespectful… Actually she is sick but she doesn't accept that." (Man, married for 4 years)
Problems with in-laws	21	"In the early days of our marriage, I was very hurt at how he let his mother walk all over me and that he said nothing when she made innuendos." (Female, married for 31 years) "Problems as a result of believing in everything his mother says." (Female, married for 7 years) "My husband helping his family financially." (Female, married for 22 years) "She was disrespectful to my family." (Male, married for 10 years) "My wife came down on my mother like a ton of bricks and swore heavily." (Male, married for six months)
Distrust / being cheated on	20	"I can never forget that he cheated on me while I was pregnant with our son." (Female, married for 23 years) "I want to get away from him when I remember that he cheated." (Female, married for 10 years) "After our wedding, he sold the gold that was given to us at our wedding and told me that he would buy a new piece of gold every month. He cheated me and never bought any." (Female, married for 30 years)
Economic reasons	5	"Financial issues." (Female, married for eight years)
Spouse's addiction to things such as alcohol, gambling	4	"He wasn't interested in his work. He gambled. He didn't come home until late, he stayed out some nights, and he didn't care about his home." (Female, married for 33 years)
Problems with sharing household chores	1	"My husband not helping with household chores." (Female, married for 22 years)

According to Table 1, the theme the participants emphasized the most is neglect and abuse followed by communication problems/quarrels, problems with in-laws, distrust/being cheated on, economic reasons, spouse's addictions such as alcohol and gambling, and problems sharing household chores. Also, 11 participants stated that they did not want to talk about the unforgiveable experience they had gone through with their spouse.

b. Ways of coping

To the question of *"What did you do to overcome the problem?"* the participants who stated that had a memory involving their spouse they could not forgive reacted in ways that are presented in Table 2.

Table 2.
Methods used by spouses to overcome the problem (N=97)

Methods used	f	Participants' statements
Talking	31	"I talked with him. I told him I was hurt." (Female, married for seven years)
Patience and leaving to time	15	"I left it to time. I just endured." (Female, married for 33 years)
Ignoring the problem, trying to forget the problem	14	"I ignored. I didn't dwell on it." (Female, married for 12 years)
Continuing the marriage due to children	8	"I thought about my child. I thought I should give a chance. I tried to be happy with little things." (Female, married for 16 years)
Nothing worked	7	"I tried many things but I wasn't successful." (Female, married for 40 years)
Exerted the family's elders' influence over	6	"I spoke to my husband. I asked for help from his sister and brother. They gave a lot of support, thanks. He gave up alcohol. He also started to show interest to my children." (Female, married for 20 years)
Keeping quiet, taking it laying down	6	"I tried to shrug it away, be happy in my own way, tried to restrain myself doing the things that made him do this, tried to stay keep." (Female, married for six years)
Getting expert support, getting psychological help	6	"I tried talking, we went to the family psychologist, but he left the house." (Male, married for six months)
Cutting emotional and sexual relationships with the spouse, being cross	5	"We are just friends living in the same house. He works, he brings money, I serve as a maid. I have no expectations, including sex. I'm 35 years old. I feel like I am 70 years old. Let's not call it a relationship, it is an obligation. I asked how our relationship was before. I realized late. I didn't expect anything before, too. But I believed that he loved me, maybe just a little bit." (Female, married for 11 years) "I didn't talk with my husband for a long time." (Female, married for six years)
Not doing anything	4	"I didn't do anything." (Male, married for eight years)
Praying	4	"I prayed all the time. I prayed every night while I cried. I took refuge in Allah. If I didn't have my daughters…" (Female, married for 23 years)
Forgiving	4	"We knew to forgive." (Male, married for 32 years)
Trying to know and understand the spouse	4	"I try to accept her this way." (Male, married for four years)
Leaving home	3	"I stayed away from my home and husband for a while." (Female, married for six years)
Keeping what happened in mind	2	"I tried to be more careful and tried to forget the incident." (Male, married for 31 years)
Dealing with other things	2	"I paid attention to my social life more. So to speak, I took my husband out of my social life. I focused more on my work and the future of my children." (Female, married for 11 years)
Rearranging the family of origin relationships	2	"I did not have my husband see my family." (Female, married for 10 years)
Threatening with divorce	1	"I remained silent, I tried to support him. I tried no to confront him. But, when the situation didn't change, I decided to get a divorce. I think when my husband understood the seriousness of the situation; he decided to get his act together." (Female, married for 40 years)

As can be seen in Table 2, the participants who had an experience where they could not forgive their spouses stated that they first tried to solve the problem by talking in order to overcome the problem they experienced. Patience was followed by patience and leaving to time. After this, ignoring the problem/ trying to forget the problem,

continuing the marriage due to children, exerted the family's elders' influence over, keeping quiet/ taking it laying down, getting expert support/ getting psychological help, cutting emotional and sexual relationships with the spouse/ being cross, not doing anything, praying, forgiving, trying to know and understand the spouse, leaving home, keeping what happened in mind, dealing with other things, rearranging the family of origin relationships, and threatening with divorce respectively followed. Seven of the participants stated that nothing they did to solve the problem worked.

Another question asked to the participants within the scope of the study was "How was your relationship with your spouse before this incident?" 44 of the participants stated that their relationship was much better before the incident and then it got worse. 24 of the participants stated that the relationship was already bad and that it got worse after the incident. 20 of the participants stated that they were still trying to overcome the incident. Some of the statements given by the participants about the incidents they experienced and the effects of these on their marriage and themselves are as follows:

> "Before this incident, our marriage was very good. At that time, our marriage was much shaken. Thought of leaving him and killing myself but because of my children, I didn't have the heart." (Female, married for 33 years)

> "We had a marriage that was very plain and civilized but I couldn›t feel much love. It was a big step taken without a serious thought. I had to continue for my children. Of course, what we experienced had a great effect. My wife's distrust with me... We couldn't even sit and discuss anything because I remember not talking to each other for days and days and being cross with each other." (Male, married for 23 years)

c. Ways of reaction

The answers given by all the participants to the question of "how do you react to your spouse when you have a problem with him or her" are presented in Table 3.

Table 3.
Married individuals' ways of reaction to react to their spouses (participants marked more than one option, N=289)

Ways of reaction	Female (n=184)	Male (n=105)	The ones who had an unforgivable memory (n=97)	The ones who did not have an unforgivable memory (n=192)	Total (N=289)
a. I talk with him/her to solve the problem	83	55	41	97	138 (%48)
b. I become cross with my spouse/I do not talk to him/her	88	32	54	66	120 (%42)
c. I cry	74	2	41	35	76 (%26)
d. I yell at my spouse	28	25	20	33	53 (%18)
e. I ignore the problem, think nothing of it, cover it up	27	23	17	33	50 (%17)

f. I often remind my spouse about what he/she did by bringing up the incident over and over	39	9	19	29	48 (%17)
g. I throw whatever I have to everywhere and my spouse	4	2	3	3	6 (%2)
h. Other ▪ I do not care ▪ I stay away from home ▪ I do not talk and wait for him/her to make a comment ▪ I do not talk about the subject for a long time, I withdraw ▪ I keep my spouse at a distance ▪ Not to say something I will regret later, I generally become quiet ▪ My reactions change depending on the course of events	16	3	11	8	19 (%7)

The vast majority of the participants stated that they talk with their spouses to solve the problem (n=138, 48%). A significant majority of the participants stated that they become cross with their spouse and did not speak with them (n=120, 42%). This is respectively followed by I cry (n=53, 18%), I yell at my spouse (n=53, 18%), I ignore the problem, think nothing of it, cover it up (n=50, 17%), often remind my spouse about what he/she did by bringing up the incident over and over (n=48, 17%), and I throw whatever I have to everywhere and to my spouse (n=6, 2%). The participants who stated that they react in different ways expressed that they do not care, stay away from the house, do not talk about the subject for a long time, withdraw and communicate later.

d. Variables predicting marital satisfaction

Another question addressed in the study is the variables predicting the participants' marital satisfaction. Stepwise regression analysis was employed to determine the variables predicting the participants' marital satisfaction. The demographic information of the participants (the duration of the marriage, gender, employment status) and whether there is an experience that they cannot forgive were included in the regression analysis. Furthermore, the variables of "a. I talk to him/her to solve the problem", "b. I become cross with my spouse/I do not talk to him/her", "c. I cry", "d. I yell at my spouse", "e. I ignore the problem, think nothing of it, cover it up", "f. I often remind my spouse about what he/she did by bringing up the incident over and over", which were all ways of reactions toward their spouses

when they have a problem, were included in the regression analysis. The reactions of "g. I throw whatever I have around to everyway and my spouse" and "h. Other" were not included in the regression analysis due to the small number of participants. Regression analysis results related to marital satisfaction are presented in Table 4.

Table 4.
Regression analysis results related to marital satisfaction (N=289)

Model	Variable	B	SH	β	t	R	R^2	F
1	Constant	38.10	.58		65.74	.417	.174	60.58
	Not being able to forgive	-7.79	1.00	-.417	-7.78			
2	Constant	39.02	.66		58.84	.442	.195	34.64
	Not being able to forgive	-7.23	1.01	-.387	-7.15			
	I become cross with my spouse/I do not talk with him/her	-2.63	.97	-.147	-2.71			

Stepwise multiple regression analysis done to determine the marital satisfaction of married individuals was completed in two steps. In the first step of the analysis, the variable of having an experience that they could not forgive was included in the analysis [$F(1,287)=60.58$, $p<.001$]. This variable explains the 17.4% of the variance related to marital satisfaction. Regression coefficient value shows that the marital satisfaction of married individuals who have an experience where they could not forgive their spouse tend to decrease. The variable of "I become cross with my spouse/I do not talk with him/her", which is one of the ways in which participants react to their spouses, was included in the analysis in the second step by contributing 2.1% to the variance [$F(2,286)=34.64$, $p<.001$]. The regression coefficient value indicates that the marital satisfaction of the participants who react to their spouses by becoming cross with them tend to be lower compared to the participants who use other ways of reaction. Both variables explain 19.5% of the variance related to marital satisfaction. It was concluded that the other variables that were analyzed did not contribute to the marital satisfaction variance.

Discussion

People commonly have conflicts with their spouses during marriage. Spouses that can deal with these conflicts constructively are an important factor in long-term marriage. Although the emotional bond is damaged in some marriages, the marriage continues. However, this marriage is not satisfying to the spouses (Segrin & Flora, 2011). In particular, the inability to forgive an incident leads to the positive feelings spouses have toward each other getting destroyed and harming the spousal relationship. In this context, this study has determined the unforgivable experiences married individuals have with their spouses, how these experiences affect their marriage, what they've done to overcome the problem, and the variables affecting marital satisfaction.

This study's findings overlap with the findings of a study conducted by the Turkish Statistical Institute (Turk Stat) in 2016 that examined the reasons for divorce in Turkey. Unforgivable memories are a common reason leading to divorce in Turkey, and the reactions expressed toward these incidents trigger many of the reasons for divorce. The current study has examined the variables predicting all participants' marital satisfaction and has concluded the presence of unforgivable experiences to negatively affect marital satisfaction. Not to talk with the spouse has also been included as the most important communication form affecting marital satisfaction.

This study has obtained findings related to the relationship patterns of families living in Turkey in particular as well as the meanings ascribed to family, marriage, and children. For example, even though some of the participants legally continued their marriage, they stated that their marriage had ended emotionally. They made statements like "I stay married for my child" and "If I didn't have a child, I'd have gotten divorced." This is an indication that the functionality of the spouse subsystem had ended in some marriages. In these marriages, the child acts as the mortar that keeps the family together. Sometimes, one of the children in the family tries to take the role of a parent and thus ensure the continuity of the system. This anxiety the parents experience is reflected onto the children (Carter & Orfanidis, 1976; Dallos & Draper, 2010). This causes dysfunctional patterns to transfer from one generation to the next (Haefner, 2014; Kerr, 1981).

Another study finding reflecting the cultural difference is that some of the participants stated that they could not forgive their spouses due to the problems with the family of origin. In their study, Bayraktaroğlu and Çakıcı (2013) reached the conclusion that the level of understanding between their spouses and their own parents and their parents-in-law affects individuals' marital adjustment. Problems with the family of origin influence the individual's relationship with the nuclear family he has just formed. This can be explained by the difficulty the individual has in separation from his or her own family of origin and individuation. However, especially in societies with a collectivist structure like Turkey, this can also be related to newlywed individuals not being able to balance their relationships with their own parents and their relationship with their spouses and their spouses' parents. Conflicts of roles and tasks cause crises in the lives of married individuals who cannot achieve this balance. Some individuals living in Turkey experience difficulty in establishing and maintaining psychological boundaries in their relationships both with their family members and their social surroundings (Gülerce, 1996). Meaning ascribed to family, parents and children in Turkey can cause problems related to roles being mixed and boundaries being crossed (Kurter et al., 2004). The effect of parents on children is quite evident in important decisions. Problems between individuals' own family of origin and their spouses and problems with their spouse's family can make

individuals end their marriage. Indeed, according to a study conducted by the Turkish Statistical Institute in 2016 examining the reasons for divorce in Turkey revealed that "disrespectful attitude towards spouse's family" and "in-law's interference in family matters" is among the most important reasons for divorce for both women and men. In Turkey, family members not being able to adequately express their feelings even though their bonds of affection are strong and family member not accepting each other as they are affect the newly established family system (Gülerce, 2007). According to the family systems approach, it is not enough to examine the interaction among the family members in order to understand the source of the problems in the family. The family exists in large social structures. Therefore, these social structures should be examined (Segrin & Flora, 2011). Although the marriage institution is a contract between two people, it is also an institution that affects many individuals and is affected by many individuals. Social values, norms and ties of the past are as effective as individual characteristics in the satisfactory continuation of marriage (Asen et al., 2004; Karney & Bradbury, 1995; Peterson & Nisenholz, 1991).

A significant portion of the participants who stated that they had an experience where they could not forgive their spouse expressed that they could not forgive because of their *neglect and abuse.* While some of the participants who explained their experiences under this theme stated that they were subjected to physical and verbal violence, some stated that their spouses did not care about them and their children and that they were negligent. In literature, there are many studies showing that there is a relationship between spouses' marital satisfaction and the violence they experience (Banaei et al., 2016; Hammett et al., 2017; Oguntayo et al., 2016; Shortt et al., 2010). In the current study, female participants stated that they were exposed to physical, verbal and emotional violence and neglected by their husbands, whereas male participants stated that they were generally neglected by their wives. Some of the male participants often blamed their wives for their own behaviors stating that their wives' triggering behaviors forced them to make those mistakes. The four male participants who stated that they could not forgive their wives because of their negligence made statements like "I cheated but my wife's behavior caused that", "I went to jail and she did not visit me", "We had a violent fight with my wife, I hit my head against the wall and my wife did not care" and "for no reason, I got laid off. My wife wanted to divorce me because I neglected the house and my wife and my kids". At the end of their longitudinal study carried out for 14 years, Orbuch et al. (2002) concluded that men expected their wives to emotionally affirm them. They also expected their wives to make them feel good and their wives to pay attention to them. This study suggests that men want to be approved and accepted by their wives even if they make mistakes, and that they try to meet their need of care and love indirectly from their wives. Stith et al. (2008) determined that sex is an important mediator in the relationship between marital satisfaction and partner violence. In 2019, 134 of the

474 women who were killed were murdered by their husbands, and 25 of them were murdered by their ex-husbands (Gülersöyler, 2020). In this study, on the subject of unforgivable experiences, female participants talking more about physical violence and their emotional effects on them compared to male participants is a point that should be paid attention to.

In the study, another theme among the unforgivable experiences is communication problems and quarrels. During the quarrels they had with their spouses, the participants stated that their spouses did not accept that they did something wrong, were constantly defensive, lied, became crossed, acted as if they did not exist, blamed them for problems with others, shared their problems with others, disregarded or ignored the problem they experienced, held against a private moment they shared together, not consulting them while and swore. The communication style established between spouses is one of the important factors in solving a problem. The methods such as usage of destructive and humiliating communication style between couples, always making different and negative inferences from each other's behaviors, expecting their spouse to understand them by reading their mind instead of talking and cutting communication do not just ensure the solution of the problem but add new problems on top of the existing problem. There are many studies showing that communication problems negatively affect marriage (Amato & Rogers, 1997; Orbuch et al., 2002; Rogge & Bradbury, 1999; Rogge et al., 2006; Clements et al., 2004; Stanley et al., 2002). As a result of long-term research, Gottman (2000) identified behaviors that harm the spouses' relationships and listed them as criticism, always getting defensive, behaviors that belittle and cutting of the communication. These behaviors make it difficult to solve problems and increase spouses' resentment and anger towards each other. Unless the problems are solved, non-functional ways are used much more. This causes the existing situation to become more insolvable. In the study, it was concluded that the participants with experiences where they could not forgive their spouses were trying to solve the problem they experienced with their spouses in some non-functional ways. These were ignoring or trying to forget the problem, continuing the marriage because of children, making family elders interfere, becoming cross, cutting emotional and sexual relations, abandoning the home, keeping the pain and anger alive by not forgetting the problem, reviving the problem, and paying attention to other things to reduce the pain caused by the problem. While some of the participants stated that they tried to solve the problem by talking, some stated that they tried to ease the weight of the problem by being patient and praying. Some of the participants who had problems with the family of origin expressed that they rearranged their relationships, while the participants who thought that they could not solve the problem anymore expressed that they would get a divorce when they could not solve the problem. Only a few of the participants received expert support to solve the problem. However, unfortunately, many of the

married individuals seek professional help as a last resort when they have problems. Among the reasons for getting professional help as a last resort are cultural attitudes like not accepting talking about family life to strangers. They also have difficulty in reaching professional people, not knowing where to get help, and not having sufficient economic income to meet with experts (Arslantaş, Dereboy, Aştı & Pektekin, 2011).

Mistrust and infidelity, which is among the experiences where the participants could not forgive their spouses, is one of the themes that were mentioned by the participants and that still give them pain. Under this theme, in addition to the participants who stated that they did not trust their spouses because they cheated on them, some participants stated that they did not trust their spouses because of money issues and because they lied. Infidelity causes the marital relationship to be shaken deeply and the spouses' trust towards each other end (Fife et al., 2013). The person who was cheated on may show many psychological symptoms such as depression, anxiety, anger, feeling of being abandoned and rejected, mistrust towards himself and the spouse, and decreased self-esteem (Cano & O'Leary, 2000). In addition, some individuals who committed adultery may experience guilt, anger, loneliness and shame due to their actions (Rokach & Philibert-Lignières, 2015; Fife et al., 2013). In this study, some of the participants who were cheated on stated that their marriage was not the same afterwards and that they could not forgive their spouses. Some of the participants who learned that they were cheated on by their spouse expressed that they even thought about suicide but continued their marriage because of their children. Individuals who have an experience of infidelity and have high forgiveness skill have less negative feelings (Onaylı, 2019). To ensure that the relationship continues satisfactorily, couples reunite and regain trust after experiences where one or both of the spouses have shaken trust in each other. After experiences where one or both spouses stop trusting each other, forgiveness should be brought to the agenda during the psychological counseling process in order for the relationship continue satisfactorily, for the couples to get back together and for trust to be established again to reunite couples and to rebuild trust.

Another theme highlighted by the participants is the theme of *addictions like alcohol and gambling*. In the long run, substance abuse ends the family functionality. Marital satisfaction of people with spouses who have addictions such as alcohol and gambling decreases over time (Habibian et al., 2015; Homish et al., 2009). In marital relationships, people with such addictions do not fulfill their duties and responsibilities towards their spouse, children and home. Furthermore, these addictions bring along economic difficulties (Ferland et al., 2008) and sometimes domestic violence (Zilberman & Blume, 2005). Indeed, in the present study, the participants mentioned that their spouses' alcohol and gambling addiction was accompanied by economic difficulties. Some of the participants who experienced this problem said to their

spouses that they wanted to divorce or asked for help from the family elders. It is a culture-specific approach to ask for help from family elders in solving family problems. When there is a problem in the family, couples living in Turkey usually get help first from relatives, later from friends, and from experts in the field as a last resort (Arslantaş et al., 2011; Beşpınar & Beşpınar, 2017).

Under the theme of *economic problems*, spouses conveyed financial losses and negative experiences accompanying them. Participants stated that their family relationships were negatively affected due to reasons such as work not doing okay, having economically difficult days, unemployment, and one of the family members spending money unnecessarily. In the study, some of the participants stated that they had problems not because of their spouses' work going south but because of their spouses' neglect of their home and family. The deterioration of economic conditions or unemployment reduces the self-confidence of the individual (Goldsmith et al., 1997). Low income and financial problems negatively affect the quality of marriage (Ratra & Kaur, 2004; Obradovic & Obradovic, 2006).

Some participants stated that they could not forgive their spouses because of the problems they had in *sharing household chores*. Marriage and the establishment of a new nuclear family can cause crises among some spouses. This may be particularly related to the inability to adapt to tasks and roles in the new nuclear family. Some habits brought from the family of origin may sometimes lead to family conflicts. Especially in cases where both spouses work, there may be problems related to the sharing of household chores. Indeed, according to a 2006 Turkish Family Structure Study conducted Turkish Ministry of Family and Social Policies, 60.7% of the male participants and 64.7% of the female participants believed that a woman's main duty was to look after children and do household chores. When the spouses of people with these attitudes and values have similar attitudes and values, there is no problem between the spouses related to sharing household chores because women do the housework and take care of their children, and men do the chores outside the home. Thus, there is no problem. The task each person will complete is clear, and both have accepted that it is their task. However, one of the spouses having different values and attitudes about this issue may cause conflicts within the family.

The individuals with experiences where they cannot forgive their spouses tend to have lower marital satisfaction. Participants having an experience where they could not forgive their spouse and trying to overcome the problems in their marriage by becoming cross with their spouses explain the marital satisfaction variance at the level of 19.5%. There is a relationship between forgiveness and high level of marital satisfaction (Gordon et al., 2009; Mirzadeh & Fallahchai, 2012). The breakdown of communication leads to the silence of the spouses, losing hope from each other and to

finally give up on marriage (Gottman, 2000). The fact that the spouses stay away from each other and isolate themselves from their spouses causes the spouses to address problems individually and to find solutions on their own. In this case, the time spent between the spouses generally decreases, and the spouses tend to make their own life plans alone. In this case, the feeling of loneliness decreases satisfaction in marital relationship (Segrin & Flora, 2011). If these patterns and interactions between spouses are not interfered, the emotional relationship ends even if the marriage continues. As a matter of fact, in long happy marriages, spouses do not stay cross with each other for a long time when they have problems (Demir & Durmuş, 2015).

Limitations

As with all studies, there are some limitations in this study. While determining the sample group of the study, no criteria regarding the marriage duration of the participants and the process of how they made the decision of marriage were set. In Turkey, while people with high socio-economic status and education level decide on their own to get married, parental views and decisions are more effective on people with low socio-economic status and education level (Yiğit, 2016). Especially in marriages where the woman is married under the age of 18 and where there is a wide age gap between the woman and the man, it is highly probable to experience family problems. At the root of the problems, how they gave the decision to get married and the duration of the marriage may be effective.

Implications for Researchers

The study includes married individuals' memories about their spouses that they cannot forgive. In this study, it is not clear whether there is a memory that the other spouse could not forgive and whether they both have the same level of marital satisfaction because both spouses could not be reached. It is necessary to conduct detailed interviews with both spouses in order to understand whether the problems experienced reflect the same feelings in both spouses. In this study, a descriptive evaluation was made. However, by conducting in-depth interviews, relationship patterns and chain of events can be discussed in more detail. At the same time, how the participants who could forgive their spouses deal with this process, how the ones who could not forgive evaluate the situation emotionally, intellectually and behaviorally, and communication forms and relationship dynamics between the partners can be examined. In the study, the behaviors exhibited by the participants towards their spouses should be examined in detail because while the marital satisfaction of participants who stated that they tried to talk and solve the problem when they had problems is expected to be high, this variable was not included in the regression analysis. Communication forms of spouses can be examined in more detail. There is a cybernetic situation in relationships. That is, saying that something started and

continued the problem can lead us to discuss the phenomenon only in a causal context and when we look at it from this point of view, we can make wrong interpretations. In this context, many problem areas such as family of origin relationships, subsystems, and the effect of the problem on children can be examined in more depth. In addition, longitudinal studies can determine whether individuals particularly with memories where they cannot forgive their spouses tried to divorce their spouses.

Implications for Practitioners

In terms of making some inferences, the findings obtained as a result of this study can be a guide for family counselors and therapists. First of all, spouses' accumulation of negative memories in their marital relationships and their inability to cope with these negatively affect their marital satisfaction. Especially some memories can be much more hurtful. Culture, family of origin relationships and patterns passed on from generation to generation can be influential on these experiences. Although some participants have low marital satisfaction, their marriage continues in the name of their children. Also, some participants' marital relationship is disrupted by conflicts with the family of origin. These findings are culture-specific findings. One of the points that family therapists and counselors should pay attention to is the cultural characteristics of families because while some problems arise from family relationships, some problems may arise from the effect of culture transmitted from generations.

Communication barriers are one of the points that experts in the field should pay attention to when working with the family. Although some participants state that they solve their problems by talking, there may be problems in their communication forms. Especially the behavior of becoming cross between spouses negatively affects marital satisfaction. The behavior of becoming cross, which is a passive method, encourages the partners to read each other's minds. This causes them to make inferences about each other's behaviors, that is, they expect expectation. In some marriages, even making the couples realize the communşcation fornms they use can help them realize themselves.

Some experiences in marriages can be quite shocking for some individuals. In this case, the reaction to the incident may be similar to the reactions given in cases of traumatic stress. Cognitive, emotional and behavioral disorders may occur in the life of the individual (Gordon & Baucom, 1998). As in many traumatic lives, spouses' perspectives on life and the meaning they ascribe change in traumas experienced in marriages (Spy, 2004). If deep discomfort occured between the spouses due to the behavior of one of the spouses and this situation caused the relationship between the spouses to be strained, then forgiveness therapy should be used. Forgiveness is a bidirectional process involving both the person making the mistake and the person exposed to the mistake, and the process involves both parties. In marriage therapy, forgiveness can only be realized by the person

who made the mistake noticing his or her behavior and the effect it has on his or her spouse and asking for forgiveness. A simple "sorry" is usually not enough. Or forgiveness therapy does not work if one of the spouses does not request for forgiveness. Business will remain unfinished when the spouse who is at fault does not want to be forgiven or shows no indication of regret. For these reasons, forgiveness must be requested by both spouses (Cooper & Gilbert, 2004).

Ethical Statement

Since this study was conducted on the data collected before 2020, the ethical committee approval condition was not sought. However, the author declares that all the procedures of the study were conducted in compliance with the Helsinki Declaration.

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Research Article

A Comparative Study of Death Anxiety Levels and Reflections among University Students

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Abstract
This concurrent mixed-method research study aimed to validate the psychometric properties of Templer Death Anxiety Scale (TDAS) and compare death anxiety reflections of 332 university students at English Language Teaching (ELT) and English Language and Literature (ELL) departments at a state university in Turkey. The data were collected through the TDAS and semi-structured interviews. According to statistical results, the four-factor model of TDAS was confirmed in this study. Also, department and gender were associated with differences among the participants. In light of phenomenological analyses of the interviews, both ELT and ELL students mostly defined death as a state such as infinity, darkness, inception, endlessness, salvation, freedom, annihilation, uncertainty, and eternity. As for the symbols, the ELT participants used events like traffic accident, sudden death, flying, voyage to symbolise death whereas the ELL participants used some states like innocence, freedom, emptiness, coldness, darkness, loneliness to symbolise death. The results offer a new perspective for death anxiety research in terms of including a different group of participants and highlighting changing attitudes of ELL and ELT students towards death and death anxiety. Educational implications are also discussed.
Keywords:
Death anxiety, death attitudes, death education, pre-service teacher education, university students.

Üniversite Öğrencilerinin Ölüm Kaygısı Düzeyleri ve Yansımaları Üzerine Karşılaştırmalı Bir Çalışma

Öz
Eş zamanlı karma yöntemle yürütülen bu çalışma, Templer Ölüm Kaygısı Ölçeği'nin psikometrik özelliklerini doğrulamayı ve Türkiye'deki bir devlet üniversitesinde İngiliz Dili Eğitimi ve İngiliz Dili ve Edebiyatı bölümlerinde eğitim gören 332 üniversite öğrencisinin ölüm kaygısı yansımalarını karşılaştırmayı amaçlamıştır. Veriler, Templer Ölüm Kaygısı Ölçeği ve yarı yapılandırılmış görüşmeler yoluyla toplanmıştır. İstatistiksel sonuçlara göre, bu çalışmada Templer Ölüm Kaygısı Ölçeği'nin dört faktörlü modeli doğrulanmıştır. Ayrıca bölüm ve cinsiyet unsurları katılımcılar arasındaki farklılıklarla ilişkilendirilmiştir. Görüşmelerin fenomonolojik analizleri ışığında, her iki bölümde eğitim gören öğrenciler ölümü çoğunlukla sonsuzluk, karanlık, başlangıç, kurtuluş, özgürlük, yok olma, belirsizlik gibi bir durum olarak tanımlamışlardır. Semboller konusunda ise, İngiliz Dili Eğitimi bölümü öğrencileri ölümü simgelemek için trafik kazası, ani ölüm, uçma, yolculuk gibi olayları kullanırken İngiliz Dili ve Edebiyatı bölümü öğrencileri ölümü simgelemek için masumiyet, özgürlük, boşluk, soğukluk, karanlık, yalnızlık gibi durumları kullanmışlardır. Araştırma sonuçları, farklı bir katılımcı grubunu inceleme ve iki farklı bölümdeki öğrencilerinin ölüm ve ölüm kaygısına yönelik değişen tutumlarını vurgulama açısından ölüm kaygısı araştırmaları için yeni bir bakış açısı sunmaktadır. Eğitsel uygulamalar ayrıca tartışılmaktadır.
Anahtar Kelimeler:
Ölüm kaygısı, ölüm tutumları, ölüm eğitimi, hizmet öncesi öğretmen eğitimi, üniversite öğrencileri.

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Death anxiety is defined as a conscious or unconscious psychological state because of a defence mechanism which could emerge when individuals feel threatened by death (Kesebir, 2014). In his existential view of death, Becker (1973) indicated that death anxiety is a real and basic fear which has an important role in many other forms of anxiety and phobia. Thus, death anxiety is an important trait of health anxiety and may influence other anxiety disorders as well (Furer & Walker, 2008). Since death triggers fear and anxiety due to the nonexistence in this world (Heidegger, 1962), death anxiety is a negative emotional reaction caused by this nonexistence status of the self (Tomer & Eliason, 1996).

Although death anxiety is a common phenomenon in all societies (Zhang et al., 2019), it is a multi-faceted concept deriving from different disciplines and has a unique meaning for each individual, society, religion and country. For this purpose, various demographic features have been studied for their effect on attitudes towards death and dying. To exemplify, Russac et al. (2007) examined the influence of age and gender on death anxiety among adults. They found that death anxiety reached peak for both male and female participants during their 20s and there was a sharp decline after this period. However, only for the female participants, there was a second peak period for death anxiety during their 50s. In another study, Bakan and Karadag-Arli (2018) compared death-related attitudes of students receiving either nursing education or religious education at a university in Turkey and concluded that for both groups, death-related education in the departments was not sufficient for them to gain more awareness about death. Besides, there were not statistically significant differences between the two groups in terms of their attitudes towards death.

In line with the relevant literature, there are two starting points for the current study. First, according to Sarıkaya and Baloğlu (2016), various self-report instruments have been employed for assessing levels of death anxiety, however, suitability of factor structures of these instruments has not been investigated in Turkish context thoroughly. Thus, this study aimed to reveal the psychometric properties of English version of Templer Death Anxiety Scale (TDAS) in Turkish setting. Second, what is evident to date is that due to their intense interaction and encounter with dying patients or patients with a terminal illness, health professionals have been under the focus of death anxiety studies. However, since death is a phenomenon which covers all humanity, various professions and groups should be examined to offer a deeper understanding of death across demographic features. Therefore, in this study, university students, namely freshmen and seniors receiving education at the English Language and Literature (ELL) and English Language Teaching (ELT) Departments were chosen for comparative purposes. The reason is that literary works including the theme of death that ELL students encounter, study and present during their higher education appear to outnumber those of ELT students who receive a limited

instruction upon literary analysis with the theme of death. Besides, the attitudes and knowledge of freshmen and seniors towards the theme of death are likely to display differences due to their changing amount of exposure to literary works including the theme of death. Therefore, to add a new perspective for death anxiety studies, freshmen and seniors at ELL and ELT departments were involved in this concurrent mixed-method research study.

Review of Literature

The terms of "fear of death" and "death anxiety" have been used interchangeably in the relevant literature; however, "fear of death" is considered to be specific and conscious while "death anxiety" is regarded to be more generalized and subconscious. Death anxiety is related to death acceptance since it will hinder a deeper understanding of death anxiety (Wong, Reker, & Gesser, 1994). Also, the acceptance of inevitability of death, based on the observations of death of people with a terminal illness, is seen as the last phase of dying because there are denial and isolation, anger, bargaining, depression, and acceptance stages, respectively (Kübler-Ross, 1969).

Relevant literature includes various death anxiety theories. One of the modern theories is terror management theory (TMT) driven by Becker's (1973) existential view of death. In this view, much of people's energy, as a strategy, is said to focus on the denial of death in order to keep death anxiety under control. TMT claims that although people are aware of inevitability of death, they still endeavour for self-preservation (Pyszczynski, Greenberg, & Solomon, 1999). In terms of religiosity, in the worldview defence hypothesis of TMT, there is a relationship between religiosity and death anxiety. That is, death anxiety is stated to be at the lowest level among the very religious and irreligious people while it is at the highest level among uncertain people, which leads to the assumption that the level of death anxiety decreases in line with the increase in religiosity or vice versa (Greenberg et al., 1990). Another theory is Posttraumatic Growth Theory (PTG) which highlights that experiencing a life crisis, specifically death of a beloved one, may ensue positive changes such as attaching more gratitude for life, focusing more on internal goals, and fostering interpersonal relationships (Tedeschi & Calhoun, 1996, 2004).

To cope with death anxiety, individuals can be given specific education, like end-of-life care education which is delivered for creating a more open communication to reduce death anxiety and improve attitudes towards dying patients. To evaluate the effectiveness and impact of such end-of-life education courses, health care professionals and undergraduate medical students filled out a scale called Multidimensional Fear of Death Scale (MFODS). It was revealed that the participants' overall scores of death fear reduced and that gender, age, and profession of the participants were found to

be important variables causing changes in the level of fear. Thus, it can be concluded that end-of-life education courses can increase health care workers' awareness and better their attitudes towards dying patients (Hegedus, Zana, & Szabó, 2008).

Apart from health care professionals, nurses, patients, and older people (Abdel-Khalek, 2005; Fortner & Neimeyer ,1999; Hegedus et al., 2008; Russac et al., 2007; Sharif Nia et al., 2016), children and stakeholder perspectives were also investigated in various educational contexts. In a study, the children were asked to make drawings about death and fill in the Death Concept Questionnaire. Their understanding of death was found to be related to their past experiences in that the participants with a previous death experience were found to possess a more realistic perception regarding death (Bonoti, Leondari, & Mastora, 2013). As for stakeholder opinions, Mcgovern and Barry (2000) examined Irish parents' and teachers' knowledge and opinions about children's grief and death education at schools. It was found out that the teachers and parents were both in favour of discussing about death with children and integrating death education into existing school curriculum. It was also revealed that teachers should be trained about how to educate children towards death before they encounter it.

University students were also included in death-related studies because their death anxiety is important as it affects their attitudes towards life and their optimism could reduce death anxiety (Azarian, Aghakhani, & Ashuri, 2016). To illustrate, the perceptions of freshmen students at Psychology Department from Haifa University were examined to reveal their opinions about a grieving mother on her daughter's suicide and another mother's grieving after her daughter's death in some other conditions like car accident. The participants regarded the grief of the mother whose daughter committed suicide less severe compared to that of the mother whose daughter died in some other conditions. In addition, the participants previously experiencing a loss regarded the bereaved mother blaming herself to be more suffering and in need of more professional help than the mother not blaming herself (Bar-Nadav, 2002). In a similar vein, Kuwaiti college students filled out various scales on love of life, death anxiety and death depression. The analyses showed that there were no significant gender differences for the love of life scale. However, the female participants were found to have higher levels of death distress compared to their male counterparts (Abdel-Khalek, 2007). Similarly, a cross-sectional study conducted on university students in Tehran revealed that the female students had a higher level of death anxiety compared to the male students and that the married students had a higher level of death anxiety compared to the single students (Khoshi, Nia, & Torkmandi, 2017). Finally, Ellis, Wahab, and Ratnasingan (2013) investigated college students' perspectives in Malaysia, Turkey and the United States, and concluded that religiosity appeared to be positively correlated with fear of death. In addition, the female participants were

more religious and feared death more compared to the male students, and the Muslim participants were reported to express far more fear than the Christian participants.

As is seen in the above-mentioned studies, there have been different findings upon the link between demographic features and death anxiety. Therefore, there is still a need for more validated and multidimensional research studies to measure attitudes towards death (Neimeyer, Wittkowski, & Moser, 2004). In addition, health care professionals, nurses, patients, children and older people (Abdel-Khalek, 2005; Bonoti, Leondari, & Mastora, 2013, Fortner & Neimeyer ,1999; Hegedus et al., 2008; Russac et al., 2007; Sharif Nia et al., 2016) were investigated in the relevant literature but university students have attracted the attention of researchers in recent years. Although university students in different departments have been included in some research studies, no body of research has provided a straightforward answer about the perspectives of ELT and ELL students so far. In this context, there still exists a gap in the literature upon death anxiety with regard to the attitudes and reflections among ELT and ELL students. Finally, validation and adaptation studies conducted upon TDAS in different contexts resulted in different findings in terms of its psychometric properties (Sarıkaya & Baloğlu, 2016), and more research studies are needed to shed light upon the changing construct of the scale in different settings due to context-bound differences. Thus, this study aimed to answer the following research questions:

1. What are the psychometric properties of English version of Templer Death Anxiety Scale (TDAS) in Turkish context?
2. What are the participating ELT and ELL students' death anxiety levels according to the TDAS?
3. Is there a significant difference between ELT and ELL students' death anxiety levels in TDAS in terms of demographic features (gender, age, department, grade)?
4. Is there a difference between ELT and ELL students' written reflections in terms of their definitions and symbols of death?

Methodology

Research Design

The first aim of the study was to demonstrate the validity of the death anxiety scale which was developed by Templer (1970) and has been used in a number of studies in different contexts. The second aim was to gain an in-depth understanding about death anxiety levels and death-related reflections of ELL and ELT students through performing comparative analysis. Due to the cross-sectional nature of the study, the purpose was to describe the current status of the phenomenon of death. Therefore,

various demographic features were examined and the study took place at a single time (Levin, 2006). Freshmen and seniors from both ELL and ELT departments were involved in the study. Templer death anxiety scale (TDAS) with 15 items was employed for gathering quantitative data while a semi-structured interview with two open-ended questions was used for gathering qualitative data. These two data collection tools were included in the same survey and distributed to the participants at the same time in May in 2018. That is to say, the participants first filled out the TDAS and then went on to answer the open-ended questions. In this way, the researcher aimed to benefit from concurrent triangulation via collecting numerical and textual data simultaneously. Thus, a concurrent mixed-method research design was adopted to define relationships among variables more accurately and benefit from the complementary purposes of words and numbers (Creswell et al., 2003; Dörnyei, 2007; McKay, 2006).

Specifically, this study is a cross-sectional study aiming to find out and compare the death anxiety levels and reflections of ELT and ELL students. Thus, no causal linkages are given. Rather, the focus was on examining the frequency distributions of some emerging themes and reveal the associations between some demographic features (Bourque, 2004; Zangirolami-Raimundo, Echeimberg, & Leone, 2018; Zheng, 2015).

While the quantitative part of study was in the form of validating the scale, the qualitative part of the study was conducted as a phenomenological study. Phenomenological studies, which investigate humans' lived experiences through their descriptions, are one of the commonly employed qualitative research designs. In these studies, perspectives of a number of participants are often gathered via interviews and based on the participants' specific statements, their experiences are described to find what they have in common about the phenomenon in question (Creswell et al., 2007). Furthermore, phenomenological studies can be applied in various settings including educational settings (Yüksel & Yıldırım, 2015). In this vein, the current study was conducted at a higher education institution.

Participants

The participants were BA level university students at a state university in Turkey and they were chosen via convenience sampling (Mackey & Gass, 2005) in that the researcher contacted the participants who were within easy reach but these participants were chosen according to their department and grade. In total, 332 participants from ELT (N: 161) and ELL (N: 171) Departments participated in the study. There were 237 females and 95 males. They were chosen among the freshmen (N: 213) and seniors (N: 119). Their ages ranged between 18 and 40, and average of age was 21.

Data Collection Tools

In order to collect data, a survey including a scale and semi-structured interview form was administered to the participants. Death Anxiety Scale (TDAS) which was developed by Templer (1970) and has 15 items, was used in this study in a five-point Likert-type format with the anchors 1 (I completely disagree) to 5 (I completely agree). Six items are reverse scored to mitigate response bias, with higher scores reflecting higher death anxiety. Due to its short and simple nature, the participants found it easy to reply in a short time.

TDAS has been employed in various studies in Turkish context (Gedik & Bahadır, 2014; Şenol, 1989). For example, the Turkish translation of the scale was carried out via the back- translation method and internal correlation of the Turkish form as well as the test-retest reliability was confirmed (Ertufan, 2000). In addition, Akça and Köse (2008) performed the reliability and validity of the scale in the Turkish language via factor analysis. The researchers separated 15 items into four factors as cognitive and sensitive, physical changes, time passed, illness and pain, which is similar to the original structure of the scale. However, in current study, English version of TDAS was employed and there were no changes in terms of language and wording since the participants were students at ELT and ELL departments.

As for qualitative data, a semi-structured Written Interview Protocol (WIP) with two open ended questions was used and the findings were subjected to phenomenological analysis procedures. The first question was "How would you define death? Why?" and the second question was "What or who best symbolizes death for you? Why?" Only the seniors were asked open-ended questions since they were considered to be more exposed to literary works including the theme of death via their literary courses, assignments and theoretical/practical in-class presentations. There were 110 ELT freshmen and 51 ELT seniors while there were 103 ELL freshmen and 68 ELL seniors. The similar number of freshmen and seniors provided a sound basis to make comparisons between the two groups. Each participant was given a numerical code to ensure anonymity while exemplifying quotes.

Procedure

The data in this study were collected face-to-face in that the researcher first contacted the lecturers of the students via email, informed them about the study and made an appointment to conduct the study. Then, the researcher visited the classes, informed the students about the scope of the study and requested them to participate on a voluntary basis. The researcher waited in the classrooms while the participants were filling out the survey in case of any questions or comments. It took approximately 20-25 minutes to fill out the survey. After that, the researcher collected the completed surveys and indicated that they could reach study results on request

via contacting the researcher with the email address written in the consent form. As for ethical considerations, all procedures performed in this study involving humans were in accordance with the ethical standards of the institution at which the study was conducted. The researcher got the official permission from the Ethical Commission of the state university where the study was conducted. Finally, the participation was on voluntary basis as indicated in the consent form of the data collection tool where all the participants first read the scope and aim of the study, confirmed that they were willing to participate in the study by checking the item "I read the information above and I am willing to take part in the study".

Data Analysis Tools

The quantitative data were collated using SPSS software to check statistical significance. Then, test of normality was run and the skewness coefficient emerged as -.36, while the kurtosis coefficients emerged as .60. According to Table 1, considering the cut-off value of skewness and kurtosis between - 1 and + 1, the assumption of normality was met for the current data. Thus, parametric tests were run for further analyses.

Table 1.
Test of Normality

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
topl	332	19,00	73,00	48,9910	9,34291	-,360	,134	,597	,267
Valid N (listwise)	332								

Written responses of the participants were subjected to phenomenological analysis procedures. There are various steps in phenomenological research, namely bracketing, intuiting, analysing, and describing. In the bracketing stage, the researcher first identifies what s/he expects to find and then intentionally lays these ideas aside to see the experience from the perspective of the participating person who has lived the experience. In the intuiting step, the researcher focuses on the meaning attributed to the phenomenon in the preceding research. In analysing step, to describe the phenomenon, the researcher refers to coding and categorisation. In the describing stage, comprehension and definition of the phenomenon are accomplished (Greening, 2019; Moustakas, 1994).

In line with the steps of phenomenological studies (Moustakas, 1994), first, the researcher identified death anxiety as a phenomenon and aimed to investigate death anxiety from different people's perspectives, namely ELT ad ELL department students at a state university. Then, death anxiety definitions and research studies upon death anxiety were reviewed in the relevant literature and then TDAS and interview were chosen as data collection tools. After that, TDAS and semi-structured interviews were administered to the participants to see their perspectives upon death anxiety based on their own experiences. The participants, apart from filling out TDAS, were asked to

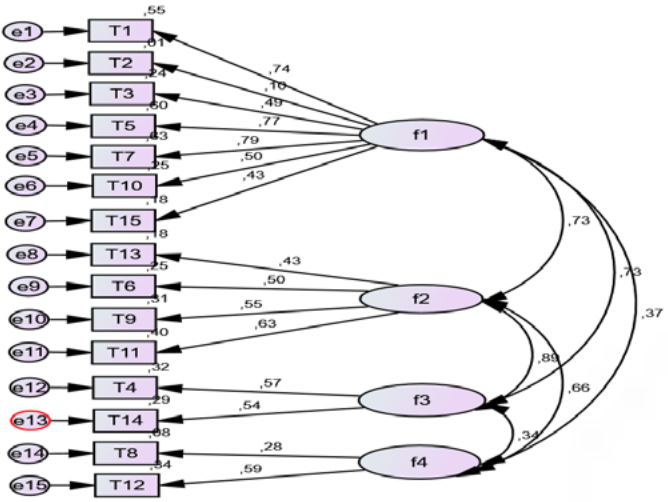
provide their individual definitions and symbols of death in their own terms according to their previous experiences. Finally, the researcher analysed the textual data gathered via written statements of the participants, identified significant statements and quotes for further exemplification, and combined these statements into categories and themes to write textual descriptions of participants' experiences. In order to increase objectivity of qualitative data analysis, a separate coder from the ELT department with a master degree was also involved in the analyses. The researcher first gave some information to the second coder about the aim and participants of the study and timing of the analysis. In the first round (after the analysis of approximately 25% of the data) agreement level was found to be .70 while in the second round (when all data were analysed) it increased to .90 (Miles & Huberman, 1994: 64). Despite the higher level of agreement, both coders held the third meeting to reach total consensus. At the end of the meetings and discussions, the analyses were given their final shape.

Results

Quantitative Results

First of all, statistical results of the TDAS will be given to answer the first research question: What are the psychometric properties of English version of Templer Death Anxiety Scale (TDAS) in Turkish context? Similar to Akça and Köse (2008), in this study confirmatory factor analysis produced satisfactory fit indices for four-factor structure of English version of Templer Death Anxiety Scale ($\chi 2$ (N = 332) = 166.83, p = 0.00; $\chi 2/df$ = 1.99; GFI = 0.94; CFI = 0.92; RMSEA = 0.055; SRMR = 0.051), as

Figure 1.
Confirmatory Factor Analysis Results of TDAS



indicated in Figure 1. Although the factor loading of the item 2, which is one of the reverse items, was low in the factor1 dimension, this item was kept in the scale because of its significant contribution to the explained variance and also possession of sufficient fit index of the scale. In statistical terms, the items with low loadings could be retained at times to meet statistical identification requirements or the minimal number of items per factor. In this regard, the researcher preferred preserving the poorly performing item in the scale since it did not risk the overall fit indices (Hair et al., 2014). Also, internal consistency for the whole scale was at a satisfactory level (α = .81).

As to the second research question (What are the participating ELT and ELL students' death anxiety levels according to the TDAS?), general mean score of the participants was found to be 3.051, which indicates a medium level of death anxiety. As for the third research question (Is there a significant difference between ELT and ELL students' death anxiety levels in terms of demographic features such as gender, age, department and grade?), statistical results for demographic features are given below.

Table 2.
Tests of Between-subjects Effects

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power[b]
Corrected Model	3.016[a]	7	.431	3.938	.000	.078	27.563	.983
Intercept	2188.205	1	2188.205	2.000E4	.000	.984	19997.363	1.000
department	.460	1	.460	4.200	.041	.013	4.200	.533
grade	.058	1	.058	.531	.467	.002	.531	.112
gender	2.144	1	2.144	19.598	.000	.057	19.598	.993
department * grade	.428	1	.428	3.912	.049	.012	3.912	.505
department * gender	.593	1	.593	5.418	.021	.016	5.418	.641
grade * gender	.184	1	.184	1.679	.196	.005	1.679	.253
department * grade * gender	.233	1	.233	2.129	.145	.007	2.129	.307

As the data attest in Table 2, there are statistically significant differences between the participants in terms of their department (p= 0.41) and gender (p= 0.000) with regard to their death anxiety levels. Thus, null hypothesis was rejected. However, no significant differences were observed (p= 0.467) in terms of their grades. When we look at the interactions of the demographic variables, significant correlations were found between the interaction of the variables of department-grade (p= 0.049) and department-gender (p= 0.021) in terms of death anxiety levels. However, there were no significant correlations between the interactions of grade-gender (p= 0.196) or department, grade and gender (p= 0.145) with regard to death anxiety levels. In addition, the data signalled that the mean score of the ELT participants ($\overline{X}$:3.006) is lower than that of the ELL participants ($\overline{X}$:3.095), which indicates

that the ELT students have a slightly lower level of death anxiety compared to the ELL students. The general mean score of the freshmen participants ($\overline{X}$:3.066) is higher than that of the senior participants ($\overline{X}$:3.035), which signals that the freshmen have a slightly higher level of death anxiety compared to the seniors. Finally, the general mean score of the female participants ($\overline{X}$:3.146) is higher than that of the male participants ($\overline{X}$:2.955), which reveals that the female participants have a higher level of death anxiety compared to the male participants.

Table 3.
Department-grade Estimates

				Lower Bound	Upper Bound
ELT	freshmen	3.065	.035	2.996	3.134
	senior	2.948	.052	2.846	3.050
ELL	freshmen	3.068	.034	3.000	3.136
	senior	3.122	.048	3.027	3.217

Table 4.
Department-grade Pairwise Comparisons

			Mean Difference			95% Confidence Interval for Difference[a]	
department	(I) grade	(J) grade	(I-J)	Std. Error	Sig.[a]	Lower Bound	Upper Bound
ELT	freshmen	senior	.117	.063	.063	-.006	.240
	senior	freshmen	-.117	.063	.063	-.240	.006
ELL	freshmen	senior	-.054	.059	.365	-.171	.063
	senior	freshmen	.054	.059	.365	-.063	.171

Table 5.
Department-gender Univariate Tests

department		Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power[a]
ELT	Contrast	.380	1	.380	3.476	.063	.011	3.476	.460
	Error	35.454	324	.109					
ELL	Contrast	.090	1	.090	.825	.365	.003	.825	.148
	Error	35.454	324	.109					

According to Table 3, the mean score of the ELT freshmen ($\overline{X}$:3.065) is close to that of the ELL freshmen ($\overline{X}$:3.068). However, the mean score of the ELT seniors ($\overline{X}$:2.948) is lower than that of the ELL seniors ($\overline{X}$:3.122). In this regard, the level of death anxiety appears to be similar for the freshmen whereas the ELT seniors were found to have a lower level death anxiety compared to the ELL seniors. In addition, while the ELT seniors have a lower level of death anxiety ($\overline{X}$:2.948) compared to the ELT freshmen ($\overline{X}$:3.065), the ELL freshmen have a lower level of death anxiety ($\overline{X}$:3.068) compared to the ELL seniors ($\overline{X}$:3.122). However, according to Table 4 and Table 5, these in-group differences were not statistically significant.

Table 6.
Department-gender Estimates

				Lower Bound	Upper Bound
ELT	female	3.152	.033	3.087	3.217
	male	2.861	.053	2.756	2.965
ELL	female	3.140	.030	3.080	3.200
	male	3.050	.051	2.949	3.150

Table 7.
Department-gender Pairwise Comparisons

						95% Confidence Interval for Difference[a]	
department	(I) gender	(J) gender	Mean Difference (I-J)	Std. Error	Sig.[a]	Lower Bound	Upper Bound
ELT	female	male	.291*	.063	.000	.168	.415
	male	female	-.291*	.063	.000	-.415	-.168
ELL	female	male	.091	.059	.128	-.026	.207
	male	female	-.091	.059	.128	-.207	.026

Table 8.
Department-gender Univariate Tests

department		Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power[a]
ELT	Contrast	2.370	1	2.370	21.654	.000	.063	21.654	.996
	Error	35.454	324	.109					
ELL	Contrast	.255	1	.255	2.328	.128	.007	2.328	.331
	Error	35.454	324	.109					

Tables 6, 7 and 8 show the interaction of the department-gender variables with regard to death anxiety levels of the participants. Male students in both departments were found to have a lower level of death anxiety compared to their female counterparts. However, this difference is significant (p= .000, at 0.05 level) for the ELT department, with lower mean score of male students ($\overline{X}$:2.861) compared to their female counterparts ($\overline{X}$:3.152) but mean score of the ELL male students ($\overline{X}$:3.050) is closer to that of their female counterparts ($\overline{X}$:3.140).

Qualitative Results

The written responses will be given in order to answer the last research question: Is there a difference between ELT and ELL students' written reflections in terms of their definitions and symbols of death? The participants were free to write more than one answer for both questions. The participants came up with different death definitions and symbols. The emerging themes and categories were formed based on the participants' written comments. Thus, some participant quotations are given to exemplify the emerging theme and support the tabular findings.

Table 9.
ELT Definitions of Death

Emerging Themes	Categories
State	infinity, darkness, inception, endlessness, salvation
Event	losing everything, finishing, separating from family
Nature	natural cycle, process of life, natural
Object	door, discharge paper
Place	transfer station
Colour	black
Faith	faith
Illness	hearth attack

According to Table 9, eight themes emerged. Some of the ELT seniors' responses are offered below to exemplify the emerging themes about their death definitions. The number represents the order of participation in coding.

> 111: It is a natural process of life and we should admit this end of life. Death is not horrifying but dying makes me think of my family. I look at the death issue in terms of inevitable parts of human being because they are born and they die. I just don't want to get a disease such as cancer.

111 defines death as natural, end of life and inevitable. Although death is not considered horrifying, it reminds him/her the family issue and s/he does not want to die of cancer. Here death is seen as an ordinary part of living and it is not treated as a phenomenon to be afraid of. This quotation exemplifies the nature theme in that death is found in human nature and we cannot escape from it. What draws attention is the fear of getting cancer, which might result from the participant's unfavourable past experiences.

> 129: It is the end of life, reality. Instead of believing in heaven and hell, I try to turn this world into heaven. I don't live it for the possible other life. I live it for today. Who believes in God turns this life into hell.

129 defines death as the end of life and reality, and states that s/he tries to turn this mortal world into heaven rather than believing in the heaven or hell. This quotation exemplifies the state theme since the participant approaches death as reality. In addition, s/he does not seem to be religious and adopts a critical stance towards believers. Finally, s/he tends to appreciate living the moment and getting the most out of it rather than waiting for another possible world. In sum, this participant seems to be free of religious beliefs and in favour of personal efforts to achieve happiness.

Now, ELT participants' reflections upon death symbols will be provided in the following table and quotations.

Table 10.
ELT Symbols of Death

Emerging Themes	Categories
Event	traffic accident, sudden death, flying, voyage, war
Place	graveyard, cemetery, a brilliant garden, hospitals
Nature	leaf, snow, fall season
Object	door, tomb, weapon, knife, white dress
Colour	grey, white, black
State	darkness, absence, end, ambiguity
Illness	cancer
People	Atatürk, grandfather, dying people
Faith	life after death

According to Table 10, nine themes emerged. As one of the participants indicates:

> 112: I think seasons symbolise death best. In each season, trees or plants and even lands die and stop giving gifts. Thus, we can see death and reborn when we look at the nature.

This quotation exemplifies the nature theme with the season category because 112 associates death with the seasons in the nature and makes a link between the way the nature revives and goes silent in different periods throughout a year and the way human beings are born, live and go silence after death. In the same way the nature changes colour, appearance and temperature in different seasons, a human being goes through changes in terms of appearance in their lifetime from birth to death.

> 115: I fear car crash and it reminds me death when I see an accident anywhere. And another symbol is war. Many people die in wars.

This quotation exemplifies the event theme with the traffic accident and war categories because 115 thinks that car crash and war symbolise death as many people die in both events. Such a reflection might have resulted from personal experiences or exposure to accident and war events in different resources such as seeing traffic accident scenes or battlefields on TV channels or in newspapers. As these events can cause some people to lose their lives, they are likely to be associated with death.

> 132: I don't know why I think so but white colour and looking at the sky under the trees reminds me death.

Different colours such as grey, white and black were used to symbolise death and this quotation exemplifies the colour theme. For 132, the colour of white and looking at the sky when s/he is under the trees symbolise death although the participant is not totally sure about the underlying reason behind such a symbol. Maybe it is because the body of the deceased is covered with a white shroud before the burial ceremony in some funerals or as the expression says "Sky is the limit", in other words, the sky seems endless with no limitations. Alternatively, sky is far away, like the feelings that death evokes among some people.

Now, ELL participants' reflections upon death definitions and symbols will be demonstrated in the following tables and quotations.

Table 11.
ELL Definitions of Death

Emerging Themes	Categories
State	salvation, freedom, annihilation, uncertainty, eternity, darkness
Event	travelling, changing dimension, sleeping, escaping, rebirth
Nature	natural occurrence, leaf, very cold
Object	closed box
People	enemy
Place	end of the road

According to Table 11, six themes emerged. Some of the ELL seniors' responses are illustrated below.

266: Death means salvation, freedom, to me. Everything and everyone is going to die and disappear one day. We should not worry about it because death will catch us sooner or later. Thanks to death, we will leave all these worthless, worldly problems behind. We can't take it with us when we die.

This comment exemplifies the state theme because 266 defines death as salvation, freedom and takes it as natural and inevitable since it will happen to everybody. S/he does not seem to be worried about death as it will happen to all people one day. S/he also touches on the compulsory side of leaving all the mortal issues behind and escaping from the worldly problems after death. In this sense, s/he appears to possess the escape acceptance of death. Such a comment signals general acceptance of the phenomenon and also hints about obstacles people may experience in their lives temporarily. Here mortality and religious beliefs in afterlife come to the fore.

285: Death is a closed box. When we open this box, we cannot know what to do, we come across. Maybe we can come across the flower garden or we can come across with the fire garden. It changes according to your life that you are living.

This quotation represents the object theme since 285 sees death as a closed box in that people do not know what is inside the box. In other words, they do not know what will happen after death. Death can be a good or bad surprise for the person depending on the life s/he led when s/he was alive. It is similar to the expression "Life is a box of chocolate." because we do not know what life will bring to us or what will happen to us. Thus, we see what happens as we live our lives. Finally, we are given some clues about belief in afterlife, specifically, belief in the heaven and hell because they are likened to flower garden and fire garden.

315: One word "death" includes many meanings. Death is fear, death is feeling nothing. Death is contradiction. Death is nothing and everything. It is emptiness and fullness, inevitable or new life. "Unknown."

For 315, death has multiple meanings such as fear, inevitability, obscurity and contradiction like emptiness and fullness. Here we see multi-layered definitions of death, especially contradiction since we can see some antonyms like nothing-everything, empty-full. Death may mean the end of mortal life, beginning of afterlife or obscurity. We are given contrastive sides of death as in juxtaposition which is a literary device used to create a rhetorical effect by highlighting deliberate differences for readers to compare and contrast, and see the relationships between the elements.

Finally, ELL participants' reflections upon death symbols will be clarified in the following table and quotations.

Table 12.
ELL Symbols of Death

Emerging Themes	Categories
State	innocence, freedom, emptiness, coldness, darkness, loneliness
Nature	flower, seasons, nature, winter, crows, owls, tree, forest
Event	birth, killing, war, global warming, driving too fast
People	aunt, grandfather, family, beloved ones, grandmother, men
Object	big balloon, marbles, tombstone, shroud
Place	graveyard, dark places, narrow places
Colour	purple, black
Time	time, clock
Faith	Muslimism, hell-heaven
Illness	illness
Literary work	The Godot in waiting for Godot by Jamel Beckett

As is seen in Table 12, 11 symbols emerged. Some of the ELL seniors' responses are given below.

> 269: Life symbolizes death for me. Because, these two contrast subjects are the core of our existence and they symbolise each other at the same time.

> 314: Death symbolizes darkness and light. For good people, death symbolizes light. For bad people, death symbolizes darkness.

In these two comments, the former symbolises death as a contradictory concept and links it to life, and the latter employs two contrasting concepts such as darkness and light to symbolise death. However, the latter makes a distinction between good and bad people by attributing darkness for bad people and attributing light for good people. In these quotations, death is symbolised as two sides of the same coin. In other words, life and death are both found in the same human being and these two sides come into existence by complementing each other in the same person's mould. Since there are contrastive elements in the same comment, it is again possible to mention the tracks of juxtaposition where two things are placed side by side to highlight their differences. Finally, the latter reminds belief in afterlife because darkness refers to the hell while light refers to the heaven and a clear distinction is made between the good and the bad.

279: 4 seasons symbolise death for me. In spring, the nature blossoms but in winter all flowers, everything dies. There is a cycle in nature like our lives. We are born, we grow up, and then we die.

Here death is associated with four seasons. Similar to the nature cycles, people are born, live and die. As a part of the nature, people's lifetime reflects different phases of the nature and events in different seasons. When we think about weather conditions, temperature and appearance of the nature in these four seasons, we see differences in each one, and the same is said to go for a human's lifetime. Humans go through physical differences in the course of time, moving from infancy, to childhood, adolescence, young adulthood, adulthood and elderliness. Humans lead a life which is similar to the revival and changes in the nature.

281: Coldness and the colour, purple, symbolise the death for me. Because the colour of dead body is always purple and the body is not warm, it is always cold.

This comment draws attention to the physical features of a dead person by making a comparison between the deceased and coldness and colour of purple. For him/her, the dead body is cold and purple. Here we are given some observable states of death since there is loss of heat and colour change in human body at the point of death. These illustrations may stem from personal experiences of seeing a dead body either as a first-hand experience or as exposure to audio-visual stimuli in mass media.

Discussion and Conclusion

ELT and ELL students can be introduced to the notion of death during their education because as university students this is important for their goal setting and perspectives about life (Azarian et al., 2016). Based on this need, this concurrent mixed-method research study was conducted to reveal and compare the death anxiety levels and death related reflections of ELL and ELT Department students (freshmen and seniors). This study also aimed to investigate psychometric properties of Templer Death Anxiety Scale (TDAS) which has been densely used in death-related studies and has resulted in different factor analysis findings in different contexts. According to the statistical results, similar to Akça and Köse (2008), in this study confirmatory factor analysis produced satisfactory fit indices for four-factor structure of English version of Templer Death Anxiety Scale ($\chi 2$ (N = 332) = 166.83, p = 0.00; $\chi 2/df$ = 1.99; GFI = 0.94; CFI = 0.92; RMSEA = 0.055; SRMR = 0.051).

Overall, the participants were found to have a medium level of death anxiety according to TDAS ($\overline{X}$:3.051) and this finding might have been affected from their age because the average of age was 21 which is claimed to be the age period when death anxiety level is at the highest level according to Russac et al. (2007). Participants' answers to the scale were further supported in their written comments where they stated death definitions and symbols. When death definitions were compared, it was seen that there were eight themes in the ELT group

while there were six themes in the ELL group. The number of emerging themes was similar and the most three frequently emerging themes were state, event, and nature in both groups. Despite these similarities, some differences were revealed in the quantitative and qualitative analyses. To begin with, though grade of the participants did not have any significant effect in their death anxiety levels, statistically significant differences were detected between the participants in terms of their department ($p= 0.41$) and gender ($p= 0.000$). Specifically, the female participants had a higher level of death anxiety compared to the male participants and the ELT students displayed a slightly lower level of death anxiety compared to the ELL students. When written reflections of the participants upon death definitions and symbols were compared in terms of department, some differences were identified. For instance, in terms of death definitions, there were some differences because there were the themes of colour, faith, and illness in the ELT group, yet these themes were not found in the ELL group. Besides, the theme of people occurred in the ELL group, not in the ELT group. As for the symbols of death, there were nine themes for the ELT group whereas there were 11 themes for the ELL group. In addition, the order of the most commonly occurring themes were different because the most commonly occurring themes were event, place, nature, and object for the ELT group while they were state, nature, event and people for the ELL group. The themes of event, place, nature, object, colour, state, illness, people and faith were common for both groups; however, there were the themes of time and literary work which were found only in the ELL group. These findings can give some clues about the effect of department upon death anxiety attitudes of ELT and ELL students. In addition to their individual differences and past experiences, being exposed to more varied literary works including the theme of death appears to have a say in creating differences in the perceptions of ELL students about definitions and symbols of death and revealing them to possess a slightly higher level of death anxiety compared to ELT students.

This study bears some similarities and differences with the previous literature. To begin with, echoing Furer and Walker (2008), being exposed to various literary works including the themes of death and death anxiety can increase or decrease death anxiety levels of ELT and ELL students and influence their attitudes towards the phenomenon of death. Additionally, the findings of this study support some of the earlier studies by concluding that death anxiety levels display differences according to gender. Similar to Abdel-Khalek (2007), Gedik and Bahadır (2014), and Khoshi, Nia and Torkmandi (2017), the female students were reported to experience a higher level of death anxiety compared to the male students. However, in contrast to Bakan and Karadag-Arli (2018), departmental difference was found to signal important implications for changing attitudes towards death and death anxiety. Additionally, in line with the death attitude profile of Wong, Reker and Gesser (1994), some participants adopted neutral acceptance, some of them adopted approach acceptance while some others adopted escape acceptance mentioning salvation. Last but not least, how death is perceived among ELL and ELT students is reflected in the participant quotations. For example, some were found to believe in afterlife whereas a few of them denied it. Also, two ELL seniors

used "crows" as symbols of death in their responses while one of the ELL seniors defined death as waiting for someone who will never come, like waiting for Godot. These alternative perspectives of death can be explained by individual differences (DeSpelder & Strickland, 1996), culture and/or religiosity (Ellis, Wahab, & Ratnasingan, 2013).

The findings have clear implications beyond the context of the study and raised the question of how university students, specifically ELT and ELL students, can be guided or informed about the concepts of death and death anxiety. To exemplify, they can be directed to some activities like reading literary works, watching appropriate movies, having meetings with experts, holding discussion sessions with the professionals, all of which can be organised by the university administration for personal and professional development. For instance, the university in which this study was conducted sends a formal email to all of the academic and administrative staff when a student, lecturer, an officer or administrator passes away, gives those people's beloved ones their condolences, clearly states the time and place of the funeral, and organises a vehicle for those who would like to participate in the funeral ceremony. Alternatively, the university holds a funeral at the faculty of the deceased, has a short speech upon him/her, prays and takes him/her to the graveyard together with the crowd there.

Another implication based on the findings of this study is the inclusion of end-of-life courses, maybe in the form of elective/compulsory courses for ELT and ELL students. These courses can be delivered by experts and professionals in the field to enhance these students' consciousness about death or dying people in their families or environment (Hegedus et al., 2008). As for pre-service teacher education programs, much in line with Mcgovern and Barry's (2000) suggestion, death education can be integrated into pre-service teacher education curriculum since ELL and ELT department graduates are likely to become English teachers. This will necessitate the inclusion of death-education related courses into curriculum, specifically with a purpose to train psychologically well-equipped teacher candidates.

Strengths and Limitations

There are a number of caveats that need to be mentioned in the context of this study. First, the English version of Templer Death Anxiety Scale was confirmed to be a valid instrument to investigate death anxiety in Turkish context. Second, this study included participants with a different profile, that is, university students in ELT and ELL departments, rather than health professionals who have been dominant participating groups in the relevant literature. Third, this study reached some striking results via comparative analyses to demonstrate the effect of various demographic features on death anxiety levels and death related reflections of the participants. Finally, the study shed light upon a hidden area in death anxiety studies, namely definitions and symbols of death, with the help of in-depth investigation of the phenomenon via qualitative data analysis procedures.

However, the current study is limited to some extent. To begin with, focusing on ELL and ELT students was both the starting point and limitation of the study because there were only two groups for comparative purposes. In this study, exposure to literary studies including the theme of death was found to create differences for ELL department participants to display a slightly higher level of death anxiety but in some other contexts and research groups, exposure to such studies might reduce the level of death anxiety. Thus, future studies should be conducted upon participants with different demographic features (such as different departments, ages or professions) to reveal similarities and differences with current study findings. Therefore, further studies in various contexts are needed to examine different participant groups via various data collection tools and statistical procedures to see the long-term effects of specific educational interventions. In other words, in order to draw more in-depth conclusions about causation and to triangulate data, future studies may benefit from longitudinal studies with different data collection tools like questionnaires, observations, diaries, journals and interviews, and adopt structural equation modelling (SEM) or path analysis in their methodology. In light of such studies, ELT and ELL students can be introduced to the notion of death better, provided professional help to cope with their death anxiety and broaden their perspectives about the nature of death, which will facilitate their future personal and professional lives. Both groups of participants in this study are likely to become English teachers. Therefore, it is of great importance for them to be introduced to death concept and coping strategies as a part of their professional development. Whatever the institution or level it is, they will be expected to deal with human beings. Especially these days when the world struggles with the COVID-19 pandemic, death education seems necessary for a more effective participation of various stakeholders.

Author Statement

This manuscript or a very similar manuscript has not been published, nor is under consideration by any other journal.

Compliance with Ethical Standard

The author declares that all procedures performed in this study involving humans were in accordance with the ethical standards of the institution at which the study was conducted. The researcher got the official permission from the Ethical Commission of the institution where the study was conducted. Finally, the participation was on voluntary basis as indicated on the data collection tool where all the participants first read the scope and aim of the study, confirmed that they were willing to participate in the study by checking the item "I read the information above and I am willing to take part in the study".

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Conflict of Interest

The author declares that she has no conflict of interest.

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Book Review

Indigenous Psychology as a Remedy for the Dualism and Desacralization of Modern Western Psychology

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Healing the Soul Wound: Trauma-Informed Counseling for Indigenous Communities, Second Edition
By Eduardo Duran (Tiospaye Ta Woapiye Wicasa),
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As if out of nowhere psychological *trauma* has become a commonly used term in everyday conversation. The fact that trauma on a collective level is so widely discussed today is itself a disclosure of not only vulnerability, but the precarious state, if not, spiritual crisis, of the modern world. It beckons the question, *is there something triggering about the modern world itself that is creating these conditions*? Or is it just a matter of a heightened awareness of trauma and historical trauma, known as transgenerational trauma or intergenerational trauma.

There appears to be a deeper or underlying dimension pertaining to the mass traumatization of the present day that goes unnoticed, which is the trauma due to the loss of the sense of the sacred, what could be called the *traumatization of secularism*. The vacuum that has been created in the modern world due to the loss religion is not something that can be taken lightly, yet it is often unrecognized because of

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the hegemonic dominance of science and its empirical epistemology that rules out alternative ways of knowing. As the illness and wound of the collective psyche becomes more palpable in our day, there is perhaps nothing more urgent than the need to revive a true psychology or "science of the soul" that is rooted in metaphysics, sacred science, and spiritual principles for the healing of the collective psyche.

This work is written by a Native American who is himself a psychologist and has spent numerous years working in Indian country. The book consists of ten chapters. *Chapter 1: Wounding Seeking Wounding: The Psychology of Internalized Oppression* describes the wound that has resulted from historical trauma, impacted by the legacy of colonialism and structural racism of the past and present and the factors that perpetuate the traumatization and re-traumatization of indigenous communities. *Chapter 2: Overpathologizing Original People*, explores the destructive impact of non-indigenous projections onto indigenous peoples, the distinction between traditional knowledge and its modes of healing in contrast with the biomedical or medical model, and how mental health professionals perpetuate historical trauma and the presence of clinical racism in Indian country due to the acculturation of modern Western thought. *Chapter 3: The Healing/Therapeutic Circle* describes the therapeutic process through its distinct stages consisting of a beginning, middle, and end, the sacred space in which therapy occurs as a ceremony, and the identity of the therapist in this process. *Chapter 4: Historical Trauma: Treating the Soul Wound* presents vignettes on the healing of the human psyche while simultaneously introducing information on historical trauma and its impact on indigenous peoples. *Chapter 5: The Spirit of Alcohol: Treating Addiction* presents an alternative view of addiction, framing it as a spiritual disorder, which focuses on the individual developing a new relationship with alcohol to regain balance so that healing can occur. *Chapter 6: Diagnosis: Treating Emotional Problems as Living Entities* turns to the subject of diagnosis as it is understood in modern Western psychology through the dominance of the biomedical or medical model and how this informs identity, and how this model can be harmful to the individual as it impacts their sense of self; in contrast to the indigenous approach that views the spirit of the illness having visited the person. Yet this spirit of illness does not define who the ill person is, as the relationship with the illness can be transformed; for the illness occurs when someone falls out of balance with the natural order. *Chapter 7: "All Conditions Normal": Working with Veterans* is a newly added chapter to the second edition of this book that acknowledges the connection between the warrior of the First Peoples and the contemporary veteran, along with the soul wounding that often occurs and how healing takes place. *Chapter 8: Community Intervention* discusses the necessity that research undertaken on indigenous communities be conducted in a way that appropriately recognizes and honors the uniqueness of their traditional knowledge and healing modalities, which differ from modern Western psychology and its empirical epistemology; this section

also provides vignettes. *Chapter 9: Clinical Supervision* again uses vignettes to provide a purview of how supervision can be utilized to provide clinical support and at the same time integrate the spiritual dimension into therapy as it is understood through indigenous epistemology and its healing modalities as outlined in the previous chapters. *Chapter 10: Before Completion* reminds the reader that the knowledge and therapeutic interventions contained in the text are as old as time and that nothing new per se is discussed in its pages. It points to the universal and timeless wisdom that is neither of the East or West, North or South, belonging to all peoples, and urges the discipline of psychology and field of mental health to take a decolonial turn from the hegemony of modern Western thought.

It needs to be remembered that Native or First Peoples are on the frontline of myriad global issues facing the present day, especially with the environmental crisis. This is so because of their traditional cosmology and metaphysics that establishes their reliance upon, and intimate relationship, with the earth. The environmental crisis greatly compounds the historical trauma and re-traumatization of forced assimilation and genocide, which include political and economic marginalization, loss of land and resources, human rights violations, and racism, among other attacks on their traditional way of life and identity as indigenous peoples.

Colonialism is at the heart of this discussion, as it has had and continues to have such a powerful impact on human identity and one's understanding of themselves and the world. A key shadow element that hangs over the field of modern Western psychology and mental health is that it is not neutral or value-free, nor is it universal as is often assumed. Contemporary psychology has yet to recognize that it is the peculiar creation of the modern Western mindset that has divorced itself from the spiritual dimension. In negating the existence of the human psyche and essentially itself as a psychology or "science of the soul," it fundamentally differs from all other traditional psychologies the world over. Modern psychology is very much a *colonizing* therapy rather than a *decolonizing* therapy. It needs to be acknowledged that empiricism is one way of knowing, which is not superior to other diverse epistemologies.

Duran speaks to the fact that many therapists come from or identify with the dominant culture, which itself can be perpetuation of the legacy of colonialism. Because of this, mental health professionals need to be vigilant in not assuming that their worldview is the same as that of the individual they are treating, for this would be an epistemic violation and a form of violence. As the therapeutic relationship is not egalitarian or among equals, the therapist holds the power, which needs to be monitored, as defensiveness can easily turn into the pathologizing of the individual, particularly with indigenous peoples or vulnerable populations. Duran points out that many therapists have assimilated the modern Western worldview and are

often unaware of how subtle this colonizing process can be. For this reason, it is important for mental health professionals to explore their own cultural history and positions of privilege. Duran points out that through acculturation, Native or First Peoples as mental health professionals may come to identify more with the theories of science and the outlook of the modern world than with their own traditions. This identification could be another "blind spot" that prevents them from detecting the subtlety of mental colonization. He then points out that the opposite could also be true, that an indigenous therapist could hold a great disdain for the practices of modern psychology, which could also hinder the therapeutic process. Duran recommends the need to be flexible with both approaches to the clinical and theoretical outlook of mental health treatment. The best course of treatment depends on the state of mind of the individual seeking services and their acculturation to the modern worldview.

Throughout this book, Duran describes the sacred dimensions of the indigenous ways of knowing and their connection to ceremony. It is critical for the mental health provider to be aware of the physical ambiance in which the therapy is taking place so that it can serve as a healing container. In the therapeutic process, the identity of the mental health professional is important, as it is this identification with the knowledge forms of their own sacred tradition that supports treatment and healing. Duran urges therapists to engage in the timeless inquiry of "Who am I?" for human identity, when it is aligned with our connection with the Spirit, is an essential aspect of the healing container. In this process, the therapist needs to keep in check their understanding of their notions of sickness and healing in order to stay present to what is arising in the "here and now" of the therapeutic encounter. For example, Duran makes a very important point regarding the epidemic of suicide, not only for indigenous communities of the planet, but of the contemporary world itself. He emphasizes that "the idea of wanting to die is literally a misinterpretation of the soul's desire to transform" (p. 100), as "suicide … [is] a metaphor of transformation" (p. 143), and "suicide is when the soul is asking for transformation" (p. 141).

At the root of the crisis within modern psychology is the Cartesian bifurcation, the dualism between mind and body (and matter) that has plagued the mindset of the contemporary West since the seventeenth century. In this myopic and truncated outlook, the human being becomes separate from reality, and everything becomes objectified, further entrenching the psyche in the subject-object split. This perpetuates the illusion of a separate self, severing the sacredness of relationship, which desacralizes the cosmos and leads to the traumatization of the humanity, sentient beings, and the earth.

Yet across the diverse traditional cultures of the world, this split does not exist, as there is a recognition that the human being is composed of Spirit, soul, and body. Within each of the world's religions—Judaism, Christianity, Islam, Hinduism,

Buddhism, Taoism, or the religion of the First Peoples and their shamanic traditions—there exists a corresponding sacred and integral psychology. To provide the healing of the human psyche requires the spiritual dimension to be restored so that psychology can again be a true "science of the soul." It is through the perennial psychology, in the form of the First Peoples psychology, that a revival of the "science of the soul" is being rehabilitated as a discipline distinct from modern Western psychology (Duran & Duran, 1995; Katz, 2017; Stewart et al., 2017).

We could not conclude this review without also mentioning the existence of a very unfortunate phenomenon that has emerged within trauma studies. Trauma-informed practices have in many ways become popularized and a profit-generating industry like other money-making endeavors, with countless trauma experts and therapeutic programs proliferating the world. This trend not only muddies the waters but is again a sign of the times.

Duran needs to be commended for his extensive efforts to engage traditional knowledge holders and elders within the Native American community to review the contents of this book prior to its publication to ensure that it authentically represented indigenous modes of knowing and healing modalities. This is a remarkable contribution to the field, along with his other books, and while this work focuses on Native or First Peoples approaches to healing, it is very much a book that will be of interest for all mental health professionals interested in the inclusion of the spiritual dimension in psychology and its application in psychotherapy. The approaches discussed in this work are truly liberating and healing as they encompass the wisdom and respect for the diverse cultures of the world and their religions and spiritual traditions. Duran points out that this work is not a book of techniques to be implemented like a recipe book, but therapeutic strategies that need to be assimilated and meditated upon at the innermost level of the mental health professional. In this way, they can be utilized and employed by the guidance of the Spirit within. We finish this review with a Lakota payer that connects all of humanity and sentient existence to the Great Spirit which is the ultimate source of all medicine, transformation, and healing: "*mitakuye oyasin*" (We are all related).

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