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Navigating Conflicts Between Religious and Professional
Values: Psychologists' Experiences

Michael Ray Williams

A dissertation submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of
Doctor of Philosophy

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ABSTRACT

Navigating Conflicts Between Religious and Professional Values: Psychologists' Experiences

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Doctor of Philosophy

The issue of psychotherapists' values in psychotherapy has become increasingly challenging as philosophers have questioned the viability of concepts such as objectivity and relativism. Historically, psychotherapists have relied on notions such as bracketing or suspending their own values to avoid the moral and ethical implications that such values might be active in psychotherapy. Acknowledging that psychotherapists' values are active in psychotherapy raises a host of important issues, including how to appropriately navigate value conflicts. This study explored the experience of psychotherapists as they navigate conflicts between their religious and professional values. Qualitative interviews with eight religiously committed psychologists were transcribed and analyzed using Collaborative Hermeneutic Interpretation. Major themes and findings include: the possibility that one can be a religiously committed psychologist; that research topics are informed by religious values; the strengthening of personal values through conflict; there are a variety of values gained from religious affiliation; feeling out of place in religious and professional communities; having religious and philosophical issues broadened and deepened in complexity; knowing when to defend values and worldview; having quality research and reputation as a defense; and positive and negative experiences with supervisors. Participants also discussed what was helpful in preparing them for value conflicts and the preparation they wished they would have received. The findings in this study emphasize the importance of the supervisory relationship and the impact that supervisors can have on trainees as they work through value conflicts. Training programs are also recommended to provide trainees guidance that will help prepare them to navigate potential value conflicts over the course of their professional development.

Keywords: religion, values, value conflict, psychologist, hermeneutics

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DESCRIPTION OF DISSERTATION STRUCTURE AND CONTENT

This dissertation, *Navigating Conflicts Between Religious and Professional Values: Psychologists' Experiences*, is written in a hybrid format. This format blends the traditional dissertation structure with a journal-ready publication layout. The preliminary pages are presented to meet requirements for submitting this dissertation to the university. The dissertation report is presented as a journal and is formatted to conform to style requirements for submission to psychology journals.

Appendix A contains an expanded review of pertinent and relevant literature. Appendix B presents a list of guiding questions used to facilitate discussion during semi-structured interviews with participants. Appendix C includes the demographics survey sent out to participants of the study. Appendix D contains the letter that was sent out on an email listserv to recruit participants for the study contained in this dissertation.

Introduction

Values are seen as guiding principles that direct our choices and effort towards certain goals (Schwartz & Bilsky, 1987). Most often, an individual's values are rooted in constructs such as their social, cultural, and familial identities and contexts (Oyserman, Coon, & Kemmelmeier, 2002). What a person values provides a context and frame of reference in deciding what qualifies as good, virtuous, and aspirational. Our values and answers to these ethical and moral questions shape who we are (Tjeltveit, 2004). They are a foundational part of what Mark Koltko-Rivera formally described as an individual's *worldview*: “[A] way of describing the universe and life within it, both in terms of what is and what ought to be” (Koltko-Rivera, 2004, p. 4). Values are deeply woven into our lives and affect how we interpret our experiences—both major and mundane (Koltko-Rivera, 2004; Schwartz & Bilsky, 1987).

Historically, individuals have acquired their most important guiding values from the groups with which they most closely affiliate—religious and familial groups (Koltko-Rivera, 2004). Hardships—physical, psychological and emotional in nature—were often brought to religious leaders to find answers. Sometimes these answers took the form of specific rituals and practices a petitioner was taught to engage in. Answers also came in the form of doctrines and values to be incorporated into a person's daily living and used to guide future decisions. Religion served as the primary vehicle for instilling and promoting certain values (cf. Cushman, 1995; Rieff, 1987), and religious values are often present throughout the lifespan as an, “enduring organization of beliefs concerning preferable modes of conduct” (Rokeach, 1973, p. 5). Within these contexts, religious values give rise to both meaningful questions and answers that humanity seeks after—that clients often bring with them into psychotherapy.

Psychotherapists, as a whole, have been repeatedly shown to have their own religious values and level of religious commitment, though they tend to be less religiously committed than the populations they serve (Bergin & Jensen, 1990; Delaney, Miller, & Bisonó, 2007; Shafranske, 1996, 2000; Shafranske & Cummings, 2013). Psychotherapists are also subject to the influence of their religious and other values as they provide psychotherapeutic services to clients—a process that has been shown to be inherently value-laden in its own right (Bergin, 1980; Yarhouse & Johnson, 2013). Traditionally, psychotherapists are trained to keep their values suspended with the goal of achieving a position of objectivity in therapy (Strupp, 1980). Prominent figures in psychology have argued that it is possible and necessary for a psychotherapist to hold his or her values in check—temporarily compartmentalize certain values out of the therapeutic relationship to avoid ethical issues (Freud, 1977; Rogers, 1966). In response to such a suggestion, researchers have demonstrated that the presence of values in psychotherapy is inescapable (Bergin, 1991; Delaney et al., 2007; Tjeltveit, 1986). Philip Cushman (1993) expounded upon this notion writing about the unacknowledged social and political power that accompany the application of any psychotherapy theory. He cautions that psychotherapies set out a frame of reference for what constitutes growth, proper functioning, and dysfunction, while at the same time trying to maintain a commitment to objectivity. We can confidently conclude that the psychotherapist's values—including those gained through religious or professional identification and activity—are an influencing factor in psychotherapy.

A majority of modern-day psychotherapists in the United States have professional guiding values set forth in the form of an ethics code developed by the American Psychological Association (APA; American Psychological Association, 2010). The purpose of this ethics code is, “intended to provide guidance for psychologists and standards of professional conduct that

can be applied by the APA and by other bodies that choose to adopt them” (p. 2). Professional values are most directly expressed by the APA in the form of General Principles (e.g., Beneficence and Nonmaleficence) and various official statements of opinion and policy that have been released over the years. These policy statements directly influence the education, training, and professional functioning of psychotherapists as they engage with their various roles. This also places psychotherapists in the position of having to manage their own values and the values of their profession while engaging with the values endorsed by clients. This creates the opportunity for value conflicts to arise when worldviews and value systems are seemingly incompatible in certain situations and contexts. Accordingly, it behooves the profession to continue its focus on the issue of values in psychotherapy in order to address potential ethical problems directly (cf. Beutler, 1979; Meehl, 1959; Rosenthal, 1955; Williams & Levitt, 2007). It also draws attention to the need to understand the experiences of psychotherapists as they try to navigate conflicts that may arise between professional and, as is the focus of the current study, religious values.

Purpose of the Study

Despite a significant amount of research on the integration of religious practices in psychotherapy (Smith, Bartz, & Richards, 2007), and calls for developing standard competencies for spirituality and religion (Vieten et al., 2013), there appears to be a significant lack of training on issues of religious values and spirituality in psychology training programs (Crook-Lyon et al., 2012; Hage, 2006). Inadequate training in religion and spirituality is assumed to limit the amount of attention that trainees can discuss and explore their own religious values and spirituality, and how to integrate their religious identity with their identity tied to their professional role.

To our knowledge there is little to no previous research describing how psychotherapists experience and navigate conflicts between their religious values and the values endorsed by their profession. While the APA has recognized religion and spirituality as dimensions of cultural diversity (American Psychological Association, 2017), the primary focus has been on the clients and their multiple identities and contexts, not as much the identities of the psychotherapist. Magaldi-Dopman, Park-Taylor, and Ponterotto (2011) interviewed psychotherapists about their spiritual and religious identity development—describing it as a journey of, “changes, challenges, and conflicts” (p. 300). The purpose of our study was to explore these experiences of conflict in order develop a better understanding of how religiously committed psychologists experience conflicts between personal religious and professional guiding values. How do they navigate these conflicts? What aspects of their training prepared them to navigate these conflicts? What training do they now wish they would have received to help navigate these conflicts?

Method

Investigator Assumptions

A set of assumptions were made by the researchers in this study. First, that values espoused by religiously committed psychotherapists may influence their professional work. Religious values can affect all areas of a person’s life and the notion of complete objectivity—full suspension of values—is not realistic or achievable (Strupp, 1980). Second, that the potential for conflict exists between a therapist’s religious and professional values. We assumed that religiously committed psychotherapists can find themselves in situations where personal values are discrepant or incompatible with the values endorsed by the profession. This would seemingly require therapists to engage and navigate through these conflicts using one method or another. Third, that a qualitative method was appropriate for investigating these experiences of

navigating value conflicts--letting the therapists caught in conflicts give a rich description of what they are experiencing and the tactics they employ to navigate through the conflicts.

As the principal investigator, I recognize my own context and subjectivity relating to this study. My interest in religious values stems from my own experience as a religiously committed graduate student. In my own training to become a psychotherapist, I have experienced conflicts and see the potential for conflicts for other religiously committed therapists. Recognition of these assumptions and the use of the hermeneutic circle—a method to be explained in more detail in a following section—allow the results to remain valid and trustworthy.

Procedure

A recruitment email was sent out on the email listserv for Division 36 of the American Psychological Association: The Society for the Psychology of Religion and Spirituality. Division 36 members were recruited because it was assumed that the members were more likely to be religious themselves. Participants were recruited that matched the following criteria: they (a) were self-identified as religiously committed (i.e., a practicing member of an organized religion that has a creedal set of values; (b) a practicing psychotherapist seeing an average of at least five clients each week; (c) a practicing scholar of psychology having published or presented at least three peer-reviewed works in the last three years; (d) reported experiencing some dissonance regarding their religious values and those of the profession and clients. These criteria were used to identify scientist-practitioners who might be involved in value conflicts in both clinical and academic contexts. Finding psychologists active in both practice and research would presumably access a broader spectrum of value conflicts that may occur for religious committed psychologists as they engage in multiple professional roles. Interested participants who met the criteria were sent a consent form and a short demographics questionnaire.

Interviews were conducted by the research team, which consists of one faculty member and one doctoral student in the Counseling Psychology and Special Education Department at Brigham Young University. Interviews lasted 45 to 60 minutes and were conducted one-on-one using the video conferencing program Skype. Interviews were semi-structured (Kvale & Brinkmann, 2009) and focused on the experience of conflict between religious and professional values. Qualitative interviews, as opposed to more quantitative approaches, allowed the participants to tell the full story of his or her experience with value conflicts. Having this more complete story of a participant's experience allowed the researchers to better engage with, interpret, deconstruct, reconstruct, and identify important passages of content which lead to the development of over-arching themes. Examples of interview questions include: How well do you think your religious values match up with the values of professional psychology? Can you describe what it is like to experience conflicts between religious and professional values? Is there anything that helped to prepare you to navigate conflicts between religious and professional values?

Data Analysis

Each interview was recorded, transcribed, and analyzed by both members of the team. Identifying information, such as references to specific places and people, was removed from the transcripts. The transcripts were analyzed using what we called the Collaborative Hermeneutic Interpretation (CHI; McKenzie et al., 2013; Bingham, Adolpho, Jackson, & Alexitch, 2014). Hermeneutics is the process of gaining knowledge through interpretations of various texts (Gadamer, 2004). Barrell and his colleagues (1987) described hermeneutics as a process where, "we see the interconnections between 'things,' not a truth, but this process achieves a larger perspective that allows us to see...from many different angles...the purpose of hermeneutic

research is to provide contextual awareness and perspective” (p. 434). The analysis proceeded as follows:

1. All members of the research team read each transcript independently. The purpose of this is to get a general sense of the interviews.
2. Each member of the research team proceeded in subsequent readings of the transcripts to identify meaningful passages. The purpose was to identify sections of dialogue that seemed to have meaning relevant to the research questions.
3. Team members shared the meaningful passages they had identified.
4. Each member of the research team generates some preliminary interpretations or themes.
5. Team members wrote and subsequently met to share their preliminary themes and interpretations.
6. Preliminary themes and interpretations are compiled.
7. Team members made a subsequent reading of the transcripts with an attention to similarities and discrepancies between themes.
8. Finally, team members met again to construct a final collaborative interpretation.

The purpose of these interviews and subsequent analysis is to provide a “thick description” (Ponterotto, 2006, p. 543) of how psychotherapists experience conflicts between religious and professional values. The concept of thick descriptions was originally proposed by Gilbert Ryle (2009) and later expanded upon by Clifford Geertz (1973). It is somewhat ironic that while the concept has been around and in use for several decades, articulating an exact definition of what a thick description encompasses has been elusive and difficult. In an article for *The Qualitative Report*, Ponterotto (2006) provided the following working definition:

Thick description refers to the researcher's task of both describing and interpreting observed social action (or behavior) within its particular context. The context can be within a smaller unit (such as a couple, a family, a work environment) or within a larger unit (such as one's village, a community, or general culture). Thick description accurately describes observed social actions and assigns purpose and intentionality to these actions, by way of the researcher's understanding and clear description of the context under which the social actions took place. Thick description captures the thoughts and feelings of participants as well as the often complex web of relationships among them. Thick description leads to thick interpretation, which in turns leads to thick meaning of the research findings for the researchers and participants themselves, and for the report's intended readership. Thick meaning of findings leads readers to a sense of verisimilitude, wherein they can cognitively and emotively "place" themselves within the research context. (p. 543)

It is our hope that the resulting thick description gained from these interviews will provide a better understanding on these value conflicts.

Participants

Participants in this study included eight religiously committed psychologists. A short, basic demographics questionnaire was sent to all participants who consented to participate in the study. Seven of the eight participants completed and returned the questionnaires. Of those participants that returned the questionnaires, five were males, all were Caucasian, and six were currently married (one was divorced). All identified as religiously devout and all but one identified as part of a Christian denomination (e.g., Presbyterian). The age for participants ranged from 30 to 68 years old. Brief, deidentified descriptions of each participant are included

to help provide a more coherent and better structured narrative to the experiences shared during interviews.

Participant 1 identified as a Caucasian male therapist, currently working as a pre-doctoral intern at a university in the Midwest United States. He reported having four years of therapy experience throughout his graduate training. Participant 1 described his theoretical approach as primarily cognitive-behavioral, with some integrated elements of interpersonal psychotherapy. He reported working primarily with adult populations at different training sites—including college students and members of the US armed forces. Participant 1 stated that he identified as a member of The Church of Jesus Christ of Latter-day Saints, or LDS church.

Participant 2 identified as Caucasian female therapist, currently working primarily with a group practice in the Western United States. She reported having over 10 years of therapy experience. Participant 2 described her theoretical approach as an integration of cognitive-behavioral and later psychodynamic therapies. She reported working primarily with adult populations, with some emphasis on pain management. Participant 2 stated that she identifies as an evangelical Christian.

Participant 3 identified as a Caucasian female therapist, currently working in private practice and teaching at the university level in the Eastern United States. She reported having approximately 10 years of therapy experience. Participant 3 described her theoretical approach as psychodynamic while receiving specialized training psychoanalytic psychotherapy. She reported providing therapy for adults, adolescents, and children in her practice. Participant 3 stated that she identifies as an Episcopal Christian.

Participant 4 identified as a Caucasian male therapist, currently working in group practice clinic in the Eastern United States. He reported having approximately five years of therapy

experience. Participant 4 described his theoretical approach as cognitive-behavioral with a focus on treating anxiety and obsessive-compulsive disorders. He reported providing therapy primarily for adults aged clients. Participant 4 stated that he identifies as Jewish.

Participant 5 identified as a Caucasian male therapist, currently working for a large government organization in the Eastern United States. He reported having approximately 12 years of therapy experience. Participant 5 described his theoretical approach as integrative, having been trained in rational emotive, cognitive-behavioral, psychodynamic, acceptance and commitment, dialectic behavior, and client centered therapies. He reported providing therapy primarily for adults and couples. Participant 5 stated that he identifies as an evangelical protestant Christian.

Participant 6 identified as a Caucasian male therapist, having worked in multiple settings including private practice, community clinics, and university counseling level in the Eastern United States. He reported having approximately 30 years of therapy experience. Participant 6 described his theoretical approach as eclectic, bringing together interventions and concepts from existential, cognitive-behavioral, and family systems therapies. He reported providing therapy primarily for adults and couples. Participant 6 stated that he identifies as Presbyterian in his beliefs.

Participant 7 identified as a Caucasian male therapist currently finishing his doctoral practicum work at a university in the Eastern United States. He reported having approximately six years of therapy experience. Participant 7 described his theoretical approach as integrative, bring together elements of psychodynamic, cognitive-behavioral, feminist, and multicultural therapies. He reported providing therapy primarily for an adult population. Participant 7 stated that he identifies as Presbyterian in his beliefs.

Participant 8 identified as a Caucasian male therapist, currently working as a pre-doctoral intern at a university in the Midwest United States. He reported having approximately 8 years of therapy experience. Participant 8 described his theoretical approach as emotion-focused therapy—integrating some humanistic and behavioral concepts as well. He reported providing therapy primarily for adults, also working with many couples. Participant 8 stated that he identifies as an evangelical Christian.

Trustworthiness

The trustworthiness of the themes extracted from the interviews is addressed through the collaborative efforts and dialogue of the research team throughout the analysis process. Because the hermeneutic circle and analysis is rooted in a relational philosophical framework (Schwandt, 2000), perspective and knowledge are built in the relationship or dialogue between the researchers and the transcribed text. This signifies that the more a reader engages with the text, which was achieved through multiple readings and discussions between team members, their perspective and knowledge of the salient themes and message is enhanced.

Short, deidentified, biographical sketches of participants were provided to increase the trustworthiness of the themes by providing more coherent narratives to participants' experiences. These coherent narratives allow the reader to better connect with and understand the worldview and pattern of experiences presented by each participant. It also provided evidence that themes did not rely solely on the experiences shared by a single or select few participants.

Comparing the dialogues experienced by each member to the research team separately helped avoid groupthink (Janis, 1982) and hopefully resulted in a more authentic, robust, and nuanced understanding of the phenomenon in question. This helps prevent the opinions and

interpretation made by a single member of the research team carry more weight or override the conclusions made by other team members.

Results

The interviews we conducted offered a rich description of these psychologists' experiences with value conflicts. A number of general themes and aspects of value conflicts stood as being important and shared by our group of participants. These themes are connected to how these religiously committed psychologist function in the religious, personal, professional, and social aspects of their lives. The following themes are presented in the order of saliency for the participants.

Being a Religiously Committed Psychologist is Possible

The most ubiquitous finding of the study was that all participants reported—most enthusiastically—that it is possible to be a religiously committed psychologist. Several participants reported that their religious affiliation and values provided a positive framework for their professional activities. As stated by participant 4: “I think that having [a] religious framework can provide a lot of the basic virtues and strengths that a person needs in order to provide treatment.” This was consistent with the notion of values, often religious ones, serve as fundamental, motivating factors in their lives. Participants also reported that religious values and beliefs at the center of how they view and interpret the world around them. Participant 1 expressed the impact his values have in the following way:

My faith and religion provide a purpose and meaning to everything I do. My role as a father, my role as a student—as a psychologist, as a researcher, as...whatever role I play my faith and religion guide my purpose and meaning in playing that role in every aspect.

However, many participants stated that the process of being a religiously committed psychologist is not necessarily a simple and straightforward endeavor. Participant 5 reported that developing a more nuanced approach to balancing religious and professional identities was required:

My response would be, it is very possible, and I think for the overwhelming majority of spiritual, religious therapists, that that is quite possible, and quite likely to be able to be done. However, to the extent that you hold very, very strong convictions and to the extent that you are a person who struggles to essentially have flexibility of intolerance of doubt, of people judging you, of people asking difficult questions...then the greater challenge it's going to be, to be able to maintain your own settings of integrity and faith while still operating as an ethical and appropriate therapist.

Participant 8 expounded upon the experience of feeling judged—not only by professional colleagues, but also by members of his religious community:

At a perception level, when you say that you're a Christian, and even an Evangelical Christian—[then] you only like George Bush, you just vote republican, you hate people in the LGBT community, and you think women don't have choice with their own bodies. You're characterized immediately and in a particular way...But within the church community, when you talk about being a psychologist, assumptions are made about you as well—that you're incredibly liberal, that you don't believe in truth with a capital "T", so you feel perception on both sides of it. I think I've experienced that tension over the years, whether its comments that faculty members make or whether it's things that I've experience from people in the church.

It is this combination of enthusiasm and tension that resulted from the intersection of religious and professional identities that led to both unique and challenging experiences for participants in our study.

Research is Informed by Religious Values

Most participants also reported a significant influence of their religious values on their research programs. Participants reported studying topics of an overtly religious nature (e.g., the positive effects of prayer) as well as more secular, nonreligious topics (e.g., anxiety and outcomes research)—rooted in personal experiences, as participant 5 stated enthusiastically: “[T]here is absolutely no question that my choice of research focus and what I found compelling to study is a one-to-one direct correlation with my religious experiences and my childhood experiences growing up.” Participant 3 described how she has also been influenced by her continued involvement in religious activities highlights, which has opened new opportunities for psychological research:

I think those topics probably just come from you know being involved in church and sort of thinking about issues of faith and like hearing people’s stories and you know that kind of creating more questions that I want to go out and try and answer.

Participants also reported experiencing challenges in trying to investigate topics that were either religiously informed or derived from their religious beliefs—particularly from faculty, supervisors, and other psychologists. Participant 1 shared his experience of having his research topic challenged by other psychologists in the following way:

And in that sense, I think...some of my research is based on this idea of a relationship with God. And there are some faculty members who...think...that it’s a joke that I’m studying that because you can’t have a relationship with someone who doesn’t exist.

Participant 6 described how having excitement and feeling motivated towards the what topics you research is vital:

Religion, family, and the way that I see life has been the driving force for determining my research from the beginning. I have always believed it's your passion that makes you a good researcher and that researchers that try to be dispassionate just won't be very productive for the most part. And so, I've always studied what I have felt passionate about.

This idea of passion towards personal values translating to passion in the professional role of researcher echoed across all participants in our study.

Strengthening of Values

Over the course of the interviews, the participants we spoke with described value conflicts as both harrowing and strengthening experiences. All were quick to say that navigating value conflict was more of a convoluted process that unfolded over time, as opposed to a simple process with a quick resolution. The changes in values were explained in different ways.

Participant 1 described the change in terms of personal growth:

Over time, yeah. Yeah, you know, it's kind of like the *baptism by fire* or the metaphor we often hear that the trees that are further away from the river have stronger roots. And that's in a way what happened. I moved further away from the river, and I had to reach harder and further within myself to find my testimony. And in so doing, I did...yeah, I came out stronger than before...I believe.

Participant 5 described this as a self-reflective process. The experience of a value conflict appeared to be coupled with an analysis of their religious beliefs. The outcome took the form of becoming more open-minded or less rigid in their way of thinking:

I don't know that I could say they have changed in the sense of, I was firmly one way and now I'm firmly another way, but rather I think they've changed in the sense that I have a different set of ideas about what is core non-negotiable for me and what is, what is the word, I'm not thinking negotiable but things that I am really seriously willing to reconsider.

There was also a movement towards holding both personal and professional values as compatible instead of opposing aspects of their worldview. Participant 1 stated, "Having faith doesn't mean you're not open to science. But also, that being open to science doesn't mean you have to deny your faith...but that the two can be integrated." Participant 2 described the positive effect this integration has had in coping with the stress brought on by her professional activities:

I believe that what I'm doing is God's work. And I think when I have particularly challenging patients, or when I have a stressful day, it's incredibly helpful for me to remind myself—which sometimes I have to do—you know, 'remember why you're doing it and what you're doing.'...It guides everything—I wouldn't be doing this without it.

A Variety of Guiding Values Gained from Religious Affiliation

Participants stated that they gained their primary personal guiding values from their religious beliefs and activities. Participant 7 highlighted the long-term nature of the values he gained: "It gives me reasons for relationships, gives me a moral code, gives me a place to make meaning—gives me the big picture." The values reported by participants ranged from the *big picture*, to general ideals such as a concern for the physical and emotional well-being of others, to more specific character virtues such as empathy, compassion, mercy, love, hope, justice, and trust. Participant 8 described how the values he gained from his religious involvement and activity felt interwoven across multiple aspects of his identity:

It's a significant component of my identity, I think it really influences how I see social issues and problems, how I look at relationships, how I look at my own relationship with my spouse, my role as a dad, how I deal with my emotions and my concerns and issues. So, I would say it's not a compartmentalized piece of my identity, it's very much a part that permeates a lot of who I am, including my professional work.

Participant 4 discussed how his commitment to professionalism connected directly with values gained through his religious involvement:

Providing evidence-based psychotherapy to me has some religious and spiritual meaning. I think that delivering a service that I know has been established to be effective is a[n]...expression of religious value to ...provide something that I know is going to be helpful people—or at least that I believe is going to be helpful to people.

This same sentiment, that personal guiding values influenced therapeutic work with clients, was expressed by all participants.

Feeling Out of Place

Another prominent experience shared by participants arose from interactions with their two prominent social circles. Participant 5 reported feeling a certain level of disconnection from both their religious and professional communities:

The best way that I can put it is that I typically feel, too conservative for most psychologists, and too liberal for most Christians. Umm, kind of in the middle a little bit. Often, I kind of feel the odd man out.

Sometimes this feeling out of place was punctuated and reinforced through interactions with specific members of either their religious or professional groups. Participant 6 described how he felt out of place in the following way:

I never feel at home wherever I am, in terms of, if I'm at work, acting as a psychologist, my religious beliefs make me feel not similar to the people I'm interacting with, but if I'm in the church, you know, in my church, which is very conservative, I also feel way more liberal than they are, so I don't really feel like I have a home.

This image and experience of not having a home, meaning not feeling like your full identity is accepted by others, was embodied by an encounter participant 3 had with a member of her religious community:

I remember getting into graduate school into a doctoral program and being so excited to go. [T]he pastor's wife pulled me aside and sort of whispered to me, "You know I just wanted to let you know it's okay that you're going this route...that you're going out into the secular world. Serving the church is really just not for everyone—not everyone's cut out for it and it's okay that you're not. It doesn't make us think any less of you.... I just want you to know that."

Participant 7 gave a similar experience, but from the context of his professional community—describing what the professional culture feels like for a religiously-committed psychologist:

I'd say that the culture is one, as a religious person, that a piece of yourself is always diminished or underemphasized. Or that would be my general sense. So that makes it hard because you always sort of feel a little bit like you're not understood or you're not completely at home or accepted in some circles.

This feeling of being the odd-person-out led to experiences of stress and anxiety. This anxiety was at times expressed through doubts about their beliefs or discouragement about their current situation. Participant 1 described the series of anxious thoughts he experienced while wrestling with these doubts:

I had to really explore to myself. What do I really believe? Am I doing all of these things, am I going to a church, am I paying quite a bit of money over the years in terms of tithing...here...now that I'm really poor as a graduate student I'm still paying money. Am I doing this just because I want to please others? Or do I really believe that this is true?

Another reaction was to see this feeling of being out of place as an opportunity to foster dialogue between the communities of which they find themselves included. Participant 3 described trying to see these opportunities while struggling with her own identity:

So, I think kind of navigating both of those...I guess sides of the divide can make it a little less straightforward—there's a lot work I think that I do to try and communicate with these different communities and umm...and sort of wrestling with my own identity within those two communities.

Religious Values and Philosophical Perspectives Broadened and Deepened in Complexity

Experiencing conflicts also led to reflection on religious values and philosophical frameworks. Previously held values were held to a new level of scrutiny—as participant 1 described how they were rigorously challenged for the first time: “At first it made me question the religious values. Like I said, it's the first time I've really felt challenged on these issues.” None of the participants interviewed for this study reported experiencing a drastic loss of their religious values or convictions due to conflicts. Participant 5 reported a process of expansion on his current values:

Things that I'm willing to examine as, yeah maybe the way I was taught is a little too narrow, a little too restrictive, you know, or something along those lines. So, if maybe not

my values specifically, certainly my approach to how I think about those values has changed.

Participant 3 described this process of expansion happening when she felt like she erred in navigating a specific conflict: “There’s a conflict there of like, I did something wrong, but I got something out of it that’s really important and meaningful in terms of my faith.” Value conflicts brought other participants to reflect on the history of their professional discipline. Specifically, participant 5 spoke about some of the common ontological grounds shared by both religion and psychology:

Remember again that psychology grew out of, in large part, a fascination with philosophy and the human experience of the spiritual. Look at William James’ varieties of religious experience. You know, we got away from that...in our pursuit of...scientific parsimony...which is appropriate for science as far as it goes as an empirical practice and pursuit of the empiricist philosophy, but, it still grew out of this very strong emphasis on philosophy and the religious and the spiritual experiences.

Picking Your Battles in Defending a Religious Worldview

It became apparent to the majority of our participants that knowing the appropriate time and place to defend their religious values was an important aspect of navigating conflicts. It was often reported that religious values came under scrutiny or attack from other members of their professional community (see the section on negative experiences with supervisors below for examples). The primary approach endorsed by participants was to distance themselves from the attacks—with participant 4 describing his attempts to ignore conflicts: “And I’ve learned to just ignore it. Because I’ve thought through those issues and I think that people are wrong about it. So, I’ve learned to pick my battles.” Other times, there was the perception that it was not safe to

voice or defend his or her religious values. This led to disengagement—an effective silencing of their view on topics. Participant 1 reported making the choice to not speak up: “And then there are other places where I just keep my mouth shut. And for me personally, I don’t believe that I am necessarily bending my values—but I am not speaking up about them.” Participant 6 spoke to the potential consequences of speaking up about his belief—not only to professional colleagues, but to members of his religious community as well:

Of course, the way that I handle it, like I say, I’m fairly agreeable, is to be quiet about it because I’m going to end up just alienated by every person if I start making statements about my beliefs. So, there are issues in both camps where your training in the other camp has moderated your stance enough that you don’t fit either camp like hand and glove.

Participant 6 went on to clarify and expand upon what he meant by being quiet:

I would not say that I’m quiet because I’m not sure—I’m quiet because I am sure. Because I know what I believe, and I also know what kind of reaction it would provoke. I have dealt with conflict all my life. And you have to choose your battles and you can’t correct everybody on everything. That’s a place where I choose to be quiet, but people would not call me conflict-avoidant.

Experience with picking these battles led participant 3 to take on the task of educating others—both in religious and professional communities—about her experience juggling religious and professional identities: “I love when these kinds of things come up and I feel like people come to me now as a resource and I really relish my role as an educator for both communities.”

Having Quality Research and Reputation as a Defense

Value conflicts often led to efforts focused on authenticating the participants' current worldview. Often this resulted in attempts to legitimize their religious beliefs and values through a high standard of professional activity. Participant 3 reflected on her internal dialogue and attitude when given the opportunity to participate in a specialized training center: "I'm going to try and establish my reputation here as a scholar. And I'm going to just be as smart as I can be and demonstrate my knowledge of statistics and research methodology and establish my credibility and see what happens." She went on to explain how she delineated her own professional role—having to essentially separate and compartmentalize her religious beliefs from her current activities: "I kind of took that route of [saying], 'I'm not here to convince you of anything. I'm not here to argue with you. I'm just here to be a researcher.'" Conflicts also created motivation to engage in new lines of research. This gave participant 4 a new medium and language to process and express their religious worldview and a perceived area of tension or confusion contained in it: "I turn that into an empirical question. That's a research question. And in my writings, I will try to address it and to try to shape opinion." Participant 4 went on to explain how he built a strong professional reputation and attained leadership positions as a way to legitimize his religious beliefs and navigate value conflicts:

[A]nother thing I've done is try to get positions of leadership...those are really good opportunities to influence thinking, influence people's thoughts, their perceptions, their approaches to things...I think the majority of my approach has been, instead of conflicting with people or dialoging with them directly or trying to correct what I see is wrong, really not being reactive, but being proactive."

While useful, taking on new professional roles comes with its own unique challenges. Conflicts seemed to translate over to their new professional context rather than fade away or become less frequent. Participant 5 gave the example of being in the position of editor of a research journal and being faced with the dilemma of potentially publishing a quality study that contradicts his religious worldview:

I mean you can have a really crappy study, and it shouldn't be published, great. But if you have a really well done study, that has results that are against what you want to see in the world...if you're an editor, how easy is it going to be for you to publish that study? It's not very easy.

Negative Experiences with Supervisors

Value conflicts were often accompanied by negative experiences with professional community members. Most often, these experiences involved supervisors or faculty occupying an evaluative role in the participants training program. Some experiences came in the form of a dismissive attitude towards the participant in a trainee role. At times, these experiences occurred as the participants were preparing to *enter* their graduate training programs. Participant 3 recalled some of the advice she received when applying to graduate training programs: "When you apply you should take your seminary training off your resume. You should not talk about your interest in religiously oriented research or psychotherapy...because it's just going to mark you as a fruitcake." Participant 4 recalled an in-class experience where the instructor informed the trainees that they would be view a video clip containing lewd or sexually explicit material. When he voiced his concern or opposition towards viewing the clip, he was instructed to "close your eyes" during the segment containing the questionable material. Participant 4 reported that this event led him to be less open to voicing his beliefs and opinions for the remainder of the

academic course. Other participants reported more overt, aggressive, or hostile challenges and attacks on their religious beliefs. Participant 2 shared her experience that came in the form of being requested to remove a piece of religious jewelry: “When I was in a training program...I used to wear a little diamond cross. I was told by a rather ‘hostile-towards-Christianity’ supervisor to take that off.” This participant reported that this experience left her feeling singled out among her peers in the training program. At another point in her training, participant 3 reported having her development as a clinician up to that point challenged because of her religious beliefs: “I had analysts saying, ‘obviously you haven’t been through a very good analysis if you’re still religious’[and] ‘When are you going to give up that delusion?’” Other supervisors were found to attack religion and religious beliefs themselves. Participant 1 recalled such encounters with a clinical supervisor:

He was very, very open and explicit about his atheism and his disdain for religion. He would just say things like, ‘You know that Jesus Christ story...’ as if it’s totally crap.

And I think that experience with him, made me get more defensive about my identity and slowed me down.

This resulting state of feeling defensive and confused about one’s own identity was echoed by the experiences of other participants. This not only led to increased distress, but participant 4 explained how these experiences with supervisors also led to a sense of shame or guilt: “It greatly exacerbated my stress levels...Had I done something wrong? Should I not have discussed the issue at all? Should I have just let it go?”

Positive Experiences with Supervisors During Training

While negative experiences with supervisors readily stood out in participants’ memories, positive and encouraging experiences with supervisors were also readily available and served as

milestones in their learning to navigate value conflicts. For some participants, having a supervisor approach them with an open invitation for dialogue caught them off guard:

Participant 1: [They were] willing to help me talk about those conflicts without encouraging me to abandon my faith—which is what I was afraid of once those conversations happened. I thought that they were going to discourage me from my faith and they didn't. They just helped me navigate them and we talked through them. And it was really, really good.

It is interesting to note the presence of worry or preemptive fear going into supervision that religious beliefs would be discouraged or thrown out in value conflicts. There was a sense of surprise and relief when a supervisor was willing to work through the religious value conflicts in an open and respectful way. Participant 5 gave his insight into what helpful actions his supervisor took and the development it facilitated:

[They] were very good at giving me the space to explore and to express the conflicts that I was feeling, to work through them. They were very good at asking penetrating questions, and doing so in a way that, I could hear that [they] weren't phrased in such a way or timed in such a way that I couldn't quite take it.

Having supervisors, and other mentors, who were open and willing to explore value conflicts and the participant's religious beliefs led participants to feel more authentic and confident in their identity as a religious committed psychologist:

Participant 1: There are some...one-on-one, personal conversation I have with people who have very different views than me...but it is clear they are willing to explore with me—like these supervisors. Then I am perfectly completely transparent, and I express my religious values and they don't have to be flexible—I can just be me.

Participant 6 reported having experience as a supervisor of doctoral level trainees. He shared of the messages and advice he hoped his religiously-committed supervisees gained in regards of how to navigate value conflicts:

What I tell them is if you do the highest quality of work, then you can do that in a value congruent, belief congruent way...By being respectful of people who differ and doing good quality work, you don't give people an easy opportunity to judge you negatively and then deal with criticisms as they come up.

Preparing to Navigate Through Conflicts

Participants were asked what had helped them be prepared to navigate religious and professional value conflicts. The most helpful preparation came from having someone who was willing to engage in dialogue and exploration of value conflicts with them, with participant 7 stating that, "self-reflection processing with my supervisors, with my friends and significant other has been really important." Often this took the form of connecting with other religiously-committed psychologists. Participants reported benefiting from being able to observe how other professionals navigated the same or similar conflicts in their lives—both personal and professional. This served as a source of focused consultation, and in a sense, religious mentorship:

Participant 2: You know what I do is I consult. I have a couple of fellow psychologists who I think are incredibly gifted [that] allow their religion and their spirituality and their relationship with God primarily to guide their work. And I do talk to them quite frequently.

Participants also brought up the value of having or being made aware of resources, books, and articles on topics such as religious values and the psychology of religion. This provided a

chance for continued education and building competency in articulating and understanding their religious and professional identities. Participants also identified the importance of knowing that others are navigating the same value conflicts they may be confronted with. Participant 2 shared her frustration and disappointment when other psychologists, that she held in high esteem, appeared to remain silent issues concerning religious values in psychology:

And I also have seen people in the field who could be helping the field evolve...they shut up...They're pressured into being quiet and keeping it to themselves—and they've told me so. I've seen it happen. And they don't want to rock the boat. I think that they have some shame maybe that people are going to think they're narrow-minded. People are going to think that they're homophobic. And they don't...talk about it.

Another source of strength during value conflicts came from developing confidence in their professional identity and efficacy as a psychologist. Participant 3 described how having this professional confidence was freeing: “Feeling a little more confident...I have something to offer and I don't need to hedge everything that I say, and I can be more a little bit more assertive.” Participant 8 offered a reassuring perspective to religiously-committed psychologist that navigating value conflicts is a gradual process:

It's an ongoing conversation, it's not like one time, you go to a training and you get confident and you figure all this out. I feel like this is a long process that you should wrestle with and be okay wrestling with and be okay that not everything is going to fit neatly in a box and be able to tolerate the ambiguity of that.

Participant 6 share the formative influence that working through conflicts in his life has had on his ability to work through the value conflicts he encounters:

My life has been, in many ways, about being in situations where you need to move people in a direction. There are oppositional forces in that and you have to figure out a plan in a problem-solving and empathic ways to get people on the same page, at peace, and moving in a productive way—rather than just expending all their energy fighting you or each other.

Training That Was Missing

Participants were also asked to speak about what would have been more helpful in preparing them for later value conflicts. Participants expressed that there needed to be either a greater emphasis on training faculty and supervisors how to work with religiously committed trainees, or, having more faculty and supervisors with experience working with religious diversity at training programs and practicum sites.

Participant 7: I think the biggest thing is just being in a program where supervisors or co-workers or whoever you're sort of consulting about your case with is really open to talking about that side of things and doesn't have any preconceived notions or defense against [religious values] as being something that can be important to someone's therapy.

Participants also reported the need to have supervisors that could challenge and converse with them about their professional and religious identities while affording them enough support to successfully navigate conflicts that may arise.

They also reported a noticeable lack of experiential learning opportunities to practice working through their own value conflicts.

Participant 8: There's a lot of protection and safety established for the client through a code of ethics and through how we practice, which is good, that should be there. But there's not as much about the psychologists...their own identity and what is their right, in

terms of maintaining values and being asked to do something if it significantly conflicts their values.

Value conflicts between therapists and clients appeared to receive more in-depth attention and training focus.

Religious values and religion in general seemed to get very little attention in either academic or clinical training—something that participants wished they would have received. In particular, participants voiced a desire for more training on how to work with religious clients and religious content in therapy. This “void” was expressed by participant 3 in the following way: “There was a big void in terms of really doing sophisticated integration...you can either pray for your clients, or you can do some real fancy secular stuff with them.” These kinds of experiences conveyed the idea that religious interventions, or perhaps even discussion of religion or spirituality in general, are second-tier as compared to traditional psychological foci or interventions. Participant 8 the type of training with religious client he would have preferred to receive:

I would’ve liked to have a more hands-on and interactive experience of hav[ing] people from religious backgrounds talking about their experiences. Talking about how do they perceive hope-seeking, how do they perceive counseling, and what are those healing myths and beliefs within their own faith perspective.

A more tongue-in-cheek response to the question of what training the participants wish they would have received came from participant 4 in the following way: “[Having guidelines] for religious students in what you can never say in an academic setting, because you’ll get killed.”

While offered in a light-hearted manner, the question of knowing what you can and cannot say in

academic training programs speaks to issues of trainee safety, acceptance, and overall personal development as a therapist.

Participant 5, reflecting on his training, gave an observation that appropriately summed up the overall sentiment conveyed across interviews: “I don’t know that I could tell you that I wish I had an exact, specific training experience but just that there was...simply more of it.” All participants reported a desire for more engagement with religious issues and more open dialogue about value conflicts that they and other religiously committed psychologists may be experiencing. Participant 8 expressed this desire in terms of multicultural practice, competence, and learning:

If we’re committed to diversity in all of its forms, if we are committed to multiculturalism in all of those forms, then we’re committed to hearing voices that involve a religious perspective. Whether it’s conservative, whether it’s moderate, whether it’s liberal, we should be able to have dialogue and engage with one another, knowing that we don’t have to agree with one another and not have this value judgment placed upon it.

Discussion

Psychologists hold personal values the same as any other human being (Delaney et al., 2007). At times, a psychologist’s personal values and beliefs may seemingly be at odds with the values endorsed by the majority of members in their professional community. This study was conducted to better understand the experience of religiously committed psychologists as they attempt to navigate value conflicts between their own personal and professional values.

Navigating value conflicts was found to be a convoluted process that unfolded over time with no specific, concrete path to follow. A number of major themes stood out as aspects of experiencing value conflicts. First, professional and religious value conflicts can be successfully

navigated. There was a sense of enthusiasm and confidence shared by the participants about their various professional roles. They wanted to be psychologists and they reported genuinely enjoying their work. This led to participants finding a unique integration of professional and religious identities. There was a sense of continual growth as they held these two important aspects of their lives and identities together. The frustration came from having to figure out this integration on their own. No participant mentioned systemic or institutional support or training for this aspect of professional development, yet all wished for more support. This echoes what other researchers have identified as a near profession-wide lack of training on issues pertaining to religion and spirituality (Crook-Lyon et al., 2012; Hage, 2006; Schafer, Handal, Brawer, & Ubinger, 2011) Participants reported having to navigate a path not required of less or non-religious peers and colleagues—a path that seems less straightforward or more difficult than others. The responsibility for finding support fell squarely on the shoulders of the religiously-oriented psychologist-in-training, who often had to seek out others who had experienced similar conflicts. Developing an integrated identity as a psychologist is an involved and difficult developmental goal shared by many training programs—one which they invest a significant amount of time and resources into. Asking certain trainees to question, expand, and balance their religious worldview and value system at the same time without much formal or institutional support can create significant distress and may hinder overall development.

Second, religious values influence and inform professional activities such as choice of research topics and therapeutic approach. This is consistent with research conducted by O’Grady and Richards (2010) where they conclude that, “Helping professionals from a diversity of spiritual traditions and professional specialties believe that God inspires and assists them in their professional work” (p. 64). For some participants, their religious convictions led them into the

profession. Questions about the world and human beings were generated as their religious worldviews interacted with various aspects of psychological science. These questions, whether overtly religious or not, arose from a unique perspective that helped broaden the scope of psychological research. Being able to ask and pursue answers to these questions, in and of itself, seemed to aid in the process of integrating professional and religious values into a more singular identity. Value conflicts in this context appeared to serve two vastly different purposes. Conflicts seemed to create new questions and provide motivation to find better solutions and understand ambiguous aspects of human experience. Conflicts also had the effect of discouraging certain avenues of research and creating doubts whether certain questions could even be asked.

For others, their religious values provided an extra overlay of purpose and meaning to the tasks they engaged in—especially in therapy. This supports the theme found by Magaldi-Dopman and her colleagues (2011) in their interviews with experienced psychotherapists that religious identity influenced how they conducted therapy. Sitting with a person in pain, in loss, in enthusiasm, and in joy became both a professional role *and* an expression of religious and spiritual values. A similar overlay seemed to be in place in terms of research. Having a religious worldview opened new avenues of research by generating new challenges and questions to current explanations of human emotion, cognition, and behavior. The resulting ontologically pluralistic approach to research can be seen as adding to both the breadth and depth of current psychological understandings of human phenomena. For many, it helped them find ways to embrace both science and religion and to not see them dualistically.

Third, personal religious values that are challenged by conflicts often go through a process of strengthening and expansion. Participants reported that aspects of their personal

beliefs received a new level of attention than they had been used to. This attention brought challenge and scrutiny towards certain beliefs and commitments perhaps for the first time in their lives. Some participants reported being caught off-guard being new to these dilemmas, which added to the already intense and stressful process of professional development in which they were engaged. Doubts, questions, and concerns about their beliefs and how they have seen and understood the world around them led to distress and confusion. But these conflicts provided opportunities to decide what beliefs and values will be included in their worldview along with reasons why they will espouse them, leading to an even deeper grounding in those beliefs.

It was rare that value conflicts left a person's values unchanged. Conflicted values took on a more nuanced and complex structure. Contextual factors were applied to formerly absolute aspects of their worldview. Ambiguous issues and concepts became more tolerable. This was reported to have a positive impact when providing psychotherapeutic services to clients with beliefs and values drastically different from their own. This increased tolerance for the contextual nuances of client lives seemed to be one of the biggest benefits stemming from experiencing and navigating value conflicts. Participants reported being able to recognize and be aware of their own values while working with clients—allowing them to better respect the autonomy of others.

Fourth, fundamental guiding values were gained through religious affiliation for participants in this study. Participants reported their religion as the primary source of the values that guide their attitudes, beliefs, and day-to-day activities—the lens from which they viewed psychology and life. Most of these values were not held as directly opposed or contradictory to what they saw as the values of their profession. In fact, there was a high level of complementarity between the religious values endorsed by participants and the ethical guidelines

set forth by the APA (American Psychological Association, 2010). These guiding values were reported to be present and active in all professional and therapeutic activities. Values such as empathy, compassion, mercy, love, hope, justice, and trust were all seen as integral factors in their work with clients.

Responses gathered from participants regarding the complementarity of religious and professional values illuminated a vital and important aspect of value conflicts. There were no complaints about what was seen as the core or general ethical guidelines of the profession: Beneficence and Nonmaleficence; Fidelity and Responsibility; Integrity; Justice; and Respect for People's Rights and Dignity (taken from American Psychological Association, 2010). There were also no complaints about having a scientific approach to studying human beings and human behavior. The conflicts seemed to primarily arise from the political and social interpretations and actions taken by professional organizations in the field of psychology and its members. More succinctly, value conflicts arose from privileging a more narrow and specific interpretation of what psychologist should think, believe, and how they should act—an interpretation that is perceived as unreceptive or hostile to their worldview. This view of value conflicts is more nuanced than the assumption that certain psychologists reject the field of psychology in its entirety. This view brings focus on the community that calls psychology its own, and concerns about exclusivity and tolerance towards those who may not fit a specific philosophical mold.

Fifth, value conflicts were accompanied with a sense of feeling out of place in both professional and religious communities. Participants reported this feeling of limbo as uncomfortable, distressing, and off-putting at first. They also described experiencing pressure from both communities that one should take precedence or priority over the other. There was a perceived lack of support, let alone models, of how to integrate seemingly conflictual parts of

their lives. The push to choose one or the other seems to come from an underlying assumption of incompatibility. This underlying assumption may come from the how the participants interpreted the messages they received from either their professional or religious communities and how they expressed their professional or religious identity in each of those settings. This situation where different ingroup identities do not overlap in values or objectives is what Roccas and Brewer (2002) describe as *complex social identity*. These researchers provide corollary evidence linking more complex social identities with reports of cognitive overload and increased stress. But it was evident that this stress was not based in the perceptions of participants alone. Each participant reported receiving advice and negative feedback from both communities they were attempting to bridge. Most often these messages came in the form of having members of one community disparage another community. Messages also came in the form of warnings about the negative effects that participating in one community would have on them personally, or the negative effect to their standing in that community. Whichever form these messages came in, the result was increased pressure to choose a side, which resulted in feeling disconnected from either community.

Sixth, value conflicts led to increased sophistication in philosophical and religious issues and topics. This was seen as a benefit of navigating or experiencing value conflicts. Experiencing conflicts brought purposeful attention to the participants own values. This attention seemed to take the form of both scrutiny and self-reflection. Participants reported scrutinizing and evaluating their own worldview with more rigor than they had done before. This scrutiny may be understood as efforts to make sense of conflicting experiences and challenges to their worldview from both professional and religious sides. There was also the continuing process of incorporating new information from research activities, continuing

education, and providing psychotherapy to various clients. New information also came from continued religious involvement. The distress resulting from these challenges called for some change or expansion to currently existing values.

Self-reflection on their own values was the other primary method for participants in this study to be broadened and deepened in complexity. Participants reported reflecting on values and beliefs that for years had been active, but in the background of their lives. Value conflicts brought questions as to the validity of these values to the forefront of their attention. This seemed to allow participants to be more purposeful in which values they held and become more aware how they are currently interpreting the world around them. This new-found level of awareness carried over into both religious and professional activities.

Seventh, value conflicts involved discerning which “battles” are worth fighting. Participants described battles as situations where their religious worldview and values came under scrutiny from others. The use of the word “battles” itself reflects the perceived hostile nature of this scrutiny and the sense of being compelled to defend their values from attacks. There were a variety of ways in which participants engaged in these battles. One participant enthusiastically took opportunities to defend their religious values and engage in debating with others. Another decided to avoid such conversations at all costs, whether politely or brusquely changing the subject. All participants reported some level of distress with these types of experiences and all reported these experiences began as trainees in graduate programs. What stood out to many participants was that they often did not feel safe talking about, let alone defending, their religious values. This was compounded by the fact that as trainees they were already undergoing the rigorous and potentially anxiety-producing process of developing an identity as a psychologist. The concern arises that if trainees do not feel safe to share their

personal opinions, values, and beliefs to their peers and mentors, how can they safely discuss and dialogue about the conflicts they are currently experiencing as they try to integrate their religious worldview with their emerging professional identity. If such potentially vital conversations are thwarted, it is reasonable to assume that overall professional development would be affected in a negative manner. This also speaks to a potential systemic lack of dialogue about personal and professional values in training programs, which is somewhat ironic given the value-laden human subject matter these training programs declare they are preparing their students for and the emphasis on multicultural competency. Finally, a lack of institutional and systemic support discussing personal and professional values puts the burden on the student to initiate conversations, find appropriate training opportunities, and seek out their own support separate from their graduate programs.

While value conflicts continue to occur over the course of their careers, participants recall experiencing more distress over these initial confrontations as trainees, as compared to later conflicts. Having navigated a few conflicts seemed to build a sense of confidence in their abilities to better navigate future conflicts. Being more confident in knowing when and where to defend one's religious worldview affected the overall experience of value conflicts. These experiences also helped these participants to provide direction for others going through similar conflicts—taking on a mentor role.

Eighth, having quality research and a good reputation served as a defense of personal values during conflicts. It is likely that there are few, if any, psychologists who do not desire a good professional reputation and it seems likely that most would like to be linked with conducting respected quality research. If you are viewed as professionally competent and skilled, then the respect for your personal values may be given greater credence. These qualities, while

not the sole basis of a professional identity as a psychologist, both play important roles in developing a sense of competency. Participants in our study expressed the desirable nature of these qualities and being motivated to work towards obtaining them. Professional competence provided some insulation from those who might otherwise criticize religious values.

Professional reputation or prestige also gave legitimacy to holding religious convictions.

Participants described a fear that without that legitimacy, they would be viewed as *just* a religious psychologist, or a religious person trying to be a psychologist. Related to this was the fear that other professionals may view them as inadequate or subpar based on their personal values more than their professional activities and accomplishments. This resulted in increased pressure and greater urgency to perform well professionally to decrease the opportunities that others might take to scrutinize their personal values and worldview.

Ninth, value conflicts intersected with both positive and negative experiences with faculty and supervisors. Clinical supervisors played an important role in both the professional and personal development of participants. Each participant reported having at least one negative experience with these mentors regarding their personal religious values. The experiences often included hostile or degrading comments, or a dismissive stance towards religious issues. This, in turn, had the effect of increasing the level of distress, confusion, and defensiveness of participants during their training. While there is evidence that a majority of trainees have received either inadequate supervision (Ellis et al., 2014), participants in our study appear to match the report that up to 36% trainees that experienced harmful clinical supervision (Ellis et al., 2014; Ellis, 2017). Such experiences discouraged further discussions both about spirituality and religion in general, and about the trainee's spiritual or religious beliefs. This was exacerbated by the fact that these supervisors held evaluative roles and power over the trainees.

It is reasonable to assume that this power differential, combined with a hostile or dismissive attitude towards the trainee creates undue pressure and distress. It sends the message that a trainee's personal values are either unwanted, unimportant, or are even counted as a mark against them due to the hostile reaction from supervisors and mentors. During times when the trainee is navigating conflicting personal and professional values, these negative experiences proved to be demoralizing and somewhat stunted professional development. Most participants reported significant reservations and hesitations that carried across different supervisors until they found a more positive experience.

Fortunately, participants also reported having at least one positive experience with supervisors. These positive experiences were reported to have made a significant impact on their personal and professional development. There is substantial evidence of the benefits that come from effective clinical supervision (see Goodyear, Bunch, & Claiborn, 2005; Wheeler & Richards, 2007 for extensive reviews of the impact of clinical supervision on supervisees). The most important factor that made these experiences positive is having a supervisor who was willing to listen and discuss both personal religious and professional values. When conflicts in values did arise for trainees, they perceived a source of support in having a supervisor willing to engage with them. What was most helpful for participants was having a supervisor challenge, question, and examine their values with them. This generated greater confidence in their ability to successfully navigate current and future value conflicts. In sum, over the course of our interviews it became increasingly apparent that the attitude and approach of supervisors could either hinder or facilitate development that could lead towards resolving value conflicts.

Participants also discussed what was helpful in preparing them to navigate value conflicts and the preparation they wished they would have received. A number of experiences that took

place during their graduate training were seen as helpful preparation. Chief among these experiences was having someone willing to speak about these conflicts with them while providing appropriate support, feedback, and challenges to their current thinking. It is interesting to note that this person did not need to agree with their same religious worldview. In fact, often they held values quite different from the trainee's. Essential to this positive experience was being able to have challenging, open, and supportive discussions about the conflicts they were currently going through. This again calls attention to the characteristics of the communities that participants were trying to bridge and hold together. It appeared to be especially meaningful and helpful when members of their professional community stepped into that role.

Other important experiences include experiential learning through working with religious clients, consultation with other religious psychologists, and having quality readings to turn to. The underlying theme here is having opportunities and outlets where they did not feel isolated in the conflicts they were experiencing. Working with religious clients gave participants in this study experience and an increased level of competence discussing, solidifying, and challenging personal values in real-world situations. It also provided a glimpse as to how others may be navigating value conflicts in their own day-to-day situations and contexts. Finding and meeting with other religious psychologists instilled hope that an integration of values could be possible. It also created an opportunity to engage with a mentor figure that felt safer to turn to than other authorities in their lives.

There were many opportunities for learning that participants wish they would have received. Primary was the desire to have more overall dialogue about personal, religious, and professional values and their application in their training programs—echoing the results found in other studies (Crook-Lyon et al., 2012; Hage, 2006). The amount of time spent discussing

values in any form seemed to be severely lacking. This effectively put the onus on the trainee to raise such concerns and issues in what may turn out to be hostile circumstances. They desired a more sophisticated integration or intersection of religious issues with psychology. Programs seemed to have little concern or interest towards discussing or diving into issues of spirituality or religion—either in general or in the context of personal values. They expressed the desire to see more training for faculty on how to work effectively with religiously committed trainees and diverse religious beliefs. There was also a call for more experiential learning opportunities with value conflicts while in training.

Limitations

While the interviews conducted led to a general understanding of religious psychologists' experiences with value conflicts, one limitation of the findings is having a small pool of participants. One factor that limited the number of participants was our stringent recruitment criteria. We specifically sought psychologists who fit a certain mold of an active scientist-practitioner, while being religiously committed. We assume that the entire population of such psychologists is fairly small. While our total number of participants was few, we believe we were able to access a fair representation of that population, because they represented a spectrum of religious faiths. On the other hand, we hoped that our recruitment efforts would reach psychologists with a wide variety of religious backgrounds and beliefs, but we ended up with participants largely sharing a Christian worldview. This may reflect characteristics that are representative of the larger population of religious psychologists in the United States. It may be that having a more heterogeneous group of religious psychologists would have affected the themes that arose from value conflict experiences.

Another limitation came from our selection criteria—recruiting scientist-practitioners who are both active in research and providing therapy. Focusing solely on the value conflicts experienced by psychologist who are either primarily practitioners, or, primarily academics may have resulted in a different vision than we gained from psychologists who participate in both professional realms. For example, those in solo private practice may not experience some of the interactions with other professionals that could challenge their religious beliefs.

Another limitation may come from researcher bias. Both members of the research team view themselves as religiously committed psychologists. While efforts were made to acknowledge and be cognizant about our biases, our interpretation of themes and meanings will be influenced by our own values and worldview. Themes and patterns may exist that we are not attending to or focusing on too intensely in our analysis. Our chosen method of Collaborative Hermeneutic Interpretation serves the purpose of balancing researcher assumptions with an attention to disconfirmatory information found in interviews that challenge and test the trustworthiness of the themes we presented.

Recommendations

Religious and professional value conflicts are complex and multi-faceted experiences that cannot be fully explored in a single study. Each theme that we identified could be expanded upon and researched in more detail to better our understanding of the various aspects of values and value conflicts.

Several important themes stood out as warranting further exploration. The first is exploring the positive and negative experiences with supervisors reported by religiously devout trainees. Supervision appeared to be a focal point where these experiences seemed most prevalent in our interviews with participants. They were readily able to recall these helpful and

detrimental experiences and how they related to value conflicts. Because supervisors serve as gatekeepers for the profession of psychology (Ladany, 2007; Bernard & Goodyear, 2014), it is important to understand how that role is being fulfilled when working with trainees with a religious worldview that may be different from that of their supervisor. A better understanding of supervision with religious trainees can also help educate and prepare current and future supervisors to make the supervisory relationship more conducive to professional and personal growth for all involved.

Another theme deserving further research was the apparent lack of attention and discussion about personal, religious, and professional values in training programs. Participants repeatedly reported their desire to have had seminars, trainings, or discussed readings on values—especially dealing with a clinician’s own values. Early education on not only being aware of one’s personal values, but also steps to take in navigating potential value conflicts, could be a valuable source of professional development. Perhaps this could be incorporated into the multicultural training programs or as standalone training on how values in research, therapy, and other aspects affect professional development and producing efficacious practitioners. It is safe to postulate that all psychologists, while providing therapy, will encounter stark value differences between themselves and their clients. Having a foundational understanding of values and value systems in these situations may prove not only beneficial, but crucial to providing competent psychotherapeutic services. We already have evidence that clients are prone to adopt the values of their clients. Understanding the reasons why programs do not discuss values more explicitly could shed light on potential changes that would benefit all trainees—not only those with religious worldviews.

This study was designed to fill a gap in the research by examining the experiences of psychologists during their own personal value conflicts as religiously committed professionals. Having a better understanding of how psychologists view and conceptualize both their religious and professional values will hopefully lead to a more robust view of factors that contribute to professional growth and development and more thoughtful and helpful services to clients. We also hope to better understand the kinds of support and training that would be most helpful to psychologists who will or are currently experiencing personal value conflicts.

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APPENDIX A

Review of Literature

The purpose of this study was to better understand value conflicts that religiously committed psychologists may experience between their personal and professional values. To provide the proper context for this question, the following literature review will investigate how values have been defined and researched in the field of psychology over the years. The connections between values and religion as well as the professional values traditionally endorsed in the practice of psychotherapy will be explored. Lastly, research on the values individual therapists hold and how they impact the psychotherapeutic process will help elucidate the need to better understand the question explored by the current study.

Human Values

The valuing of one behavior, idea, or goal over another is a process as ancient as humanity itself. Right and wrong, good and evil, true and false have been debated, dictated and decreed over the course of human history. Philosophers, prophets, village elders, and sovereigns have sought to delineate what we should aspire towards—and the way we should seek after it. For much of human history, such authority figures were sought for their guidance and counseling in determining how we should live and what we should value. In more recent history—specifically in the social sciences—there have been few researchers that have worked to define and study values. Gordon Allport (1961) took the view that values were a directive and motivating factor for individuals by saying they were a “dominating force in life” (p. 543). Milton Rokeach devoted much of his professional career to the study of human values, which he defined as: “Core conceptions of the desirable within every individual and society. They serve as standards or criteria to guide not only action but also judgment, choice, attitude, evaluation,

argument, exhortation, rationalization, and, one might add, attribution of causality” (Rokeach, 1979, p. 2). This definition places values at the center of most of the activities that define us as human beings. Values affect all aspects of our lives—not simply a list of ideas or propositions to use when trouble-shooting difficult or ambiguous experiences and choices. Schwartz and Bilsky (1987) identified five common features used to define values in psychological literature. This amalgamation of definitions tells us that: “Values are (a) concepts or beliefs, (b) about desirable end states or behaviors, (c) that transcend specific situations, (d) guide selection or evaluation of behavior and events, and (e) are ordered by relative importance” (p. 551). These definitions highlight both the individual and communal aspects of values. While values are held and embodied by individuals, they do not play out in a vacuum isolated from other individuals. They take effect in communities and relationships between individuals, and how one person’s values affect others is a big determinant to whether that value is moral and or desirable.

In another study, Schwartz (1992) identified ten general value types under which most specific guiding values could be categorized. These values types consist of: Self-Direction, Stimulation, Hedonism, Achievement, Power, Security, Conformity, Tradition, Benevolence, and Universalism. These value types are further organized into four groups based on motivational differences: Openness to Change (Self-Direction, Stimulation, & Hedonism), Self-Enhancement (Achievement, Power, & Hedonism), Conservation (Security, Conformity, & Tradition), and Self-Transcendence (Universalism & Benevolence). These overarching value categories are not set up as monopolar plateaus. At a community level, each of these categories can be seen as a bipolar spectrum—allowing for some to be held in higher esteem than others. It is also important to note that there can be significant ingroup difference in values at an individual level.

Values have also been shown to operate at a more expansive societal level. Grounded in the work of Geert Hofstede (2001), Oyserman, Coon, and Kimmelmeier (2002) conducted a metaanalysis comparing literature from different countries that contained collectivistic and individualistic language and evaluations. While they put forth the caveat that at an individual level, value expression is thought to be more varied, they found that societies influence which values become most salient and sought after. In addition, Oyserman and her colleagues (2002) found that societal values can influence the understanding of basic psychological domains such as self-esteem, well-being, and intergroup relations. Understanding this trickle-down effect of values is important, as it allows us to better understand the *why* surrounding an individual's unique context and set of motivating values.

Values have also been shown to be an integral part of a person's overall *worldview*—a term that have gone through various definitional changes over the years and across research studies. Koltko-Rivera (2004) provided his full definition of a *worldview* as follows:

A worldview is a way of describing the universe and life within it, both in terms of what is and what ought to be. A given worldview is a set of beliefs that includes limiting statements and assumptions regarding what exists and what does not (either in actuality, or in principle), what objects or experiences are good or bad, and what objectives, behaviors, and relationships are desirable or undesirable. A worldview defines what can be known or done in the world, and how it can be known or done. In addition to defining what goals can be sought in life, a worldview defines what goals should be pursued.

Worldviews include assumptions that may be unproven, and even unprovable, but these assumptions are superordinate, in that they provide the epistemic and ontological foundations for other beliefs within a belief system. (p. 4)

Koltko-Rivera goes on to differentiate the concept of a worldview from the psychologically-oriented construct of schema. Five major areas of difference are highlighted: entities addressed; mechanism of formation; structure; ease of disconfirmation; and consequences of disconfirmation (see p. 26 in Koltko-Rivera, 2004 for a table contrasting the two). Schemas are (or were originally) centered on concrete objects and actions and are drawn from generalizations based in direct personal experience. Schemas tend to be monopolar in their structure and are associated with minimal risk if proven to be false—the difficulty of which can cover the whole spectrum between easy to difficult. On the other hand, worldviews more often address more abstract and hypothetical concepts and objects. Worldviews not only form through direct personal experience, but there is also an aspect of cultural transmission. Worldviews tend to be multipolar and quite difficult to disconfirm—due to their more abstract and embedded nature. Finally, the consequences of disconfirming a person’s worldview often has a powerfully disrupting effect, leading to either catastrophe or transformation.

Meg Rohan (2000) provides an excellent review on the etymology and history of values as a construct in the social sciences. She also proposes a distinction between personal and social value systems, saying:

Both are intrapsychic structures, and social value systems contain organizations of people’s perceptions of others’ value priorities. Both can influence people’s attitudinal and behavioral decisions, and...reconciliation between action to satisfy personal value priorities or conformity to social value priorities is likely to be a lifelong process. (p. 272-273)

This proposal opens the door for our current study in which we are looking to better understand a specific instance of value conflicts that occur between personal and societal—or community-based—values.

In summary, values are seen and defined less like peripheral guidelines, and are better seen as integral motivating factors that shape and provide meaning for human behavior. We also see communities and societies esteeming certain values over others, which in turn affects the values of individual members. Finally, we see that values are an integral aspects of a person's overall worldview and that values are enacted in relationships between individuals.

Religiousness and Values

Religion, by its very nature and purpose, calls to mind values and value systems—proscribed methods for living and interpreting experiences in the world. Religion has continually been shown to be a prominent source of values in the United States. Eighty-nine percent of respondents in a recent Gallup poll indicated they believe in God/a God and approximately 53% of surveyed Americans indicated that religion was “very important” in their lives—with an additional 22% indicating that it is “fairly important” (Gallup, 2016).

Researchers have sought different ways of studying and describing the relationship between the various religions and different values. Rokeach (1969) described the relationship between religion and values as unique and intertwined:

First...religion teaches man a distinctive system of moral values that he might not otherwise have and, second...such moral values guide man's everyday relations to his fellowman toward higher, nobler, or more humane levels than might otherwise be the case. (p. 3)

While this is a very optimistic view of religious values (not every religion or religious person respects their fellowman in higher, nobler, or humane ways), it reiterates the stance that values are ingrained in relationships between human beings. Rokeach also found that religious persons can be characterized as having value systems that vary from persons who are less religious and nonreligious, thus showing the effect of values at a community level on individual members.

Schwartz and Huismans (1995) studied the relationship between religiosity and values priorities of adherents to four different religions (Judaism, Protestantism, Catholicism, and Greek Orthodox). The authors found both similarities and differences in value priorities among the different religions. A person's choice of, or their inherited, religious affiliation affects the values that are incorporating into their cognitions, behaviors, and overall worldview. One particularly interesting similarities shared by all religions were negative correlations between religiosity (defined as religious commitment) and Hedonism, Universalism, Stimulation, and Self-Direction value types. They concluded that, "Religious socialization is postulated to influence the more strongly committed persons to accept the value priorities that express and support basic theological doctrines and institutional interests" (Schwartz & Huismans, 1995, p. 105). This speaks to the concept that our level of involvement in different communities affects both the values we hold as individuals, both also which values are integrated into our overarching worldview.

Saroglou and his colleagues (2004) performed a meta-analysis of 21 studies examining values of different religions across various countries. Using Schwartz's (1992) value constructs and categories, they found across contexts religious persons tend to place high importance on values related to Tradition and Conformity, while placing low importance on values related to Hedonism, Stimulation, and Self-Direction. The researchers also found a correlation between

the socio-economic development and the type of religious values endorsed. More economic development was associated with less endorsement of conservation values (Security, Conformity, and Tradition) and more endorsement of self-transcendence values (Benevolence and Universalism). This analysis supports the notion that there are multiple cultural and societal factors that play into an individual's personal values.

Analysis of the literature on religiosity and values by Roccas (2005) supports the conclusion that the choice of religion and level of religiosity affect the types of values a person incorporates into their lives. Roccas also proposed that the relationship between religiosity and personal values is bidirectional. Personal characteristics, needs, and traits also affect which and to what extent religious values are incorporated into their worldview. Roccas also described the initial steps in researching value conflicts between a person's various ingroups—in this case being a college student and religion. The two main approaches to value conflicts were to compartmentalize their different identities to be used in different situations, or to create a merged identity with values from both groups.

Therapist Values in Counseling/Therapy

The empirical literature on values in individual counseling/therapy provides a compelling argument that values impact the work in which psychologists find themselves engaged (Bergin, 1991; Delaney, Miller, & Bisonó, 2007). One's personal worldview can also influence the work and theoretical orientation therapists choose to engage in (Tremblay, Herron, & Schultz, 1986; Bilgrave & Deluty, 2002). Although the research establishes the value laden nature of psychotherapy, most ethical and theoretical writings in psychology seem to have skirted the issue of values by appealing to either objective models or some form of relativism (Slife, Smith, & Burchfield, 2003).

Objectivity in therapy. The objectivist stance is that one can take a position independent of or uninformed by one's values. Prominent and influential figures in psychology such as Freud (1977) and Rogers (1966) have endorsed and perpetuated these endeavors. Objectivists work with the assumption they can compartmentalize or suppress certain values dependent on the situation or context in which they find themselves—in the Freudian sense, becoming a *blank screen* towards the client, and in the Rogerian, assuming the client's frame of reference. The power of the objectivist's position is based in being somehow above values and biases—power is being free from subjective restraints. Therapy, within an objectivist worldview, is then a clash of values with the tendency that the most powerful entity's values (usually the *objective* therapist over the *subjective* client) will prevail simply because of the power differential.

Relativity in therapy. Relativism holds that an individual has a right to his or her own legitimate values, relative to their own unique situation (Slife et al., 2003). Those that endorse a relativistic worldview assert that truth is found in their individual context and avoid imposing their values on others. All individuals' worldviews are de facto privileged (i.e., immune from critique) because all worldviews are equally valid. In some ways, relativism can be considered the opposite of objectivity as Slife and his colleagues point out: "Instead of powerful people deciding what is right for everyone...it seems to empower individuals to make their own value choices free from any external coercion or influence" (Slife et al., 2003, p. 58). Therapy, through a relativistic lens, becomes a process controlled by the clients because no therapist, however well-meaning, should exert any persuasion or influence on the client's choices. Relativism raises the questions then as to what purpose, if any, does a therapist serve in therapy; and why the client, who is viewed as self-sufficient, came to therapy in the first place.

Shortcomings of objectivism and relativism. There are clear problems with both objectivism and relativism in terms of their abilities to address value conflicts in counseling or training. First, according to most definitions of values, objectivism and relativism are themselves value stances. Taking Schwartz and Bilsky's (1987) definition of values for example, it becomes clear that both objectivism and relativism are concepts or beliefs about desirable end states or behaviors that transcend specific situations guide selection or evaluation of behavior and events. At a more overarching and general level, both are representative of a specific worldview—beliefs in what is the ultimate reality and how the world works. Ironically, making attempts to achieve either objectivity or relativity to eliminate or diminish the effects of personal values, leads to the embodiment of more values.

Second, these worldviews inevitably leave those with value differences or conflicts either in a power struggle or at an impasse in the question of which values are most tenable. Donna Haraway (1988) illuminated this problem as she described objectivism and relativism as positions that attempt to ground knowledge and scientific practices in different, but related definitions of *truth*—one where truth is acontextual and abstract, the other where truth is essentially context-dependent. Haraway describes objectivism and relativism as “god tricks promising vision from everywhere and nowhere equally and fully” (p. 584). This colorful description highlights the contradictory difficulty that many social sciences, including psychology, run into when trying to discount or eliminate the effects of personal values from professional activities involving human beings. Haraway also describes how they epitomize the concept of a privileged perspective—that a position is justified simply by the perceived power of its position. Appealing to objective models or relativism does little to help address the issue of values, let alone value conflicts, in counseling—they are each problematic in their own way.

Hans Strupp (1980) wrote about the traditional method of training students and future therapists to “keep silent about many of their personal values” (p. 396). If silence is held, the therapeutic relationship (the client’s valuing system) is considered untainted, pure, and conducive to client growth. Once that silence is broken however, the whole relationship may be overly influenced by the therapist’s values. What is lost is more than just silence on certain subject matter—the therapist loses neutrality. Strupp delineates the existence of *essential therapeutic values* that include: personal freedom and independence; responsibility towards others in society; persons conduct their own lives independent of others; persons are responsible for their actions—not their feelings; persons’ individuality should be respected not controlled; and persons can make and learn from their mistakes. Clients become aware of the values that underlie most therapeutic work, though they remain uncommunicated verbally by therapists (Meehl, 1959). The commitment to relativism or objectivity in the therapeutic relationship, therefore, may have never been possible or present in the first place—replaced by the notions that whether articulated or not, therapist values are at play in their professional work.

Value convergence. The literature on how therapist values affect therapy and therapy outcomes dates at least as far back as David Rosenthal’s study, *Changes in Some Moral Values Following Psychotherapy* (1955). Rosenthal hypothesized that patients who improved in therapy would see their values become more similar to the measured values of their therapist, concluding that, “Patients who improved tended to revise certain of their moral values in the direction of their therapists’, while the moral values of patients who were unimproved tended to become less like their therapists” (p. 435). This phenomenon of client values becoming more similar to those of their therapist is called *value convergence*. The work of Larry Beutler (Beutler, 1979, 1981; Beutler, Arizmendi, Crago, Shanfield, & Hagaman, 1983; Beutler, Pollock, & Jobe, 1978) has

confirmed Rosenthal's finding and solidified the existence of value convergence phenomenon. Beutler and his colleagues, along with others (cf. Kelly, 1990), consistently found that therapist and client values tend to converge over the course of therapy. It was also shown that therapists tend to evaluate client improvement in terms of how much clients' values become like their own (Kelly & Strupp, 1992). In other words, success in therapy is defined, to some degree, as how well the client assimilates and endorses the values the therapist—consciously or not—is promoting (Tjeltveit, 1986).

Religion and Psychotherapists

Over the years, surveys and research has shown that psychologists, as a group tend to be less religious than the client population they work with (Bergin & Jensen, 1990; Delaney et al., 2007; Shafranske, 1996, 2000; Shafranske & Cummings, 2013). While this trend has been consistent over the years, this does not mean that psychologists as a group are devoid of their own religious beliefs. In a survey of mental health professionals, Bergin (1991) found that professionals endorsed several values as not only important for a positive, mentally healthy lifestyle, but also important in guiding and evaluating psychotherapy. The importance of mental health professionals' religious preferences was also described:

Professionals thus show an unexpected personal investment in religion...in which 77% of those surveyed agreed with the statement, 'I try hard to live by my religious beliefs' and 46% agreed with the statement, 'My whole approach to life is based on my religion' (Bergin, 1991, p. 396)

Even with this importance placed by many psychologists on their personal religious values, there is evidence that many psychologists hold explicit and implicit negative biases towards religious beliefs and religiously oriented clients. For example, some see religious

thinking as restrictive, shaming, irrational, oppressive, divisive, or punishing. O'Connor and Vandenberg (2005) surveyed 110 clinicians using three client vignettes containing integral beliefs of three religious traditions (Catholicism, Mormonism, and the Nation of Islam). They concluded that when these client beliefs were not specifically categorized as religious, clinicians were much more likely to assess such beliefs as pathological in nature. Ruff and Elliott (2016) performed a similar study using vignettes of a client's presenting concerns, with one version identifying the client as an Evangelical Christian, the other making no mention of client religious affiliation. Across 382 participants, they concluded that clinicians tended to express less empathy and give a poorer prognosis to vignettes which overtly identified the client as religious. These findings support the conclusion that the interplay between the religious beliefs of psychologists and how they approach religious beliefs in their professional activities is a complex and multifaceted phenomenon. It is also evidence in support of religious values and beliefs being a point of conflict for many psychologists.

There has also been an increasing number of attempts to integrate religious practices with more traditional psychotherapy approaches. Smith, Bartz, and Richards (2007) conducted a meta-analysis looking at 31 different outcomes studies of spiritually oriented therapies. They found evidence that across gender and age groups, that spiritually oriented therapies benefited clients involved in the analyzed studies. In looking at the spiritual techniques used in these outcomes studies (teaching spiritual concepts, religious imagery/meditation, client prayer, and religious bibliotherapy), we can get a glimpse into the various ways that religiously-oriented psychologists may overtly connect their personal values to their professional activities.

Efforts have also been made to increase education about positive and negative aspects of religion (cf. Richards & Bergin, 2005), and for religious and spiritual competency education in

training programs (Hage, 2006). In a more recent study, Magaldi-Dopman and her colleagues (2011) interviewed 16 experienced psychologists about their spiritual and religious identity development. They found that psychologist described their own spiritual development as a journey full of “changes, challenges, and conflicts” (p. 300). They also offered descriptions of how their own religious values interact with the religious values of their clients—often activating emotional reactions within the clinician. They also reported a somewhat disconcerting finding that opportunities for spiritual self-awareness during their initial professional training was scarce—even discouraged. Findings such as this have prompted some researchers to push towards establishing training and practice competencies for spiritual and religious issues. Drawing from the same vein as multicultural competence, Vieten and her colleagues (2013) propose 16 spiritual and religious competencies for psychologist. The proposed competencies are structured to be a form of multicultural competence which includes areas of awareness of attitudes, specific knowledge, and appropriate skills (Arredondo et al.,1996; Sue, 1998). One major purpose of having spiritual and religious competencies is to promote discussion for minimal standards of education on such issues in clinical training programs. This in turn could affect the way in which trainees in psychology are prepared for and approach their own personal value conflicts.

Value Conflicts

These findings reinforce the importance of helping psychologists better understanding their values—both professional and personal. If clients adopt a set of values as part of the course and process of therapy, then there exists a profound ethical responsibility to ensure that the values inherent in our training programs and therapy models are applicable to diverse clients and well-grounded in available research. It is also important that these values reflect their connection

to specific philosophical frameworks and definitions of mental health—ultimately promoting and serving the betterment of both individual clients and our societies at large. Likewise, we have a responsibility in our training programs that future psychologists develop the philosophical sophistication that will enable them to examine their values in light of professional standards and to work through any attitudes or values that may conflict with being able to provide effective services to those seeking therapy. This was recently called to attention by a group of training directors of counseling psychology programs in the United States who published a values statement to clearly articulate the disciplines position on values, diversity, and preparing students for value conflicts (Mintz et al., 2009). In this article, the authors recognize that very few attempts seem to have been made to address these issues (Pipes, Holstein, and Aguirre, 2005). The authors also discuss the recent work of W. Brad Johnson and his colleagues (Johnson & Campbell, 2002, 2004; Johnson, Porter, Campbell, & Kupko, 2005) as they have begun to address the question of character and fitness requirements in the training of psychologists.

Very little direct research has been conducted on understanding value conflicts from the point of view of the psychotherapist. Roccas and Brewer (2002) approach the experience of value conflicts through a concept they titled *social identity complexity*. In brief, individuals who find themselves part of multiple ingroups tend to employ different strategies to navigate identity conflicts: intersection; dominance; compartmentalization; and merger. The authors then detailed a preliminary study looking at values and social identity complexity involving self-identified religious students at university (religion and student being the ingroups). They found that personal value preferences influenced whether students merged or compartmentalized their seemingly conflicting identities.

Williams and Levitt (2007) conducted interviews with 14 expert psychotherapists from four theoretical orientations (Humanist, Constructivist, Cognitive-behavioral, and Psychodynamic) to better understand value convergence and how they navigate therapist-client value conflicts. They performed a grounded theory analysis on the transcribed interviews which resulted in two major themes: therapists tended to use moral relativity when negotiating client values; and therapist used their own mental health values as a metric for client progress. They found that most of the therapists they interviewed were reluctant to make any attempts to change the values held by the client, but also recognized that value judgements were an inevitable part of therapy. When conflicts arose, therapist tended towards one of two strategies to resolve potential dilemmas and power struggles. The first was to default to working within the clients' values and worldview—except for instances when the clients' values were either antisocial or self-destructive. The second strategy was to both challenge the values and beliefs of client with those the therapist considered healthier, and to encourage the client to evaluate their own values.

APPENDIX B

Guiding Questions

1. Could you tell us about your background as a therapist?
2. What theoretical orientation in psychology do you most identify with?
3. What is the predominant type of client that you see in therapy?
4. Could you tell us about the religion that you identify with?
5. Can you tell us about your commitment to or involvement in that religion?
6. What are the most important guiding values that you receive from your religion?
7. Do you feel like it is possible to be religiously committed and be an effective psychotherapist?
8. How do your religious values affect your work with clients?
9. Have there been times where your religious values are at odds with your client's values?
10. If so, can you describe how that conflict plays out in the therapeutic relationship—
including the manner in which you try to resolve the conflict?
11. How well do you think your religious values match up with the values of professional psychology?
12. Do you feel like it is possible to be religiously committed and be a psychologist?
13. Have there been times where your religious values are at odds with the values of your profession?
14. Can you describe what it is like to experience conflicting religious and professional values?
15. During value conflicts, do you tend to be more flexible towards your religious or professional values?

16. Is there anything that helped to prepare you to navigate conflicts between religious and professional values?
17. Is there any training you wished you had received during your graduate studies that would have better prepared you to deal with value conflicts?
18. Have you ever felt pressure to change or discard either your religious or professional values during a conflict?
19. How do you personally navigate conflicts between your religious and professional values?
20. Have you seen your religious values change during your career?
21. In your opinion, how have the values of your profession changed during your career?
22. What area of psychological research are you currently engaged in?

APPENDIX C

Demographics Survey

1. What is your gender? M / F
2. What is your age?
3. What is your current marital status?
4. Which best describes your ethnic background?
 - a. Caucasian
 - b. Hispanic/Latino
 - c. African American
 - d. Asian
 - e. Asian American
 - f. Native American
 - g. Polynesian
 - h. Other
 - i. If other, please describe your ethnicity in your own words:
5. Which best describes your religious affiliation?
 - a. Protestant
 - b. Catholic
 - c. Muslim
 - d. Buddhist
 - e. Jewish
 - f. LDS/Mormon
 - g. Other Christian
 - h. Other
 - i. If other, please describe your religious affiliation in your own words:
6. In what year did you become a licensed therapist?
7. Please describe your training and the type of degree you received:
8. How many years of clinical/counseling experience do you have?
9. On average, how many clients do you see each week?

APPENDIX D

Recruitment Letter

To Division 36 Members

My name is Michael Williams; I am a doctoral student at Brigham Young University, working with Aaron Jackson, Ph.D. We are using the Division 36 list serve to recruit religious participants for a study we are conducting. Participants will be given a \$50 Visa gift card as compensation for their time.

We hope to recruit and interview 20 psychotherapists who meet the following criteria:

- (a) Self-identify as a committed member of an organized religion with a creedal set of values**
- (b) Currently a practicing clinician, seeing on average at least 5 clients per week**
- (c) Currently a practicing scholar, having presented or published at least 3 scholarly works in the last 3 years**
- (d) Have experienced some dissonance between one's religious values and those of the profession**

Participants will be sent a brief demographics survey and then take part in a 45-60 minute recorded interview either over the phone or Skype. A short follow-up survey will be sent to each participant 6-8 weeks after the interview takes place. We hope that the Division 36 list serve will help us to quickly and efficiently recruit the participant we are hoping to find.

Thank you for your time. If you have any questions about this study, please feel free to contact me at galegoforte@gmail.com.

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