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Helpful and unhelpful factors associated with secular psychotherapy amongst Christians: a story-stem study

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ABSTRACT

This qualitative study utilized the novel story completion method to assess perceptions toward receiving "secular" psychotherapy among 27 Christians. An inductive thematic analysis revealed that secular psychotherapy was generally viewed as positive by affording emotional containment, coping skills, and meaning-making but less helpful when a client's religious beliefs were pathologized or minimized. The findings highlight growing acceptance of psychotherapy among Christians, emphasizing the need for practitioners to respect clients' religious worldviews. This research is relevant for professionals working with religious clients and clinical training programs aiming to address religion and spirituality in culturally and religiously syntonic forms.

KEYWORDS

Religion; psychotherapy; perceptions; Christian; mental health

Introduction

The experience of mental illness is subject to a number of biological, psychological, and social influences (Gask, 2018). Religion and spirituality (R/S) represents another influence, shaping the experience of mental illness, coping, and recovery. Religion offers both positive factors, such as congregational support and religious meaning-making, and negative factors, such as stigmatization, marginalization, and conflict between the experience of mental illness and faith among Christians (Lloyd & Hutchinson, 2022; Lloyd, Cathcart, Panagopoulos, & Reid, 2023). Poor mental health literacy and stigmatization of secular support, treatment which is not officially affiliated with any religious body, among Christian communities indicate the need to more fully understand the contexts and processes by which Christians with mental illness access and experience secular support (Lloyd, 2021; Lloyd & Panagopoulos,

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2022, 2023; Lloyd & Reid, 2022). As almost a third of the world's population identify as Christian (Pew Research Centre, 2012; Statista, 2023), this study responds to the necessary need to explore the manner in which Christian faith influences the experience of mental illness, help-seeking, and recovery. The following literature review draws predominantly from qualitative research; quantitative research is explicitly stated as such.

Both qualitative and quantitative research indicates that Christians often seek support for mental health struggles from religious leaders and groups (Lloyd, Cathcart, Panagopoulos, & Reid, 2023; Smietana, 2014), especially evangelical communities (Lloyd et al., 2021) and those with greater level of religious commitment (Greenidge & Baker, 2012). Despite this, not all religious professionals feel equipped to support these individuals and poor mental health literacy among Christian communities (Caplan, 2019; Proctor et al., 2019) may encourage the stigmatization of mental illness and lead to the isolation, exclusion, and abandonment of Christians with mental illness (Lloyd & Hutchinson, 2022; Lloyd et al., 2022; Lloyd, Cathcart, & Panagopoulos, 2023; Lloyd, Cathcart, Panagopoulos, & Reid, 2023). Furthermore, qualitative and quantitative research shows that non-supportive or judgmental conceptualizations of mental health and the stigmatization of secular help-seeking further strengthen barriers to accessing help (Lloyd et al., 2022; Mojtabai et al., 2016).

Cook et al. (2017) highlight the benefits of early therapeutic intervention for mental illness. However, a perceived gulf between religion and secular mental health support has been described by both qualitative and quantitative inquiry (Clorina Romelito Manuel et al., 2024; Lloyd & Waller, 2020; Mayers et al., 2007), with psychotherapy being perceived as belonging to the secular domain (Webb et al., 2008; Worthington & Aten, 2009). While individual therapists themselves may hold spiritual beliefs and integrate aspects of spirituality into their practice through mindfulness or meditation, secular psychotherapy is broadly understood and used in this paper as types of therapy which are not affiliated with any specific religious body or institution. Instead, they are affiliated with psychological practice and therapy. However, as indicated by qualitative and quantitative findings, the lower levels of religious affiliation reported among therapists compared to the clients they work with (Delaney et al., 2007; Greenidge & Baker, 2012; Post & Wade, 2009; Rosmarin et al., 2013) may contribute to the perceived incompatibility of religion and secular psychotherapy. As the development of a positive and trusting therapeutic alliance is key to successful psychotherapeutic intervention (Cojocaru et al., 2013; Koenig et al., 2016), the differences in beliefs and meaning-systems between the therapist and client may impact the efficacy of treatment, as concerns regarding trust, mutual understanding, and knowledge of religion may be held by the clients (Giglio, 1993). Quantitative study has indicated that

similarity between the R/S views of the therapist and client may bolster the efficacy of therapeutic intervention (Wade et al., 2007).

Christians and secular psychotherapy

Literature has indicated that exploring R/S matters with their therapist is important for some clients seeking psychotherapeutic support (Barnett, 2016; Post & Wade, 2009; Sperry & Shafranske, 2005); moreover, quantitative findings have shown that it can support positive health outcomes (Bowland et al., 2012). Some clients report positive experiences when discussing their religious beliefs with a secular therapist, noting the importance of respect, acceptance, and a nonjudgmental approach (Cragun & Friedlander, 2012). Significantly, as clients' preferences regarding discussing or focusing on R/S matters vary, it is important to understand the individual's desires and expectations when beginning therapy (Cragun & Friedlander, 2012). Moreover, Cragun and Friedlander (2012) highlight that secular therapy is experienced positively by Christian clients when secular psychotherapists show an interest and understanding of their faith, incorporate religious beliefs into the treatment plan, and engage in and not avoid discussions about religious topics. It was also considered important for secular therapists to recognize the limitations of the support they can offer in religious matters and to explain this in an accepting and validating manner (Cragun & Friedlander, 2012). Some literature noted that the disclosure of the therapists' (non)religious beliefs aided the development of a trusting therapist–client relationship (Giglio, 1993; Mayers et al., 2007). Secular psychotherapy was positively appraised for being more available than religious therapies, as well as allowing Christian clients to circumvent the stigma of accessing secular services sometimes present in religious communities (Cragun & Friedlander, 2012; Lloyd, Cathcart, Panagopoulos, & Reid, 2023). Finally, perceiving secular services as an extension of God's healing power may encourage Christains to access and engage with secular treatment, as well as offer explanatory frameworks for mental illness and recovery (Cragun & Friedlander, 2012; Lloyd, Cathcart, Panagopoulos, & Reid, 2023). Notably, recent studies have indicated the desire among Christians for an integrationist approach to mental health support that recognizes psychological, physical, and spiritual components of mental illness (Lloyd, 2024, 2025).

Conversely, a number of negative experiences of Christians attending secular psychotherapy are also described in the literature, as religious individuals may perceive secular mental health services negatively or as conflicting with their religious beliefs (Mitchell & Baker, 2000). Moreover, some may hold perceptions that accessing secular mental health services may be a rejection of their religious beliefs and God's healing (Mayers et al., 2007), as well as fears that their faith may be challenged or attacked by anti-religious sentiments

(Giglio, 1993). Perceived challenges to religious meaning-making systems via engagement with secular services may cause distress to the individual (Helminiak, 2001). This may be especially relevant to Evangelical clients who may hold a more negative view of therapeutic intervention (Lloyd et al., 2021), as quantitative research shows that mental illness is often conceptualized as representative of one's spirituality and faith (Hartog & Gow, 2005).

Previous qualitative research has noted that Christians may anticipate challenges in discussing spiritual or religious issues in a secular environment with a non-religious therapist (Mayers et al., 2007), and, due to the sensitivity and cultural significance of religion and spirituality, some clients may find it difficult to broach these topics with therapists (Clorina Romelito Manuel et al., 2024); others may be uncertain if their secular therapists are allowed to speak about religious topics (Cragun & Friedlander, 2012). Christians may be concerned that their religious beliefs and practices will be pathologized or diminished by secular mental health services (Cragun & Friedlander, 2012; Worthington & Aten, 2009). Notably, religious beliefs that depart from mainstream religious beliefs were more likely to be pathologized by mental health professionals (O'Connor & Vandenberg, 2005). Diminishing or disregarding an individual's religious and spiritual views can inhibit the development of a positive therapeutic alliance (Ross, 1994) and negative or unsatisfactory experiences of disclosing concerns or issues of a spiritual nature to a secular therapist may discourage the individual from future disclosures of that nature (Mayers et al., 2007). Cragun and Friedlander (2012) note that the negative experiences of Christians accessing secular therapy were characterized by a judgmental, disrespectful, derogatory, or avoidant approach by the therapist, in which the client did not feel listened to and felt as though their religious beliefs were misunderstood. While some Christian clients promoted incorporating religious coping as part of their treatment plan, they warned against over-spiritualization of their concerns (Cragun & Friedlander, 2012). Moreover, Christian clients may feel apprehensive about portraying Christianity poorly or in a negative light (Cragun & Friedlander, 2012). Much of the current literature, however, is limited in that it draws on direct beliefs and experiences with relative neglect toward social perceptions of psychotherapy.

The current study

Considering the current literature, this study seeks to explore the positive and negative perceptions of accessing and participating in secular psychotherapy as a Christian. Additionally, this study aims to offer insights and recommendations to secular psychotherapists working with Christian clients. Whilst previous research has used traditional qualitative methodologies (e.g., interviews, surveys, etc.) to explore direct beliefs and experiences toward

psychotherapy within Christian populations, in this study, we propose to utilize the novel story completion (SC) method to access participants' implicit beliefs and social perceptions toward secular psychotherapy. SC as an emerging qualitative methodology is particularly suited for exploring social perceptions and discourses, depending on the epistemological framework selected; however, this method has seldom been used in the field of spirituality and mental health despite its potential significance. Considering spirituality and psychotherapy are often both sensitive, socially contextualized and meaningful topics to individuals, we believe SC is an effective means of implicitly exploring assumptions and perceptions while circumventing the social-desirability bias present in the current literature by way of self-report methods (Lloyd, 2023). For a full methodological review and case study of the story completion methodology in action, as applied to the context of spirituality and mental health, see Lloyd (2023).

Method

Design overview

This study employed the novel story completion (SC) method for data collection – a method by which participants are invited to imagine and respond to a fictional story prompt in their own words (Braun et al., 2019). SC is rooted in psychoanalytic and projective tests, in which a client's response to an ambiguous prompt was considered to provide insight into their unconscious understanding and perceptions (Lloyd, 2023; Rabin & Zlotogorski, 1981). While the implementation and structure of SC has evolved since these early clinical applications, similar processes of accessing sociocultural concepts, meaning-making systems, and discourses via SC can be valuable to qualitative researchers (Moller et al., 2021). Unlike in interviews and focus groups, participants are not asked to self-report or explicitly reference their own experiences in response to questions or exploration of a topic (Moller et al., 2021); rather, it offers participants the opportunity to imagine how the hypothetical narrative may be completed, as influenced by one's beliefs, culture, and experiences, and indicate the various perceptions, constructs, assumptions, and possibilities around a topic (Fettes, 2008). Considering religion is often a sensitive and meaningful topic to individuals, SC is an effective means of implicitly exploring assumptions and perceptions while circumventing the social-desirability bias present in self-report methods (Lloyd, 2023).

Ontology and epistemology

Morrow (2005) describes the importance of outlining the philosophical, theoretical, and epistemological models employed when undertaking qualitative

research to ensure quality and trust. SC research has generally been undertaken in studies employing *essentialist/realist*, *contextualist*, or *social constructionist* frameworks of epistemology (Clarke et al., 2017). Lloyd (2023) emphasizes that these frameworks constitute a spectrum in which elements may be combined and encourages researchers to ensure their epistemological frameworks reflect the research questions and goals. This study employs a contextualist approach (Clarke et al., 2017); as such, it seeks to explore the participant's perceptions of a topic while recognizing and exploring the manner in which these perceptions are socially and culturally mediated and embedded. This approach captures aspects of other epistemological frameworks on the spectrum in that participant perceptions are viewed as offering partial insight into inner psychologies (*essentialist/realist*), yet these perceptions are themselves influenced and partially constructed from the wider social and cultural discourses in which they are located (*social constructionist*; Lloyd, 2023).

Reflexivity

Qualitative research places importance on researchers acknowledging their own experiences, values, and assumptions and how these may permeate the research process. The first author CL is a Christian, Counselling Psychologist, and qualitative researcher in the area of mental health, religion, and culture. He brings an intersectional standpoint to the topic and grew up with direct and intimate knowledge and experience of the Christianity. He conducts research which aims to support a holistic understanding of mental health for both the secular and Christian communities. While no longer practicing, JC has positive experiences of Christian faith and community having been raised in a Presbyterian household. Additionally, he has personal experience of the supportive role of secular psychotherapy when experiencing mental illness. Author MCP is a practicing Christian, whose research is focused on understanding the intersection between religion, identity, and mental health. Her academic training is in the area of psychology of religion. Having a respect for the role of spirituality and religion in psychological health, she aims to promote a more nuanced understanding and collaboration between the realms of spiritual and psychological care.

Recruitment and data collection

Participants were recruited through snowball sampling from online religious media platforms. The University of Derby Ethics Committee [ETH2122–3464] approved the study. To be eligible to take part, participants were required to be 18 years of age or older and to identify as Christian. In this study, secular therapy referred to psychotherapeutic work with clients in which the therapist

did not practice an explicitly religion-based therapy. More generally, we employ psychotherapy as an umbrella term that encompasses the various forms of talking therapy available. Participants provided written informed consent before beginning the study. Participants were not recompensed for their participation. Data were collected, stored, and processed in line with UK GDPR and the Data Protection Act (2018). After completing informed consent and demographic variables, participants were provided with the following three story stems to complete in their own words. They were instructed to respond with whatever came to their mind and to complete the stories in as many words as possible, with a minimum of 10 lines. Participants were provided with the following three fictional story stems and were asked to complete the stories in their own words:

Story 1: Alex, a born-again Christian, had started suffering from anxiety, depression and panic attacks. They attended a course of therapy with a psychologist who . . .

Story 2: Ali, a Christian, started some counseling for low mood. After finishing the therapy, they . . .

Story 3: Chris believed depression had spiritual causes. They went to their local counselor who. . .

Participants

Responses to the online survey were downloaded into a Microsoft Excel document. A sample of $N = 27$ participants was obtained. Of the sample, 10 identified as men, and 17 identified as women; the mean age was 40.53 years ($SD = 12.12$). The sample was predominantly White Caucasian ($n = 18$) and geographically located in the UK ($n = 22$). The participants described a range of Christian denominations to which they subscribed. Additionally, they self-reported a variety of mental health conditions and types of therapies attended. A detailed account of the participant demographics can be found in Table 1.

Data analysis

Thematic analysis was undertaken following the guide outlined by Braun and Clarke (2006, 2013). This six-phase process began with one of the authors (JC) familiarizing themselves with the data by reading through the participant responses (Step 1) before generating initial codes (Step 2). These codes were then examined with more scrutiny, allowing the identification of core features and the development of initial themes (Step 3). Authors JC and CL met to interrogate, review, define, and describe these themes (Steps 4 and 5) before reporting the findings in the manuscript write-up (Step 6). Considering the employment of SC methodology and a contextualist epistemological framework in this study, the authors took guidance from Yardley (2008) throughout

Table 1. Demographic characteristics of sample ($n = 27$).

Characteristic	
Age	$M = 47.59$ $SD = 16.13$
Gender	Man = 10 Woman = 17
Ethnicity	White Caucasian = 18 Caribbean = 1 Not disclosed = 8
Geographical Location	UK = 22 USA = 1 France = 1 Australia = 1 The Netherlands = 1 Not disclosed = 1
Level of Education	High school = 3 College = 1 Undergraduate = 6 Postgraduate = 13 Doctorate = 2 Not disclosed = 2
Length of Time as a Christian ($n = 25$; not disclosed = 2)	$M = 38.24$ $SD = 15.72$
Priest, Vicar, Pastor, or other church leader with formal training or accreditation	Yes = 8 No = 19
Frequency of Church Attendance	Daily = 1 Several Times Weekly = 6 Weekly = 14 Monthly = 1 Seasonal = 4 Yearly = 1
Denominations	Church of England = 6 Methodist = 6 Evangelical = 3 Anglican = 2 Roman Catholic = 1 Open Church Network = 1 No particular denomination = 5 Not disclosed = 3
Self/Loved One Experience of Mental Health Condition	Yes = 24 No = 3
Mental Health Conditions	Depression = 18 Anxiety = 14 PTSD = 3 OCD = 1
Attended Secular Psychotherapy in Last 3 Years	Yes = 19 No = 8
Type of Therapies Attended	Counseling = 11 CBT = 10 Psychodynamic/ Psychoanalytic = 2 Other = 2 Narrative = 1 Somatic experiencing = 1
Experience of Secular Psychotherapy	Positive = 14 Neutral = 2 Mixed = 2 Negative = 1

This table reports that $n = 8$ participants did not disclose their ethnicity; specifically, $n = 6$ disclosed their nationality and $n = 2$ chose not to disclose their ethnicity. The authors were unable to infer or report ethnicity based on the participants disclosed nationalities.

the analysis process; specifically, they explored the data with recognition of the socio-cultural discourses from which the participant responses were contextualized. Additionally, intentional reflexivity (see above) and an in-depth immersion within the available literature sought to protect the analysis from researcher preconceptions influencing or prescribing theme discovery.

Results

Two major themes, *Positive Factors Associated with Secular Psychotherapy* and *Negative Factors Associated with Secular Psychotherapy*, and their sub-themes, were identified in the data. A description of each theme and sub-theme, as well as a selection of illustrative quotations, can be found in Table 2.

Positive factors associated with secular psychotherapy

This major theme outlines the ways in which secular psychotherapy may be perceived as helpful among Christians, noting the positive factors and outcomes perceived by participants. This theme was referenced by 23 of the 27 participants and consists of five sub-themes: 1) *Emotional Containment*, 2) *Mental Health Literacy*, 3) *Improved Mental Health and Use of Coping Methods*, 4) *Congruence with Faith*, and 5) *Integrationist Perspectives*.

Emotional containment

Referenced by six participants, this sub-theme outlines the benefits of emotional containment offered by secular psychotherapists via empathetic listening practices. In four stories, the psychotherapist's ability to listen was described in the first sentence: they "Listened to him" (14); "Listened" (12); "Listened to what they were saying" (25); "Listened. It is sometimes hard to be a Christian" (14). The opportunity to share and be listened to is perceived by Christians as an important and constructive factor of secular psychotherapy. Emotional containment and listening practiced was described as offering Christians the opportunity to reflect on their experiences, gaining a greater understanding of themselves and a wider system of meaning: "The deep listening available in psychotherapy eventually allowed Alex to access and articulate parts of themself that didn't fit within the identity and trajectory of their upbringing" (18); "The important thing was just to listen and help Alex reflect back – seeing the wider picture" (3). Notably, the manner in which the psychotherapist listens impacts the experience of psychotherapy, as described by participant 20: "The psychologist listened to them empathetically and took a person-centered approach to delivering their care" (20). It is not just the act of emotional containment, but the manner and approach in which it is undertaken that influences the perception of secular psychotherapy as being beneficial to Christians.

Table 2. Description of themes and sub-themes.

Theme and Subtheme	Description	Illustrative Quotations
Positive Factors Associated with Secular Psychotherapy	**This theme explores how psychotherapy may be perceived as helpful amongst Christians. This includes the various positive factors and outcomes associated with secular psychotherapy among Christians.**	
Emotional Containment	Outlines the perceived value and positive function of a secular psychotherapist's ability to listen empathetically to Christians when accessing support for mental health.	"The psychologist listened to them empathetically and took a person centered approach". (20) "The deep listening available in psychotherapy eventually allowed Alex to access and articulate parts of themself that didn't fit within the identity and trajectory of their upbringing." (18)
Mental Health Literacy	Outlines the perception of secular psychotherapy as a means to improve Christians' understanding of their own mental illness and offer explanatory frameworks to support their recovery.	"[the psychotherapist] Discussed at length that the causes of depression are multifaceted and tried to figure out what was the best way for Chris to understand his depression." (19) "[the psychotherapist] could also explain about panic attacks and how the physical symptoms can be managed by simple breathing techniques. Understanding a problem gives control." (14)
Improved Mental Health and Use of Coping Methods	Outlines the perceived function of secular psychotherapy as a means to improve Christians' mental health. It outlines how psychotherapy can equip individuals with positive coping methods to offer continued mental health support.	"He felt life was brighter. He still had dark days but the therapy had given him tools and techniques that he could rely on to bring himself back up." (14) "Alex began to feel better as he was equipped with the tools to challenge his thinking and adapt his behavior." (20)
Congruence with Faith	Outlines the perception of the significance of congruence between the experience of secular psychotherapy and the individual's religious beliefs and values. Specifically, it relates to 1) the therapist's ability to accept the individual's faith and encourage spiritual support, 2) the individual's ability to positively incorporate secular psychotherapy into their religious framework of meaning, and 3) the increased opportunity for individuals to engage positively in their religious beliefs and community as a result of improved mental health.	"the psychologist took his faith seriously" (3) "They learnt to accept healing through secular means as a gift from God." (9) "Alex was better able to engage with his religious beliefs and religious community as his mood improved". (20)
Integrationist Perspectives	Outlines the promotion of an integrationist approach in secular psychotherapy by Christians; specifically, they indicate the significance of an approach that integrates spiritual, mental, and medical perspectives.	"The psychologist took a holistic and comprehensive approach to formulating his issues and so took into account the protective and detrimental factors associated with having religious belief." (20) "[the therapist] explained different models for the development and maintenance of depression, but also discussed possible spiritual support avenues that he could explore." (11)
Negative Factors Associated with Secular Psychotherapy	**This theme explores how psychotherapy may be perceived in negative ways amongst Christians. This includes the various negative factors and outcomes associated with secular psychotherapy among Christians.**	

(*Continued*)

Table 2. (Continued).

Theme and Subtheme	Description	Illustrative Quotations
Dissonance with Faith	Outlines the perception of the difficulties associated with any dissonance between the experience of secular psychotherapy and the individual's religious beliefs and values. Specifically, it relates to 1) the pathologizing of faith, lack of religious understanding by secular therapists, and dissonance between the therapist's and individual's perceptions of faith, spirituality, and meaning-making, 2) the dissonance between the individual's framework of meaning and the experience of mental illness, and 3) the stigmatization of mental illness by religious communities.	"Alex is nervous about his faith being pathologized" (3) "as a born again Christian they should have been able to cope. They were convinced that their faith should be enough to get them through the anxiety and depression" (8) "Ali found that people within his religious community were not supportive of his choice to have counseling and would rather that he dealt with his issues through prayer and scripture reading." (20)

Mental health literacy

This sub-theme explores the perception that secular psychotherapy can offer Christians a greater understanding of mental health and mental illness, developing and improving their mental health literacy. It was referenced by eight of the 27 participants. Secular psychotherapy was perceived as supporting Christains to better identify their feelings, as described by participant 5:

> [Ali] Felt better able to identify emotions and feelings. Ali learned that he ignored negative emotions until he felt extremely stressed or low in mood but that his body had been trying to tell him for some time how he was feeling. (5)

An enhanced ability to identify one's emotions allows for a greater understanding of self and one's needs. Additionally, secular psychotherapy was perceived as promoting an acceptance of low or negative feelings: "[Ali] Felt that it was ok to sometimes be in a low mood, and that it would not last forever" (12). It appears that improved mental health literacy may work to destigmatize mental illness among Christians.

Another helpful factor of psychotherapy perceived by the participants was its ability to support a greater understanding of the causes and reasons for poor mental health. For some participants, this was described more generally, without reference to specific mental illnesses: "[the psychologist] helped them to get to the root of their problem" (13); "The therapy [. . .] helped him recognize that he had faulty thinking" (5). Others were more explicit in referencing their mental health and illness: "[the therapist] Helped them to see where their anxiety came from" (9); "[The therapist] Discussed at length that the causes of depression are multifaceted and tried to figure out what was the best way for Chris to understand his depression" (19).

Importantly, understanding the causes or reasons for poor mental health was perceived as being prerequisite to obtaining a sense of control over one's situation. A greater understanding of one's own mental health in itself offered

relief from its negative outcomes: "Ali learned to acknowledge the feelings and that this made them less powerful. Once acknowledged, they would pass" (5); "Understanding a problem gives control" (14). In summary, secular psychotherapy was generally perceived as offering a boost to mental health literacy, promoting a greater ability to identify, accept, and understand one's feelings and difficulties with mental health.

Improved mental health and use of coping methods

This sub-theme outlines the perceived function of secular psychotherapy as a means to improve Christians' mental health. It outlines how psychotherapy is perceived as equipping individuals with positive coping methods to support mental health. Twenty-one of the 27 participants made reference to this concept.

The ability of secular psychotherapy to improve the mental health of Christians was widely described: "he started to feel better week by week" (17); "felt much better" (9); "He felt life was brighter" (14); "He noticed some improvement in his mood and self-care" (11). Additionally, the stories described their protagonists as having a greater sense of self-acceptance and motivation: "[they] Found a way to accept their true selves" (16); "He had happy days again and started to have more motivation to go after the things he wanted" (21). A key contributor to the improved mental health of Christian attending psychotherapy was perceived as being the coping strategies taught in psychotherapy and employed by the individual: "Alex began to feel better as he was equipped with the tools to challenge his thinking and adapt his behavior" (20).

The general concept of coping strategies was frequently referenced in the stories: "[the therapist] Provided them with coping mechanisms" (16); "[the individual] had the tools and the knowledge of how to cope with their low mood. This meant if they get low again they could use what they have learnt to help them in the future" (19). Some made reference to specific challenges the protagonists were facing and the strategies learned to manage and address them: "The therapist explained exercises and activities that might help with controlling their anxieties" (7); "They used techniques to help them deal with specific triggers and symptoms as well as opportunities to reflect on how those techniques helped (or not)" (24); "The psychologist helped them to realize that there were ways to take control of their emotions, through simple mindfulness techniques" (27). Appropriate, effective, and applied coping strategies appear to be perceived as particularly helpful to Christians experiencing mental illness and attending secular psychotherapy.

Lastly, there were descriptions of the continuing effects of secular psychotherapy in supporting the mental health of Christians via learned coping strategies, even after treatment concluded: "Alex still had periods of anxiety, depression and occasionally panic attacks, but they were able to cope with

them and work through them" (27); "He still had dark days but the therapy had given him tools and techniques that he could rely on to bring himself back up" (14); "the therapist gave Alex information to take away and refer to later that would help Alex build on the progress they had already made" (7). Another perceived value of secular psychotherapy for Christains with mental illness appears to be the lasting benefit of learned and integrated coping strategies for supporting mental health.

Congruence with faith

Referenced by 11 participants, this sub-theme outlines the perception of the significance of congruence between the experience of secular psychotherapy and the individual's religious beliefs and values. Specifically, it relates to 1) the therapist's ability to accept the individual's faith and encourage spiritual support, 2) the individual's ability to positively incorporate secular psychotherapy into their religious framework of meaning, and 3) the increased opportunity for individuals to engage positively in their religious beliefs and community as a result of improved mental health.

The therapist's acceptance of the individual's faith was considered vital to developing a positive and supportive relationship and benefiting mental health: "Ali depended on how he related personally to the psychologist and if the psychologist took his faith seriously" (3). Participant 3 indicates the concern about possible stigmatization or pathologization of religion when accessing secular psychotherapy and the necessity for openness to and acceptance of faith and religion on the part of the therapist: "The counselor was aware that for those whose faith or beliefs were important to them *might* [emphasis added] need to discuss their condition from a spiritual perspective" (7). Participants perceived the importance of secular psychotherapists being open to exploring and promoting spiritual avenues of support: "[the therapist] encouraged Chris to speak to a more experienced Christian who they trusted about the spiritual aspects of depression" (7); "[the therapist] encouraged them to make use of the social resources available to them through their religious group" (20); "[The therapist] explained different models for the development and maintenance of depression, but also discussed *possible* [emphasis added] spiritual support avenues that he could explore" (11). Noting the authors' emphasis above, these passages describe optional, and not prescriptive, spiritual supports that may be accessed or implemented as per the individual's religious framework and in congruence with their faith and wider system of meaning-making.

Similarly, it was perceived as important for secular psychotherapy to be appropriately incorporated into the individual's religious framework of meaning. This relates to the individual's perceptions and beliefs about their religion and of secular psychotherapy. In one story, "therapy did not detract from [Alex's] faith, it helped him recognize that he had faulty thinking and gave him

some strategies to challenge this" (5). This acceptance of secular healing allowed other stories' protagonists to "[grow] in confidence in God and in themselves" (13) and become "better able to engage with his religious beliefs [. . .] as his mood improved and found that he could draw hope and meaning from his religious belief system in a whole new way" (20). For others, secular psychotherapy offered a space to understand and identify the perceived etiology of their mental illness: "[the therapist] Helped them to realize [their depression] came from trauma, rather than spiritual forces that don't exist" (16); "[the therapist] Helped them to see where their anxiety came from. They initially struggled to accept it as they had thought of spiritual causes" (9). Importantly, the positive aspect of these etiological discoveries occurs because they are congruent with the individual's religious framework of meaning. Additionally, some stories described instances where suffering or secular treatment was framed within a religious framework of meaning. Examples included perceiving secular psychotherapy and medication as a form of God's healing, as well as interpreting their experience of mental illness through biblical teaching: "They learnt to accept healing through secular means as a gift from God" (9); "He was not adverse to medication as a form of God's healing power" (3);

> Through therapy they were able to disconnect these past emotional responses from the present, and also to reframe them so past experiences became positive stepping off points rather than heavy weights to draw them down. Alex was able to connect these experiences with their own faith and the theology of God as a loving parent, alongside Jesus' words to "Cast your anxieties on him" (27)

Finally, the participants indicated the positive factors associated with secular psychotherapy in relation to their religious community. In one story, "Alex was better able to engage with his [. . .] religious community as his mood improved" (20). The improvements to mental health afforded by secular psychotherapy additionally allowed the individual to engage with and receive the benefits of their religious community. For others, the improvements to their health encouraged them to teach their religious community the importance of support-seeking: they "evangelized to people in church about the importance of seeking support" (17); "They shared these with others at church and other close friends and were surprised to find how many had had similar experiences [. . .] they found many people were supportive and understanding" (10).

Integrationist perspectives

This sub-theme outlines the promotion of an integrationist approach in secular psychotherapy by Christians; specifically, they indicate the significance of an approach that integrates spiritual, mental, and medical perspectives. It was referenced by six participants.

Secular psychotherapists were described in the participants' stories as being knowledgeable and effective in integrating both religious and medical models of understanding and supporting mental health: "[the therapist] had an integrative training" (17); "The psychologist took a holistic and comprehensive approach to formulating his issues and so took into account the protective and detrimental factors associated with having religious belief" (20). The training and knowledge of the secular psychotherapist were perceived as key elements in providing helpful therapeutic intervention. This approach was perceived to aid Christians' desire to conceptualize an integrationist understanding of their mental health that included spiritual, mental, and medical perspectives: "[Ali] realized that spirit, body and soul all need support" (17).

Considering this integrationist perspective, the participants indicated the value of a multifaceted approach to treatment of poor mental health, including both medical and spiritual supports: "Chris learned that for spiritual advice and help he needed someone from church, but that counseling could really help him with his mind" (5); "He realized the psychology could assist him but alongside medication and self care with eating/sleeping/exercise etc and with the support of prayer and good friends" (3). As indicated in the previous subtheme, Christians appear to promote secular psychotherapists that will engage with and promote a treatment plan that integrates both spiritual and mental components.

Negative factors associated with secular psychotherapy

This major theme outlines the ways in which secular psychotherapy may be perceived negatively among Christians, noting the negative factors and outcomes perceived by participants. This theme was referenced by 12 of the 27 participants under one sub-theme, *Dissonance with Faith*.

Dissonance with faith

This sub-theme outlines the perception of the difficulties associated with any dissonance between the experience of secular psychotherapy and the individual's religious beliefs and values. Specifically, it relates to 1) the pathologizing of faith, lack of religious understanding by secular therapists, and dissonance between the therapist's and individual's perceptions of faith, spirituality, and meaning-making, 2) the dissonance between the individual's framework of meaning and the experience of mental illness, and 3) the stigmatization of mental illness by religious communities. It was referenced by 12 participants.

The participants indicated that Christians attending secular psychotherapy may be concerned about their faith and religion being pathologized, misunderstood, or ignored. One participant wrote that "Alex is nervous about his faith being pathologized" (3). Similar accounts were described by other participants: "[the therapist] was more than a bit skeptical about Alex's lifestyle and

personal faith" (1); "[the therapist] did not seem interested in their Christian beliefs and experience" (10); "[the therapist] struggled to really appreciate their worldview" (25); "He felt she didn't understand and was undermining his faith. [. . .] Was she [the therapist] tempting him and working for the enemy? He expressed this, got angry, and stormed out" (4);

> [the therapist] was not particularly open to discussion on the spiritual causes of depression because of their training and background. Chris struggled with this [. . .] The relationship was quite strained as the counselor was an atheist and found it difficult to see depression as the result of spiritual causes. (20)

There are a number of important factors in these descriptions. They describe perceptions of secular psychotherapists who misunderstand, pathologize, stigmatize, and undermine the religious beliefs of their Christian clients. In taking this approach, the psychotherapists do not form close, trusting relationships with the clients, leading to difficulties when trying to address their mental health or causing the client to discontinue secular treatment. This is further indicated by participant 20, who notes: "Chris questioned whether he should be trying to find a different counselor who would be able to listen to what he thought and believed and work with him within his own framework of meaning making." If secular psychotherapists assume a demeaning, disrespectful, or ignorant approach to engaging in religious issues with Christian clients, they are likely to encourage disengagement from the current treatment. One participant offers a useful insight into the appropriate manner in which a Christian client might expect their faith to be approached and understood: "They wished the counselor had more actively respected and understood their faith and the fact that their beliefs were personal to them and part of them, and not simply something imposed on them by others." (25)

In the same vein, negative outcomes of secular psychotherapy were perceived where the therapist imposed their own beliefs or views of Christianity onto the client: "[the therapist] Thought that religion was guilt inducing and was not helpful to identifying or solving inner pain" (3); "They could sense they the counselor thought it would be far better for them to leave their faith, or at least their church, and hinted at this throughout the sessions" (25); "Whilst the psychologist acknowledged that faith was a personal matter, he thought a devotional life style [. . .] limited Alex's ability to let his hair down and pursue and enjoy a multi-faceted lifestyle" (1);

> [the therapist] asked Alex to think about how their faith impacted on their mental health. For example, did Alex feel guilty about "not being good enough" or not living up to the standards expected of a born again Christian. Alex was stunned by the question and began to feel that their religious life was under scrutiny. (8)

These accounts highlight the perceptions of the negative ways in which the imposition of the therapist's own views can distress Christians and disrupt

therapeutic effectiveness. Importantly, in the storied data, the views of the therapist were often characterized as being unasked for, invasive, and shocking.

A final point regarding the difficulties associated between the dissonance between secular therapists' and Christians' approach to religion is referenced by participant 9: "[the therapist] Helped them to see that [their depression] did not have a spiritual cause. This caused conflict with the faith they held and made them consider whether all aspects of their faith were true" (9). Similar questioning of faith was described by participant 25: "they also secretly wondered if the counselor was right, and whether their faith was a barrier to their wellbeing" (25). These accounts describe the potentially distressing consequences of the reevaluation of one's etiological understanding of mental illness and the challenges it may pose to an individual's religious meaning-making.

In relation to an individual's experience of mental illness generating dissonance between their experience, understanding, and expectations of faith, secular psychotherapy may pose additional challenges to Christians seeking support. One participant perceived evangelical teaching as encouraging the masking of low, difficult, or distressing feelings: "Alex recognized that their evangelical view of 'not living in their emotions' could often lead to denying them completely" (27). Moreover, many stories described the sentiment that a Christian should be able to cope with the experience of mental illness: "as a born again Christian they should have been able to cope. They were convinced that their faith should be enough to get them through the anxiety and depression" (8); "She was conflicted since they felt as though they shouldn't feel anxious or depressed as a Christian given that we are instructed not to worry about anything, and that the joy of the Lord is our strength." (25). In these scenarios, difficulties coping with mental illness implied a weakness of faith: "Alex felt that they were letting down their faith by 'submitting' to someone other than the pastor or to the Lord himself. Alex withdrew from the therapy, feeling that it was wrong for a born again Christian" (8); "they were left wondering if they were lacking in faith and relying on man rather than God" (25). One story emphasized the oppositional relationship between Christianity and secular mental health support: "I cannot understand why anyone calling themselves a Christian, especially if they say they are a committed Christian with an understanding of scripture, would even want to seek secular therapy" (6).

Another described instances of secular psychotherapy where the Christian clients felt pressure to present as exemplary Christians while suffering the difficulties associated with mental illness: "She feels this is not being a good witness" (4). Some felt the need to censor themselves while in secular therapy: "[Chris] adapted what and how they shared within the context of the sessions to please the counselor" (25);

> He was making contradictory statements by sometimes giving the "right" answers that a Christian should give with the real answers about how he felt. [. . .] He will go back next week, perhaps, as he promised to do so. However he will stop as soon as he can. He is more concerned and confused than ever. It's another thing he's failed at. He is more depressed having waited so long that this isn't helping. What is God playing at? (4)

This dissonance led to feelings of defeat, shame, and helplessness, as well as encouraging a discontinuation of mental health treatment.

Finally, some participants described the strain that attending secular psychotherapy may have on their relationship with their religious community. They noted the stigmatization of non-spiritual treatments for mental illness: "Whenever Ali would open up about [secular psychotherapy] to their Christian friends, it would be met with curiosity and a little skepticism as to just how effective secular counseling actually is" (2); "they had been scared to share, fearing looking weak and not 'Christian enough'" (10); "Ali found that people within his religious community were not supportive of his choice to have counseling and would rather that he dealt with his issues through prayer and scripture reading" (20). This stigma led the individuals to feel ostracized or isolated from their religious communities: "Ali is never really able to reconcile this with their personal experience of therapy and a wedge begins to form between them and their Christian friends" (2); "After a few weeks of continuing to attend his Christian community, Ali decided that he should take time away [. . .] after a while he was missing the community element of his religious group" (20).

Discussion and recommendations

This research explored perceptions toward secular therapy among Christians through the innovative and underutilized story completion method. As well as demonstrating the utility and effectiveness of this creative methodology for capturing social perceptions toward secular psychotherapy, the most salient finding is the largely positive perceptions of secular therapy when framed within an integrationist approach. Our methodology and contextualist epistemological viewpoint offers unique insight as compared to the current literature as it sought not solely to explore participants' experiences of secular psychotherapy but to recognize how experience and perception is contextualized within one's belief system. Importantly, it offered participants the opportunity to respond to and explore their perceptions of secular therapy without requiring personal self-disclosures, which, considering the sensitive nature of religion and mental health as elements of one's identity, may have reduced participant self-censoring or pressure to offer appropriately "Christian" responses (Lloyd, 2023).

The analysis of the storied data largely constructed therapists as holding specialized expertise capable of providing a psychological framework and

mental health literacy for helping the characters understand their illness, along with reliable tools for coping. In contrast to religious leaders who are at times unable to address psychological difficulties, storied data portrayed characters as largely feeling safe in the demarcated, professional therapeutic space. The positive portrayals of therapy are presented in contrast to previous literature indicating that Christians may have a mistrust of secular therapy or viewing it as conflicting with their religious beliefs (Mitchell & Baker, 2000). The positive perceptions of the role of secular therapy may be reflective of changing attitudes and awareness to matters of religion and spirituality in the counseling and psychotherapy field, as well as increased openness and receptiveness to receiving secular help in Christian religious groups.

However, the portrayals of secular therapy were more nuanced, and some negative factors associated with secular psychology were also presented. The most salient being scenarios where secular therapy produced dissonance through pathologization of faith, barriers to using a religious or spiritual framework of meaning, or stigma from religious groups regarding mental illness. This is compatible with literature which suggests that not all religious counselors felt able to support mental health. This is especially compelling in light of previous findings of an incompatibility between religious belief and psychotherapy (Clorina Romelito Manuel et al., 2024; Delaney et al., 2007), mistrust of therapy among some religious groups (Lloyd et al., 2022; Mojtabai et al., 2016) and conflict between psychotherapeutic tools and faith (Lloyd, Cathcart, Panagopoulos, & Reid, 2023).

Openness to discuss religion in the therapeutic space

The sub-theme *Congruence with faith* further illustrates how therapy was portrayed as being most effective when positioned "in addition to" and not "instead of" religious support. Openness to discussing religious belief is supported by literature indicating how therapy can be of higher effectiveness when the therapist is supportive of the client's religious/spiritual practice, and when the client can openly speak about religious or spiritual issues in therapy (Barnett, 2016). This is also important to address previous misconceptions that discussions around faith are not welcomed in the secular domain (Webb et al., 2008; Worthington & Aten, 2009) and reports of fears of pathologization of religious beliefs in secular therapeutic settings (Mayers et al., 2007). While a full discussion of how to create an openness to discussing religious adherence is outside of the scope of the current paper,`1`ituality for the problem and potentially for any resolution (e.g. "Has your problem affected you religiously or spiritually? If so, in what way?"). In cases where

clients have a spiritual or religious belief, the therapist should equip themselves with a broad understanding of the faith.

Encouragement of positive aspects of spiritual coping

In some cases, openness to discussing spirituality and faith, allowing clients to use existing, positive religious coping or integrationist frameworks of meaning may involve a paradigm shift in the therapist. According to Sperry (2002), this may be challenging by contradicting psychological ideals of *self* transformation and *self* realization. Instead, the therapist might discuss and encourage traditionally spiritual pursuits such as *spiritual* transformation and self-emptying alongside psychological care (Sperry, 2012). The suggestion to encourage helpful aspects of spirituality is bolstered by extensive research which finds that prayer, meditation, study of religious texts, selflessness and close work with one's religious community are related to less anxiety, depression, chronic stress and higher self-esteem and increased wellbeing (Plante & Thoresen, 2012). Given the evidence, active engagement with existing spiritual/religious support systems should be encouraged in the therapeutic space. Moreover, evidence suggests that engagement with spiritual coping and openness to discuss and determine aspects of a client's faith is not only helpful for the client's recovery but also for a positive client–therapist relationship and therapeutic success (Giglio, 1993; Worthington & Aten, 2009).

In line with supporting literature outlined above, the theme *Congruence with faith* also highlighted how the therapeutic relationship and experience was portrayed as most effective when the therapist encouraged the client's religious/spiritual resources but did not prescribe spiritual treatment plans. This helps to clarify that while therapy can effectively bolster existing spiritual meaning systems, it should not cross into spiritual treatment plans. By doing so, therapists maintain the strengths of therapy, i.e., psychological diagnosis and treatment as illustrated in the first three themes (*Emotional containment, Mental health literacy, Improved mental health and use of coping methods*).

Despite the literature supporting the positive outcomes of an openness to discussing religion and religious coping, and the existence of resources promoting ethical and effective engagement with religious and spiritual topics in therapy (Association for Spiritual, Ethical, and Religious Values in Counseling [ASERVIC], 2024; Vieten et al., 2016), some mental health practitioners do not feel comfortable or equipped to approach these topics in practice (Dobmeier & Reiner, 2012; Isaac et al., 2016; Pargament & Saunders, 2007). In addition, several studies indicate a lack of training in religion and spirituality in mental health and psychotherapy training programs (Cashwell & Young, 2020; Clorina Romelito Manuel et al., 2024; Dobmeier & Reiner, 2012; Johns, 2017; Oxhandler & Parrish, 2018; Post & Wade, 2009; Vieten et al., 2016; Vogel et al., 2013; Young et al., 2007). Quantitative research has found that

mental health practitioners have noted a desire for further training in religion and spirituality (Delaney et al., 2007; Oxhandler & Parrish, 2018; Young et al., 2007). Until such changes are implemented in training programs, it may fall upon individual therapists to employ the paradigm shifts and openness to discussing religion, as suggested by Sperry (2012) and Pargament (2011). This is vital for providing support for religious clients, but also speaks to the importance of multicultural awareness among therapists (ASERVIC, 2024; Clorina Romelito Manuel et al., 2024). This is particularly important as research shows that minority groups use faith as a primary source of meaning-making and support in relation to mental illness (de Mamani et al., 2010).

The current stories portrayed both positive and negative experiences of secular therapy among Christians. However, therapists should not assume that all clients will have both positive and negative experiences and perceptions of therapy. Thus, it is important that therapists check in with each client to understand their experience of the specific therapeutic tradition and the therapeutic alliance. This check-in should not only focus on general experience but specifically on aspects of culture and religion to enable therapists to identify and address potential ruptures. This is important for further tailoring psychotherapy to ensure better understanding and engagement with cultural and religious identity, aspects which appear to be central to some individual's meaning systems.

Facilitating an integrationist framework for mental health

In the current stories, the potential for psychotherapy to be impactful in the short term, and continuing after therapy was constructed as being most effective when the clients were able to employ an integrationist framework whereby clients had the freedom to frame therapy and mental health within their existing religious meaning system while keeping diagnosis and prescription secular. The effect of allowing an integrationist framework may allow for both spiritual meaning making and understanding of mental illness without over spiritualizing the issues or pathologizing the belief, both of which have been found to harm therapeutic success, engagement and the client–therapist relationship (Lloyd & Waller, 2020; Lloyd, Cathcart, & Panagopoulos, 2023; O'Connor & Vandenberg, 2005; Ross, 1994). This is further supported by the final theme which illustrates that when an individual's faith is pathologized, or participants are denied the ability to forge connections between psychotherapy and their religious meaning system, participants are left feeling "more confused than ever." Conversely, the positive impacts of integration of religious coping methods as part of the recovery process can be highly positive in the overall coping and meaning making of Christian clients (Zenkert et al., 2014).

The effect of encouraging an integrationist framework may also help to avoid, or actively work through, cognitive dissonance which may arise from

compartmentalized framings of mental health, i.e., either religious or medical. An example of an integrationist framework was illustrated in the stories in which participants framed secular psychotherapy as an extension of God's healing and intervention. Perhaps in doing so, the stories illustrated a tendency to assimilate the secular experience into their existing religious framework and thereby avoid dissonance between therapy and their religious meaning system. The concept of spiritual coping and meaning making has previously been reported as being helpful among clients with mental illness and trauma not only in their understanding and meaning making of their illness but also to understand their recovery as another avenue for spiritual growth (Finley, 2023).

Study limitations and future research

It is well documented that online research surveys are subject to multiple benefits as well as disadvantages. Most notably, for the current study, using snowball sampling from online religious media platforms conceivably led to a non-representative sample responding, potentially with those with more positive or negative perceptions of psychotherapy being more likely to respond. In addition, whilst online surveys permit widespread dissemination to a potential participant pool, relatively little can be verified about the characteristics of those participants who completed the story stems. Correspondingly, the current study employed open-ended questions in the demographics section of the qualitative survey; when asked "Please specify your ethnicity?," $n = 6$ participants misinterpreted the question and disclosed their nationality, inhibiting a fuller characterization of our sample. These potential limitations should be held in mind when interpreting the findings of the current study.

It is also worth noting that the demographics of the study could have influenced the perceptions of psychotherapy. Out of a sample of 27, most participants were White ($n = 18$) and well educated, with $n = 13$ reporting attaining a postgraduate degree. In addition, $n = 19$ had experienced therapy, with $n = 14$ reporting a positive experience. While story completion methodology does not seek to infer direct experience from the stories, the aforementioned intersectional features of the participants could have influenced their perceptions of therapy, the story stems and the overall findings of the study. An interesting approach for future research should aim to include more diverse samples such as non-White or LGBT groups.

Whilst the story completion methodology used in this research is creative and innovative in its ability to move beyond social desirability bias and to access wider social-cultural discourses of and perceptions of secular psychotherapy, this would helpfully be supplemented with qualitative interviews and focus groups, to build a multi-layered understanding of current and

further research in this area. Further research may also explore therapist perspectives from different psychotherapeutic orientations to working with clients with religious and spiritual belief systems.

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No potential conflict of interest was reported by the author(s).

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Public significance statement

This study highlights positive and negative perceptions of receiving secular therapy among religious clients. The findings advance understanding of addressing matters of religion and faith in therapy and underscore the need for therapists to be mindful of how their worldviews and ontologies impact the therapeutic relationship. Methodologically, this study also showcases the unique utility of the story completion method for exploring social perceptions and wider discourses within the context of spirituality and mental health.

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