A portfolio of academic, therapeutic practice and research work, including a grounded theory exploration of de-conversion from religious belief

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Statement of anonymity

All names, identities, and identifying information have been replaced by pseudonyms, altered, or omitted, to preserve the confidentiality and anonymity of clients and research participants.
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Abstract

This portfolio contains my doctoral research, clinical work and reflections on my journey of personal and professional development during my training as a counselling psychologist. In the initial introduction, I briefly offer some information about my personal history, my philosophical world view and highlight some important learning experiences.

The introduction is followed by my therapeutic practice dossier which offers an overview of each of my 3 training placements, encompassing almost 500 hours of clinical practice. My 3 clinical placements across my 4 years of training consist of working one year at a University student counselling centre, one in IAPT services and two years in primary care as part of a Community Mental Health Team (CMHT). In my first year I had the opportunity to work using the person-centred model. In my second placement in IAPT I worked using brief psychodynamic therapy and in my final two years I employed a more integrative approach with a strong emphasis on traditional and third wave CBT. A number of anonymised case studies together with placement reports and agreements can be found in the signposted digital appendices.

My research dossier begins with a brief introduction to three self-contained projects; a literature review and two qualitative studies. My literature review attempts to disseminate the literature regarding the differences between religious and secular individuals on psychological health and well-being. The second project draws on Interpretative Phenomenological Analysis to explore how Atheist clients experience psychotherapy. My final research project attempts to explore how religious fundamentalists exit their religion and abandon their religious beliefs. The final part of the portfolio includes a reflective paper on my identity development as a counselling psychologist. This piece of work includes key learning experiences and anonymised case studies which are interweaven with reflections on the four pillars of my professional training; Clinical, research, academic and personal and professional development.
Introduction to Portfolio

Overview

This portfolio represents a culmination of my four years of training as a counselling psychologist at the University of Surrey. The purpose of this introduction is to preface the research and therapeutic practice dossiers and provide a backdrop to contextualise contents. Thus, it seems appropriate to provide the reader with some background information, including my journey towards the course as well as relevant personal and professional experiences. Much information however is covered more fully within the clinical paper.

Personal Background

I am now 40 years old, so I came to counselling psychology relatively late. As a young child and up until my early twenties, I remember experiencing a poignant inner sense of disconnection, of estrangement from others and of not fitting in. I longed for meaningful connection with my peers but somehow satisfying relationships always seemed to elude me. Friends were few and sparse. For the most part, I felt socially insecure, a sense of lack and of being lost. Looking back, I realise that at the core of this was perhaps the way my father and older brother asserted their dominant personalities. It was as if there was little room for finding and expressing my own voice, especially in a family environment were speaking up was encouraged, while listening was not. In my seclusion, I usually felt contended staying in the sidelines and being an observer rather than an active participant. I started uncovering my natural disposition towards analysis and emotional depth and I began to learn how to attune myself better to other people’s unique voice, perhaps as a reaction to my own unfulfilled longing to be heard and understood. Especially when I encountered individuals who - like me - felt that they were different or unique in some way and that they were living in the periphery of life. I was naturally drawn to difference and to people who outwardly expressed a unique sense of individuality.

As a young adult, through my travels and experiencing the world, my commitment to understanding and accepting diversity grew stronger. In the same way, so did my ability to forge meaningful connections with diverse individuals from all walks of life. This I believe is one of my greatest strengths as a future practitioner. Similarly, my tendency to be an advocate against oppression and mistreating others also grew. In part, this took the form of embracing a humanist identity and engaging in atheist activism against religious oppression. Perhaps this was my attempt to raise myself above ordinary life through the idealism and nobility of my quest, at least in my own psyche. That said, my life experience has taught me the value of thinking critically and not just about the ideas of
others. I believe in being hard on my own beliefs, being intellectually rigorous in identifying my own biases, my prejudices and privileges. I think such a stance is relevant today more than ever, as most of society’s arguments are kept alive by a failure to acknowledge nuance and subjectivity. We tend to generate false dichotomies and then try to argue over a point using two entirely different sets of assumptions. It is like 2 tennis players trying to win a match by hitting beautifully executed shots from either end of separate tennis courts.

**Professional Development**

Perhaps these experiences and my personal philosophy can provide a useful context to understanding my strong identification with the philosophy of counselling psychology and its commitment to egalitarianism, criticality and social justice. They also offer some insight regarding my research interests in those who have attempted to escape their former religious identification and in how an atheist identity can interact with psychotherapy.

Further, earlier experiences provided me with a sounding board for developing my pluralistic professional identity which emerged during my training. During my undergraduate years in Greece and through my work in mental health services, I got a good sense of the pervasiveness of the medical model as an established part of the culture which offered some individuals with a form of containment and a basis for a shared professional language. In my reflective clinical paper, I offer a more in depth account of how my journey through the course further shaped my understanding and stance towards the reality of the medical model. I also discuss how I espouse a pluralistic epistemological stance to practice which allows me to move between a respectful and critical view towards the medical model’s usefulness and limitations. I now feel more confident moving between those lines where the different theoretical approaches to distress are often contradictory but interrelated. All in all, this portfolio represents my journey in finding my own unique, pluralistic voice as is illustrated by the dossiers.

The portfolio begins with my therapeutic practice development dossier which gives an overview of the three clinical placements I trained in four years. A brief description will be given for each placement on the duration and type of client work I was involved in.

**Research**

The research dossier represents the three research projects I produced in the course of my training which stem from my long term fascination with religion and atheism. The literature review attempts to disseminate the literature on the religion – mental health connection and in relation to the
understudied population of atheists. It is argued that research which aims to delineate the various effects of religion and spirituality on mental health should address atheism and its various forms as a separate socio-cultural variable. My second research project is an IPA (Interpretive phenomenological analysis) in which I explore the subjective experiences of affirmative atheists in psychotherapy based on the evidence that an atheistic world view may fulfil similar psychological functions to those observed for religious beliefs, such as emotional reassurance in the face of adversity. Findings provide some support that atheists do hold distinct ontological and epistemological beliefs that can provide inspiration and consolation in the same way that religious beliefs do, even though participants rejected the notion of spirituality altogether. It also becomes clear how an atheist identity can find expression in different and interesting ways, especially in relation to perceptions of morality and existential issues. My third research project took a similar epistemological stance, using constructivist grounded theory to explore how religious individuals who are very devout, abandon their faith and exit their religion. Results reveal that participants relinquished deeply held religious beliefs after experiencing insurmountable tension on an emotional, cognitive and social level, which eventually led them to adopt a new identity of unbelief.
Therapeutic Practice Dossier

Introduction

This section of the portfolio provides an overview of my clinical practice during my four year training as a counselling psychologist. It contains descriptions of each of my three clinical placements across different settings, the type and duration of therapeutic work and supervision, the client population and other relevant activities that I engaged in. My therapeutic practice was assessed through in-depth client studies and process reports, which can be found in the appendix section together with my supervisor evaluations and training agreements.


The university counselling service is one branch of the student support services which offers time limited counselling to students, drop-in consultations and crisis appointments. Students were mostly self-referred and following a fifty minute assessment, there was usually an agreed focus to the work. The service consisted of 5 senior counsellors working in a variety of modalities and three trainee counselling psychologists. Over the course of my placement I worked with 8 clients over approximately 100 sessions. They were all young adults ranging from 18 to 23 and included both men and women and from a diverse range of cultural backgrounds. Most clients presented with moderate symptoms of anxiety and depression.

My therapeutic practice was in the person-centred approach. Supervision was held once a week and my supervisor practiced from a person-centred and psychodynamic perspective. During supervision, I would present clients for discussion and would discuss with my supervisor process related issues, interventions and my general progress with each client. The Clinical Outcomes in Routine Evaluation (CORE) outcome measure was also administered at the beginning and end of the counselling contract.


This placement was in Psychological therapies in Primary care services of a Mental Health Trust. I was based in two General Practitioner Surgeries receiving referrals from the partners in the practices. Within this placement, clients were offered a total of 12 sessions (with the option of a brief contract extension if needed) which were typically preceded by two assessment sessions. My therapeutic
approach was informed by psychodynamic theory. Clients presented with a variety of mental health difficulties such as work related stress, bereavement, trauma, anxiety and depression. There was noticeable cultural and socio-economic diversity within my caseload as many of my clients were not from a white, British descent and ranging in age from 27 to 58. I worked with 9 clients over approximately 100 sessions.

They were contacted within one month of the initial referral and to this end patients were contacted by a graduate mental health worker and interviewed over the telephone. This worked within the guidelines of IAPT. Clients were also asked to complete the CORE and PHQ outcome measures in every session. Following the end of contract, I would present the psychometric scores in my discharge letter to the GP. My supervisor was a counselling psychologist who worked from a psychodynamic perspective. In my weekly one-to-one supervision, I presented my clients I needed supervisory input on and often presented with either a recorded session or a verbatim account for discussion.

**Year 3 & 4 placement: Community Mental Health Team (October 2015 – July 2017).**

This placement was situated within the CMHT of an NHS trust. The psychology team consisted of 4 senior psychologists and 3 clinical/counselling psychology trainees. The team received referrals from local GP’s or via the care coordinators working in the service. Following their assessment, clients were usually offered an initial contract of 12 sessions with the possibility of an extension to longer term work depending on the client’s needs and progress. Clients were usually of severe and chronic presentations with mental health difficulties such as psychosis, Bipolar Disorder, Emotionally Unstable Personality Disorder, Obsessive Compulsive Disorder, depression and anxiety. There was not a great deal of diversity in terms of the clients’ cultural background as most of my clients were White, British and ranging in age from 22 to 56. Clients completed the CORE and PHQ outcome measures in their first and final therapeutic session. 230

Over the course of 2 years, I worked with 13 clients over approximately 230 hours. In my first year I primarily utilised a traditional CBT modality, whereas in my second year I adopted a more integrative way of working, drawing from person-centred therapy, second and third wave CBT (i.e. ACT and Compassion focused therapy). My supervisor was a counselling psychologist who practiced using an integrative perspective with an emphasis on relational aspects. In weekly supervision, I would usually present several clients for discussion and a small recorded segment from one of my sessions. We considered alternative responses and interventions, issues regarding the therapeutic alliance and relationship, and my development as a counselling psychologist.
Discharge letters were written to respective GP, briefly summarising clients’ difficulties, therapeutic progress, psychometric scores and future recommendations. Other placement activities included co-chairing a weekly CBT coping skills group workshop and a weekly bipolar psychoeducation group.
Research Development Dossier

Overview

As mentioned briefly in the introduction, my research dossier includes one literature review and two qualitative reports. These 3 pieces of work are connected by my interest in how individuals experience their religious and atheist identity as well as the ways in which their identification can impact their psychological health and well being. The reports presented have been changed in light of marker’s feedback where appropriate and updated with current evidence where applicable.

Project 1 – Are there no Atheists in foxholes? A literature review of the differences between the religious and non-believers on psychological health and well being.

The main purpose of this review was to explore the conceptual and empirical literature examining the differences between religious and nonreligious individuals on issues of well-being and psychological distress. The review highlighted the significant methodological considerations in the research on the religion-mental health connection and revealed the existing biases and complexities surrounding the exclusion and inclusion of atheist population samples. The process of reviewing such studies, in considerable detail, helped me develop a more critical stance regarding the use of objectivist epistemologies which fail to capture and quantify important dimensions of religiosity or secularism. In my review, I argue that research which aims to delineate the various effects of religion and spirituality on mental health, should address atheism and its various forms as a separate diversity variable.

Project 2 – The experiences of atheist clients in psychotherapy. A qualitative exploration.

Through reviewing the literature I became more aware of how affirmative atheism may function as an organised worldview which potentially influences the lives of its members in a similar way that religion does. Using IPA (Interpretive Phenomenological Analysis) I decided to explore the subjective experiences of committed atheists in psychotherapy based on the evidence that an atheistic belief system may fulfil similar psychological functions to those observed for religious beliefs, such as emotional reassurance in the face of adversity. As an affirmative atheist who has undergone psychotherapy, this was a particular interesting piece of research, as it challenged all my previous assumptions on what it means to be an atheist and on how atheists perceive that their atheistic beliefs might interact with the therapeutic process.
Project 3 – A grounded theory exploration of de-conversion from religious belief.

Findings from my first research also brought to surface how many atheists struggled with abandoning their previous religious identification before embracing a secular identity. This provided me with my focus on for my third year research which explored how individuals de-convert from religious fundamentalism within the context of religions of the Abrahamic tradition (i.e. Christianity, Islam, Judaism). Using a constructivist grounded theory methodology, this project produced some rich, vivid and touching accounts, which again required the adoption of an especially reflective and ethical stance to support participants in exploring such an important transition in their lives.
Abstract

The past 3 decades have produced an abundance of literature highlighting the beneficial effects of religiosity on psychological health and well being. However, empirical support for these tenuous claims is mixed due to unaddressed basic methodological issues with respect to construct validity, sampling methods and analysis. More importantly, the results of these studies imply that the absence of religious faith or atheism is associated with worst psychological outcomes. Though not a religion, “affirmative atheism” is currently enjoying something of a renaissance in the Western world and can be an orienting world view for its members in the same way that religion is. The purpose of this review is to summarise the conceptual and empirical literature concerning the connection between a secular world view and psychological health. It is argued that atheists are an understudied population and that atheism should be regarded as a meaningful socio-cultural variable in the study of mental health and coping with distress. Connections with the field of psychotherapy and areas for future investigation are also discussed.

Keywords: Religion, Atheism, Atheist, Mental health, Psychological distress.
Introduction

As the evidence on the religion-health connection is continually growing, there is a substantial amount of literature highlighting the positive association between religiosity and indices of physical and psychological health (Levin, 2009). A number of reviews have summarised hundreds of studies of which the majority have consistently found that institutional religious participation (e.g. church attendance) and non-institutional involvement (e.g. praying in private) function as a buffer on psychological distress and are positively associated with psychological constructs such as self-esteem, hope, optimism, life satisfaction, happiness and well-being (Hackney & Sanders, 2003, Koenig et al., 2012; Levin & Chatters, 1998; Smith et. al, 2003; Wong et. al, 2006). In one of the most comprehensive and referenced reviews in the field, Koenig and colleagues (2012) analysed the effects of religiosity/spirituality on anxiety, depression, schizophrenia, substance abuse, delinquency and other outcomes. He concluded that in over half of the studies religious participation had a statistically significant protective effect. The expanding literature on religious coping has also highlighted how positive religious cognitions and behaviours are significantly related to better physical and psychological outcomes among people coping with bereavement or chronic and acute illnesses such as, cancer, myocardial infarctions, HIV and spinal cord injury (Laubmeier et al., 2004; Johnstone et al., 2007; Persaud et al., 2007; Vance et al., 2008).

On the other side of scale, there is a growing concern that these findings are speculative at best or highly controversial and many authors claim that the relationship between religion and health is far from settled (Hwang et al., 2009; Whitley, 2010). There have been reviews of reviews (Miller & Thorensen, 2003; Sloan, 2006; Sloan & Bagiella, 2002) that question the strength of this relationship on the basis of serious methodological concerns pertaining to inaccuracies in representation, sampling difficulties, publication biases and problematic analysis. They also caution that the alleged beneficial effects of religion to health may be largely attributed not to religious content or belief but to mediating, non-religious factors such as social support or the promotion of healthy behaviours. Perhaps one of the most controversial suggestions resulting from the tenuous, positive association between religiosity and mental health is that if being more religious is health-promoting, individuals who are atheists or secular have poorer psychological outcomes (McCullough & Smith, 2003; Hwang et al., 2009). Researchers advocating the health benefits of more religiosity assume a linear relationship between the two and are often implying that non-believers have a harder time adjusting to difficulties in life (Hackney et al., 2003, Myers, 2000). This sentiment can be summarised in McCullough and Smith (2003) who drawing from the work of Koenig et. al (2001) conducted a systematic review of over 100 studies and concluded that “people who are religious devout, but not extremists, tend to report greater subjective well-being and life satisfaction, more ability to cope with stress and crisis and fewer symptoms of depression than secular people” (p.191-192).
In light of such controversy the main purpose of this study is to review the conceptual and empirical literature examining the differences between religious and nonreligious individuals on issues of well-being and psychological distress. Initially we will selectively discuss some methodological considerations in the research on the religion-health connection and their relevance to the under-investigated group of nonbelievers. It is argued that research which aims to delineate the various effects of religion and spirituality on mental health should address atheism and its various forms as a separate diversity variable. Following the analysis of recent findings on the psychological outcomes of nonbelievers, implications for future research and therapeutic practice are discussed.

Definitions

Before reviewing the research, it is important to critically discuss how religion and spirituality are defined, as these terms present considerable ambiguity that can affect the interpretations of findings. The question of what it means to be religious and how it can be measured has been a conceptual debate that has troubled researchers for decades (Hall & Edwards 2002). Throughout most of the literature in modern psychology, religion has been regarded as both an individual and an institutional construct (Hill & Pargament, 2003). The American philosopher and psychologist William James (1902) states that even though religion is experienced and practiced in an immediate and direct way by the individual, it follows a tradition that is institutionalised and inherited. Indeed, while the practice of religion can be a private affair, central to its definition is that it is rooted in an established tradition that arises out of groups of people with common beliefs and practices regarding the sacred. According to Pargmanent (1999), the sacred entails the transcendent, the idea of the divine or a deity, the concept of an ultimate truth or reality and any aspect of life that is experienced as extraordinary by association with such concepts. More contemporary however, Wulff (1997) notes that the term religion is often used in a reductionist way to highlight a rigid system of fixed ideas, ideology and commitments that cannot sufficiently represent the dynamic and personal nature of human piety. Concurrently, the term spirituality is commonly used to refer to the personal, subjective side of religious experience (Hill & Pargament, 2003). Thus, what is being observed, especially in the more religious environment of the United States, is a polarization of religiosity and spirituality, with the former representing a more outward and formal expression of doctrinal and authoritarian piety and the latter representing an expression that is more individual, subjective, inward and unsystematic (Koenig et al., 2001).

Even though some researchers may find this distinction a useful heuristic, many express caution against such a division (Hill et al., 2000; Pargament, 1999) for several reasons. First, the polarization of religion and spirituality into institutional and individual domains ignores the fact that all forms of
spiritual expression take place in a social context and that virtually all organized faith traditions are interested in the ordering of personal affairs (Wuthnow, 1998). Second, implicit in the evolving definitions is the sense that spirituality is good and religion is bad. Arguably, such a simplistic perspective may overlook the potentially helpful and harmful sides of both religion and spirituality (Pargament, 2002). Third, the empirical reality is that most people experience spirituality within an organized religious context and fail to see the distinction between these phenomena (Marler & Hadaway, 2002; Zinnbauer et al., 1997).

At the same time, a number of attempts within the psychological literature to define spirituality reveal a range of concepts that vary greatly in their focus and emphasis (Crossley & Salter, 2005). Some definitions of spirituality focus upon the concept of transcendence and relates to beliefs regarding powers that transcend our understanding of reality (King et al., 1999). Other similar definitions highlight the dualistic approach of distinguishing the worlds of spirit and matter, but without referring to transcendent forces. From this perspective, spirituality is held separate from the content of life or refers to a quest for meaning and purpose that goes beyond the material aspects of life (Nino, 1997). Other constructions place their emphasis upon the values the spiritual individual holds. From this vantage point, spirituality can be idiosyncratic and personal, relating to each individual’s unique value systems (Duffy, 1998), or it may be concerned with specific attitudes and values such as respect and compassion towards all life (Haug, 1998).

This tendency for definitions to reveal numerous nuances of form and content adds a significant hurdle against developing common reference points for discussions and investigations (Nino, 1997). In relation to the studies reviewed, given that personal definitions of spirituality vary so widely among investigators and potential participants, it is difficult to determine what, if anything, it means to be highly spiritual, as opposed to highly religious.

**Religious behaviour, orientation and beliefs**

Several authors have argued that the mixed results often found in similar studies exploring the religion-health connection are attributed to the inconsistency in measurements of religiosity (Egbert et al., 2004; Dein et al., 2012). There is a lack of a universally accepted definition that can be quantified and as a result a plethora of studies use single item variables such as attendance at church or frequency of prayer (Sloan, 2006). From a positivistic vantage point using such measures that are observable and quantifiable are arguably convenient as well as objective. For many years, religious participation has served as the main framework for exploring the connection between religion and health and authors have highlighted its usefulness for practical purposes (Hill & Pargament, 2003). Such attempts however inevitably result in a methodological and ontological reduction of what it
means to be religious and precludes researchers from delineating the complex religion-health relationship. Albeit important, religious behaviour is but only one of the dimensions of religiosity and does not capture the cognitive, emotional and motivational aspects of religion (Koenig, 2012).

Further, the reduction of religiosity to congregational participation becomes problematic when associations are made with positive health outcomes. If religious attendance is positively associated with improved well-being and reduced distress, it could be argued that healthier individuals are more able to become involved in religious activities. Indeed, most of the research on religiosity and well-being is correlational and many researchers appear to confuse causality with correlation while implying tacitly that religion has a therapeutic impact (Sloan & Bagiella, 2002). Others falsely posit that the religion-health relationship is one directional and do not consider that the relationship might be explained by other unidentified variables. For example, Levin (2010) postulates that the overall positive findings have been replicated for both sexes and across different ages irrespective of socioeconomic status, race, ethnicity, and specific outcome measures. However, in a review conducted by Sloan (2006) it was concluded that age, race or general social activities may have a significant confounding effect towards the alleged association. On the other hand, there is a possibility that the strength of the relationship may be undermined due to the imprecise measurements of religiosity/spirituality (Hill & Pargament, 2003).

Such valid methodological concerns on the conceptualisation and measurement of religiousness capture only part of the problem. Sherkat (2008) suggests that even if some people self-identify as religious, they may attend church regularly for reasons other than religious devotion or worship, such as maintaining a social network or conforming to family obligations. Thus, it cannot be assumed that engaging in religious services is synonymous with having religious beliefs. Similarly, the term “culturally religious” has been used to describe individuals who may identify with a certain religious tradition and practice their religion out of shared cultural heritage rather than subscribing to the theological content thereof (Zuckerman, 2008). This point is important because it emphasises that religious participation often includes individuals who are not considered religious in the traditional way or who may even have an affirmative secular world view (e.g. atheists).

Rather than focusing on religious participation, many researchers have suggested that the differences in religious attitudes (i.e. religious orientation) are more important predictors of mental health than religious involvement (Maltby & Day, 2000). To this end, there is growing research attempting to measure the impact of different religious attitudes on psychological health using Alport and Ross’s model (1967) which distinguishes between intrinsic and extrinsic religious orientation. Intrinsicly religious people are motivated by their religious values, are committed to their beliefs and are described as “living their religion” in most aspects of their lives (Ryan et al., 1993). On the other hand, extrinsically religious individuals may use their religion for personal or social gain such as
status or in-group protection or are involved out of fear, guilt and external pressure. This theory is significant as it taps into the motivational qualities of people who are religiously involved. A number of studies using the ROS (Religion Orientation Scale) have positively associated intrinsic religiousness with measures of well-being while extrinsic religiosity has been correlated with higher anxiety and depressive symptoms (Pargament, 2008).

However useful in capturing the motivational dimensions of religiousness, the notion of extrinsic religiosity and the use of a scale such as the ROS could be questioned in more secular countries where religious belief is more personal and less institutionalised (Saeed & Grant, 2004). Further, the main drawback of this model is that the category of extrinsic religious people conflates those whose religious beliefs are unimportant to them and those with affirmative secular worldviews (Hwang et al., 2008). In fact, some extrinsically religious people may be atheists who are afraid to “come out” out of fear of being ostracised and scorned. Especially in more religious countries such as the U.S., there is substantial evidence of how individuals with secular worldviews may experience stigma, discrimination and social exclusion which often leads to increased stress and need for social support (Edgell et al., 2006). Similarly, a recent online experiment in the U.K (Giddings & Dunn, 2016) found there to be widespread “prejudice” against atheists regarding their trustworthiness, Studies exploring the perception of atheists by others have also reported that atheists are often viewed as deviant, immoral and are perceived less favourably in terms of education, social status, parenting and life satisfaction (Hunter 1998, 2001; Jenks 1986). Silverman (2002) reports that in some communities they become a marginalised minority group or experience “closeting” in the same way that LGBT individuals do.

Instead of focusing on religious orientation, other researchers have postulated that religious coping might be better placed to explain the relationship between religiosity and psychological outcomes (Harrison et al., 2001). Pargament’s model (1990) of religious coping has been the starting point for an abundance of conceptual and empirical research attempting to evaluate the circumstances under which religion can be either part of the problem or part of the solution when people encounter life crises. In short, Pargament and colleagues distinguished between a wide array of religious coping methods, which they grouped into positive and negative patterns (Pargament et al., 1998a). For example, positive aspects of religious coping include belief in a God that is just, benevolent or a supportive partner, involvement in religious rituals and search for congregational support. However, seeing one’s troubles as God’s punishment has been associated with poorer mental health outcomes, a finding that has been replicated several times (Pargament, 2002). Such beliefs have been described as “religious red flags” and can serve as indications for mental health professionals that the religious dimension of clients should be explored in greater depth. More specifically authors have distinguished between:
- Problems of means – ‘wrong road’ beliefs (e.g. “I believe that God is punishing me for my sins”).
- Problems of ends – ‘wrong direction’ beliefs (e.g. I have decided to turn away from God and live life for myself).

The research on religious coping is important because it extends the dialogue of the religion-health connection from religious involvement and orientation to include religious belief and content as an important variable affecting psychological outcomes. However, studies on people with “wrong direction” beliefs who lose their faith, examine coping at one specific point in time (Miller & Thorensen, 2003). Thus, they do not consider those who consequently found meaning in a secular worldview. While there are many studies exploring the phenomenon of religious conversion (Hwang et al., 2008), researchers have neglected to examine the process of apostasy or religious de-conversion in which people reject all religious or spiritual belief and embrace a secular worldview. Consequently, we have no information on how this may have affected their coping and well-being.

Further there is evidence that atheists might experience psychological distress as a result of harbouring feelings of anger towards God (Exline et al., 1999). Exline and colleagues (2002, 2011) found that many self-identified atheists had greater difficulty forgiving God than religious individuals. While this might sound paradoxical, it demonstrates that some secular individuals have a history of religious belief and might still be struggling to come to terms with their secular identity. Moreover, when individuals withdraw from religious affiliation this is often accompanied by loss of a significant support network which might leave atheists and secular individuals more exposed during difficult times (Hwang et al., 2009). Social support provided by religious congregations to its constituents has been posited to be an important mediating factor explaining the positive link between religion and mental health (Koenig et al., 2012). If indeed that is the case, psychological research that focuses on de-converters as a separate subgroup is warranted.

Religious “nones” and Atheists

Another consideration in the literature that has been largely ignored pertains to the way secular individuals are included in empirical studies. The aforementioned research on religious involvement, attitudes and coping use self-reporting, Likert-type scales where participants are classified as “High” or “Low” on religiosity/spirituality or as religious “nones” (also referred to as “unaffiliated” or “independents”) (Hwang et al., 2009). This last category has been typically used to include individuals with various degrees of religious unaffiliation and researchers are debating as to whether this is problematic in terms of construct validity. Hall and colleagues (2008) published an article
Hitting the target: Why existing measures of ‘religiousness’ are really reverse-scored measures of ‘secularism’. The authors argue that since existing measures of religiosity do not accurately capture the variance between religions, these measurements can be better understood as reverse-coded indices of secularism because different secular worldviews have more in common than different religious traditions. Similarly, for Beit-Hallahmi (2007), the findings on mental health for religious believers serve as a “psychological mirror” for the irreligious and atheists.

However, the measures used are designed to capture how religious someone is and we cannot by extension infer that a low score means greater secularity or atheism. The aforementioned authors rely on functional definitions of Atheism and Agnosticism which share scepticism about God with atheism being more resolute. Further, researchers express doubt whether the concept of secularism can fully capture the concept of atheism (Whitley, 2010). Grouping together all individuals with no religion affiliation results in a population that is very heterogeneous in terms of attitudes, beliefs and worldviews (Hwang et al., 2009). Such groups are also likely to vary between studies. When researchers fail to distinguish between individuals with affirmatively secular worldviews and those whose belief systems are vague, transitory or conflicted they are comparing known groups (e.g. Catholics, Muslims) to an unknown and then assuming that there is a meaningful comparison being made. This is like claiming that all Christians are identical without accounting for the great variety of Christian denominations.

As a remedy to this lack of specificity, Whitley (2010) presents a typology which replaces this category with categorical variables such as “atheist”, “agnostic” or “spiritual but not religious”. Indeed using such options could present an immense improvement in epidemiological surveys assessing risk ratios and prevalence rates of disorders and psychological outcomes in relation to the irreligious. However, simply using self-identification terms may also be problematic as studies have shown that the belief labels individuals use, often do not correspond with responses to philosophical-belief items (Saroglou et al., 2004). Further, a significant part of nonbelievers may not be aware whether descriptions such as “atheist” characterise their world view or might even misunderstand the term and prefer other similar terms such as humanist. For example, in a large scale Pew survey it was reported that nearly a quarter of people self-identifying as atheists proclaimed to have belief in God or have faith to a “personal” God (Pew Forum on Religion & Public Life, 2009). A small portion of this group even gave definitions of God using secular terms such as “God is Love” and interestingly the researchers present this finding without accounting for this obvious self-contradiction. More importantly, based on their responses to multiple questions regarding religious beliefs, 30% of self-identified atheists were found to be agnostic and about 15% were either deists or theists. The notion of a religious person who is also an atheist is not uncommon, especially in some Eastern religious traditions which do not contain a specific belief in a deity (Hood et al., 2009).
Like the term “religious”, clearly defining complex terms such as “atheist”, agnostic” or “secular” seems to resist consensus among researchers (Bainbridge, 2005). Social scientists and philosophers have long debated whether atheism can be considered a religion, or even whether it involves belief. Most definitions and conceptualisations of atheism focus on the lack of belief in a deity or use atheism as an umbrella term which covers a broad spectrum of non-belief including agnosticism, humanism and indifference to existential and philosophical matters. Despite the lack of a uniform ideology to which all atheists adhere, many authors have argued that atheism often functions as an organised worldview which influences the lives of its adherents in the same way that religion does (Caldwell-Harris et al., 2011, Bullivant, 2013). Dawkins (2006) suggests that if religion is a shared belief system based on a transcendent understanding of life then atheism can be understood as a shared system of belief based on a materialist conceptualisation of the world which offers naturalistic explanations and derivative principles. These include for example a belief in humanity’s intuitive morality, a belief that humans are entirely physical matter and on death cease to exist, and that there is no need for the supernatural to do good, to enjoy life, and to cope.

In order to understand atheists as spiritual seekers rather than simply a classification of non-belief, Hood and colleagues (2009) have theorised that experiences of transcendence can occur either vertically or horizontally. A vertical transcendence involves experiences “above this world” such as the Devine or “heaven”, whereas a horizontal symbolisation refers to experiencing something of ultimate concern that is sacred but “within this world” as is the case with “Mother earth” in the ecological movement. Conceptualising atheistic non-belief in this way facilitates our understanding of how atheists may hold a place in spiritual seeking and belief.

From a more static viewpoint, Martin (2007) emphasises the distinction between “negative atheism”, which is the quiet lack of theistic belief and “affirmative atheism”, which is a more elaborate and explicit disbelief in God. In Western cultures, affirmative atheism appears to be marked by a renaissance to the point where it has been referred to as the “new atheism”. The rebirth of the atheistic movement has been led by prominent writers such as Richard Dawkins, Christopher Hitchens and Sam Harris whose best-selling works have gained massive popularity in the United States and Europe. There are several examples of the increased activity of this movement such as the advertisements of the British Humanist Society on London buses which state “There is probably no God. No stop worrying and enjoy yourself”. Their American counterparts have made similar attempts with posting signs that broadcast “Why believe in God? Just be good for goodness sake”. Further, recent surveys show that 13% of Britain’s population consider themselves affirmative atheists (WIN/Gallup International, 2014) while around 53% of adults in Britain describe themselves as having no religious affiliation (Sherwood, 2017)
Religion, Atheism and meaning-making

One of the ways proposed to explain the religion-health link is that religious ideology meets the need of individuals for finding a meaning in life (Hood et al., 2009). The struggle with existential questions about human nature, the origin of life, the purpose of living and the corresponding search for answers to such questions often leads individuals to religion. Park (2005) highlights that religion is in a unique position to provide what he refers to as “Global meaning” – a general sense of meaning to life that involves beliefs, goals and subjective feelings. This may be the case because religious ideology as a meaning-making framework is capable of subsuming other sources of meaning such as work, family or enduring values. Further, it is transcendent in that it points “beyond me” to some greater being or ultimate authority and makes direct claims as a meaning provider through its sacred character (Hood et al., 2009). Empirical research has demonstrated that having a sense of meaning and purpose in one’s life is associated with higher levels of well-being and that religion may serve as a form of “meaning making” (Fry, 2000; Krause, 2003; Zika & Chamberlain, 1992). This association appears stronger among religious elderly persons who experience a sense of hope, self-esteem and optimism through their religious convictions.

From a humanistic perspective, the inherent need for meaning, growth and self-actualisation can be mediated through religious belief and behaviour thus contributing positively to psychological well-being (Dombeck & Karl, 1987). The continuing desire to “be all you can be” and fulfil personal potential can be expressed in a religious framework as the desire to know and attain a union with God or to live a life of virtue with a “pure soul”. Such a view emphasizes the constructive role religion can play in providing life meaning. However it could be argued that existential struggles pertaining to God’s “fairness” or the conditions of worth imposed on the religious by the perceived “demands” of religious conviction may adversely hinder self-growth and psychological health.

Yet, not all people turn to religion for meaning in life. The atheist social philosopher Charles Taylor acknowledges more firmly the changing zeitgeist regarding the way people attempt to find meaning. He highlights that we live in a “secular age” where even though religion has not been replaced it has been transformed through a continuing change of options (Taylor, 2007). Each option can be viewed as a new departure point where spiritual landscapes are explored and quests for individual meaning are pursued. So we have gone from a world where belief in God was a given to a world where atheism has become a legitimate option. One set of continuous changes described by Taylor has resulted in a redefined understanding of meaning or fullness from something that comes totally from “beyond” human life to something that has come from “within” human life. He persuasively argues that in our “secular” age, the sense of “transcendence” described earlier is no longer a necessary requirement for
meaning. Fullness or meaning in life may also be found in the “immanent” (the state of being within) order of nature, such as in our sense of human flourishing. This notion echoes the existential perspective of a personal meaning in life devoid of any overarching purpose imposed by a supernatural authority.

From a social cognitive perspective, attribution theory provides a paradigm for understanding the psychological process involved in the way individuals find meaning in life through religion. It is concerned with providing explanations about people, things and events and is therefore a theory of meaning making (Hood et. al., 2009). One reason why individuals make causal attributions is a general desire to understand and seek meaning in the world. Similarly, causal explanations are the hallmark of religion with teachings that attempt to answer questions that otherwise seem unanswerable. In this respect, religious beliefs and values are viewed as cognitive structures which are activated to decrease cognitive dissonance created by existential concerns. The research on religion and attribution theory is extensive and the use of terms such as attributions and “schemas” reduce the scientific vagueness to the idea of “meaning” thus providing operational constructs that can be empirically researched. However, attributions are only part of the total meaning making process. People, whether religious or not, do not talk about their attributions. They talk about what makes life meaningful. The cognitive aspects of the search for meaning should not be taken to mean that this search is conducted in isolation with other people. The need to belong is a powerful human drive (Baumeister & Leary, 1995) and from this point of view the search for meaning can be materialised through fulfilling relationships with others (meaning through God vs. Meaning through others).

From a social identity perspective being religious offers a membership to a group in which a common guiding belief system is used to interpret experiences and give them meaning (Ysseldyk et al., 2010). Social identity theory reminds us that identifying with various groups can be beneficial to subjective well-being by providing a sense of belonging and enhanced social support during difficult times. Many authors have postulated that these are the two key mechanisms that mediate the positive relationship between religion and health and not religious belief or content per say (Sloan & Baggiela, 2002). Arguably however, it is the shared beliefs and attributions that drive the formation of organised religious congregations which allows its members to access instrumental and emotional support. In any case, religion may lend this particular social identity a personal significance exceeding that of membership in other groups (Kinnvall, 2004; Verkuyten & Yildiz, 2007). Nelson (2006) highlights that a religious or spiritual social identity often invokes shared epistemological beliefs about what we can or cannot know and ontological beliefs pertaining to what does or does not exist. The concept of an afterlife and belief in the existence of a deity can reduce existential anxiety through the prospect of a membership in an eternal group. On the other side of the spectrum, Fales (2007) points out that an affirmative atheistic worldview also coincides with an epistemological and ontological framework through which to understand and interpret the world, namely naturalistic materialism. Arguably a
coherent atheistic belief system can also offer potential explanations regarding what can be known and what can exist with important implications for the well-being of those whose self-identification as atheists is central.

On the issue of meaning-making, empirical studies that have included atheists rather than religious “nones” are scarce. Schnell and Keenan (2011) attempted to explore how self-declared atheists compared to “religious” and “nones” in terms of experienced meaningfulness in life. In general, results indicated that the atheist participants live rather meaningful lives but to a lower degree than both subgroups. This offers some support to the notion that a rejection of God might be associated with a less meaningful life perhaps as a result of lacking breadth in sources of meaning. Atheists also suffer from crises in meaning as frequently. However, cluster analysis revealed that there are different types of atheists based on their degree of commitment to different sources of meaning. This heterogeneity in self-declared atheists confirms that researchers should avoid catch-all categories when studying secular subgroups. In contrast to high-committed atheists, those with less assertive atheistic worldviews were marked by the highest frequency in crises of meaning and the lowest meaningfulness in terms of well-being and relatedness with others. Interestingly, atheists endorsed a number of shared values such as a commitment to knowledge of self and the world, freedom, individualism and comfort.

The results indicate that religiosity and secularity may share a common ground in terms of experiencing well-being or the lack thereof through the quest for meaning and purpose in life. Methodological limitations not addressed by the authors warrant caution when interpreting findings. The distinction between the “religious” and the “nones” was based on whether participants attended church and even though the authors claim that these groups were differentiated according to religious sources of meaning (i.e. extrinsic religiousness, morality) the subgroup of “nones” contains an unknown variety of world views. In addition, the values on the scale used to operationalize the “sources of meaning in life” appear to be positively skewed by statements such as “I lead a fulfilled life” and “I think there is meaning in what I do”. Future studies should attempt to use scales measuring well-being and meaningfulness that are standardised according to clear definitions so it can be distinguished which aspects of these multidimensional variables are measured.

Horning and colleagues (2011) assessed four belief groups including atheists and agnostics to determine if they varied on the presence of meaning and on the extent of search for meaning. The high religiosity group did endorse higher levels of life meaning which is consistent with the findings in Schnell and Keenan (2011) described even though the two studies used different measures. Similarly, despite the lower levels of meaningfulness in the non-religious group, participants were not found to be searching for meaning in different rates nor was there any difference on well-being levels between
the groups. This is in line with Schnell and Keenan's (2011) assertion that both secular and religious individuals may experience crises or contentment in life-meaning independent of reliance on a religious framework. In contrast, the lower level of life-meaning for the secular did not correlate with lower life satisfaction as has been demonstrated with the religious in previous studies (Koenig et al., 2001). This might reflect the existential indifference that often characterises secular individuals.

In an earlier study, Vilchinsky and Kravetz (2005) explored how different aspects of religiosity relate to negative and positive aspects of mental health among a large sample of Jewish Israeli students with different religious identities (secular vs. religious). In contrast to the two previous studies, multidimensional self-report scales were used to measure religious identity as well as corresponding religious belief and behaviour. The secular Jews attributed their religious behaviour not on the psychological ramification of belief in a divine order (such as "fear of transgression," or "connecting with God"). Rather they were motivated by the opportunities it provides to connect with family and enhance familial bonds. This means that secular individuals are not always characterised by a lack of religious belief. Their belief may be different in quality and motivation and is expressed in religious participation that contributes to a sense of meaning through enriching familial and social relationships. These differences in individual attributions on the image of God (e.g. as a “supervising agent” vs. a “vague construct”) account to an extent for differences in how religiousness gratifies the need for life meaning. These findings suggest that there are differences in the path from religious belief to meaning and well-being between the religious and those with secular identity who are religiously affiliated.

Other models attempting to explain the relationship between religion and psychological well-being are centred on the fear of death as a mediating factor (Paloutzian, 1996). They view religion as a shield against people’s inherent insecurity about the prospect of dying and highlight the defensive role religion can play rather than focusing on its potential to provide meaning. James and Wells (2002) compared atheists with Catholics to investigate whether their beliefs about death were associated with death anxiety. For the Catholics, their negative or positive beliefs regarding the nature of an afterlife (such as eternal punishment or divine reward) were associated with increased or decreased death anxiety. In contrast, death anxiety for the Atheist group was associated with guilt over leaving dependents behind whereas a significant number of participants in that group experienced less anxiety than believers and held an attitude of indifference towards the finality of death. These results are somewhat contrasting to an earlier study which indicated that atheists scored higher on a self-report scale regarding death anxiety than did believers (Lundh, & Radon, 1998). However the same study found no difference between the groups when a more objective Stroop interference task was used. Difference in measurements could account for the inconsistent results but such studies highlight that there might be distinct differences on perceptions of death between atheists and religious individuals with different psychological outcomes. These studies provide an opportunity for future research to
investigate if specific beliefs on life and death from an atheistic worldview might impact psychological distress and explore underlying mechanisms of such an association.

**Coping, well-being and psychological distress**

The attribution process described earlier represents not just a need for meaning but also for mastery and control during times of crises and psychological distress (Hood et. al., 2009). Especially when threatened with harm or pain, individuals seek to predict or control the outcomes of the events that affect them. Park (2005) provides an important distinction between what she calls “Global meaning”, which refers to a general life meaning that involves beliefs, goals and subjective feelings, and “meaning making”, which occurs during hardship and difficult circumstances. Meaning-making coping involves an interaction between an individual's belief system and cognitive appraisal of the situation. Religious ideology and beliefs often act as a core schema which shapes an individual’s framing of traumatic and stressful events (Pargament, 2002). For example belief in life after death or in a benevolent God who makes things happen for a reason can facilitate adaptation in a positive way, whereas religious passivity which defers all responsibility to God or the view of a punishing God can adversely affect the coping process. However, the importance of belief and cognitive appraisals in coping should not be overstated. How someone copes may ultimately depend on other more influential factors such as social circumstances, behavioural responses or individual constitution (Mattlin et al., 1990). There is extensive literature on how beliefs based on a transcendence understanding of life can mediate coping. However conceptualisations have not extended to include an atheistic belief system derived from a naturalistic-materialistic view of the world

In a study on the differences in coping behaviours between religious and non-religious older adults, Horning et. al. (2009) found that the two groups utilised many of the same non-religious coping strategies (i.e. distraction, denial, venting, planning, acceptance). Religious coping was prevalent in the religious group but not absent from the non-religious, perhaps reflective of the wide range in belief systems of participants in that category. While the non-religious used coping methods such as humour and use of substances to a greater extent they did not differ in terms of positive reframing or on having a greater sense of control. This is contrary to the hypothesis that religious coping methods such as praying or relying on God to intervene gives religious individuals a greater sense of personal control compared to the non-religious (Siegel et al. 2001). In a different study however, Park and colleagues (2009) found that religious ways of coping were superior to secular when dealing with the diagnosis and treatment of cancer. They report that the religious coping pathway, including God’s control over cancer was a much stronger predictor of stress-related growth over time. Notably, the authors compared religious coping to secular for individuals with varying degrees of religiosity and did not include a separate secular comparison group.
Despite the specific differences in ways of coping, it appears that secular and religious individuals may be more similar than different and the benefits of religious coping over other ways remain unclear. Little is known about whether particular coping behaviours are more directly linked with atheism. If however the non-religious utilise methods such as humour or medication more often, future studies should focus on which coping behaviours are more directly linked with an affirmative secular worldview. It should be noted that the authors do not mention whether the influence of confounding factors such as age and sex was dealt with in the statistical analysis even though there was a significant difference in these respects between groups.

In a qualitative study, Wilkinson and Coleman (2010) interviewed two groups of older people with polarised atheistic and religious beliefs to examine if the content of the belief system itself plays a role in coping with stress and loss. The pairs were matched for the nature of their distress (e.g. bereavement, old age, deteriorating medical condition), but the two individuals in every pair had opposed atheistic and religious beliefs. The analysis provides some support that a strong atheistic belief system may serve to provide explanation, consolation or inspiration in the same way that strong religious beliefs can. Atheist participants highlighted how they were able to find a great deal of comfort and inspiration through realising the universality of the human condition and their immense insignificance in the journal of space and time. In the case of bereavement, while theists would draw comfort through the notion of an afterlife reserved for their loved one, atheists would experience the continuing presence of that person through their memories and their descendants. Likewise, Smith-Stoner (2007) interviewed atheists with terminal illnesses about their end of life preferences. Participants expressed a deep desire to find meaning through a continuous appreciation of the natural world and through maintaining connection with loved ones. If atheistic belief-based coping methods are analogous to theistic, researchers should focus on understanding which factors enable or impede such a way of coping. Although results from qualitative studies cannot be generalised, they are important in providing theoretical insights for creating models of coping that include people with atheistic beliefs.

However few in number, there have been survey and epidemiological studies which attempt to measure group differences on indices of well-being and psychological distress between secular and religious individuals. These studies are unique in that they have included separate comparison groups of atheists and/or agnostics rather than comparing groups with different levels of religiosity based on religious participation or orientation. Baker and Cruickshank (2009) found that atheists and agnostics in the U.S. did not differ significantly in symptoms of depression compared to Christians and Muslims. Similar results were reported in a study focusing on determined atheists in Germany when a comparison was made with Church going Christians (Beggle et al., 2008). In the same vein,
O’Connell and Skevington (2009) reported no differences in measurements of life satisfaction and well-being between atheists, agnostics, and religious. Most notably, a number of these comparative studies have attempted to explore how the degree of certainty of belief or non-belief is associated with measures of well-being (Galen; 2009, Galen & Kloet, 2011; Mochon et al., 2011; Riley et al., 2005). Findings suggest that there is a curvilinear relationship between strength of belief (either of religious conviction or commitment to atheism) and mental health. Specifically, those who were more confidently atheists or religious, scored higher on life satisfaction, well-being and emotional stability than the weakly religious or agnostics.

These patterns suggest that confidence in one’s beliefs and worldviews may be much more important for mental health than the content of these beliefs. As reported earlier in this review, the degree of conviction was also associated with experienced meaningfulness and improved coping (Schnell & Keenan, 2011; Wilkinson & Coleman, 2010). Overall, these findings question the hypothesis of a linear association between religiosity and well-being. It seems that those with wavering beliefs would benefit more either with a stronger religious commitment or if they endorsed an affirmative atheistic worldview. System justification theory (Jost & Hunyady, 2005) provides a possible lens to understand the psychological process underpinning this relationship. When people maintain confidence in a coherent worldview this may reduce negative affect and anxiety while increasing satisfaction with one’s situation. Conversely, doubting one’s worldview is associated with higher distress (Krause et al., 1999). This could explain why confident atheists, may experience greater psychological well-being than uncertain believers or agnostics. Although there is evidence suggesting that religion contributes to maintaining such coherence, less is known about the certainty of an atheistic worldview.

Taken from the analysis of the aforementioned studies, this curvilinear effect seems more prevalent in less religious contexts outside the U.S., like in the U.K or Germany where religious and spiritual beliefs are becoming more personalised and diverse. At the same time, researchers recognise that in more secular countries the positive association between religion and mental health is harder to detect (Sloan & Baggiela, 2002). This suggests that every individual study on religion and health is able to offer insight only in relation to the specific socio-cultural context it is conducted in. Given that most survey and epidemiological studies are conducted in the U.S. where religiosity is much higher than most parts of Europe, the absolute number of determined atheists is very small compared to the number of more or less religious people. That means that the non-belief part of the curve is underrepresented and findings from such studies would typically show a more positive linear relationship. Conversely, the same studies in more secular countries reveal contradicting findings perhaps as a result of capturing more of the middle and non-belief part of the spectrum, including agnostics and affirmative atheists. This highlights the need for more cross-cultural studies that include
adequate samples of the full range of belief and non-belief. Such studies would confirm whether a curvilinear relationship exists across cultural contexts and diverse beliefs.

**Implications for research and therapeutic practice**

The population of the irreligious and atheists is growing faster than any religious denomination in the Western world (Whitley, 2010). Yet, researchers are only beginning to conceptualise and understand atheists as a distinct socio-cultural minority. The present review of the psychological literature on non-believers suggests that an atheistic belief system can potentially influence psychological outcomes, experienced well-being and coping with distress. However, any reliable conclusions regarding the relationship between atheism and mental health cannot be elicited. Further, there are possible distinct sources of distress associated with maintaining an atheistic orientation such as stigma and marginalisation, negative perceptions of death and spiritual struggles of de-conversion to secularity. It also becomes apparent that when studies examining the religion-health relationship include subgroups of atheist participants (rather than simply non-religious) the relationship appears a lot more complex than has been hypothesised. It is simply not enough to say that if more religion is better than less is detrimental. If we are to establish an axiomatic relationship between religion and mental health, it is imperative that more attention be given to secular and atheist subgroups as a separate socio-cultural variable. It is only through further research on the different types of non-believers that we can understand what it means to be secular and by extension what it means to be religious.

What becomes clear is that we know very little about how atheism with different degrees of commitment can influence the mental health of its adherents. Rather than focusing only on comparing atheist with religious subgroups, future research should begin to tease apart the differences in identification amongst the various subgroups of non-believers (positive and negative atheists, agnostics, secular, humanists, etc.). The tension between the way religious people self-identify and the way they are actually categorised in studies has stimulated discussions for an improved, multidimensional measurement of religiosity (Hill & Pargament, 2003). Such concerns have not been addressed for the various groups of non-believers. The development and use of psychometrically sound scales in studies would help distinguish the belief status of those who simply reject theism from those who hold a more affirmative and coherent atheistic worldview. In addition, given the scarcity in the psychological literature for atheists, it is troubling that the majority of the reviewed studies did not provide detailed demographic descriptions of their participants. Without more comprehensive descriptions the generalizability of results is not possible. More importantly, the identity of atheists appears to exist in a vacuum. We know little about who atheists are or what defines atheism. There is
no theoretical or conceptual basis from the field of psychology and the narrow focus of these studies does not capture the range of atheists’ lived experiences. In this respect, constructivist methodology and qualitative studies can provide valuable insight and are a necessary first step for theorising models that link atheistic belief with mental health and coping.

In the psychotherapeutic literature, the importance of incorporating religion and spirituality into psychotherapy has been a growing realisation (Magaldi-Dopman et al., 2011). Extant research has led to advances in clinical applications which attempt to address the needs of individuals with diverse spiritual and religious beliefs. These attempts however have not extended to include atheism as a separate diversity issue despite the evidence that individuals with atheistic beliefs might cope differently than their religious counterparts. It has been hypothesised that this lack of attention might be due to the tendency of scholars to focus on issues that are politically correct and publishable or because the majority of psychotherapists are non-believers themselves, although this might not be true in more religious countries such as the US (D’Andrea & Sprenger, 2007). However, to assume that one’s personal religious affiliation (or equally agnosticism or atheism) is adequate is like assuming that similar gender, ethnicity or sexual orientation automatically creates professional competence with these issues. If it is important to acknowledge diversity in beliefs and behaviours among constituents within a specific faith denomination, the same awareness should be extended to those with atheistic worldviews. If therapists with insufficient competence on religious diversity run the risk of stereotyping religious clients about what their faith means to them, the same stereotyping could occur with atheists. Thus, addressing diversity in counselling psychology does not mean understanding only those who are far removed from our own frame of reference. It is about being aware of how the diverse beliefs of clients might influence the therapeutic process and their ability to work through adversity. Including religious non-belief in counselling psychology diversity training expands the effort to embrace multiculturalism and to address all subgroups of people.

Therapists who work with atheist or agnostic clients should be aware of some of the common struggles that non-believers may face. While religious individuals in times of crises often rely on their faith based communities for emotional and instrumental support, the scarcity of atheistic community groups may leave non-believers feeling solely responsible for dealing with psychological distress and creating life meaning. Such issues might be even more salient for religious de-converters who experience rejection and segregation from familial and community circles. Therapists may help such clients manage their feeling of isolation in a search for meaning by encouraging self-guided exploration activities, such as journaling (D’Andrea & Sprenger, 2007). Further, a growing number of accounts from therapists and physicians indicate that atheist patients and clients express as much need as religious people to talk about existential issues (Josephson & Peteet, 2007; Moadel et al., 1999). When discussing issues about death and dying, counsellors should be mindful of clients who do not
believe in an afterlife or a “better place”. Helping a client understand his or her personal motivation for life without involving God or other spiritual ideas might present a significant challenge. D’Andrea and Sprenger (2007) suggest that for atheist clients, therapists might be well placed to use approaches that focus on personal responsibility and emphasise personal empowerment. Considering this, it might be fruitful to engage with clients in an open discussion about interventions and therapeutic goals while making sure to avoid reassurances which are typically soothing to religious clients such as “things happen for a reason” or “events are all part of a larger plan”. If affirmative atheists tend to believe that they create their own purpose and meaning in life they might benefit from an existential-humanistic therapeutic orientation or through rational emotive behaviour therapy (Ellis, 1980).

Conclusion

While much has been learned about the relationship between religion/spirituality and mental health, it becomes clear that atheism is still a very understudied variable. It has been established that although not a religion, atheism and its various forms can be an orienting worldview that is often consciously chosen by its adherents, who firmly believe in the “truth” of atheism—a phenomenon known as “positive atheism” (Whitley, 2009). This resurgence of the new atheistic worldview to public prominence shapes new identities, sensibilities and discussions. Thus, there is an imperative need for researchers and mental health professionals to respond appropriately and incorporate atheism in future research.

References


Appendix 1: Religion and Health – Journal Notes for contributors

Manuscript Submission
Manuscripts, in English, should be submitted to the Editor-in-Chief via the journal's web-based online manuscript submission and peer-review system:
http://jorh.edmgr.com
Inquiries regarding journal policy, manuscript preparation, and other such general topics should be sent to the Editor-in-Chief:

Curtis W. Hart, M.Div.
Editor-in-Chief, Journal of Religion and Health
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The online system offers easy straightforward log-in and submission; supports a wide range of submission file formats [such as Word, WordPerfect, RTF, TXT, and LaTeX for manuscripts; TIFF, GIF, JPEG, EPS, PPT, and Postscript for figures (artwork)]; eliminates the need to submit manuscripts as hard-copy printouts, disks, and/or e-mail attachments; enables real-time tracking of manuscript status by author; and provides help should authors experience any submission difficulties.

Manuscripts should be checked for content and style (correct spelling, punctuation, and grammar; accuracy and consistency in citation of figures, tables, and references; stylistic uniformity of entries in the References section; etc.), as the typesetter is instructed to follow (accepted) manuscripts as presented. Page proofs are sent to the designated author for proofreading and checking. Typographical errors are corrected; authors’ alterations are not allowed.

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Type double-spaced using generous margins on all sides, The entire manuscript, including quotations, references, figure-citation list, and tables, should be double-spaced. Manuscript length, except under unusual circumstances, should not exceed 25 double-spaced pages. Number all pages consecutively with Arabic numerals, with the title page being 1. In order to facilitate masked (previously termed “double-blind”) review, leave all identifying information off the manuscript, including the title page and the electronic file name. Appropriate identifying information is attached automatically to the electronic file. Upon initial submission, the title page should include only the title of the article.

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An abstract is to be provided, preferably no longer than 100 words.
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A list of 3–5 key words is to be provided directly below the abstract. Key words should express the precise content of the manuscript, as they are used for indexing purposes.

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Appendix 2: Reflection

My initial attempt to conduct a literature review was marked with great disappointment and frustration. A week before the deadline I came to the realisation that I was not able to deliver the doctorate level work that was required, in large part because the literature on the original topic I had chosen was very limited, descriptive and lacked considerable theoretical and empirical foundation. I reflected long and hard on the ways that I could have avoided getting myself in this very difficult position which ultimately had left me feeling defeated, inadequate and under enormous pressure to deliver on a new topic in a very limited amount of time. My inability to “let go” of something I had invested so much time and energy in and my misunderstanding of the process and criteria involved were indeed relevant in leading to what seemed a devastating result. In hindsight, what was even more frustrating is that my errors had left me with limited time to engage with my new topic for which I feel very passionate and enthusiastic.

My fascination with the psychology of religion is rooted in the dissonance it creates on a personal level. It is related with my desire to understand something that is so removed and distant from my frame of reference and yet plays such an important role in the lives of millions of people. This dissonance is even more salient when I am faced with individuals who look to religion for answers
about the purpose and nature of their existence. That is perhaps why part of my focus is on religion as a meaning making mechanism. I have experienced situations where family members or friends have turned to religion for comfort and support, something which I can only comprehend on a cognitive level. As a counselling psychologist I have often wondered whether I will be able to empathise and relate with my religious or spiritual clients when I do not subscribe having any similar inclination or experience. Perhaps this review is an attempt to fill in the gap. Whether or not a theoretical understanding of the psychological processes involved can help me as a counsellor to get closer to my clients’ experiences I do not know. At the same time I have often found myself passionately debating my secular worldviews with religious individuals and have experienced disapproval from religious family and friends. This is ultimately very relevant to my choosing a critical stance of the religion-health connection and its tacit assumption on the non-religious.

Perhaps one of the biggest challenges for me throughout the process was retaining my objectivity, especially given my opinions on whether religion in general is a positive force in the world. As a committed atheist and a person who identifies with a naturalistic and scientific worldview, I have often found myself feeling perplexed about the usefulness of religious conviction. The atrocities of armed violence as a result of religious extremism and the infringement of civil rights often sponsored by religious ideology in issues such as abortion, sex equality and homosexuality, have shaped my negative assumptions about religion. Further the notable lack of empirical or conceptual literature on atheism from psychological journals had me feeling disappointed as well as infused to pursue this topic in a more systematic way. At times I would come across a conclusion that religion is detrimental in some respect or that a worldview aligned with my own is superior, only to be proven wrong by another perspective or empirical set of data highlighting irrefutably that religion has indeed a positive effect on people’s lives. In the process I came to a more balanced and mature understanding of the complex association between religion and health with its positive and adverse counterparts. In the end, I feel that not losing sight of different but equally valid ontological claims is a marvellous part of scientific research which encourages challenging new questions and the progression of knowledge. More importantly it has given me an awareness regarding the significance of religion and spirituality in relation to my clients. I have always felt that one of my strong points as a future psychotherapist is my ability to embrace my clients’ diversity and phenomenology. My newfound insight on the importance of religion in people’s identity and its capacity to hinder or facilitate coping helps me further build on this strength. It prompts me to keep an enquiring and accepting attitude during assessments and therapy.
Project 2. The experiences of atheist clients in psychotherapy: A qualitative exploration

Supervised by Dr Dora Brown
Word count: 10.999
For submission to Religion and Health
See Appendix for Journal Notes to Contributors

Abstract

For over a decade “Affirmative atheism” has been enjoying something of a renaissance in the Western world. Though not a religion, many authors of the new atheist movement have argued that atheism often functions as an organised worldview which influences the lives of its adherents in the same way that religion does. Despite the growing literature on how religious beliefs may interact with the process of psychotherapy, little attention has been paid to the experiences of those with a firm atheistic belief system. Thus, little is known about which aspects of an affirmative non-theistic identity may be a source of strength or hindrance in the therapeutic encounter. This report presents findings from a qualitative study with six self-identified Atheists. Interviews were subjected to interpretative phenomenological analysis, to provide an in-depth analysis of how this sample of atheist experienced psychotherapy. Three main themes are reported; 1) The road to Atheism, 2) The humanist identity, 3) The therapeutic experience. A compelling feature was how participants rejected the idea of spirituality altogether as a factor of well-being and maintained a preference for using self-awareness, reason and science. Findings also pertain to how individuals experience and express their atheist identity in relation to perceptions of morality and existential issues. These experiences are discussed through the lens of identity theories.

Keywords: Religion, Atheism, Atheist, Mental health, Psychotherapy, Counselling
Introduction

The research exploring the association between religion and mental health is continually growing and many empirical studies highlight how religious and spiritual beliefs can facilitate or impede the therapeutic process (Koenig et al., 2012). However, religion has been in decline in the UK and many people today hold vague, individualised spiritual beliefs that are unattached to religious doctrines (Hwang et al., 2008). More importantly, a large portion of people unaffiliated with organised religion, reject spirituality altogether and embrace a completely secular identity. The population of the irreligious and atheists is growing faster than any religious denomination in the Western world with a national survey showing that about half of the population in the UK have no religious affiliation (Sherwood, 2017) and around 13% self-identify as atheists (WIN/Gallup International, 2014). Moreover, the last decade has been marked by a considerable renaissance of “affirmative atheism” which is characterised by a more elaborate and explicit disbelief in God.

Despite the growing shift in the religious belief dynamic, atheists in general remain an understudied population (Cotter et al., 2012). Most studies investigating the psychological benefits of religion fail to include well-defined nonreligious control groups and measure religiosity on a scale from “high” to “low” assuming that the positive association with well-being is unidirectional (Hwang et al., 2008). Therefore these measures completely obliterate the varieties of atheism and do not differentiate between affirmative atheists and those whose sense of faith is vague, unexamined, or conflicted.

Although there is a lack of consensus in defining the term ‘atheist’, many contemporary authors of the new atheist movement have argued that atheism often functions as an organised worldview which influences the lives of its adherents in the same way that religion does (Caldwell-Harris et al., 2011, Bullivant, 2013). It is for this reason that many atheists prefer to refer to themselves in affirmative rather than negative terms, with labels such as secular, humanists or freethinkers. Dawkins (2006) suggests that if religion is a shared belief system based on a transcendent understanding of life, then affirmative atheism can be understood as a shared system of belief based on a materialist conceptualisation of the world which offers naturalistic explanations and derivative principles.
Similarly, Farias (2013) highlights that based on survey data it becomes clearer that the psychology of atheism cannot be a mirror image of the psychology of religion, because many committed atheists today tend to have distinct ontological, epistemological and ethical beliefs about reality that deserve to be studied in their own right.

In his work “The book of disquiet”, Pessoa (2002) suggests that people are naturally predisposed to believe; and that those who reject religion, choose something else to replace it with either intuitively or reflectively. This can be briefly enunciated as the belief replacement hypothesis. Whether explicitly or implicitly, atheists will adopt different naturalistic beliefs which provide meaning and explanation about reality and the world, and can ultimately play a compensatory role in dealing with adverse circumstances. Existentialism, New Humanism and Marxism are examples of beliefs systems associated with atheism and the affirmative atheistic movement (Farias, 2013).

If the belief replacement hypothesis is true for atheists, then we would expect these beliefs to be particularly relevant, not only at the cognitive, but motivational and emotional levels. In other words, if they are as meaningful as supernatural beliefs are for religious people, they should fulfil similar psychological functions to those observed for religious beliefs, such as emotional reassurance in the face of adversity.

In support for the belief replacement hypothesis, Rutjens and his Dutch colleagues (2009; 2010) conducted two laboratory and field experiments that showed how the humanist belief in scientific and moral progress helped secular individuals cope better with existential anxiety and uncertainty. The results suggest that atheists may view progress in the same way that theists view providence: that their faith in a progressive course of history (i.e. that we are advancing not just technologically and scientifically but also morally) can provide emotional reassurance. Thus, secular people may use this sense of faith in humanity’s moral progress to find comfort or security, in the same way religious people use their belief in God.
In a similar third experiment, Rutjens and colleagues (2013) also found that participants whose belief in progress had been enhanced (i.e. the experimental group read a positive essay), had fewer death related thoughts compared to a control condition. According to the authors this makes it more likely that the belief in human progress can provide a secular version of faith that counters fear of death. Notably, the results are limited by the fact that in both cases the researchers examined only one direction of the effects. These findings do however correspond with the results of an earlier laboratory experiment (Paulhus & Carey, 2011) where secular participants were primed with thoughts about their death (i.e. through having to write about their own deaths). In their effort to cope with their increased levels of stress, participants endorsed a higher belief in science and in the deterministic laws of nature that shape us. The researchers concluded that perhaps belief in science is emotionally reassuring when an atheist faces adverse situations, because it provides a tightly ordered understanding of the world that eschews randomness—similar to what religion achieves through the idea of a governing deity.

The social psychological studies reviewed above provide supporting evidence for the claim that atheists do have beliefs - albeit of a non-supernatural type - and that these beliefs are not dissimilar to religious ones in their psychological function. The failure of the literature on religion and mental health to acknowledge the complexity of atheist identity and beliefs can be seen as further indication of unexamined bias and does much to bolster the need for including more atheists in research on health care. To add insult to injury, a controversial suggestion resulting from the positive association between religiosity and mental health is that if being more religious is health-promoting, individuals who are atheists or secular have poorer psychological outcomes (McCullough & Smith, 2003; Hwang et al., 2008). Researchers advocating the health benefits of religion assume a linear relationship between the two and are often implying that non-believers have a harder time adjusting to difficulties in life (Hackney et al., 2003, Myers, 2000). This sentiment is summarised by McCullough and Smith (2003) who, in their systematic review, concluded that “people who are religious devout, but not extremists, tend to report greater subjective well-being and life satisfaction, more ability to cope with stress and crises and fewer symptoms of depression than secular people” (p.191-192).
A similar lack of attention to atheist identity can also be observed in the research regarding the role of client religious beliefs in psychotherapy. There is an abundance of literature exploring how such beliefs can be essential to the therapeutic process (Brown et al., 2013). However, despite the growing literature on the subject, it is noticeable how committed atheists are excluded from this discussion and it appears that there are only a few articles that address atheistic beliefs as a diversity issue (D’Andrea & Sprenger, 2007; Hwang, 2008). This is especially unfortunate for the field of counselling psychology which distinguishes itself through its commitment to holism and egalitarianism and requires practitioners to engage actively and openly with clients’ meaning-making systems, religious or otherwise (Woolfe et al., 2007).

More notably, there appears to be a significant absence of qualitative studies that specifically explore the beliefs and experiences of atheists in a way that would allow for their own personal voices to be heard. Only two qualitative studies were found that explicitly focus on affirmative atheists and how their beliefs may impact coping with distress. Wilkinson and Coleman (2010) and Smith-Stoner (2007) interviewed older participants and participants with terminal illness respectively and offer some support on how a strong atheistic belief system may serve to provide meaning, comfort or motivation in the same way that strong religious beliefs can. If atheistic belief-based coping methods are analogous to theistic, there is a need for researchers to focus on understanding which factors enable or impede such processes and how these factors can be taken into account in psychotherapy.

Understanding and respecting a client’s belief system (religious or otherwise) is not only vital to the therapeutic process but has also become a question of ethical practice (D’Andrea & Sprenger, 2007). This lack of attention on the experiences and views of committed atheists may result in counselling psychologists stereotyping atheist clients about the content of their beliefs, the meaning they subscribe to their atheist identity and possible distress associated with that identity (Josephson & Peteet, 2007).

The proposed study, therefore, aims to add to the literature linking atheism and Counselling Psychology with the objective of widening mental health professionals’ knowledge of clients with
these beliefs. As such the proposed research will ask: What are the experiences of atheist clients in Psychotherapy? It is hoped that the present study will provide valuable insight for counselling psychology on how to work more effectively with atheist clients and will encourage practitioners to examine their own assumptions or biases about this understudied population.

**Methodology**

**Design**

As described, this study aims to provide a multi-dimensional awareness of atheists and their therapeutic experience in a way that moves beyond common sense understanding and allows a more informed, nuanced and empathic therapeutic practice. With regards to qualitative interviewing, Creswell (2007) highlights its importance when the phenomenon under study is contextual and ideographic, as is the case with atheist and psychotherapy. For an experience as personal as belief or non-belief in God, insight on idiosyncratic and personalised accounts can be an important adjunct to descriptions of general experiences. Research which does not “give voice” to the nuances conveyed by individual participants, risks portraying an experience that is average and fails to resonate with any one participant. Such research may be of limited usefulness to counselling psychology practice for which a key defining and differentiating principle is its driving concern to attend to each individual’s unique experience (Woolfe et al., 2007).

Given the contextual and ideographic resonance of the phenomenon under exploration, the philosophical underpinning to the study is hermeneutic phenomenology. Hermeneutic phenomenology is the phenomenology of interpretation of the meaning of texts and is generally concerned with studying a particular subject “in such a way that it is allowed maximal opportunity to show itself ‘as itself’” (Larkin et al., 2006: 108). It seeks to reveal something of individuals’ life-worlds (Husserl, 1970). In psychological research, this goal manifests as an aspiration to understand and give voice (Larkin et al., 2006) to participants’ concerns and experiential claims pertaining to a
particular realm of their lives. In this case it pertains to individuals’ identity as atheists and in relation to their therapeutic experience.

From the antithetical lens of an objectivist epistemology, it is possible to understand the subjective meaning of action in an objective manner (Schwandt, 2000). This requires an objective and “disinterested” observer who in theory is able to step outside their historical frames of references in order to reproduce the meaning or intention of the observed. No essential reference is made to the interpreter who, objectifies (i.e., stands over and against) what is to be interpreted. In that sense, the interpreter remains external to the interpretive process and unaffected by it. From this vantage point, phenomenology is regarded as an appeal to a long-refuted form of introspection, or as promoting an unregulated rhapsodising on the nature of lived experience (Prior, 2004). Similarly, hermeneutics is framed as a technique or procedure of understanding. In contrast, Gadamer (1976) explains that understanding is not a procedure or an isolated activity; it is a very condition of being human, a basic structure of our experience of life. Thus, it is not feasible for any interpreter to disconnect from their embedded facets of their lives to understand anything about lived experience.

Phenomenological hermeneutics rejects the epistemology of representation and holds a non-objectivist view of meaning. Given that our frame of reference and preconceptions influence interpretation, the point is not to free ourselves of all prejudice, but to examine them through introspection and “bracket” those that disable our efforts to understand others (Schwandt, 2000). Understanding requires engagement of one’s biases and an open dialogical encounter with what is different and alien which can challenge and adjust our preconceptions as they emerge during interpretation. In this sense, understanding is something that is produced in the dialogue, not something reproduced and determined by an interpreter through analysis (Willig, 2008).

IPA (Interpretive Phenomenological Analysis) is anchored to the core principals of phenomenology, hermeneutics and ideography and was thus chosen as the most appropriate research method for this project. Based on key phenomenological principals, it involves a comprehensive exploration of participants’ lifeworld, how they experience a particular phenomenon, how they make sense of these
experiences and the attached meanings (Smith & Osborne, 2003). A grounded theory methodology was not considered because despite its inductivist nature, it seeks to generate a more theoretical-level account of a phenomenon and thus cannot address the research question appropriately.

IPA’s fundamental focus on idiography raises questions about the generalisability and practical utility of IPA research. Further, because IPA is primarily concerned with cognition, it relies heavily on participants’ language skills and ability to self-reflect (Biggerstaff & Thompson, 2008). Thus, it has often been criticised for suggesting a Cartesian world-view that is incompatible with some facets of phenomenology. Moreover, critics highlight how IPA can often provide only a limited understanding of phenomena as language precedes participants’ experiences and thus shapes these experiences (Ponterotto, 2005). However IPA studies do not aspire to objective accounts of the studied phenomenon and only claim to access one version of the experience as the individual tries to make sense of it through their narrative account (Smith, 2008). Further, the concept of identity and experiences in psychotherapy has been a common thread through a significant proportion of IPA work and it’s proven value for tackling questions of faith, transition (Todorova & Kotzeva, 2006), loss (Osborne & Coyle, 2002), and identity (Smith & Osborn, 2007) makes it an ideal method for research on atheists.

Participants

IPA sampling is purposive and homogeneous. Its ideographic nature stipulates a commitment to the in-depth study of small groups of participants, most typically between five and ten participants (Smith, 2008). In line with the idiographic focus, a small sample is commonly recommended for IPA studies (Smith & Osborne, 2003). Thus, 6 individuals were interviewed so as to provide an adequate number of cases for exploring similarities and differences across participants without losing attention to the richness of each individual case. Because this study was designed to generate a rich description of a relatively understudied phenomenon, demographic diversity within the sample was treated as less important than each participant’s ability to provide a detailed account of their atheism and
psychotherapy experience. Few demographic details were collected from the participants before the interview. Because the study focused on narratives rather than predictor variables, demographic factors that did not emerge in the course of the participant’s story were judged to be relatively unimportant. Rather than using a demographics form, participants were asked at the beginning of the interview to state their age, occupation, marital status, educational background and place of residence.

Five men and one woman were interviewed, ranging in age from 31 to 62. Two participants were unmarried, three were married and one was divorced. All six participants held at least an undergraduate degree; four described themselves as White British, one as Irish and one as Scotish. The homogenous sample consisted of participants who identified as “affirmative atheists” and were all members of the British Humanist Association. Atheism was defined as ‘lacking a belief in a god or gods and living one’s life on the assumption that God is not there.’ (Dawkins, 2006). It was deemed important to specifically target those who actively assert their non-religious stance through membership in secular organisations. This criterion made it more likely that participants would consider their atheism to be a significant aspect of their lives and identity. Further, participants had to have ended the psychotherapy at least a year prior to the interview. This criterion was set in order to ensure that participants would have had adequate time to reflect and make sense of their therapeutic experience. No specific requirements were set in terms of the circumstances under which participants sought out psychotherapy. Given the scarcity in the qualitative exploration of how atheistic beliefs might interact with the therapeutic process, limiting the scope of the research to a specific condition might reduce the richness of the data and the opportunity to uncover interesting and important areas of atheists’ experience.

*Ethics*

With respect to ethical considerations of the current project the ethical standards that governed the entire research were the British Psychological Society’s *Ethical Principles for Conducting Research*
with Human Participants’ (BPS, 2010). The main areas of consideration include: Obtaining consent, debriefing, withdrawal from the investigation, confidentiality and participant protection.

The process of obtaining informed consent consisted of three sequential elements: the information letter, the telephone conversation during which the study was explained and the potential participant was given an opportunity to ask questions and seek clarification, and a review of the information letter and consent form (Appendix) immediately prior to the interview. At each stage of the consent process, I emphasized the voluntary nature of participation. Participants were reminded before the interview of their right to decline to answer any question, to change topics, to request a break, or to withdraw from the interview at any point. This offered the participants a level of control over the interview process, in order to mitigate any emotional distress they might experience. In one instance the participant became visibly upset and tearful during the interview. I conveyed nonverbal empathy. If a sensitive topic arose that was tangential to their psychotherapeutic experience, I acknowledged the topic but did not probe for further information.

Confidentiality was ensured in a number of ways. Participants were ensured that their anonymity would be protected by giving them a pseudonym. Details within the transcript, such as names of small towns were altered in order to disguise the participant’s identity. The undisguised transcripts, consent forms, and interview recordings were kept in secure electronic folders or dossiers, at my home. After transcription had been completed, only disguised transcripts were kept as data on my computer. This research project was approved through the “fast track” research approval process of the University of Surrey.

Procedure

An e-mail summarizing the study and inviting potential participants to contact the researcher was sent to the ‘British humanist association’ and “Atheism Uk”. Upon second contact with these organisations only the British Humanist Association expressed an interest in advertising the research and posting the information sheet (Appendix) on their UK mailing list. After the posting was made several
candidates expressed an interest and got in touch with me via email. On initial telephone contact with the participants, confidentiality was again assured and I established whether the participant had read and understood the information sheet. Naturally the participants had questions which were raised and answered. These questions pertained mostly to interview arrangements regarding duration, time and place. During this telephone conversation, I asked a brief series of questions to ensure the individual met the inclusion criteria. All participants expressed the desire to be interviewed over Skype for convenience.

Arrangements were then made to forward the consent forms either by post or scanned attachment. Once consent forms were received, I again made contact with participants for the final interview arrangements. Interviews lasted from 35 minutes to 1 hour and 20 minutes across participants. Given my lack of experience in conducting qualitative studies, I consulted my supervisor for forming the interview questions. The intention was to help participants explore as fully as possible their views on being an atheist and their psychotherapeutic experience. For this purpose the interview consisted of six broad and open-ended questions (Appendix) which encourage participants to tell their own story and engage in a dialogue whereby the initial questions may be modified in light of the participants’ responses. This allows greater flexibility in coverage and can produce richer data (Smith & Osborne, 2007). Further the questions were constructed as part of a funnel which allows respondents to first give their own general view of the two central themes (Atheism and psychotherapy) before funnelling them into more specific questions pertaining to their personal accounts. Prompts were also used were appropriate to elicit further descriptions from each participant.

**Analysis**

Following the transcription of each interview, analysis proceeded according to the guidelines described by Willig (2008) which consists of 4 stages: Initial encounter with the text, identification of themes, clustering of themes, and production of a summary table. Initially, I read the transcripts several times to obtain a general familiarity with the participants’ accounts while making notes of
general thoughts and observations that came to mind. These notes are unfocused and wide-ranging. They were not codes but documentation of my initial open engagement with the text (Willig, 2008). In subsequent readings the one margin was used to note down comments, thoughts and observations that came to my mind about what the participants were saying. Then, returning to the beginning of the transcripts and using the other margin, these initial codes were re-examined and revised into theme titles which attempt to capture the essential quality of what was found in the text. This transformation of initial notes into themes was continued with a constant revisiting of the transcripts in order to identify emerging superordinate themes and sub-themes which were clustered under several headings. This circular process of questioning and uncovering meaning in interpreting and understanding a phenomenon is known as the hermeneutic circle (Smith, 2008).

As the clustering of themes emerged across texts, I checked the connections with the primary source material and compiled directories of the participants’ phrases that support related themes. The final step included creating a comprehensive table of themes and sub-themes for the group of participants as a whole. Some of the sub-themes mentioned by only one participant had to be abandoned and the remaining ones were selected based on their prevalence and link to other sub-themes. In the write-up, I attempted to strike a balance between discussing generalized essences and revealing elements of specific participants’ life-worlds (Smith & Osborne, 2003)

**Credibility**

Creswell and Miller (2000) highlight that researchers conducting qualitative studies are encouraged to apply at least two strategies which address credibility and trustworthiness. Following this line of reasoning, three techniques were employed to address issues of credibility.
*Personal reflection:*

Personal reflection was used to assess my preconceptions and background on the research topic. This method was intended to “bracket” and decrease the effects of my personal biases and beliefs that could play a role throughout the data collection and analysis. A reflective journal was kept and entries were made after the conclusion of each interview so as to maintain awareness of how I might have potentially influenced the process and participant’s accounts.

*Participant checking:*

Participants were invited to review and comment on the emerged themes as well as the inferences made by the researcher. The aim was also to check with participants whether their words matched what they actually intended and to offer them the opportunity for clarifications and additional thoughts. Out of the six participants, two were available to provide assistance and confirmed that interpretations depicted their accounts in an accurate and comprehensive way. Ideally, it would have been preferable to have had at least one more independent researcher check the accuracy of interpretations, thus increasing sensitivity against personal bias. Unfortunately, time and resource constraints did not allow for such a strategy to be applied.

*Thick descriptions:*

To further ensure internal coherence of evidence and to facilitate transferability of information across situations, Morrow (2005) highlights the importance of incorporating thick descriptions of participants in the write-up of the results. For this purpose, attention was given to inserting adequate, direct quotes from participants to allow the provision of sufficient context and information which directly connect participants’ statements to themes.
FINDINGS

The domains and superordinate themes that constitute the results of this study are presented in Table 1.

Table 1: Super-ordinate and sub-themes.

<table>
<thead>
<tr>
<th>Super-ordinate theme</th>
<th>Sub-Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>The road to Atheism</td>
<td>i. Religious and secular upbringing</td>
</tr>
<tr>
<td></td>
<td>ii. Using reason, science and evidence</td>
</tr>
<tr>
<td></td>
<td>iii. Humanism as a positive statement</td>
</tr>
<tr>
<td>The humanist identity</td>
<td>i. Perceptions of morality</td>
</tr>
<tr>
<td></td>
<td>ii. Perceptions of life and death</td>
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<tr>
<td></td>
<td>iii. Negative perceptions of religion</td>
</tr>
<tr>
<td>The therapeutic experience</td>
<td>i. Struggle with the meaning of death</td>
</tr>
<tr>
<td></td>
<td>ii. Negative experience of therapy</td>
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<tr>
<td></td>
<td>iii. Positive experience of therapy</td>
</tr>
<tr>
<td></td>
<td>a. General therapeutic factors</td>
</tr>
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<td></td>
<td>b. Emphasis on self-awareness and personal responsibility</td>
</tr>
</tbody>
</table>

The road to Atheism

To make sense of how participants experience their identity as atheists, our discussions began by enquiring about their personal perspectives on atheism. Unsurprisingly, every participant in one way or another stated that first and foremost, being an atheist means lacking a belief in a God or a supreme being of some kind. The majority of the participants gave a detailed account of how they came to embrace an atheistic belief. They answered a question about their religious upbringing to obtain an understanding of their potential investment in a religious or non-religious identity earlier in their lives.
- Religious and secular upbringing

Garry and George claimed that they always had doubts and probably never truly accepted religious teachings. During that time, they were not able to justify completely their scepticism and fully identify the content of their doubts about religious beliefs. While they prescribed with their parents’ religion, the bestowed Christian title was superficial and unimportant. Borrowing from James Marcia’s (1966) identity theory, this is reminiscent of what she describes as “identity defusion” where individuals accept passively a set of beliefs or identity with a low level of substantial commitment and an unwillingness or indifference to scrutinise. Garry describes his relation to religious belief as a child:

'...My mother was classic Church of England if you like. Christmas, Chrismenings, uhhh... but not a main believer. My father is very similar. They go to Church in Christmas, Easter, Christenings, weddings etc... Strangely enough I’ve probably been an atheist as long as I can remember, from about when I was 6 or 7, I just never ever... it just never struck me as being remotely possible....even the word spiritual life I don’t understand what it means... At the time of course theism or atheism or humanism, these labels I wasn’t familiar with.'

However affirmative Garry appears in his atheistic belief, the use of the word “probably” suggests that he might not have been always as certain about his atheism as he is today.

John and Billy were raised into a Christian household and initially accepted religious belief and the existence of God. So did Mary despite her parents being predominantly secular. However, at some point early in their lives they became dissatisfied or uncomfortable with their religious identity. This was often reinforced by negative experiences associated with being a person of faith or by a crisis of meaning. In such instances, according to James Fowler’s stages of selfhood and faith development (1981), individuals can be classified as being in an “individuative-reflective” stage where one starts to explore “outside” the box as one realises there are other “boxes” and begin to critically examine beliefs and assumptions. For John, the negative experience was the impact of his “dreadful” relationship with his father who was a clergyman:
John: So I come from a long line of religious and followers who could not get it right. And I swore I would deny that, I wouldn’t be like that.”

Interviewer: ‘You had quite the religious upbringing’

John: ‘Yeah it was incredibly destructive and it was more about control.’

He later on attempted to clarify further and make sense of his atheism using reason rather than his emotional reaction to his past:

‘I just don’t see that as likely. Obviously the term God is so ill-defined... some people’s descriptions when you talk about it sounds suspiciously like the force in Star Wars but you know I don’t see any evidence of something that would be fitted into that category.’

Billy was also raised as a Catholic. For him and George, their inability to reconcile an adherence to the Christian doctrine with their own homosexuality was a focal point of their disengagement and their often expressed resentment for organised religion. As George explains:

‘…one of the things that convinced me of my atheism is my own homosexuality. Because the church is telling me you are weird you are unnatural... so in order for God to forgive this weird thing that you have you need to not act on it so basically you cannot be a normal human... For me it’s just such a horrid thinking that I just cannot believe in.’

In a similar fashion, Dean started questioning the morality and benevolence of God when he was 10. At that age he experienced his parents getting divorced and his infant cousin being murdered. When describing his experience, his words reflect his uncomfortable dissonance created by the image of a just and loving God who allows terrible things to happen:

‘...and there was the murder case and the divorce and the custody trial and I just remember thinking... if there was really a God would he let all this sort of stuff happen? And the more I thought about it even at that age the more I sort of... man I can’t... you know... I sort of stopped believing cause you’re just take it for granted as a child. Adults tell you God
created the earth and all that sort of stuff and I like to read a lot of science and wildlife book
as a child and the more I read the less it sort of rang true what I was being told by the
adults. I sort of came to my own conclusions’

Dean later on used a quote by David Atenborough to emphasise how his journey towards atheism was
one where he used reason, logic and scientific evidence to discern his beliefs.

- Using reason, science and evidence

In a similar fashion as Dean, the paramount importance of free inquiry, critical thinking and the
scientific method was a characteristic subtheme that emerged from several participants in this
typology. This new value was in stark contrast to their experience of religious doctrine. As atheism
can take several ideological forms, Nash (2003) has observed that humanists in particular often
become aware of atheistic beliefs through exploring scientific and naturalistic explanations that place
science and faith at odds with each other.

For example, Mary, who is a big supporter of the scientific method, describes how disillusioned she
felt by the religious teachings at school. As she explains:

“People had put those thoughts in me... From a very young age at school been taught to
praise God, sing hims and implicitly that people who didn’t believe in God are bad. They
are supposed to be educating you and... mind you now that educating you to put it most
charitable is improbable (Laughter)”.

Like most participants she engaged in a personal journey of reading and educating herself to come to
her own conclusions and understanding using science and evidence:

“It was just something I engaged with very personally. I had all these doubts and I think
that these people seem to believe it so if I understood it better I would believe it properly but
as I learned more there was more and more and more reason to doubt which drove me crazy”.

It appears that while participants might place high value on independent critical thinking, this has not come about in an arbitrary way. It is a product of their biography, their narratives and interactions, as is the case with many atheists (Hunsberger & Altemeyer, 2006). This is particularly so for atheists who had to struggle with de-converting from previously held religious beliefs (Smith, 2011).

- **Humanism as a positive statement**

In discussing the differences between atheism and humanism, all participants seem to focus on how being an atheist seems like a label without content. They embrace the atheistic label as an integral part of their identity but it is seen as an answer to a single question (i.e. do you believe in God?). In that sense it seems incomplete, reductionist and not representative of what they stand for and what they do believe in.

For example when discussing the differences between Atheism and Humanism, Billy explains:

‘It wasn't until... 5 or 6 years after ('I discovered I was an atheist') where I kind of reached that point where I found the title humanism. Uhhh... So my concept of Atheism is... I am not someone who doesn’t believe in God, but that’s not my starting point. Uhhh... I just don’t need that to validate who I am. I... I am the best person I can be, the most understanding the most accepting, the most liberal person I can be.’

Billy uses the word ‘liberal’ in the end as perhaps a way to surmise and make sense, in simpler terms, of what it means for him to identify as a humanist.

Most participants however agreed that humanism is an “umbrella” term which entails a wide spectrum of beliefs and worldviews which share the lack of belief in a God, promotes critical thinking and the right for individual expression. This is perhaps an expression of the “many paths, many meanings” view of secularism (Smith, 2013) which contains a plurality of viewpoints, identity trajectories and outcomes connected to the seemingly simple idea of atheism.
Mary’s description is quite representative of that view:

‘Humanism is broader more philosophical. It’s more of a way of thinking. I like the lack of orthodoxy about it. I haven’t read it (‘the humanist bible’) ... I wasn’t keen on AC Graylings humanist bible but I think that’s the opposite of that. When you have a bible that means an authority. Yeah, I’d like to hear your thoughts (‘AC Grayling’s) and your take on it but when you call it the bible you are giving it an authority... he’s done a lot of good stuff but it kind of defeats the purpose. I think most people’s response is pretty much the same.’

For others like John, the discovery of Humanism as an alternative worldview was marked by enthusiasm:

‘I am not sure I can give you a coherent, congruent response on that but humanism is like... here is my analogy for it. It’s like, it’s like when you breathe through your nose and it’s blocked and someone says well why don’t you breathe through your mouth and then I said ohh why didn’t I think of that. And then I said what about the nose and well we’ll work on that later, let’s get you breathing through your mouth properly. So humanism to me is like having missed all those basic bits all this time.’

His analogy of finding Humanism as learning how to breathe suggests a sense of relief, perhaps indicative of his desire to escape the ‘suffocating’ experience of growing up in a very religious community.

The Humanist Identity

Participants further elaborated on what it means to be a humanist in relation to life’s big questions such as morality, the purpose in life and the finality of death.
- **Perceptions of morality**

For most participants, humanism was linked to considering their moral obligation towards others and society in general. Their views on morality were often contrasted with religious morality formulations which they experience as onerous prescriptions for either gaining a divine reward or avoiding eternal punishment. They consider that being good for the “sake of goodness” as perhaps superior to following scripture because it originates from a genuine place and feels more personal. These values resonate with Kohlberg’s (1976) moral development theory which highlight that moral decisions are grounded more on what is beneficial for others and the community at large and less on benefitting one’s self or on compliance to an authority.

As Dean elaborates:

‘I would say it’s about doing the right thing for the right reasons. You know for their own sake not for the prospect of something better later on.’

When describing what it means to be a humanist, Garry refers to the Golden rule as his basic moral tenant:

“So I definitely believe in the humanity in people. And then we start talking about where the ethics come from, where does morality come from and which I can have a lovely discussion with you but I have a fundamental belief that there is a... worthiness in all humans which we should respect and we should try to support, uhh...we should really as much try and live by the classic golden rule, which is do on to others as you would have them do to yourself and by the same rule don’t do onto others that which you don’t like done to you... so that’s how I try to live. That’s it really”

Billy makes reference to humanistic morals as being fluid, evolving and situational rather than fixed in time as is the case with scripture. He later explains how ‘morality is something that comes from within’ and that continuous scientific developments should be a source of questioning ones moral values on issues such as abortion, assisted dying and stem cell research.
- **Perceptions of life and death**

Most participants expressed a drive to embrace life’s opportunities and make their own positive contribution to the world and others. This view was often contrasted with the Christian doctrine that our brief existence is primarily a transitional state in preparation for eternity in heaven.

Dean discussed in detail how he feels there is a humanistic responsibility in everyone to contribute as part of a whole. When discussing his job as a martial arts teacher he explains:

“...if I do my job potentially someone who could do much more for the species and for the planet can get on and do their job you know? I see myself as a cargo in this sort of giant machine”.

Others seemed to embrace a scientific, materialistic view of life in which the question of purpose and ultimate meaning is irrelevant. As Garry explains:

“when you sort of get into the question of what is the ultimate meaning of life, it’s evolutionary, biological but there is no why, we are not here for a reason we are here because that’s how it’s worked out.”

Many participants discussed a common perspective among atheists regarding the finality of death. While recognising that there are atheists who are not as comfortable with the idea of dying, from their perspective, rejecting transcendence into an afterlife seems to make their lives meaningful, since this implies they only have a finite amount of time in which to experience the world.

For example Dean had to deal with the loss of his mother after a 20 year battle with cancer. He described in detail how he struggled with his loss before elaborating on his thoughts regarding death:

“That’s nature. People are born... from the moment you are born... you know you’re going to die. I think religion sidesteps the issue especially on grief because it’s “oh you’re going to be reunited”. No you’re not, they’re gone, they’re gone. You know... They were dead for 14,3 billion years and they are dead again, you know... but they had that brief flash in the
universe of life... They were one of the lucky few. And if you sidestep that issue you... you deny everything that person did.’

Dean’s remark on how people ‘were dead for 14.3 billion years and they are dead again’ is suggestive of his view on death as a non-continuation of consciousness. In this sense, not believing facilitates an acceptance of death as a benign state of non-existence.

In similar fashion John notes how death should be an opportunity for celebrating a person’s life in contrast to what he perceives as an ‘awful obsession’ of religion:

 Interviewer: “So where does humanism fit in”?

 John: “So instead of rehearsing or dispensing the bible and this awful obsession we have in Ireland like celebrating the death of someone instead of their life that has to be put on one side as a complete distraction and it’s about the relationship with each other and the animal kingdom and the natural world.”

 - Negative perceptions of religion

When discussing humanism, a prevalent theme for all participants was their negative views on religion. These criticisms evolved around, but were not limited to, the nature of the bible as a source of moral prescriptions, the role of religion in promoting and justifying intolerance, the violent atrocities from religious extremism and the infringement of science and human rights on issues such as abortion and homosexuality. Their disapproval was expressed in several ways and with different undertones ranging from anger and resentment to more nuanced criticisms regarding the content, usefulness and impact of religious faith for the individual and society in general. These criticisms serve perhaps to clarify and strengthen their atheist identity as part of a collective (Bullivant, 2013) which has a shared sense of purpose or a shared common threat. They suggest a pushback against ignorance, irrationality and the undesirable elements of religion.
Notably, the 3 participants who believed in God and/or had a religious upbringing, overtly expressed their discontent regarding religion. It seems that the intensity of their criticism in tone and language was proportional to the grief and discontent religion had brought in their life. John elaborated on his ‘traumatic’ experience as he calls it of being raised by a ‘tyrannical clergyman’ in ‘Bible thumbing Ireland’. In this instance he was asked about the differences between atheism and humanism which seemed to immediately spur a harsh rhetoric against religion:

‘To me religion a lot of the times is something that holds people by the throat. It’s just another scourge but I think we can dispense of religion completely and... the big issue is how we handle so much destructiveness and cruelty. If we could dispense of religion first we might be able to handle ourselves better. But religion has got to go, all of them’.

The Therapeutic Experience

Participants sought psychotherapy for different reasons including depression, anxiety, trauma relational problems and bereavement. Despite such diversity, several subthemes were identified which capsule the shared experiences of the participants.

- Struggle with the meaning of death

For three of the participants the issue of death and loss was one of the main therapeutic concerns. In this sense, their meaning making regarding death was a focal point in therapy. Although this subtheme was identified by only three participants, it warrants mention because of its direct relevance to therapeutic practice.

Mary was faced with 2 family deaths close together during her transition to unbelief. At the time she could not recognise that her debilitating anxiety and consequent nervous breakdown was linked to her uncertain and wavering beliefs about the finality of death. She saw a psychiatrist but initially did not find it helpful. She admits that this unhelpfulness was likely due to her own apprehension to discuss
her doubts about the afterlife with someone who she assumed was an atheist because of her profession.

‘I didn’t know this (‘my anxiety about death and existence’) was the problem. In my mind I knew she must be an atheist because someone who knows so much about how the human mind works couldn’t be religious which I know, I realised looking back that this was a projection and I didn’t have the slightest idea of what she believed in but I was projecting my own doubts onto her. Me believing that someone like her couldn’t believe it meant in a sense that I didn’t believe it and I knew as soon as I started talking about it I would have to admit it. After that it came up quite a lot, I think talking about things I found traumatic, the therapist noticed that I still had a lot of anger about religion and that sort of thing.’

For Mary, the projection of her ‘own doubts’ onto her psychiatrists possibly resonates with her fear of not being understood or not be taken seriously if she chose to explore these doubts. Her reluctance is also suggestive of the significant psychological cost she would have to endure from facing up to what was at the edge of her awareness - specifically her belief that there is no afterlife and that death is final. This perhaps would have further exacerbated her existential anxiety and thus would have led her to avoid discussing the topic. Despite claims to the contrary (James & Wells, 2002), clearly dealing with loss and the finality of death can be a complex issue for affirmative atheists.

Unlike Mary, when Dean had to deal with the death of his mother he claims that at the time he felt quite certain about his atheist identity and the finality of death. However his reaction was one of profound anger. Working as a prison guard he felt a deep sense of injustice because as he explains ‘I see so many people who quite frankly deserve probably to die a painful death and I had to watch my mother doing it for 20 years and all she did was try to raise her children right.’

When he was asked whether his humanistic beliefs on death was an influence in some way he says:

‘I just, you know, it’s… I think religion sidesteps the issue especially on grief because it’s ‘oh you’re going to be reunited’. No you’re not, they’re gone, they’re gone. You know… They were dead for 14.3 billion years and they are dead again, you know… but they had
that brief flash in the universe of life you know... They were one of the lucky few. And if you sidestep that issue you, you deny everything that person did. You deny everything they meant to you. You know... You are not dealing with the issue. You've sidestepped the issue because you don't want to deal with it and for me I have to confront things head on. I knew I'd been given the tools to... to manage and to be ok, and it was that I didn't want to be ok cause I just lost a very important person to me and I knew deep down eventually I would be ok and I didn't want to be ok. Does that sound strange to you?’

Dean uses the juxtaposition of the religious view of being ‘reunited’ after death to make sense of his own beliefs about death as a discontinuation of consciousness, a perception that is often observed among many atheists (Bullivant, 2013). Not wanting to ‘be ok’ indicates how experiencing grief for his loss was a necessary process and a way for him to ‘do justice’ to his mother.

For Billy the challenge of coming to terms with death originated not from the loss of a loved one but from his job as part of the military identification team for deceased soldiers. In contrast to Dean, Billy’s challenge with the finality of death was marked more with a sense of confusion and even despair:

‘s I had been going to a lot of post-mortems and I had guilt about all these young guys who had died uhm... and me I’ve done all this time. 25 years of time... and I had been able to go and serve been able to do my duty... I...they had... Now these guys have died so what’s life all about... they’re young they are living without a chance to live uhm... where did they go? I don’t believe in heaven, I don’t believe in hell so what was the point?’

As he reflects on his own process, he makes reference to the Christian doctrine by which he was raised before becoming an atheist. Without the comforting idea of an afterlife he was left feeling guilty about the fate of his deceased comrades. Also, he expresses his sense of hopelessness through questioning ‘where did they go?’ and ‘what was the point?’

Later on he explains how he left ‘isolated’ and ‘thinking very deeply about things’ because as he describes ‘I was still quite fresh to humanism and those perspectives. I didn’t have an out, I didn’t
have a full understanding to hang my hat on’. This is suggestive of how his humanistic beliefs might have offered him some help with coming to terms with his struggle. However he refrains from making such an assertion.

- **Negative experience of therapy**

Four participants had more than one therapeutic experience and reported that at some point in their lives they were referred to receive psychotherapy which they did not find particularly helpful. Two participants attributed this to the fact that the first point of contact for receiving such services was religious based therapy or therapy with religious undertones. Billy explains his thinking when he was referred by the military to the Chaplin service for his distress:

Billy: ‘The Chaplin is a Christian [Chaplin]. ...that organisation has already identified that I am a sinner. Because I’m going through a divorce. Because I am homosexual, I am going to hell. So before I even engage with that individual to try and seek impartial guidance and a listening ear, from that standpoint he already has an opinion about me.’

Interviewer: ‘He’s prejudged you in a way.’

Billy: ‘He’s prejudged me uhmm... and what the Chaplin would say we have an all souls ministry, but I am a humanist, I don’t have a soul. So we don’t even speak the same language’.

Billy assumes that the Chaplin service cannot be ‘impartial’ and that he will be rejected as a ‘sinner’ even before he begins to explain in detail his experience. This is reflective of his difficult past with religion and it also suggests how he regards any therapy offered within a religious context as unfitting. This was a common impediment posed by all participants in one way or another. They expressed that seeing a practitioner who had strong religious beliefs or who could not at least maintain a neutral stance would be unhelpful and difficult to relate with.

Similarly, John was referred for counselling at an organisation affiliated with the church of Ireland to help him deal with his traumatic religious childhood. He describes how in the beginning he felt that
‘the woman could totally empathise’ until they reached the end of the session where the counsellor suggested they ‘have a prayer’. In his words ‘It was as if like I was talking to a different person, have you not heard a word I’m saying? All of a sudden It was like in a twilight zone... the contrast was horrible.’

His reaction of ‘have you not heard a word I’m saying’ is suggestive of his frustration for not being understood and of the counsellor not realising that religion was at the core of his trauma and distress.

Mary was originally referred by a psychiatrist to see a psychoanalyst after she had expressed a strong desire to engage in analysis. She recalls how she felt very flustered and disappointed by the analyst’s passive stance and symbolic language. She describes how it ‘did not make sense’ and was unable to understand how this was helping her resolve her anxiety and ‘solve my problem’ as she puts it. She describes her reaction after she pointed out to the analyst that her chair was wobbly:

‘...this was the thing that was going to make me better and she was telling me I was angry for being there and she was telling me I had magic powers to break things (‘the chair’) with my mind. She wouldn’t mean that but, then later on I started sitting on the couch which helped a bit because I wouldn’t have to look at her face and I’ve never wanted to slap someone so much’.

- **Positive experience of therapy**

  A. *General therapeutic factors*

Those who reported a positive overall experience emphasised the importance of the relationship they developed with the therapist. After his disappointing experience with his psychiatrist, George described his therapist as ‘an amazing, caring person who was willing to listen to me. She was curious about me, simply that’.

For John and Billy who had struggled with their previous religious identity, engaging in therapy that was secular was received with a sense of relief. As Billy explains:
‘because that person... he was a civilian ...I have absolutely no idea of his religious belief system because it wasn’t relevant. It didn’t at any stage come into the conversation... but because it wasn’t there, because there wasn’t that elephant in the room it didn’t cloud any of the issues. I could be and speak exactly how I felt without that pre-perceptions, without the prejudgment.’

Some participants also reported how engaging in activities related to their humanist identity provided them with a sense of ‘pride and fulfilment’ or a ‘useful distraction’. Such activities include discussion in on-line forums for atheists and humanists, doing volunteer work as a way to contribute to others, taking part in meetings at their local BHA branch or being advocates for issues of social justice. Not surprisingly, elements that are essential to any therapeutic relationship such confidentiality, a holding environment, acceptance, genuine involvement and respect, were valued by all participants.

B. An emphasis on self-awareness and personal responsibility.

When asked about their perceptions of psychotherapy, most participants emphasised the importance of self-awareness, helping themselves and using their intellect as a way to deal with their problem and move forward. D’Andrea and Sprenger (2007) suggest that for atheist clients, therapists might be well placed to use approaches that focus on personal responsibility and emphasise personal empowerment.

For example Garry received CBT treatment for depression and anorexia. He contrasts his view of how psychotherapy works to the ‘placebo effect’ that religion can provide in times of distress. He later explains:

Interviewer: So what would you say works for you?

Garry: self-knowledge ...An understanding why this has occurred. I mean I am very much materialist ...that I believe in the explicability of many things are, can be resolved ultimately, if not today, by science [to] find out what reality is and this is all part of, probably from my background. ...I think self-knowledge is very important. You have to
understand, what is the fundamental – as far as we can understand it – issue that is causing this problem. But once you understand that then you are halfway there to stopping it.’

He also describes how when he was in primary care he used to engage in discussions with the medical stuff for information to help him better understand his problem and how he can further help himself.

Dean also recalls how when he attended grief counselling ‘It was just talking to someone and straightening it out in my own head and connecting the dots’. He then elaborated by contrasting his experience with his perception of dealing with things from a faith based perspective:

‘I can’t see how it [religion] can help anyone because it doesn’t actually deal with the issue. It doesn’t deal with the grief, the stress, it’s just, it’s just stories, it doesn’t really deal with anything, you know? Uhmm… it’s not a cure it’s a temporary patch.’

As someone who describes himself as ‘the fixer’ and ‘the go to guy’ for solving problems, part of coming to terms with his mother’s death was realising that this is not something he could “fix”:

‘I am a smart guy, I can figure most problems out and it was just yeah get out of this one you know… but I couldn’t. I’ve been defeated. …I had to come to terms with it because the one thing you can’t fix is death’.

John on the other hand expressed his disappointment about his second counselling experience with a person-centred therapist. His words are suggestive of how he was expecting something more in terms of his internal pain and symptoms decreasing. As he recalls:

‘Digging deep can be painful. It’s like open heart surgery without anaesthetic and you can’t back out of the surgery and the wound is open and you’re lying there and you think well I thought this was supposed to help and well they say no that’s your work. We opened the wound and we teased out the bacteria but the rest is your job you have to clean it up and close it up. So like open heart surgery without anesthetic’.
In one of her later therapeutic encounters, Mary recalls how she benefited from the guidance she received to deal with her problems through self-help books and personal reading:

‘And I just said to him this is what I want, I can work it out, I need to be put on the right path, I don’t need much the insurance won’t cover much and I was very specific. If I could be given, put in the right direction I could take it from there. …We didn’t get to the hardcore but I bought the practitioners manual and took it from there and it worked extremely well. It was quite strange business that it was very effective.

Discussion

The study represents an initial phenomenological exploration of atheists’ experiences in psychotherapy. A general consideration arising from the first superordinate theme is the significance of emotional events and experiences in some participants’ accounts of what motivated them to reject religious belief and to assert their non-religious position. An atheistic stance is often characterised as a rational, reasoned viewpoint based on intellectual disagreement with theological propositions and contradictions between scriptural narratives and scientific knowledge (Beit-Hallahmi, 2007). However evidence from these participants suggests that the rejection of religious beliefs may often be initially motivated by an individual’s emotional response to specific events or experiences in their lives. The perception that decisions based on reason and evidence are considered more valid than those based on emotional reactions may explain why some participants framed their rejection of religious beliefs in reference to scientific discoveries and historical evidence.

The identity of unbelief

Specifically, 3 of the participants were brought up with a religious identity, were involved with a religious institution and followed to some degree the customs and practices of Christianity. None of them were raised as atheists per se. Even participants whose families were not committed to religious
beliefs or practices were unable to stay away from a religious socialization altogether. From their early years, the majority emphasised their ability and desire to critically evaluate what they had learned using reason, logic and scientific evidence. This prompted many of them to explore different avenues in an attempt to make sense of life’s big questions regarding ethics, purpose and death. Eventually they were able to draw their own conclusions and remove themselves completely from past religious prescriptions in a process which Fowler (1996) refers to as “disenchantment”. This process also resonates with what Magolda (2001) calls “self-authorship” where regarding significant questions about life, participants shifted from external and dependent constructions of meaning to more internal and interdependent ones.

A second general finding pertains to how atheists experience and express their atheist identity. Contrary to persisting stereotypical views that without faith and God atheists are not capable of making meaning of questions around ethics, purpose and mortality (Epstein, 2009), participants in this study demonstrated quite the opposite. Evidence suggests that for these participants, embracing a humanistic identity serves as an umbrella framework which further helps them explore, identify and express such views. It seems that humanism facilitates a move beyond their atheistic label and the construction of boundaries with relation to religion. More specifically, participants clearly articulated how morality is about respecting human nature, making a contribution to the human condition and that life’s purpose is about nurturing and harnessing one’s natural attributes in a way that serves humanity, brings fulfilment and benefits others. These prescriptions resonate with Kohlberg’s (1976) moral development theory which highlight that moral decisions are grounded less on benefitting one’s self or on reverence to an authority and more on what is beneficial for others and communities at large.

It becomes clear that atheists’ identity is not always ascribed but is rather a status that is achieved. This is even more evident when we examine the accounts of the 3 participants who earlier in their lives accepted the notion of a God. For these participants it took some time to embrace atheism and undo years of religious socialization. For a deeper appreciation of their journey to atheism, it is
helpful to situate their process within the context of identity theories and specifically to Marcia’s (1966) four identity statuses of achievement, foreclosure, diffusion, and moratorium. Drawing from their accounts, we can hypothesise that these participants initially seemed to display religious identity foreclosure in which they adopted their given Christian identity as the only viable option at the time. This was supplied either by their parents - as was the case for Billy and John - or in Mary’s case from her school system. However, all three participants and for different reasons experienced significant tension with their religious identity which paved the way for an individually chosen identity commitment.

Based on the assimilation-accommodation model of identity change (Kunnen & Wassink, 2003), when a person is not able to assimilate script-discrepant information successfully this may result in unsustainable levels of tension leading to the process of accommodation. In such a case, the person begins to reject existing scripts and develop others that are psychologically superior and safer. For instance, Mary observed that belief in God and the afterlife supplied no meaningful comfort regarding her existential anxiety and in the wake of losing two family members. For Billy, the tension was centred on the intolerance of religion regarding his homosexuality, while John could not reconcile the benevolence of God and religion with his father’s ‘tyrannical’ and controlling attitude. As a result they exhibited what Marcia (1966) refers to as “Identity diffusion” where they passively accept their religious identity without real commitment to its meanings and values. Having transitioned from belief to unbelief and adopted new core scripts these participants can once more be classified in terms of Marcia’s (1966) identity statuses as having an “achieved identity”, characterised by high levels of commitment after ample exploration. The same commitment and exploration can be observed for all participants regarding their atheistic and humanistic identity.

**Implications for therapeutic practice**

Despite the diversity in terms of the reasons why participants sought out therapy, several valuable insights can be extrapolated for practitioners who work with atheists. Firstly, the evidence suggests
that building a strong therapeutic relationship, having an empathic and non-judgmental stance is an essential basis for working with this subgroup. When clients describe conflicts related to their atheist identity in conjunction with a religious upbringing or with living in a religious community, it is important for counselling psychologists not to make assumptions about the level of distress stemming from such conflicts and to employ a collaborative stance which welcomes such issues in therapy. Discussing potential differences and dissimilarities in worldviews between therapist and client should also be prioritised for the purpose of building an authentic, safe and transparent therapeutic relationship.

Counselling psychologists who work with atheist clients are encouraged to reflect on their unexamined assumptions regarding their attitude towards spirituality, whatever that concept might entail. For counselling psychology, exploring and respecting a client’s spirituality has become a matter of ethical practice and commitment to contextualised understanding (Woolfe et al., 2007). However, many assume that because of spirituality’s relation to existential and transcendent issues, it is a universal human characteristic (Chiu et al., 2004). Evidence from these participants suggests that using spirituality and associated terms with atheists, inquiring about their spiritual beliefs even after they have claimed to have none, or promoting spirituality as essential to mental health and well being, could leave clients feeling misunderstood and alienated. Therefore, practitioners may need to consider other terms such as “inner development” or “inner process” to explore and examine clients’ values, meaning systems and ethics. Further participants expressed that seeing a practitioner who had strong religious beliefs or who could not at least maintain a neutral stance would be unhelpful and difficult to relate with. If a practitioner feels unable to adopt a neutral stance, one opinion might be that it is ethically necessary to refer the client to a different therapist.

A more specific finding pertains to participants’ views on death and dying. The struggle with the finality of death and the loss of loved ones reported by some participants provides a unique and personalised perspective to the mixed results from quantitative studies (James & Wells, 2002; Lundh, & Radon, 1998) which explore death anxiety of committed atheists. Clearly dealing with death can be
a complex issue for affirmative atheists despite their materialistic and naturalistic world view which often provides a buffer from existential anxiety. Further, it became clear that participants experience a variety of emotions towards God and organised religion that range from indifference and contempt to anger and resentment. This finding adds to the literature on how religious individuals who turned to atheism often might harbour resentment towards God (Exline et al., 2011) and as a result experience distress especially if they reside in a predominantly religious community as was the case with two participants. Practitioners can help atheist clients explore their options for self-care strategies and for emotional support through their atheistic/humanistic network. For these participants, their network serves as a platform for meaningful discussions about existential and philosophical questions. As such, they can often be a source of support as well as inspiration and can facilitate coping with bereavement or with frustration that may accompany the loss of a religious identity. Practitioners may also wish to emphasize the varied timelines and pathways of different individuals’ grieving processes (Sbarra & Hazan 2008).

Further, participants valued interventions that would help them to normalise and validate their confusion. They also emphasised the importance of self-knowledge, understanding their difficulties in intellectual term and self-empowerment. These are also likely reflective of their humanistic worldview of intellectual inquiry, critical examination and expressed autonomy. Such clients may be well placed towards more cognitive based interventions such as CBT in which they can get personally involved through exercises and homework.

**Limitations and Future directions**

Because this study was descriptive and interpretative rather than correlational or experimental, its results are not necessarily generalizable to all atheists or humanists. Moreover, it is suspected that any fully generalizable description of an experience as idiosyncratic as atheist identity might be so broad as to be nearly meaningless. This was further exacerbated in this study by the fact that no inclusion criteria were set regarding the type of difficulty or symptom presentation of the participants which
made links between beliefs and coping harder to extrapolate. However, given the unexplored and understudied nature of the phenomenon, using a qualitative approach with fewer criteria allowed for preservation of the rich and complex essence of the experience. Further, even though participants were reasonably diverse in terms of age, they lacked even-gender distribution and other forms of socio-demographic diversity such as ethnicity.

A vital consideration is how my background might have influenced the line of questioning, probes, comments and interpretations during interviews and data analysis. Participants were aware that I identified as an atheist, a BHA member and a counselling psychologist trainee as this was conveyed by the association when the information sheet was posted. This was something I was aware of and required a continuous reflective stance for the purpose of bracketing personal preconceptions and assumptions about atheist identity and psychotherapy. Having an insider status potentially facilitated a shared understanding, the building of rapport, trust and openness with the participants. However, I am mindful of how personal preconceptions and biases might have led to overemphasising commonalities with the participants or underappreciate divergent points of view. This was perhaps more apparent during discussions and analysis of descriptions regarding participants’ humanist identity. A sensitive and responsive approach during interviews and data analysis allowed my fore-conceptions to be challenged and adjusted by the data as much as possible while an understanding was maintained that interpretations are inevitably influenced by my personal, prior experience. It is also unfortunate that the participants were not asked how their knowledge of my identity as an atheist and a counselling psychologist trainee might have influenced them. Such an inquiry would perhaps have opened new avenues of disclosure and discussion regarding participants’ psychotherapeutic experience and how they present themselves in the company of like-minded people versus non-atheists. In any case, it is inevitable that participants’ awareness of my history influenced, to an extent, their accounts (perhaps more cautious descriptions regarding psychotherapy and more open negativity towards religion). This fact is not a true limitation, but an influence to be considered. Finally, an additional limitation of the current research was the lack of at least one independent researcher for the purpose of corroborating
the accuracy of interpretations and thus increasing sensitivity against my “biographical presence” (Willig, 2008).

Since all participants in the current study were humanists, future research might seek to interview individuals who identify with other labels in the unbelief spectrum such as freethinkers, rationalists or secularists. Moreover, the current research provides a sound foundation for initiating a deeper exploration of how affirmative secular individuals relate to the concept of death and how they experience the finality of dying of their loved ones. Finally, future researchers may wish to quantitatively and qualitatively investigate predictors and experiences of losing faith. Such efforts could provide valuable insight on how de-converters cope with psychological distress related to embracing a secular worldview, losing a religious identity - and consequently a relationship with God - and ‘coming out’ in their religious communities. Few such studies have been conducted in the more religious fundamentalist environment of the US but are absent in the UK.

References


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Appendix 1 - Reflection

Perhaps one of the biggest personal challenges throughout the data collection and analysis was being aware of how my prior experiences, views and preconceptions influenced my work as a researcher. As an active member of the British Humanist Association I often engage with other members in - what I find to be - very meaningful discussions regarding atheistic/humanistic values. These discussions and my personal reading have shaped not only my own worldview and belief system but also my perception of what it means to be a humanist and what is the essence of the collective humanist identity, if such a thing even exists. In order to adopt a sensitive and responsive approach to the data collection and analysis I found it absolutely necessary to reflect in detail and in writing on my ideas and biases of what it means to carry the atheistic/humanistic label and on my preconceptions about how atheists might experience psychotherapy. These reflections functioned as a reference point which I used before the interviews and during interpretations for the purpose of raising my awareness and bracketing my own assumptions. However useful it was identifying my beliefs in advance, when listening to the recordings it became clear that in my moment to moment interaction with the participants, more assumptions inevitably began to emerge which in turn influenced my understanding, questions and probing of the participants. For example, listening to participants’ emotionally charged descriptions about their religious upbringing triggered similar unpleasant memories from my extended family and these negative connotations perhaps helped me empathise more with my subjects. At the same time it offered another layer of resistance in understanding how they made sense of their own past. This was also the case with respect to some of the negative experiences of psychotherapy described by participants.

Similarly, during data analysis it also became apparent how the meanings that emerged were in some way always contingent on at least some basic assumptions from my part about participants’ underlying views, beliefs or cognitions. Through the interpretive process I realised that while my prior experiences where necessary to make sense of what was described, they were also a hindrance to
understanding possible nuances and hidden meanings of what was conveyed. I found this tension in the process difficult to resolve at times. In the end, I feel that perhaps this struggle is an inescapable and necessary part of the co-construction process between me and my participants. It was a constant reminder that I had to remain open to challenging my fixed ideas and to adjusting my preconceptions, thus enabling me to ask more informed questions from the text. Another challenge during data analysis was setting aside my findings from previous cases before moving on to the next. This meant that I had to maintain, as much as possible, my sensitivity towards each participant’s unique story against my desire to find common themes across participants. This was no easy task given the time constraints and the volume of the work required. In hindsight I feel that having an outsider – who has no familiarity or personal attachment with the topic – check the accuracy of my interpretations, would have improved the credibility and quality of the findings.

Moreover, it is important to elaborate further on how my negative views on religion in general came into play during the research process. As a committed atheist and a person who identifies with a naturalistic and scientific worldview, I have often found myself feeling perplexed about the usefulness of religious conviction. The atrocities of armed violence as a result of religious extremism and the infringement of civil rights often sponsored by religious ideology in issues such as abortion, sex equality and homosexuality have shaped my negative assumptions about organised faith. These topics became a focal point of discussion with every participant during the interviews but also after the recorder was switched off. Even though there was clearly a meeting of minds between me and my participants, I feel that at some level there might have been an increased emphasis from my part on the more militant views expressed. While I refrained from explicitly expressing these views until after the interviews were over, this is ultimately very relevant to the formation of at least one subtheme. In the end I feel that the openness and engagement of my participants left me with a sense of privilege for being allowed to hear their stories and has offered me new perspectives and insights on the experiences of atheists.
Appendix 2 - Consent Form

- I the undersigned voluntarily agree to take part in the study on Atheism and psychological therapy.

- I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. I have been advised about any discomfort and possible ill-effects on my health and well-being which may result. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.

- I agree to comply with any instruction given to me during the study and to co-operate fully with the investigators. I shall inform them immediately if I suffer any deterioration of any kind in my health or well-being, or experience any unexpected or unusual symptoms.

- I consent to my personal data, as outlined in the accompanying information sheet, being used for this study and other research. I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998).

- I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice.

- I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer (BLOCK CAPITALS) ........................................................
Signed ...........................................................................................................
Date .............................................................................................................

Name of researcher/person taking consent (BLOCK CAPITALS) ........................................................
Signed ...........................................................................................................
Date .............................................................................................................
Appendix 3: Ethics approval
Project Title: What are the experiences of atheist clients in Counselling Psychology? A Qualitative study.

Name of student: Georgios (George) SpyropoulosCourse: PsychD Psychotherapeutic and Counselling Psychology

Supervisor: Dr. Dora Brown

The following applies to ALL undergraduate and postgraduate (Masters) level research. Some types of research need ethical approval. The following checklist is designed to allow you and your supervisor to establish very quickly whether your study will need ethical approval. It will also allow you to discuss alternative approaches that do not require ethical approval with your supervisor.

You should, in discussion with your Supervisor, complete the attached form, and sign where indicated. Your Supervisor must countersign the form. Please provide a summary of the project, (approximately 500 words), including its principal aims and objectives with this form. This should provide a clear description of who is doing what, to whom, to how many, how long, where, when and why — in non-technical, lay terms.

- If you answer 'NO' to all questions, the form together with the attached summary should then be taken to the administration office relevant to your school, where staff will record that your form has been completed. The form will be stamped and returned to you. Then your research is considered to be ethically acceptable according to the 'Ethical Guidelines for Teaching and Research' and you may proceed without further notice.

- If you answer 'YES' to any of these questions but think that this is covered by a favourable ethical opinion from another Ethics Committee (or other credible ethical review body), please attach confirmation of this ethical opinion (that is, a letter from the Chair of that Committee or review body). The form should then be submitted to the Faculty Ethics Committee. You will receive a decision on your application within one week.

- In any other cases you should seek full formal ethical review from the relevant Ethics Committee.

YOU MAY NOT COLLECT DATA BEFORE IT HAS BEEN CONFIRMED THAT ETHICAL APPROVAL IS NOT REQUIRED, OR UNTIL A FAVOURABLE ETHICAL OPINION IS OBTAINED. ALL STUDENTS MUST INCLUDE THE COMPLETED FORM IN THEIR DISSERTATION/REPORT AS AN APPENDIX.

Declarations:

I the undersigned confirm that I have read the 'Ethical Guidelines for Teaching and Research at the University of Surrey' and I am aware of the 'Code on Good Research Practice'. I understand that the project is monitored and audited by the Faculty Ethics Committee to ensure that it is carried out in accordance with good practice, legal and ethical requirements and any other guidelines.

I am also aware that any knowingly wrong answer to any of the questions below and any research misconduct reported to the Faculty Ethics Committee may lead to disciplinary measures after investigation. In case of dissertation projects, the provision of knowingly incorrect information or proven research misconduct will lead to failure to complete the dissertation project.

Investigator: [Signature] Date: 24/11/14
Project Title: What are the experiences of atheist clients in Counselling Psychology? A Qualitative study

1. Research Participants
   a. Does the study involve staff either in FAHS or across the University of Surrey, investigating their working or professional practices? Yes □ No □
   b. Does the study involve patients from the NHS or a Health Service overseas? Yes □ No □
   c. Does the study involve vulnerable groups (e.g. children under 16 years, 16 and over who are unable to give informed consent, prisoners or young offenders)? Yes □ No □
   d. Will the respondents receive payment (including involvement in prize draws)? Yes □ No □

2. Research Protocol
   a. Does the study involve any risk to a participant's health? Yes □ No □
   b. Does the research involve donation of bodily materials, organs and the recently deceased? Yes □ No □
   c. Could questioning – in questionnaire or in interview – or other methods used, cause offence, be distressing or be deeply personal for the target group? Yes □ No □
   d. Does the research require participants to take part in the study without their knowledge and consent at the time (e.g. covert observations)? Yes □ No □
   e. Does the research involve deception other than withholding information about the aims of the research? Yes □ No □
   f. Does the research involve activities where the safety of the researcher may be in question? Yes □ No □

3. Data Protection
   a. Does the study, involve access of records of personal or sensitive confidential information? Yes □ No □

Investigator: 24/11/14 Signature

Supervisor's approval: Yes □ No □ 24/11/14 Signature
Appendix 4 - Participant Information Sheet

PROJECT TITLE

Atheist identity and the therapeutic experience: A qualitative exploration

Introduction

My name is George Spyropoulos and I am a Doctorate student (PsychD) of Psychotherapeutic and Counselling Psychology at the University of Surrey. I would like to invite you to take part in a research project. Before you decide you need to understand why the research is being done and what it will involve for you. Please take the time to read the following information carefully.

What is the purpose of the study?

In psychotherapy, understanding and respecting a client’s belief system (religious or otherwise) is vital to the therapeutic process and has also become a question of ethical practice. While there is an abundance of literature exploring the relationship between various religious beliefs and psychotherapy, there has been very little research in understanding how non-religious individuals experience therapy. Therefore, the purpose of this study is to explore how atheists and humanists experience their identity and the therapeutic process for the purpose of providing insight into the possible ways that their diverse beliefs (spiritual or otherwise) might or might not interact with therapy. I would like to invite you to share your views in this respect.

Am I eligible to take part in the study?

You are eligible to participate in the study if you identify as an atheist, humanist or secular and have had psychotherapy at some point in your adult life. The therapeutic relationship is required to have ended before March 2014. You are not eligible to take part if you are still undergoing psychotherapy of any kind. There are no specific requirements regarding the nature of the reason for seeking psychotherapy as long as it pertains to some form of psychological distress or personal difficulty and not just for personal development.

The process

You will be asked questions as part of an interview and your answers will be audio recorded. The information you give will remain confidential, meaning that your name and answers will only be accessible to me. The information will be stored in a password-protected file in a computer at the University of Surrey. Research data will be kept for 10 years, in line with the University’s Code on
Good Research Practice. The interview will be in a form of a discussion and conducted with me at a time and place of your convenience or via Skype. It will last approximately one hour.

**Are there any possible disadvantages or risks of taking part?**

In the unlikely event that you experience discomfort during the interview, we can pause and discuss any concerns you may have. You are free to withdraw from the interview at any time without needing to justify your decision and without prejudice.

**What are the possible benefits of taking part?**

It is unlikely that you will benefit directly but it is hoped that this study will provide a more in-depth understanding of how secular and atheist clients experience the therapeutic process.

**What will I have to do?**

If you would like to take part please contact me at georgios.spyropoulos@surrey.ac.uk or at 07455002820.

**Who has reviewed the project?**

The study has been reviewed and received a Favourable Ethical Opinion (FEO) from the University of Surrey Ethics Committee. Ref. number: FT-PSY-68-14

**Complaints:**

Any complaint about any aspect of the study will be addressed. Please contact me (Mr. George Spyropoulos, e-mail: georgios.spyropoulos@surrey.ac.uk) or my supervisor (Dr Dora Brown, tel. 0044 1483 683979, e-mail: dora.brown@surrey.ac.uk).

**Thank you for taking the time to read this Information Sheet.**
Appendix 5 - Interview schedule

Interview Schedule

- What is your perspective of Atheism/ Humanism?
- Did you have a religious upbringing? Explain
- It is my understanding that you have used psychotherapy services. What is your perception about psychotherapy?
- How do you think psychotherapy services marry – if at all with religious beliefs/ Atheism/Humanism.
- What do you think of practitioners who hold/use religious beliefs during their practice?
- For future practitioners would you recommend practitioners to be taught to hold competencies regarding religious beliefs/Atheism/Humanism? Explain

Appendix 6 – Additional Quotes

1) THE ROAD TO ATHEISM

i. Religious and secular upbringing
Billy: “I wasn’t always an atheist or a humanist. As I said I was brought up in a roman catholic church. Actually at one point I was searching... I was searching for a... I just wasn’t comfortable within the Roman Catholic establishment, their perceptions on how to live life and so on”.

ii. Using reason, science and evidence
George: “I just followed blind the doctrine, now I question myself critically like with everything. I question whether my decisions, my beliefs are... valid.... Have stood up in time or perhaps I need to go away and learn more about it and come back and... oppose that decision”.

John: And I used to read, I always read a lot. Looking stuff up and what does the evidence show? Really getting into the core of the arguments and if they hold water.

Garry: I mean I am very much materialist not from the point of view that I want to buy things but materialist that I believe in the explicability of many things are... can be resolved ultimately, if not today, by science

**iii. Humanism as a positive statement**

Dean: a lot of the Atheist-Humanist movement is not sort of like the dictionary atheist view there is more to it, there is more to living your life than having come to that conclusion.

George: the reason I identify as a humanist means that there is a lot more. You are saying “ok I don’t accept this worldview, what do I accept, how do we live our lives?” that kind of thing. That’s where I see humanism and things like that in.

**2) THE HUMANIST IDENTITY**

**i. Perceptions of morality**

George: this thing called religion that is unnecessary because a lot of the times a lot of humanistic values, if you cherry pick the bible, are in the bible

John: psychologically that’s that motivator to be the best you can, to be the best person you can be.

To support others to be the best person that they can be.
ii. Perceptions of life and death

George: me as a humanist when I die the lights go off and I will.. you know as a person I cease to exist, my energy becomes part of the world uhmm... but I do believe I live on. I live on and the good works I’ve done, the impact the’ve had on other people’s lives, positive impacts or negative impacts but hopefully positive.

Mary: I saw him, he was visibly frail his acceptance was huge but when if you haven’t reached that acceptance fase that’s when I suppose you can have problems. I thought... Fear of death. Yeah I see it in the sense that you have to keep yourself alive.

iii. Negative perceptions of religion

Dean: We are adhering to the law as it was written by a primitive tribal group of people. And they are trying to apply that perspective and those ideals in a modern society, and it doesn’t... it doesn’t fit.

Mary: The only problem I have is that when their choices start to limit my choices. That’s when I start having problems with religion and that’s when I ... perhaps become... I don’t want to say more combative... more defensive uhh.. perhaps more vocal.

Billy: I don’t see people fighting wars because they don’t believe in God. I don’t see people being murdered because they didn’t draw a cartoon, you know that’s the thing.

THE THERAPEUTIC EXPERIENCE

i. Struggle with the meaning of death

George: I think at the time maybe the thought that someone, somewhere is in charge would be quite reassuring.
Mary: Like I said the thing that kept me honest was the fact that the minute you accept that you had to accept death and you have to accept everything else.

ii. Negative experience of therapy

John: I believe within my pastoral system it is totally inappropriate for someone from a religious background to be the prime focal point of offering that therapy

Mary: I had for example a very consistent, a very irritating person sitting and staring at you saying absolutely... very little or nothing for hours.

iii. Positive experience of therapy

Garry: The thing that helped me most was CBT, definitely from the point of view of eating again.

   a. General therapeutic factors

Dean: Especially in the beginning. She was very warm and sensitive like she went out of her way to make me feel comfortable.

   b. Emphasis on self-awareness and personal responsibility

George: it’s about opening up perhaps avenues that you haven’t considered because you haven’t got the experience. You’ve never been eposed to before. It’s perhaps something you have never considered

Billy: Not having religious beliefs anymore helped me, because it helps you face the actual issue. And I couldn’t blame, you know, the guy in the sky or anybody else.
### Appendix 7 – Example of transcript annotation: Garry

<table>
<thead>
<tr>
<th>CODING</th>
<th>LINGUISTIC</th>
<th>CONCEPTUAL</th>
<th>THEME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elaborating on beliefs</td>
<td>B: I am a Humanist-Atheist.</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>A: Humanist-Atheist.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describing membership</td>
<td>B: I believe in humanity very much so and I remember that the British Humanist association ... and I sort of arranged Humanist funerals for people. Not directly but in contact with the BHA.</td>
<td>“I believe”</td>
<td>Validating humanist identity through participation</td>
</tr>
<tr>
<td></td>
<td>A: Uh-huh</td>
<td></td>
<td></td>
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<tr>
<td>Understanding humanism</td>
<td>B: SO I definitely believe in uhmm the humanity in people. And then we start talking about where the ethics come from, where does morality come from</td>
<td>“believe in the humanity of people”</td>
<td>Is humanism about humanity? What does that mean?</td>
</tr>
<tr>
<td>Relating Humanism to</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Ethics and Morality</td>
<td>Explaining fundamental belief</td>
<td>&quot;I have a fundamental belief&quot;</td>
<td>How much does he experience Humanism as relating to morality and ethics?</td>
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<tr>
<td>Living by the golden rule</td>
<td>&quot;gold rule&quot;</td>
<td>&quot;that’s how I try to live&quot;</td>
<td>Is there further nuance? What about moral relativism?</td>
</tr>
<tr>
<td>Identifying personal morals</td>
<td>A: You know... and it sounds the way you talk about humanism, a lot has to do with morality and getting a set of morals and codes by which we live, for you, is that right?</td>
<td></td>
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<tr>
<td>Referencing other people</td>
<td>B: Yes. Very much so it’s a lot of people you get all the classic... to be honest... uhm... not many people say this but it’s the sort of classic thing the clichéd you know... If you don’t believe in God why don’t you go around killing people. You know.. as though morality actually really does come from some supreme being. But the interesting thing I find is that a lot of people have an inherent morality and then fit their religion around that morality. You know they are cafeteria Christians. They’ll pick out the bits of the bible they like.</td>
<td>Perhaps validating own point of view through refuting counter argument</td>
<td>Criticising religion/religious morality</td>
</tr>
<tr>
<td>Describing religious argument.</td>
<td>“as though”</td>
<td>“the interesting thing I find”</td>
<td>“They pick out the bits they like”</td>
</tr>
</tbody>
</table>
| Rejecting religious take on morality | “Religion does not provide with moral prescriptions. It validates existing ones” | “Criticising behaviour of religious people” | ”

A: They cherry pick... |
| Explaining cafeteria Christians | B: And they leave out the bits that they don’t. And it’s this Cafeteria Christianity that kind of let’s you do that. Uhm, if you read the bible and I have read it from cover to cover about 3 times. | “they…” | What about Humanism? Does he experience inconsistencies? |
| Justifying position through personal reading | | “I have read it” | |
| Being appalled by Bible | B: It’s the most appalling book. It’s the most appalling book in the world, you know the inhumanity of that book is unbelievable. I don’t get into many discussions with Christians because I don’t see a lot of point but I’ve had a few and it’s amazing how many haven’t read the book they are meant to believe in. They haven’t read it. | “appalling” | Why compare religious prescriptions to humanistic? For validation, point of reference? |
| Protesting inhumanity in Bible | A: Uh-huh | “inhumanity” | “Inhumanity” of bible vs. Humanism |
| Avoiding discussions with Christians | | | Criticising Christians |
| Criticising Christians for lack of Bible knowledge | A: Yeah. | | }
<table>
<thead>
<tr>
<th>Making sense of people’s behaviour</th>
<th>Explaining morality through science</th>
<th>Criticising religious people</th>
</tr>
</thead>
<tbody>
<tr>
<td>B: But… (laughter) people are weird.</td>
<td>“weird”</td>
<td>“weird”</td>
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<tr>
<td>A: SO humanism sounds like it’s taking a different take, a different perspective on what you see as, you know, a lot of the brutality that there is in the bible and you know so, humanism seems to come in as an antithesis to that… is that how…?</td>
<td>“evolutionary point of view”</td>
<td>“weird”</td>
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<tr>
<td>B: Yeah… I mean I think that there is a… from an evolutionary point of view, the sort of evolution of morality there are evolutionary advantages, very significant ones on why the golden rule was developed and it was undertaken. I am not saying that Christianity is worse</td>
<td>“I am not”</td>
<td>“I am not”</td>
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<tr>
<td></td>
<td>Explaining behaviour by assertions about character traits</td>
<td>Explaining morality through science through reason, logic and evidence</td>
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<td></td>
<td>Refers back to</td>
<td>Explaining</td>
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<td>Comparing Christianity to other religions</td>
<td>than any of the other religions or better than any of the other religions. I am just saying that, uhmm, a lot of people who say they claim they take their morality out of the bible are people who have never read the damn book. They just... they just take the bits they hear in church and because normally living in the UK mainly it’s Christianity, uhm, tend not to read the nasty bits of the bible, they read the nice bits and think that’s all there is... it’s not a question of if it is a substitute for religion. I believe that a lot of... a lot of the religion from a moral point of view is based on humanism and then they wrap it up in.. uhm, supreme beings and stuff and I think saying “people have never read the damn book” “They take the bits...” saying “Christianity” Christianity as a point of reference. Why? Attempting to sound fair and balanced to add “people have never read the damn book” Humanism not a substitute for religion Humanistic morals Association of religious morality pre-date religious morals? to humanistic moral norms. Making sense of Christian morals Humanism not a substitute for religion Trying to understand the paradox of Christian morality through a logical explanation</td>
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<tr>
<td>Criticising religious source of morality</td>
<td>Religious source of morality vs. Humanist</td>
<td>Trying to understand the paradox of Christian morality through a logical explanation</td>
</tr>
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<td>on humanism</td>
<td>it’s complete... sorry are you with me?</td>
<td>A: Yes, so it’s like you are taking out this ablaze, this thing called religion that is unnecessary because a lot of the times a lot of humanistic values, if you cherry pick the bible, are in the bible.</td>
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Referencing other religions
Koran or probably in the Koran and probably in Hindu teachings, you know, religion has got a lot of good in it. It’s got a lot of both in it, a lot of good in it tend to cement groups of people together, a lot of religions

Identifying positives of religious morals
“Koran”, “Hindu” “a lot of good” “Cement people”

Religious morals
Lumping all religions together Discussing other religions

Positives of religion
A lot but not all?
<table>
<thead>
<tr>
<th>Topic</th>
<th>Note</th>
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<tbody>
<tr>
<td>uniting people</td>
<td>do have an ethic on helping others, uhmm... a lot of religion does, you know the classic love thy neighbours as thyself, you know they’re good I am not mocking them, religion has done a hell of a lot of good but it’s also done a hell of a lot of harm. To be honest, I don’t think net it hasn’t added anything, in fact it might be slightly negative... uhmm.</td>
</tr>
<tr>
<td>Discussing ethics of religion/using example</td>
<td>You know people are people they can be complete bastards with or without religion “with or without religion”</td>
</tr>
<tr>
<td>Religion as a force for good vs harm</td>
<td>“but it’s also” acknowledging nuances?</td>
</tr>
<tr>
<td>Evaluating net negative outcome of religion</td>
<td>Wants to appear dispassionate, undogmatic and balanced in his criticism,</td>
</tr>
<tr>
<td>Defending religion</td>
<td>Criticising religion</td>
</tr>
<tr>
<td>A: Yes</td>
<td>Labelling Religious detrimental extremism</td>
</tr>
<tr>
<td>B: uhm... What I tend to think is that extreme religious belief can tend to focus people into the ISIS part of things where it “religious belief” - “focus” -“ISIS part” to split the good</td>
<td></td>
</tr>
<tr>
<td>Extremisms and Inhumanity</td>
<td>Being Fair to Religion</td>
</tr>
<tr>
<td>---------------------------</td>
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<tr>
<td>Becomes completely inhuman.</td>
<td>A: Mmm...</td>
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</table>
### Defining therapy

**Therapy as returning to normality**

Reflecting on normality

<table>
<thead>
<tr>
<th>A: I see what you are saying. Ok thank you for that. Uhm... So what is your understanding of therapy</th>
<th>B: In a mental sense?</th>
<th>A: Uhm.. In your sense, in however you want to explain how you experienced it and what is your perspective. B: Ok, that’s actually it’s a very deep and quite a philosophical question actually because in a simplistic term I would say therapy is trying to recover somebody from the fringes of normality towards normality. But on the other hand what the hell is normality so... there is no such thing as the average but in everyday speak terms as far as I am concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defining therapy</td>
<td>Intellectualising and being very “heady”. What about his own experience?</td>
<td>Defining therapy</td>
</tr>
<tr>
<td>Therapy as a collaborative process/resolving issues</td>
<td>a group of people helping one individual</td>
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<td>--------------------------------------------------</td>
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<tr>
<td>Therapy is... humans interacting together to try to resolve issues that the one has. Now whether they are societal issues of therapy, even for things like criminal acts or for mental issues, uhmm... poor upbringing or whatever it may be, it's other people trying to help focus attention and try to resolve the issue of the individual.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A: Mmm...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B: Does that make sense?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A: It does make sense. You mentioned humans interacting together but you also said other people trying to make sense of you.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B: Ok, obviously therapy can</td>
<td></td>
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</tbody>
</table>

| “Humans interacting together” |
| “other people”, “individual” |

| Almost like a dictionary definition |

<p>| Defining therapy | Defining therapy |</p>
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Therapeutic experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy as one to one</td>
<td>be on a one to one basis, that’s how it worked for me but it’s uhhh... in my whole situation when I was ill it was a team of surgeons, therapists from a mental health point of view, nurses, all are part of that therapy. It wasn’t one. I could not have had the mental recovery without the physical recovery and I don’t think my physical recovery would have happened without the mental recovery so it was a team but I don’t think this applies to everybody. Because people can have specific instances where one... generally it is society putting resources into generally trying to help the individual. A: Ok... thank you. So how</td>
<td>“one to one”</td>
</tr>
<tr>
<td>Therapy provided by a team of people</td>
<td></td>
<td>“team”</td>
</tr>
<tr>
<td>Reflecting on recovery</td>
<td></td>
<td>“mental”, “physical”, “recovery”</td>
</tr>
<tr>
<td>Physical recovery required for mental recovery and vice versa</td>
<td></td>
<td>Connecting physical to mental health</td>
</tr>
<tr>
<td>Identifying difference in therapy experience</td>
<td></td>
<td>Therapeutic experience</td>
</tr>
<tr>
<td>Topic</td>
<td>Text</td>
<td></td>
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<tr>
<td>Difficulty in pinpointing difference without holding religious beliefs</td>
<td>Religious beliefs create a placebo effect for me to understand how it helped me and it obviously does help people. Uhm... there is a big placebo effect I mean... I am also you know a “throw it out the window” type of person as far as some of the alternative treatments go uhm... but there is a very, very strong placebo effect and I certainly think that certainly within religion you can get groups that help but also you can get group rejection. I mean I “hard to understand”, “without” placebo “alternative treatments” – placebo “alternative treatments” to religious effect “alternative treatments” to religious beliefs</td>
<td></td>
</tr>
<tr>
<td>Rejecting alternative treatments</td>
<td>He again begins by making reference to religious beliefs first. Does his secular beliefs exist only in reference to religious ones?</td>
<td></td>
</tr>
<tr>
<td>Religion as helpful vs. as harmful</td>
<td>Therapy and religious beliefs</td>
<td></td>
</tr>
</tbody>
</table>

B: I have. I’ve thought about it yeah and... it’s quote a difference... without having religious belief it’s very hard for me to understand how it helped me and it obviously does help people. Uhm... there is a big placebo effect I mean... I am also you know a “throw it out the window” type of person as far as some of the alternative treatments go uhm... but there is a very, very strong placebo effect and I certainly think that certainly within religion you can get groups that help but also you can get group rejection. I mean I “hard to understand”, “without” placebo “alternative treatments” – placebo “alternative treatments” to religious effect “alternative treatments” to religious beliefs |

Therapy and religious beliefs |

Criticising
Using other people as example

Making sense of the comfort religion provides

Comparing and differentiating self from religious people

| Using other people as example | know fairly recent that people who have problems with their sexuality, like they couldn’t accept their homosexuality or whatever it may be... but now it’s changing a bit so I am not sure that religion, has a particularly positive or negative effect overall. Certainly for some people there is no question at all that a belief in a higher power, having a reasonable life can give people considerable comfort and help and help them out of issues. It doesn’t work with me but it obviously does with some. A: So what would you say works for you, if we take religion out of the equation? | Acknowledges “I know people” “positive or negative effect overall” “Can help people” – “does not work for me” | religion

Trying to summarise religious effect “overall” like an equation

Comparing and contrasting to clarify own preference

Assessing impact of religion

nuance and different outcomes of religion

“positive or negative effect overall” “Can help people” – “does not work for me”
<table>
<thead>
<tr>
<th><strong>Self-knowledge as a way of overcoming issues</strong></th>
<th><strong>B: uhh., self-knowledge</strong></th>
<th><strong>A: Self-knowledge</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Identifying with materialism</strong></td>
<td><strong>B: An understanding why this has occurred, why... I mean I am very much materialist not from the point of view that I want to buy things but materialist that I believe in the explicability of many things are... can be resolved ultimately, if not today, by science. One way or the other. Science in a broader sense of a method trying to... not find what reality is because you never will do that but find out... getting closer and closer and closer to it. Find out what reality is and this is all part of... probably from my (inaudible) background.</strong></td>
<td><strong>“materialist”</strong></td>
</tr>
<tr>
<td><strong>Explaining materialism</strong></td>
<td><strong>“resolved by science”</strong></td>
<td><strong>Materialism is about championing the scientific method?”</strong></td>
</tr>
<tr>
<td><strong>Science as a tool for understanding reality</strong></td>
<td><strong>“what reality is” - “never do that”</strong></td>
<td><strong>Ontological claims about reality.</strong></td>
</tr>
<tr>
<td><strong>Seeing self-knowledge</strong></td>
<td><strong>Shifted from being</strong></td>
<td><strong>to resolve issues</strong></td>
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</tbody>
</table>

Emphasis on self-awareness and personal responsibility.
<table>
<thead>
<tr>
<th>ledge as understanding causality</th>
<th>That certainly I think that self-knowledge... uhhh understanding why do I... what’s causing it is the key in many respects to resolving it. So it’s not that I... saying it is God’s will and therefore I will not worry about it anymore because it is not my problem. I will work through this you say... ok If I am ever going to a hospital and I still occasionally go in... I always have very interesting discussions with the medical stuff about what is the issue, can you explain it to me, like what do I need to know, what can you do, how is that, what works, not just give me the pill and I’ll be fine. I want to know. I think self-knowledge is very important. You have to understand, what is the “why do I” – “what’s causing it” “so saying it’s God’s will”</th>
<th>personally responsible with “why do I” to an abstract cause of “what’s causing it”</th>
<th>Comparing and contrasting with religious faith/protecting religion</th>
</tr>
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<tbody>
<tr>
<td>Personal responsibility vs. relying on God.</td>
<td></td>
<td></td>
<td>Again juxtaposing personal responsibility and self knowledge with “God’s will” Self knowledge as a tool</td>
</tr>
<tr>
<td>Gaining information as a way of coping</td>
<td></td>
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<tr>
<td>Self-knowledge as understanding the issue creating the problem</td>
<td></td>
<td></td>
<td>Personal responsibility for dealing with issues</td>
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<td></td>
<td></td>
<td></td>
<td>Uses example of personal action against passively receiving “the pill” information and facts can</td>
</tr>
<tr>
<td>Understanding causation to solve problem</td>
<td>Understanding is key to resolving</td>
<td>Identifying as rationalist</td>
<td>Acknowledging limitations of being rational</td>
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<td>fundamental – as far as we can understand it – issue that is causing this problem. But once you understand that then you are half way there to stopping it.</td>
<td>It sounds like, using your intellect as a way of coping as opposed to for example, faith.</td>
<td>I am a rationalist without a doubt.</td>
<td>As far as any human being can be rational. And we are not very rational.</td>
</tr>
<tr>
<td>“understand”, “fundamental issue”, “causing”</td>
<td>A: Without a doubt, ok.</td>
<td>“rationalist”</td>
<td>A: Yes. Ok. So what do you think of religious or spiritual beliefs being used in the</td>
</tr>
<tr>
<td>Knowledge and self-knowledge as a tool</td>
<td>Emphasis on reason and logic</td>
<td></td>
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<tr>
<td>Topic</td>
<td>Context</td>
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<td>Acknowledging other views and preferences</td>
<td>B: I have no problem with that so long as the person to whom I am speaking.... For example I have no problem if there is a say a psychiatrist... not a psychiatrist, a psychologist or a therapist who is a Christian and the person they are speaking to has strong Christian beliefs and they use Christianity as part of the, of the resolution of the issue. However if they try that with me we would have an argument, it wouldn’t work. So they... I got no problem, in principal in them doing that, so long as it’s aimed with the correct people. The same way that a react very strongly to rationalised argument, some</td>
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<tr>
<td>Rejecting spirituality in therapy for self</td>
<td>“with me”, “it wouldn’t work”</td>
<td></td>
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<tr>
<td>Contrasting needs of others to own</td>
<td>Rejecting religion and spirituality in therapy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being rational vs. being religious</td>
<td>Emphasis on reason and logic</td>
<td></td>
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</table>

Did not differentiate between religion and spirituality. Why?
<table>
<thead>
<tr>
<th>Rational arguments</th>
<th>Manuscript Submission</th>
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<tbody>
<tr>
<td>people won’t. And to try to force that as a helping strategy.</td>
<td>Manuscripts, in English, should be submitted to the Editor-in-Chief via the journal’s web-based online manuscript submission and peer-review system: <a href="http://jorh.edmgr.com">http://jorh.edmgr.com</a></td>
</tr>
<tr>
<td>A: Yes</td>
<td>Inquiries regarding journal policy, manuscript preparation, and other such general topics should be sent to the Editor-in-Chief: Curtis W. Hart, M.Div. Editor-in-Chief, Journal of Religion and Health e-mail: <a href="mailto:cuh9001@med.cornell.edu">cuh9001@med.cornell.edu</a> Tel.: (347) 752-7421</td>
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Abstract

While there is a proliferation of psychological literature on the processes of de-conversion from religious cults, little research attention has been given to the narratives and experiences of those exiting fundamentalist denominations of mainstream religions. The present study employed a constructivist grounded theory methodology to investigate how individuals de-convert from religious fundamentalism within the context of religions of the Abrahamic tradition (i.e. Christianity, Islam, Judaism). In-depth interviews were conducted with nine former fundamentalists living in the U.K and findings were organised in the two major categories of “the doubting phase” and “the de-conversion phase”. Results reveal that the journey out of religious fundamentalism can be understood as a gradual increase of unsustainable cognitive and emotional tension which resulted in a series of shifts in identity scripts that culminated in relinquishing religious belief. In addition, following the formation of new scripts which support an identity of unbelief, participants experienced contrasting emotions and significant difficulties with familial and social relationships. Implications for therapeutic practise and future research are also discussed.

Keywords: Religion, Atheism, De-conversion, Apostasy, Atheist, Atheism, Mental health, Psychological distress,
Introduction

Over the past decade, the study of religious fundamentalism has seen an increased interest in both empirical research and theoretical conceptualisations (Adam, 2009; Phillips & Ano, 2015; Saroglou, 2016). What constitutes religious fundamentalism is notoriously difficult to define, especially given the controversy regarding the negative connotations of this term and its overlap with similar concepts such as religious orthodoxy and extremism (Phillips & Ano, 2015). The most common definition cited in the psychological literature, which will also be used in the present study, is provided by Altemeyer and Hunsberger (1992, p.118):

The belief that there is one set of religious teachings that clearly contains the fundamental, basic, intrinsic, essential, inherent truth about humanity and the deity; this truth must be followed today according to the fundamental, unchangeable practices of the past; and those who believe and follow these fundamental teachings have a special relationship with the deity.

Concurrently, some of the relevant literature in recent years has focused on the exit narratives of those who abandon mainstream fundamentalist religious orientations (Streib et al., 2011), namely of the Abrahamic tradition (i.e. Christianity, Islam, Judaism). This represents a significant change from the prevailing research foci on “apostasy” from New Religion Movements (NRM). In the sociological literature, “Apostasy” is the most commonly used term to describe religious de-conversion and is viewed as an act of political opposition which entails making a statement against the exited group (Bomley, 1998). In other words, an “Apostate” is someone who not only leaves the group, but who actively opposes it.

Indeed, it is undoubtedly important to recognise the legitimate role of activist apostates, especially as it pertains to the study of exiting cults. For more mainline religions however, such a description does not account for personal and private de-conversions that are not politically shaded. It also does not attend to the ordinary men and women who de-convert independently and wish to live on decent terms with the members of their former religious group, as far as this is possible. Further, the use of the term “de-conversion”, rather than “apostasy”, avoids the almost unavoidable negative connotations which associate blaming the individual for a break of loyalty. De-conversion should also be distinguished from the terms “disengagement” and “disaffiliation” which frequently recurs in the sociological literature on religious exiting (Albrecht et al., 1988). Whereas the former refers to minimal participation in the routine activities of a religious group, the latter refers to termination of organisational identification with a religious group. However neither is proof of de-conversion. For example there are Mormons who, despite becoming inactive in the life of the church, retain an organisational identification with Mormonism and if asked, would define themselves as a member of
that church (Bahr & Albrecht, 1989). Lastly de-conversion should be differentiated from defection which refers to leaving one group for another (Cragun & Hammer, 2011).

Like conversion to a religious belief, de-conversion can be viewed as a major psychological transition. Kirkpatrick (1992) argues that a believer’s bond with God can be understood as an attachment relationship resembling the attachment with the primary caregiver. He suggest that for many individuals who have dropped out of their religious faith, the process of losing faith can be accompanied by intense emotional and intellectual struggle and may be similar to the experience of losing a parent or partner. Altemeyer and Hunsberger (1992) use the term “the profundity of exit” (p119) to distinguish between religious fundamentalists and moderates with respect to the emotional and intellectual distance travelled from the point of departure to the point of exit. Fervent believers who de-convert travel far indeed, whereas formerly moderate or nominal believers cover markedly less ground since their point of departure is closer to the point of exit. It is likely that the process of exit for the latter is less protracted and tumultuous than it is for the former, especially when we consider the level of social and ideological insularity provided by religious fundamentalist groups (Babinski, 1995). As Cottee (2014) puts it “defection is an easy process only for members and groups who are lightly or tangentially committed” (p56).

In his discussion on fundamentalist Christianity, Thurston (2000) also emphasises the vital role of religious faith as a major constituent of identity and daily life for devout individuals. Fundamentalist religious groups offer a close-knit community of believers whose interpersonal connections can be a psychologically powerful incentive. In contrast, they are also characterised by strong ideological pressures, separatist tendencies and rejection towards outsiders. Undoubtedly, one of the greatest challenges non-religious ex-fundamentalists face, is adapting to a life apart: not only from their former co-religionists but also from non religious individuals who show little interest in, or understanding of their situation.

On “apostasy” from Islam, Cottee (2014) notes how ex-members may feel marginalised and silenced within conventional circles, or are used as a tool of social control. They are often presented as objects of condemnation, even demonization and coercion. The sociologist Lewis Coser (1956) argues that the reaction of the group can be understood in terms of a continuum between acceptance and resistance depending on the nature of the group and the status of the leaver. Consequently, the more totalistic the group and the higher the leaver is in the group the less accepting members will be.
Religious identity, fundamentalism and counselling psychology

In the U.K counselling psychology literature there appears to be a consensus regarding the importance of including a client’s spiritual or religious identity in the therapeutic process (Jafari, 2016). Coyle (2010) discusses how counselling psychology is ideally placed to consider matters of religious identity and personal values, because of the emphasis on the individual in contexts and a holistic view of the person. Concurrently, Western concerns about the socio-political implications of fundamentalist Islam have raised polarised debates with strong anti-religious arguments attracting considerable attention. This has further encouraged some practitioners - who feel “outsiders” to religion - to share the representation of religious faith as an irrational defence or to regard idiosyncratic religious beliefs and practices as problematic (Coyle, 2010). After all, the dogmatic and oppressive approaches often observed in religious fundamentalism seem at odds with some of the defining features of Counselling Psychology which eschews dogma and encourages continuous questioning of the assumptions we make in our daily lives (Woolfe et al., 2007).

However, Counselling psychology has a firm commitment to holism and egalitarianism that requires practitioners to engage respectfully and openly with clients’ meaning making systems - religious or secular (Nielsen & Nicholas, 2016). To do otherwise would be a failure to embody the sort of ‘being with’ the client that defines counselling psychology. Taking proper, respectful account of clients’ religious identity - or the loss thereof - is an essential part of the field’s emphasis on contextualised understanding. More importantly, there is empirical evidence that relinquishing deeply-held religious beliefs or exiting fundamentalist groups of any kind can be an emotionally strenuous transition with potentially adverse implications for an individual’s well being and adjustment (Altemeyer & Hunsberger, 1992; Babinski, 1995; Streib et al., 2011) This of course does not simply mean that a practitioner should provide unrestrained assistance to clients who struggle to break free from religious fundamentalist commitments and oppressive practices. It requires, first and foremost, a willingness to attend to such dimensions in a meaningful way and to enter into that perhaps peculiar and unknown world view with unfettered openness. Understanding an individual’s meaning making system from their perspective can, in turn, enable a practitioner to facilitate clients’ critical reflections on their transition.

Previous findings

On the topic of religious de-conversion, a search of the Psychinfo and Medline databases revealed only a handful of studies on the psychological experience of exiting fundamentalist denominations of the Abrahamic tradition (Brent 1994; Davidman & Greil, 2007; Ross, 2009) all of which were conducted in North America. In an Interpretive Phenomenological Analysis of exiting Christians in
Canada, Ross (2009) found that the majority of participants felt as if they had lost a significant attachment figure when they distanced themselves from God and described feeling empty, adrift, and alone in the aftermath of losing faith. Further, while for many participants their transition was ultimately characterised by a sense of relief and joy, they all struggled in one way or another with disruptions in their social life and relationships with family and friends. In a qualitative exploration of Atheists’ experiences in psychotherapy (Spyropoulos, 2015), a secondary finding also suggests that those who had undergone more conservative religious training in their early years, experienced intense intra-psychic conflict in the process of relinquishing belief.

Davidman and Greil’s (2007) narrative analysis on Ultra Orthodox Jews provides valuable insight on how identity change occurs after de-conversion. Their attempt highlights the implications of abandoning an established cultural role and identity without available alternative narratives to guide individuals in their transition to secularism. It is notable however that their focus is more on the loss of one’s religion rather than on the loss of faith, thus overlooking the potential psychological implications of losing the relationship with God.

On the other hand, Brent (1994) focuses more on the psychological process involved in his study of de-conversion from Protestant fundamentalism. He proposes a universal model on the process of leaving which comprises of seven sequential phases. However, the study exhibits some weaknesses the most important of which is a strict emphasis on chronology against the psychological richness of the data. Further, his study was conducted in the more conservative religious climate of the U.S. and at a time when “exit scripts” for ex-Christians were largely absent from the public sphere. Today, with the increasing popularity of the new Atheist movement and the proliferation of internet forums promoting humanism and free inquiry, this reality is beginning to change and new scripts are available. This might affect the psychological process and trajectories of departure from religious fundamentalism.

The current study aims to further address the existing knowledge gap in this area by focusing on the process of exiting from fundamentalist groups of three mainstream religions (i.e. Christianity, Islam, Judaism). Thus, the current study will explore how individuals in the UK de-convert from religious fundamentalism.
Method

Ontological and epistemological considerations

With regards to epistemology and ontology, the current study adheres to constructivism for several reasons. Constructivism accepts that multiple realities exist and can be elucidated through researcher and participant interaction (Creswell, 2007). The way individuals relate to their religious convictions and the way the loss of religious faith is experienced, is arguably a deeply personal and subjective phenomenon. Therefore, the constructivist paradigm guides the present study whereby the participants are the experts on their lived experience but also recognises the role of the researcher in “constructing” interpretations of these experiences. Further, phenomena such as divine worship or religious doubt occur within social life and religious people often draw on a shared language, rules and norms embedded in specific historical and cultural contexts. The understanding of de-conversion - like the understanding of conversion - depends on the characteristics of the religious field in a specific culture at a specific point in time. Thus, an appreciation of the complexity of the phenomenon under study requires a shift from the positivist notion of creating a general abstract theory towards a construction of knowledge that is contextually situated, interpretive and sensitive to particular social circumstances. To do otherwise might foster oversimplification.

In keeping with the constructivist philosophical underpinnings of the study, the method employed will be constructivist grounded theory as described by Charmaz (2014). Grounded theory is ideal for developing a theoretical understanding of the psychological processes involved in life transitions. Through the use of inductive rather than deductive methods, researchers can gain conceptual understanding of a phenomenon based on specific instances rather than on a priori general theories and assumptions (Fassinger, 2005). Such preconceptions may undermine the impact of contextual differences and do not do justice to the unique way people respond to problematic situations and shape their world around them though social interaction. On this account, even though grounded theory paradigms can range from a postpositivist ideology to constructivist and critical ideology, Ponterotto (2005) firmly argues for a constructivist/interpretivist perspective. This is consistent with the philosophical underpinnings and aims of the current study which intends to remain true to the contextual and ideographic exploration of the phenomenon and preserve the uniqueness of individual participants’ stories.
Recruitment

In grounded theory methodology, data is gathered and analysed simultaneously while sampling decisions are determined on whether the data contributes to the emerging theory (Charmaz, 2014). For the current study, this meant that sampling was theoretical and cumulative, without a predetermined sample size. The discontinuing of participant recruitment was based on the principle of theoretical saturation, as described in the “Data Collection and Analysis” section.

The research was advertised through the British Humanist Association (BHA) which is actively engaged in organising support groups for ex-religious fundamentalists across the U.K. The BHA emailed a comprehensive participant information sheet to the mailing lists of these groups. Candidates who expressed interest were given an opportunity to ask questions about the research before signing an informed consent form, in advance of the interview. Candidates who expressed interest and were invited to take part had to meet the eligibility criteria of identifying as ex-religious fundamentalist of one of the three mainstream religions (i.e. Christianity, Islam and Judaism). This inclusion criterion was dependent on each participant’s subjective personal identification, but in all cases participants were part of a religious sect or denomination which adheres to the study’s description of a religious fundamentalist group. Further their previous religious identification is also recognised as fundamentalist by the existing literature (e.g. Mormonism, Jehovah’s Witness, Islam-Wahhabism). For candidates who met the eligibility criterion, a time was arranged for the interview that was most convenient for them.

Data collection and analysis

All participants were interviewed via skype for convenient purposes using a semi-structured format. Semi-structured interviews are a highly exploratory method which facilitates the emergence of rich, deep and contextualised data regarding the psychological and social world of the respondents (Ashworth, 2009). Interviews lasted approximately 1.5 hours. Notably, I was aware that emphasis on building trust and rapport with the participants was warranted as the more impersonal nature of a conference call (compared to face-to-face interaction) was likely to add some initial constraints in this respect. During the interviews a conversational tone was maintained combined with the use of primarily open-ended questions to encourage unanticipated accounts. Variations of the questions of the interview schedule (Appendix C) were used or were spontaneously addressed as part of each participant’s account. The semi-structured interview protocol was developed following a review of studies related to life transitions, identity change and in combination with Charmaz’s (2004) recommendations on interview questions about a life change.
After initial interviews were transcribed, open coding was applied, whereby initial codes were designated to text units (i.e. phrases or sentences). These first codes were provisional and remained very close to the data to facilitate theoretical openness and fluidity (Charmaz, 2014). In the focused coding phase of the analysis, the most significant and frequent codes were used to sift through larger amounts of data. Once the adequacy of those codes was verified, more conceptual codes were used to synthesize and explain larger data segments in individual transcripts and across participants.

In accordance with the methods of grounded theory (Charmaz, 2014), additional avenues of inquiry relied on each participants’ unique testimony which generated questions, hunches, and ideas that surfaced during the ongoing process of data analysis and theory development. Data from the later interviews were then analysed within the framework of the emerging categories and themes, whilst being alert to data that did not fit into any of the existing categories or which suggested a new dimension or attribute of that category. As preliminary categories begun to form, new properties and leads from subsequent interviews also emerged. When several middle-order categories emerged, these were grouped together where appropriate and then into two higher order categories. Dimensions of each middle-order category were developed to take account of the codes and properties of each dimension. Eventually no new dimensions were discovered and saturation of the categories appeared to be complete.

Participants

The final sample consisted of 9 individuals (6 women and 3 men) whose age ranged from 22 to 65 years old. Four participants were married, three were unmarried and two were divorced at the time of the interview. Eight participants had achieved university education, one had attained high school education and one was attending university at the time of the interview. All participants but two came from a religious home and had a religious upbringing. The experiences that participants disclosed occurred between 3 months and 40 years prior to the interview. This fact potentially influenced participant’s accounts in different ways. It became apparent that those who had transitioned relatively recently, felt less challenged to recount a more detailed and nuanced description of events and experiences than the two participants who had transitioned over a decade ago. On the other hand, a more recent experience of events might also mean less opportunity and time to reflect and process their impact in a meaningful way. Seven participants identified their ethnic background as Caucasian and 2 as Middle Eastern. With regards to their previous religious identification there were 2 Muslims, 3 Pentecostal Christians, 2 LDS Mormons, 1 Evangelical Christian and 1 Jehovah’s Witness (Table 1).
Trustworthiness

In keeping with the constructivist foci of the current study, the primary consideration for assessing the quality of the results will not be based on the level of abstraction or generality, but on whether they can provide a rich conceptual analysis of the phenomenon (Charmaz, 2014) - in this case, of de-converting from religious fundamentalism. More specifically, results were considered on the basis of their credibility (i.e. categories cover a wide range of empirical observations and are grounded in the data), originality (i.e. categories offer new insights and theoretical significance), resonance (i.e. results make sense to participants and portray the fullness of their religious transition) and usefulness (i.e. interpretations that advance our understanding and can inform therapeutic practice with this particular group).

Several levels of credibility checks were imposed in our study to ensure the rigor of scientific findings (Morrow, 2005). First, participant checking was used to increase the reliability of the data and the accuracy of the findings. Respondents were asked questions at the end of the interview to check that the responses were thorough. I also refrained from using leading or closed questions before the interviewees had the opportunity to reveal and clarify their own perspective. Further, respondents received a summary of the final results and were asked to provide feedback or suggestions. Only 4 participants contacted me with feedback regarding the results.

To increase authenticity and credibility of findings several field notes were kept along with memos, descriptions in emails by participants and a reflexive journal along with interview data. One of the aims of the journal was to elucidate any assumptions or preconceptions which might be unconsciously imposed on the data, and to aid the bracketing process (Tufford & Newman, 2012). However, keeping a journal may not be wholly successful in this regard because, due to its private nature, writing alone may not bring any preconscious assumptions into awareness. Therefore, I also conducted a preliminary bracketing interview with another counselling psychology trainee, with the aim of elucidating assumptions and feelings in relation to the interview topic of religious de-conversion. The same peer provided feedback regarding the creation of categories and the subsequent data analyses for a period of approximately 40 days. This procedure of investigator triangulation limits the potential bias that may occur when data are analyzed by a single researcher. In addition, feedback and guidance on the use of grounded theory methodology was obtained from my research supervisor. Further, throughout my research, I maintained an audit trail of the data gathering and applied processes. This trail consisted of annotated transcripts, summation sheets and e-mail exchanges with participants, memos and notes of themes, dimensions and categories.
Ethics

The current study was carried out in accordance with BPS (2011) and HCPC ethical guidelines (2012a). Due to the sensitive nature of the data, it was deemed necessary for the study to obtain ethical approval from the University of Surrey ethics committee. The process of obtaining informed consent consisted of three sequential elements: the information sheet; the telephone conversation during which the study was explained and the potential participant was given an opportunity to ask questions and seek clarification; and a review of the information sheet and consent form (Appendix) prior to the interview. At each stage of the consent process, I emphasized the voluntary nature of participation.

Participants were reminded before the interview of their right to decline to answer any question, to change topics, to request a break, or to withdraw from the interview at any point. This offered the participants a level of control over the interview process, in order to mitigate any emotional distress they might experience. In the few occasions where participants became visibly upset or tearful during the interview, I conveyed verbal and nonverbal empathy. If a sensitive topic arose that was tangential to the loss of faith (such as the loss of a loved one), I acknowledged the topic but did not probe for further information. Participants were also given the contact details of the research supervisor should they have any concerns and of a confidential support line should the research interview create any distress. Finally, a debriefing was carried out to allow participants to discuss any personal concerns that may have risen from the interview. To ensure confidentiality and protect participant anonymity, participants were presented using a pseudonym and background information (such as names of towns or churches) was omitted or altered where necessary. The audio recordings and raw, unedited transcripts were stored in password-protected electronic folders. After transcription was completed, only edited transcripts were kept as data on my computer.

Findings

Two core categories or phases emerged from the data which represent a general outline of the dynamic de-conversion process from religious fundamentalism. These were: (1) the doubting phase; and (2) the de-conversion phase. Within these two categories several sub-categories emerged as illustrated in Table 2. The analysis presented offers a description of the exiting pattern which does not consist of a set of discrete stages in the formal sense, especially given that there is considerable overlap or interweaving between them and a person may be in more than one phase at a time.
### Table 1. Participants’ self-reported religious identification

<table>
<thead>
<tr>
<th>Participant</th>
<th>Self-reported religious identification</th>
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<tbody>
<tr>
<td>Peter</td>
<td>LDS (Latter-day Saints) Mormon</td>
</tr>
<tr>
<td>Allan</td>
<td>LDS (Latter-day Saints) Mormon</td>
</tr>
<tr>
<td>Suzan</td>
<td>Muslim</td>
</tr>
<tr>
<td>Kate</td>
<td>Muslim</td>
</tr>
<tr>
<td>Lisa</td>
<td>Pentecostal</td>
</tr>
<tr>
<td>Anna</td>
<td>Pentecostal</td>
</tr>
<tr>
<td>John</td>
<td>Pentecostal</td>
</tr>
<tr>
<td>Carol</td>
<td>Jehovah’s Witness</td>
</tr>
<tr>
<td>Mel</td>
<td>Evangelical</td>
</tr>
</tbody>
</table>

### Table 2. Core categories and sub-categories

<table>
<thead>
<tr>
<th>Core Categories</th>
<th>Sub-Categories</th>
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<tbody>
<tr>
<td>The Doubting Phase</td>
<td>i. Types of doubts</td>
</tr>
<tr>
<td></td>
<td>a. Epistemological doubts</td>
</tr>
<tr>
<td></td>
<td>b. Moral doubts</td>
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<tr>
<td></td>
<td>c. Practical doubts</td>
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<tr>
<td></td>
<td>ii. Pathways to doubt</td>
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<td></td>
<td>iii. The phenomenology of doubt</td>
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<td></td>
<td>iv. Exploring doubts</td>
</tr>
<tr>
<td></td>
<td>a. Dissatisfaction</td>
</tr>
<tr>
<td></td>
<td>b. Dissonance</td>
</tr>
<tr>
<td>The De-conversion Phase</td>
<td>i. Disengagement</td>
</tr>
<tr>
<td></td>
<td>ii. Disavowing the faith</td>
</tr>
<tr>
<td></td>
<td>a. Crossing over</td>
</tr>
<tr>
<td></td>
<td>b. The phenomenology of disavowal</td>
</tr>
<tr>
<td></td>
<td>c. Coming out</td>
</tr>
<tr>
<td></td>
<td>iii. Readjustment</td>
</tr>
</tbody>
</table>
The Doubting Phase

The process of de-converting began with a feeling that something “isn’t right” or that it “doesn’t make sense”. All participants felt a stab of doubt or multiple stabs of doubt at different times and with different intensity, but in a cumulative sequence which varied from person to person.

I. Types of doubt

a. Epistemological doubts

A lot of the participant’s doubts centred on the epistemological claims of their religion about how the world is or came to be. For Kate, a 22 year old ex-Muslim, it was the very existence of God and his human-like attributes that she doubted from the start:

“I think from the beginning there were certain things like for example the concept of someone being in the sky just watching how I live my life... and also that God is sort of like a human with human characteristics but he’s also a god... that didn’t sit well with me”

For the majority of respondents, their epistemological concerns were also about the unjustified misery and arbitrary injustice in the world which cast doubt on the existence of an intervening and benign creator. Another type of epistemological doubt focused on the creation story of their religion which some participants did not find believable. For many, this was a direct consequence of their exposure to evolutionary theory which, if true, would mean that their religious creation story couldn’t be. Working this out however was often a protracted process, as Peter explains:

“So when I started with evolution just out of curiosity it became point to me that it was the case that’s how human beings came here. However at the time I managed because it wasn’t significant enough in terms of material, there wasn’t enough contradictory material. I managed to find a way to have some sort of nuanced belief where evolution is true but Mormonism is still true too.”

b. Moral doubts:

For all participants, other types of doubt centred on the morality of religious teachings or prohibitions, including the oppression and unfair treatment of women, their church’s view on homosexuality, abortion and the punishment for unbelief. As a young philosophy student, Suzan frequently pondered on these issues:
“The Koran is basically saying the damage of property, marital rape and the murder of children in a religious context by a religious individual cannot be questioned. This doesn’t make sense. At the time I was thinking that if you get killed as a child how is it fair that you are not going to Heaven.”

c. **Practical doubts**

A small number of participants reported that they had experienced doubts over the practical or rational utility of various religious commands and ceremonies. Suzan for example expressed her frustration as she discussed her love for the arts which she wasn’t allowed to engage with as a teenager because “it didn’t fit with becoming a Muslim lady”.

Similarly, Allan found himself feeling perplexed by the impractical or nonsensical nature of many of the recurring rituals of the Mormon Church. These doubts in turn had the consequence of amplifying his epistemological reservations about an all-knowing God:

“The Mormon temple and all the ceremonies are a little bit crazy. Actually the thing I objected to the most was time wasted, and you know the temple’s purpose is to baptize dead people and get their salvation sorted out. I was sitting there every time thinking there has got to be a more efficient way to get through all these dead people, like God can come up with a smarter way, it was a contradiction. I just could not understand God in that process. It instigated serious doubts to the whole god knows what he’s doing sort of thing.”

II. **Pathways to Doubt**

Even though for all participants the spectre of doubt was a constant presence in their lives, most were also able to identify a trigger or triggers which ignited reflection on assumptions that were taken for granted or remained unexamined in the past. Events such as the death of a loved one, the discovery of infidelity, the experience of sexual and physical abuse, the diagnosis of a terrible illness or simply the discovery of information that was inconsistent with their beliefs, were incidents that provoked emotional turmoil and rumination on fundamental existential questions. For Lisa, the ground breaking event was the death of her teenage crush who was suffering from kidney failure. She recalls how devastated and angry that made her feel:

“So when he died I was absolutely devastated beyond belief. I went to church and I was really sad about losing Kevin and they told me that he was going to hell for eternity and that was the absolute truth because he did not know the lord and did not welcome the Lord into his life. And I just thought this is outrageous how can you say to me that this lovely man is now
screaming in pain somewhere in some fiery horrible place after having lived through a lot of pain towards the end. I was absolutely knocked sideways by it really but I still carried on going but that's when the doubt started really setting in.”

For Carol and John, the decisive cause was their realisation of their gay identity. Carol realised she was attracted to women from a very young age. Although she felt a strong desire to explore her sexual identity, she knew that as a member of the Jehovah’s Witness church “if you speak about these things out loud then everybody is going to know it and you are going to be exposed”.

In contrast, for Peter, it was his exposure to alternative ways of thinking through science that sparked his inquiring mind and made him question the validity of the Mormon doctrine. Mel on the other hand described that her doubts came into focus when she was exposed to a different lifestyle during her university years: “that’s where it all started and that was to do with experiencing, been taken out of the bubble that I was in and away from my constant indoctrination”.

For some respondents it was also the feeling of spiritual emptiness and alienation which led them to further explore their doubts. A sense that their faith or church experience was no longer satisfying or fulfilling. As Allan indicates:

“So that's when the real questions came in to say what are we doing here every Sunday. The church is telling me that I am supposed to be feeling this and doing this and you know this is the only way to happiness and here I am every Sunday and I'm not happy.”

III. The phenomenology of doubt

For most, the experience of emerging and intensifying doubts was deeply unsettling. A common reason for this was the fear of terrible suffering and torture in the afterlife. John, who had risen to a leadership position in his Pentecostal church, described in length how he struggled for years with the “absolutely excruciating fear and anxiety that if you doubt at all you will end up in hell”. Lisa remembers that even as a young child she had a lot of doubts but it wasn’t until her teenage years when she realised that having doubts in the Pentecostal church comes at a price:

“Pentecostal church is so hell, fire and brimstone and I can remember our pastor telling stories about someone who had taken Communion even though he had doubts in his heart and he was struck dead on his front doorstep by God. I can clearly remember these stories and thinking oh my god this is so scary I don’t want to go to hell for eternity and there is no way out.”
An equally potent and no less common source of anxiety was fear of social ridicule and rebuke. For John and Carol, expressing their doubts on the issue of homosexuality was not an option as it would very likely result in them being ousted and scorned for their gay identity. Carol was able to find a confidant in another female member of the congregation who was gay. For John however, the guilt and fear of being discovered was overwhelming and so dealing with his doubts was a terribly lonely process.

In contrast to the above picture - for Peter and Suzan - being open and transparent about their initial reservations was met with acceptance by their close relatives. Although in both cases it was their immediate family who fiercely resisted when they de-converted, they felt that they could openly share their initial doubts with them. Notably, for them and Allan, the fear of divine punishment or social rebuke for doubting their faith were present but were not their primary concern. It was the potential suffering from losing their relationship with God, as Suzan describes:

“It was psychological torture because I was trying to believe in him while thinking that God was stopping me from believing and it's heartbreaking because you love God. It's like a personal relationship so you are scared of losing that personal relationship. I was deeply, deeply scared of losing that comfort I've got.”

In similar fashion, Peter discussed his fear of “information” that could cause a severe disruption in all aspects of his life if his doubts about his faith were affirmed:

“My faith was everything to me. Literally everything. You know, you are at a point where it’s like, you know you could lose your job, you could lose your health but you are still fine because you have god and the truth and so on. Everything is subordinate to this religious viewpoint”

IV. Exploring doubts
All participants embarked on a journey in search for clarity and illumination. More importantly they were looking for reassurance and security in their belief. Peter described this common experience when asked what his intentions were:

“In fact in the beginning I was 100% sure that I would remain believing. The irony is that I had doubts but there were no doubts that I would still be believing after I’d gone through that.”
a. Dissatisfaction

Some went in search for answers by delving into scripture or searching online for relevant material. Alternatively, they sought people from their church or mosque, people who they perceived as more knowledgeable about the teachings of their religion than themselves. Despite their efforts, probing had the unintended consequence of intensifying rather than clearing up their original doubts. As Suzan remembers:

“So I started literally opening the Quran going through it with a notepad taking notes and trying to understand it what I wanted to do is look at the verse look at what's behind that look at how it fits with today and what is the moral lesson to be gained from it that sort of stuff and double checking that nothing contradicts anything else and I didn't even make it through Bukhara because there are so many freaking contradictions there are so many freaking inaccuracies.”

Like several others, Kate engaged in discussions many times but her questions often attracted pleas for silence because as she explains “they used to tell us you should never question God” and even when she insisted she either felt “completely shut down” or was told that “as humans we are not capable as God is to know the answer to those questions”.

As a young wife and mother, Anna too engaged vigorously with reading the Bible to try and make sense of some of the inflammatory messages of her faith, especially with regards to the treatment of women and parenting. One memory is particularly vivid:

“A particular one I remember and they were many other that were ridiculous to me was... I think it is in Joshua 22.26 where the Arc becomes unsteady and someone reaches their hand to steady it and he gets killed by his father and I just thought what the fuck I wouldn't do that to my child”.

When she eventually sought answers from the Elders of her Pentecostal church she was met with “blank stares” and “awkward silences” which made her think: “It was just easier to ignore it altogether and move away from that thinking something's wrong here, I have asked the wrong thing”.

As a leader and an established member of his congregation for over 40 years, John was often regarded as the go-to person for clarifying scriptural discrepancies. He too however would find himself struggling periodically with the available interpretations:

“The doubts were coming and going differently at different times so I would have periods where I would trust my doubts a bit more but still wouldn't quite leave the faith and there were times where I dealt with them through scripture”
b. Dissonance

After their probing exacerbated existing doubts or revealed new ones, the voice of doubt progressively became more insistent and emboldened. Up until this point, most respondents had explored their doubts through mostly pro-religion sources and with the intention of reigniting their faith. This time however, they started subjecting their religious teaching to greater critical scrutiny and would deliberately expose themselves further to points of view or sources which previously were mostly avoided as propaganda. As Mel puts it:

“...and then all these little lightbulbs all going on within a few weeks of each other made me realise that I had never looked at the atheist argument. When I had questions I like automatically went to Christian apologetics or my own interpretation, or my own like rationalisations or whatever. And it seemed... suddenly complete obvious, an obvious oversight to never have read Richard Dawkins.”

The “rationalisations” Mel speaks of was a way to alleviate the mental discomfort caused by discovering information which contradicted her religious beliefs and values. Most respondents periodically employed this effective tactic to manage the cognitive dissonance and achieve internal consistency. It was a way to make “the unexplainable explainable within the Christian framework” as Anna concluded. A kind of “mental gymnastics” or “cherry picking” according to Allan and Kate.

Lisa had an analogous experience when she decided that:

“I just don’t believe in hell and you don’t go to hell for your sins but I do believe in God. So I kind of went to I still believe in God but I kind of think he doesn’t know everything we do and I don’t think he is actually that interested in us”.

Even though his research was telling him that the Mormon Church wasn’t true, Allan was desperately trying to “make it work” for him but also for the sake of his wife and parents who were devout Mormons and had close ties with the Mormon community. This is how he reflected on his own process:

“So I was addicted to following the delineation over the Mormon stories podcast because his journeys reflected my journey of what I wanted and you know you were just hoping that the next podcast there would be something that put you in comfort that Mormonism is ok... that there are great things about Mormonism and there are things about it that are true, or listening to people how they make Mormonism work for them as a spiritual advantage to them. So I was just piling through these podcasts like every second I could, but I had great anxiety, I had to run often I had to jog to listen and to expel energy because I was so anxious. If I didn't run I had to walk around in circles or find a private place and listen so I wouldn’t be discovered”.
For some this phase was so tumultuous that it left them feeling mentally drained and almost schizoid: sceptic the one minute, believer the next. It instigated a torturous and self-perpetuating cycle of doubt and belief. As Peter remembers:

“Oh it was the worst thing I have ever experienced in my life, without a doubt. So I was awake one night walking around my house and I was recording and the recording kept jumping back and forth between belief and disbelief. I was like what if this is not true and I could see there was some glimmer of hope but then I was like if it’s not true I can be free, won’t have to go to church on Sunday etc. But then oh no that can’t be the case, no that’s definitely not right. And so I would walk around, you know, several times during that winter in the middle of the night in the streets, talking to myself on my mobile phone sometimes slipping into sort of prayers, you know, and I would say a prayer like come on God these are my questions, if you resolve them I will do whatever you want.”

Amongst all respondents, John was entrapped in a similar cycle of belief and doubt for the longest period of time and he was desperate for it to end:

“I wanted to find good reasons to stop this vicious circle I was in, the loop of what kind of Christian to be, how much to believe, what to believe all that staff constantly going around, around in circles constantly thinking that doesn't work then that doesn’t work then that doesn't work but maybe that works or that works. I desperately needed to get out of that circle of dissonance I was.”

The De-Conversion Phase

The intensity and duration of the dissonance phase varied among respondents. It was especially tumultuous and prolonged for those who had previously been devout for many years, whereas for 22 year old Suzan and Kate, it was notably less so, since their psychological investment in their religion was smaller. It was also intensely tumultuous for those from devout families, where the weight of expectations related to religious affairs was very heavy. However, reading the work of atheists and agnostics was a fundamentally validating experience for all. They discovered a voice with which they could identify. It legitimised their doubts and with their newly found self-confidence, their sense of guilt and anxiety began to fade. As Anna remembers:

“I read the God Delusion and Hitchens who I had never heard of before. The main thing I think is that I stopped feeling afraid. I think I just felt free. I felt more free than I ever had reading the Bible.”
I. Disengagement

For all respondents, disengaging both physically and emotionally was a gradual process and began before the point of de-conversion. Regardless of the strength of their initial belief, they all went through an estrangement from their faith, sometimes dropping in and out of belief or even trying different churches and by the time they came to renounce their faith, they had reached a point of almost complete estrangement from it. This spiritual alienation was reflected outwardly in their behaviour and came in various forms and with mixed feelings. Kate for example, referred to her disinvolve as her “angry period” and this is how it played out:

“I was moving further and further away from it. I had a few boyfriends, I was partying, kind of going on a rebellious route I think because I was just so angry that I wanted to do everything I was told not to”.

Some gradually felt it was becoming intolerable to pray, attend sermons or read scripture. Allan felt “repulsed reading scripture”. Others like Peter, Allan and Suzan started involving themselves only when they had to or when it would have been unreasonable not to because they didn’t want to raise suspicion. Carol’s case sharply illustrates just how difficult and draining this process can be especially considering her experience of separation from the outside world as a Jehovah’s Witness:

“And this female friend of mine we were together in this with one foot in and one foot out although we didn’t associate with anybody outside but we were very close to the perimeter so to speak. Even in the big meetings we used to have in the summer I always took a seat on the sidelines in the perimeter of the gathering. So eventually it dawned on me that I'm not part of the group. I'm at the assembly, watching all the people clapping and getting excited and I am just observing them. I'm not part of them anymore. I'm sitting here at the very far end. This was before my midlife crisis when I decided that this was not the life for me and I had to get out. It was a gradual process but by that point I felt that I wasn't part of the group. I didn't have any energy. I was in limbo, not part of the congregation but also not part of the world. I was nowhere.”

II. Disavowing the faith

After many months or even years of deliberation and rumination, participants came to realise the incompatibility of their situation and resolved to make a firm decision on the core issue of belief. Intellectually they had decided that they couldn’t go along with their religion. But they had also
decided emotionally, at the level of the core self and personal identification. Their religion didn’t speak for them or reflect how they truly felt about themselves and how they wanted to live.

a. Crossing over
For many, their decision came after an event or situation which clearly brought into focus the magnitude of their doubts and the futility of trying to contain them indefinitely. For example, once her husband had left her for another woman, Anna described how the Christian counsellor she was seeing broke confidentiality and shared some information with the elders of the Church. When she protested she was met with derision and as she explains:

“that was the moment where I thought wake up Anna this is not real if God was real as a parent because he is our father there is no justice in letting that happen and why would he let that happen”.

For Kate, the “catalyst” as she calls it, was her mental breakdown following her depression when she was 20. She repeatedly had to endure sexual and physical abuse from her “arranged” husband. The explanation she was offered was that her feelings were due to her waning faith. That left her feeling flustered and angry until she decided “that’s it, I’m done with religion”.

A few respondents were unable to locate the exact moment at which they finally disavowed their faith. This self-knowledge was acquired gradually without a trigger event or a “light-bulb moment” as John noted. Peter used the following analogy when describing this process:

“when I came to realise that Mormonism wasn’t true, the analogy a lot of ex-Mormons use is the shelf analogy. Shelves are like propositions. At the bottom you have theism, on top of theism you have Christianity, on top of Christianity you have Mormonism, on top of that is LDS Mormonism, so it’s like a stack. So when the shelf of LDS Mormonism crashed, the momentum of that crash kept going and so boom I wasn’t a Christian and after that boom I wasn’t a Theist. And so I was left with Atheism”

b. The phenomenology of disavowal
Following their de-conversion, participants reported a range of conflicting emotions from relief and excitement to confusion, anger or residual guilt and anxiety. For Kate, her excitement came from the freedom to reinvent herself and her view of the world:
“I remember that moment in the bus. I felt so free it was amazing. I was thinking now I can do whatever I want with my life. I could drink and eat whatever I wanted. I was thinking I am in charge now. I can start over”

Mel felt a surging sense of freedom after months of living in a state of anxiety, uncertainty and conflict. She finally knew that she didn’t believe and could not identify with her religion any longer. Like most, knowing that felt good because it was massively clarifying. Similarly to others however, her newly found freedom was often interjected with residual self-rebuke:

“And it was like the most amazing liberation, like this big excitement of oh my God, even though there was this small part of my life still there beating me in the head with the guilt.”

For months or even years after the point of crossing over, many continued to experience uneasiness and a lingering sense of “what if I’m wrong” as Lisa put it, even though intellectually she knew it was absurd. Anger was also a predominant feeling with varying intensity and duration. Their anger came primarily from the awareness of lost time and missed opportunities. In large part, it was directed at their religion because as Suzan described “I see it as having being manipulated by some guy who has been dead for 1400 years no less and those things got taken away”. For most however, their anger was also at themselves for not disavowing sooner or for accepting their beliefs in a complacent and naive way. This is what Anna had to say when she compared believing in God to believing in Santa Clause:

“I am angry and I find it quite embarrassing that I don't know how on earth I went along with this for so long. To come to a place to realise that and to make that comparison and to admit that to another person you know, I don't want to seem stupid.”

c. Coming out

For respondents, the daunting decision to renounce their faith was taken after a prolonged and often agonizing period of reflection, self-questioning and self-doubt. Similarly, the decision to come out as a non-believer was equally daunting and agonising because it involved the feelings, sensitivities and reactions of others. Everyone understood that declaring disbelief meant crossing a much harder line than simply expressing doubt. As Suzan described:

“The storm wasn't over I was in the eye of the storm because Muslim parents are not prepared for kids leaving their religion. They are prepared for kids to be sneaky they are prepared for the kids to drink on the slide you know, they are not prepared for someone who is strong in their religion to lose it.”

This decision involved other difficult decisions such as who to tell, when and how. They chose to tell some people but keep it from others, either out of fear of condemnation or out of respect for their feeling. Hence, they were simultaneously in and out of the closet, switching between two personas.
“It all depended on who I was talking to” as Lisa described. Most erred on the side of caution and carefully prepared their exit accounts. They sought not only to explain or justify their de-conversion, but also to pre-empt any possible resistance or devastating consequences. For this reason, Kate, Carol, Peter and Allan chose to write letters to their loved ones as a first step. For others however, using a cautious tone felt impossible. Coming out was more of a compulsion than a choice and this was reflected in their abrasive and defiant tone. John was “breaking bread and drinking wine” with his mother and sister and after a short reading of scripture this happened:

“I remember having a meltdown and saying I hate God, I hate him and I cried. I said I hate him. If he were a person I would knife him to death. I just hate him and so all the anger and hate that have built up just came out so that ended the meeting.”

There were few instances where respondents felt supported and validated from other members of their congregation. This however was not the case for most of their devout family members. The response from their loved ones was almost unanimously one of shock, hurt and despair. Even for those who had fully expressed their doubts before. For Peter it reached a point where he was threatened to be excommunicated from his church. So he decided to “stay a Mormon on paper” to spare his family from shame and embarrassment. For some, the announcement was followed by several arguments for months or even years and resulted in irreparable damage to their relationships. For example, Mel’s mother “felt like she had lost a daughter” and 10 years later her relationship with her is still “half repaired”. Similarly Kate’s relationship with her sister is “non-existent” because she sided with her abusive ex-husband.

III. Readjustment

For all respondents, their faith gave them epistemic and moral guidance. Renouncing it meant that they now had to trust or evolve their own sense of right and wrong and for some, the big existential questions like “why am I here” and “what is my purpose” were insistent for some time. Most were able to find answers eventually and this was significantly facilitated by coming more into contact with irreligious people and scientific or irreligious source material. Allan’s uncertainty on fundamental questions was the most acute at the time of our discussion:

“Being in the bubble was great, it gives you a sense of meaning, of purpose, of foundation and socially as well. So now you could say I am sort of aimless, I am like a wanderer, I am uncommitted, I doubt myself, I don’t know what really brings me joy”.

All respondents sought the help of others, either online through blogs or by joining support groups for the ex-religious. They needed people they could talk with and exchange their experiences and learn
from. More importantly, they needed to know that there were others just like them. It helped them re-establish a sense of community and a feeling of belonging which were lost.

Further, all but one engaged in therapy and at different stages during their transition. Most of them had several therapeutic encounters. For Mel, Carol and Anna, it was years after their exit and several therapists later before they felt comfortable to fully disclose their experiences with their therapist. This is how Mel remembers it:

“I feel like the depth that I got to with that, I had to not be a Christian in order to go as deep as I did on that particular counselling. As a Christian, you are kind of defending God all the time that’s what part of apologetics is about. You are supposed to be this example for the world and Jesus and you try to put on this face. But once that had gone and I could look at these negative beliefs Christianity had given me about myself, then I could go a lot deeper cause I wasn’t protecting God. Yeah it was... kind of looking back at my childhood and everything I went through... and I could see so much of that was influenced by the religion I’ve been brought up in. The guilt, you are last, turn the other cheek, you know... you are born in sin so you have to repent, you are born bad, your heart is black, Jesus put his red blood on it to clean it, ask for forgiveness.”

Like Mel, most respondents struggled with overcoming feelings of guilt, shame and low self-worth. Further, Mel’s response also illustrates a common theme in participants’ readjustment. The importance of “recognising the manipulations” as Suzan described it: That is, recognising the ways in which the congregation and religious fundamentalist teachings use shame and guilt tactics to enforce conformity to the group. These discussions - in and out of therapy - facilitated their de-conversion in the sense that it categorised it and delineated it. It helped them realise who they were and how they were different from other people outside of the congregations. After a prolonged period of resentment for being subjected to “cult tactics”, some were eventually able to develop a degree of understanding and tolerance for religious beliefs and those who hold them.

**Discussion**

The purpose of this study was to explore how religious fundamentalist of the Abrahamic tradition relinquish their religious beliefs and exit their religion. In order to help researchers and practitioners alike, it would be beneficial to situate the results within the context of identity theories that can offer psychologically meaningful interpretations of a relatively unfamiliar process.

Tomkins (1987) construct of “scripts” can provide valuable insight when discussing the role of religion in identity and identity change. Scripts are basic organisations underlying identity and are
considered stable, idiosyncratic ways in which an individual perceives oneself and the world. They connect emotions, values and meanings with each other and determine how a person develops and maintains commitments. For example Mel’s view of “you are born in sin, you have to repent” or the shared perception of living a life of servitude to a benevolent and omnipotent God, are implicit scripts which encompass participants’ sense of self and guide their identity commitments.

Even though scripts are considered highly resistant to change, a conflict or disequilibrium can trigger unpleasant emotions which often operate as the driving force behind development or a change in rigid scripts (Kunnen, 2006). Such conflicts may occur if a script becomes at odds with important information or a person does not succeed to organize their experience in a satisfying way and in situations that matter. In the present study, these conflicts can initially be observed in the “doubting phase” where participants’ doubts came more into focus following a significant event in their lives. It is also important to note the impact and role of fear in participants’ experience of doubts as described under the category “Phenomenology of doubt”. Strayer (2002) argues that fear and ambiguity can propel an individual to defend their current identity “scripts” through the process of assimilation and for the purpose of circumventing the uncertainty and turmoil of an impending identity crisis.

Assimilation means interpreting the problematic situation in terms of the pre-existing script and requires ignoring, distorting, or denying the facts that are incompatible (Kunnen & Wassink, 2003). Indeed, as exhibited in the category of “Exploring doubts” most participants probed their doubts in a systematic way and with the intention of clarifying them and securing their beliefs once again. Respondents frequently researched apologetics and scripture or sought out the explanations of others in an effort to assimilate the information threatening their faith. The “rationalisations” or “mental gymnastics” can be understood as efforts to incorporate the dissonant information within the existing scripts and resolve the tension. In other instances, assimilation took the form of ignoring the discrepant information as was the case with Anna when her objections were not met with satisfactory responses.

While assimilation can be used to resolve conflicts for prolonged periods, ultimately, it may lead to a build-up of neglected or distorted aspects (Kunnen & Wassink, 2003). As a result, the pressures on existing scripts become insurmountable and the individual cannot tolerate any longer the distressing emotions of failing to organise their experience according to their scripts. In these instances, Kunnen and Wassink (2003) note that withdrawal and accommodation are left as way out. Withdrawal is the tactic by which the individual attempts to escape the conflict by abandoning or altering their commitments but not the underlying organisation. This response is also clearly represented in the results under the sub-category of “disengagement” where participants decreased their level of involvement in their practices of their faith as a way to escape their script-conflicting perceptions. Withdrawal however is far from optimally satisfying as was evident in participants’ accounts.
According to Kunnen and Wassink (2003) when someone withdraws, either the conflict returns in some way or it will seriously decrease the individual’s capability to interact with their environment.

Ultimately, all participants underwent accommodation of their religious scripts as they transitioned from belief to unbelief. Lisa’s rejection of the dreaded concept of hell after prolonged deliberation and while still believing in God, is one example of the breakdown of the assimilation process and the beginning of accommodation. Interestingly, the accommodation of scripts is typically observed as a sequence of modifications and may not adequately represent the extremeness of a complete change in scripts, as was in most cases after participants disavowed their faith. Kunnen and Wassink’s theory (2003) of identity change in adulthood fails to distinguish accommodation from a total breakdown and reformation of scripts. It also highlights that accommodation of old scripts are replaced by others that are psychologically superior. Preceding this, the individual obtains an increased awareness of how the existing scripts result in painful experiences and engages in discovery of irregularities and conflicting components. The final component of script reformation implies confrontation of the primary emotion such as fear or shame and a re-experiencing of freedom and strength when the new accommodated script is applied.

The above components were notably evident in the way participants accounted for their transition to secular identity scripts. However, as was described in the sub-categories of “the phenomenology of disavowal” and “readjustment”, the liberation and empowerment respondents felt following their de-conversion, did not preclude them from re-experiencing residual distressing emotions such as guilt and anxiety or uncertainty about existential issues and life’s purpose. This suggests that the process of consolidation to new and secular identity-defining scripts can be protracted, tumultuous and does not always follow a series of sequential steps in a straightforward way. This was also evident by the fact that most respondents felt the need to process their experiences and difficult feelings through therapy for months or years after their “liberation” from their religious identity and commitments.

Further, Kunnen and Wassink’s theory (2003) assumes that the new scripts are superior in that they represent “greater flexibility” and “a more mature mode of psychological functioning” (p.349). This assumption received partial support by this study. Some participants described that as unbelievers they had become more alert to biases and dogmatism, and more open to diverse points of view. Even though they went through a time of resentment and frustration about their religion, they eventually were able to develop empathy for the members of their congregation. In contrast, some participants at the time of the interview had developed scripts about religion that were strict and inflexible (e.g. that it resembles a cult). This level of inflexibility was perhaps not permanent.
As noted earlier, a relationship with a deity can resemble the attachment observed in romantic or parent-child relationships (Cicirelli, 2004). Even though this was partially observed in a few instances, several participants did not seem to experience God as an attachment figure with a particularly close emotional connection. For instance only 3 participants spoke of a reliance on God for comfort and hope when dealing with adversity. Suzan and Peter both described experiencing despair, confusion and isolation for their loss of belief in God. According to Shear and Shair’s (2005), the loss of an attachment figure is often accompanied by such feelings of desolation and uncertainty as well as by losing one’s assumptive world.

**Implications for therapeutic practice**

Based on participants’ accounts and theoretical literature, several inferences can be drawn for therapeutic practice. Unsurprisingly, participants valued general therapeutic factors such as acceptance, empathic understanding and support in a safe environment which allowed them to process conflicting values and beliefs. Practitioners should be mindful of where clients are situated in terms of their transition and pace therapy based on their readiness and willingness for change. For clients in the early stages of their transition, interventions could prioritise managing doubt and self-compassion for dealing with potential surges of guilt and shame. When new scripts and beliefs are being consolidated, Basseches (1997) highlights the role of therapists in facilitating the client monitor and practice integrating new scripts in everyday thoughts and behaviours. Helping clients discover and use their inner resources for emotional regulation and self-acceptance might be equally important given their lost status as “a protected child of God” which provided security and an external locus of evaluation (Rogers, 1959).

If a client is struggling with unprocessed feelings of loss and grief, therapeutic work can proceed from a bereavement framework (Sbarra, & Hazan, 2008), whereby a direct stance can be avoided in favour of a more validating and empathic one. Helping clients identify positive ways in which their experience shaped their current identities might be especially valuable for clients who exhibit strong negativity and anger towards their former religious identification. Finally, as participants revealed, clients might present with concerns regarding social relationships such as conflicts with family members, marital problems or social isolation. Interventions how to negotiate and redefine relationships more appropriately, can assist clients resolve or cope with such issues. In addition, practitioners can encourage clients to seek practical and emotional support from support groups for ex-fundamentalists, relevant literature and on-line resources.
Limitations and future research directions

There are several limitations to this study. All participants had completed university education. This could mean that these results could represent the experience of a smaller, well educated subgroup of people who transitioned from religion. Furthermore, 7 out of 9 participants had already adopted a firm commitment to an atheistic world view and were no longer actively part of the ex-fundamentalists support groups they were recruited from. This bias towards firmly committed atheists may have excluded those who have relinquished their faith but are still struggling without having reached yet a new identity commitment. A larger representation of such individuals might have yielded further information regarding the different trajectories after de-conversion.

On this vein, future research might seek to interview former fundamentalists who took on a more liberal interpretation of their religious beliefs and commitments. There could be significant differences in the experiences of those who after abandoning their fundamentalist beliefs, maintained faith in God or a higher authority. For similar reasons, it is important to recognise the underrepresentation of Muslims (2 out of 9) and lack of representation of Judaism in the current study. The exit narratives of fundamentalists from these religions continues to be a neglected but important research area especially considering that Islam is the fastest-growing religion in the U.K. (Muslim Council of Britain, 2017).

Further, participants of this study were willing and motivated to openly share their experience, in part because they had already disclosed their de-conversion to the outside world. Therefore, this study might not be representative of “closeted” de-converters who have relinquished their religious beliefs privately but outwardly might still remain religiously affiliated out of protective concern for their families or out of fear of rejection and retaliation.

Of particular note is that even though I did not disclose my personal identification with atheism, any participants’ assumptions about my views on religion and based on my interest in this topic may have influenced their accounts. For example, a researcher with moderate or strong religious beliefs might have influenced the findings differently (e.g. self-censoring on criticising religion, more balanced accounts, fewer descriptive details).

Finally, my own preconceptions and knowledge of the topic inevitably influenced interviews and data analysis, despite the described measures that were taken to aid the bracketing process. For instance, my biases might have contributed to under appreciating participants’ accounts on the difficulties of adapting to the new reality of their atheist identification which I share. Similarly, our shared critical stance of religious teachings and “manipulations” might have fostered oversimplification or collusion from my part which might have deterred divergent or more nuanced
considerations to come to light. It is also unfortunate that I did not ask participants how my identity as a counselling psychology trainee might have influenced them, especially given that most participants spoke in length about their therapeutic experiences.

References


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**Appendix 1: Reflection**

When engaging with my research topic on de-conversion from religious fundamentalism I was presented with several personal challenges. As an outspoken atheist myself, for the past 10 years I have dedicated a lot of my spare time championing reason and science. At times, I have also actively engaged in activism against organised religion which I believe to be authoritarian by nature and obstruct critical thinking. My personal reading, experiences and involvement have undoubtedly shaped my views on religious faith and my assumptions on what my participants might have experienced in their journeys out of religious fundamentalism. For the purpose of adopting a more sensitive and unbiased approach towards my participants and data, it was essential for me to keep a detailed reflective journal of my preconceptions and expectations prior to engaging with my participants and the data. My reflections were essentially a reference point to help me raise my
awareness and bracket my assumptions prior and during my engagement with my participants and their stories.

Unavoidably, as those stories began to unfold, my preconceptions also emerged, thus shaping the intersubjective reality in our moment to moment interaction. This was evident for example when attempting to restate a participant’s point to confirm my accurate understanding. At times, I also sensed that my probing in the form of closed questions might have been triggered by premature insights and personal conviction. Similarly, I found that the process of writing memos was fraught with the same challenges. Memo-writing was an important tool to capture my thoughts and ideas, make comparisons and connections between the data and crystallize questions for subsequent interviews. Upon later retrieval of these memos, which contained raw insights and fleeting hunches, I felt that perhaps my conjectures were often informed and coloured by presuppositions that were not grounded in the data. This led me to be more vigilant when scrutinizing coding and data against my own personal reflexivity.

The interviews with my participants often revealed powerful stories of profound sadness and overwhelming confusion. At times, I was left feeling flustered or even angry on behalf of my participants, which perhaps was a projection of their own feelings. I could not discard however how some of their thoughts and feelings resonated with my own and my past experiences with religion. I too as a younger man had experienced a degree of disillusionment, shame and frustration in my personal journey from moderate religious faith to atheism. Perhaps my prior experience worked in my favour at times when attempting to make sense of their experience or when conveying empathy to encourage further elaboration from their part. It might have even helped some participants dig deeper in the right direction, illuminating aspects of their experience that would otherwise have remained hidden.

However, this personal resonance that can facilitate understanding is a double edged sword that can put restraints on capturing nuances, hidden meanings and remaining truly open to all possible theoretical directions from my readings of the data. To a degree, it has inevitably shaped the analytic frame from which my analysis was build. It was a reminder of the existing tension between my participants’ world and my personal meanings. This tension was always there and difficult to resolve at times. It meant I had to constantly ask questions from my data, thereby challenging my own fixed ideas and tacit assumptions. By the end I realised that this is perhaps an inescapable struggle in qualitative research and a necessary constant of the co-construction process that takes place between two individuals. If language is what we use to form and define the empirical world, then my codes represent my participants’ meanings and perspectives as well as my own.
Finally, another particular tension I was confronted with was striking the right balance between using my previous findings to fine-tune subsequent data-gathering and remaining open towards each participant’s unique story and narrative. When creating categories which were grounded in the data and would subsume the meanings of different participants, several considerable variations and outliers would emerge. Theoretical sampling helped me identify further variations in how participants experienced their transition, how they struggled and how they acted or felt at different stages. Being selective about which data and ideas to pursue further, was a difficult task indeed, given the pressures and time constraints of completing my research. In retrospect, I think these pressures influenced significantly which categories emerged, in what detail and the level of saturation achieved in the final analysis.

Appendix 2 - Consent Form

Consent Form

Study title: A grounded theory exploration of de-conversion from religious fundamentalism to atheism.

- I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do.

- I have been advised about any discomfort and possible ill-effects on my health and well-being which may result. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.

- I agree to comply with the requirements of the study as outlined to me to the best of my abilities. I shall inform them immediately if I suffer any deterioration of any kind in my health or well-being, or experience any unexpected or unusual symptoms.

- I consent to my personal data, as outlined in the accompanying information sheet, being used for this study and future research that will have received all relevant legal, professional and ethical approvals.
• I give consent to the interview to be audio recorded

• I give consent to audio recordings being used in reports

• I understand that all project data will be held for at least 6 years and all research data for at least 10 years in accordance with University policy [adjust if required longer by clinical trials regulations, funder etc.] and that my personal data is held and processed in the strictest confidence, and in accordance with the (UK) Data Protection Act (1998).

• I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice.

• I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer (BLOCK CAPITALS) ........................................................
Signed ..............................................................................................
Date ..............................................................................................

Name of researcher/person taking consent (BLOCK CAPITALS) ........................................................
Signed ..............................................................................................
Date ..............................................................................................
Appendix 3 - Participant Information Sheet

PROJECT TITLE

A grounded theory exploration of de-conversion from religious fundamentalism to atheism.

Introduction

My name is George Spyropoulos and I am a Doctorate student (PsychD) of Psychotherapeutic and Counselling Psychology at the University of Surrey. I would like to invite you to take part in a research project. Before you decide you need to understand why the research is being done and what it will involve for you. Please take the time to read the following information carefully.

What is the purpose of the study?

In psychotherapy, understanding and respecting a client’s religious or atheistic identity is vital to the therapeutic process and has also become a question of ethical practice. While there is an abundance of literature on the relationship between religion and mental health, there has been very little research in exploring how Atheists who used to hold fundamental religious beliefs experienced their distancing from their religious faith. The present study aims to address this gap and hopes to provide new insight on the phenomenon of de-conversion from religious fundamentalism to a firm atheistic worldview. I would like to invite you to share your views in this respect.

Am I eligible to take part in the study?

You are eligible to participate in the study if you are an atheist who in the past belonged to a fundamental religious denomination of the “Abrahamic” tradition. This includes Islam, Judaism or Christianity.

The process

You will be asked questions as part of an interview and your answers will be audio recorded. The information you give will remain confidential, meaning that your name and answers will only be accessible to me. The information will be stored in a password-protected file in a computer at the University of Surrey. Research data will be kept for 10 years, in line with the University’s Code on Good Research Practice. The interview will be in a form of a discussion and conducted with me at a time and place of your convenience or via skype. It will last approximately one hour.
Are there any possible disadvantages or risks of taking part?

In the event that you experience discomfort during the interview, we can pause and discuss any concerns you may have. You are free to withdraw from the interview at any time without needing to justify your decision and without prejudice. Following the interview, an additional debriefing session will be offered to address potential concerns you might have. Should you require further support, the British Humanist Association provides a confidential support telephone line that can be reached at 020 73243060.

What are the possible benefits of taking part?

It is unlikely that you will benefit directly but it is hoped that this study will provide a more in-depth understanding of how ex-religious fundamentalists have transitioned from their deeply-held beliefs to embracing an atheistic world view.

What will I have to do?

If you would like to take part please contact me at georgios.spyropoulos@surrey.ac.uk

Who has reviewed the project?

The study has been reviewed and received a Favourable Ethical Opinion (FEO) from The Faculty of Health and Medical Sciences Ethics Committee at the University of Surrey.

Complaints:

Any complaint about any aspect of the study will be addressed. Please contact me (Mr. George Spyropoulos, e-mail: georgios.spyropoulos@surrey.ac.uk) or my supervisor (Dr Lucy Gorvin, tel. 0044 1483 686908, e-mail: L.gorvin@surrey.ac.uk).

Thank you for taking the time to read this Information Sheet.
Appendix 4 - Ethics Form

Chair’s Action

Proposal Ref: 1240-PSY-16

Names of Student/Trainee: GEORGE SPYROPOULOS

Title of Project: A grounded theory exploration of de-conversion from religious fundamentalism to atheism

Supervisors: Dr Lucy Gorvin

Date of submission: 6th December 2016

Date of resubmission: 1st February 2017

The above Research Project has been re-submitted to the Faculty of Health and Medical Sciences Ethics Committee and has received a favourable ethical opinion on the basis described in the protocol and supporting documentation.

The final list of documents reviewed by the Committee is as follows:

Ethics Application Form
Detailed protocol for the project
Participant Information sheet
Consent Form
Risk Assessment (If appropriate)

Insurance Documentation (If appropriate)

All documentation from this project should be retained by the student/trainee in case they are notified and asked to submit their dissertation for an audit.

Signed and Dated: __09/02/2017_______________

Professor Bertram Opitz
Chair, Ethics Committee

Please note:

If there are any significant changes to your proposal which require further scrutiny, please contact the Faculty of Health and Medical Sciences Ethics Committee before proceeding with your Project.
Appendix 5 - Interview Schedule

- Tell me a little bit about yourself, age, occupation, family status, educational background, etc.
- Tell me about your life as a religious fundamentalist Christian/Jew/Muslim
- What were your thoughts and feelings about fundamentalist Christianity/Jewdeism/Islam and your life as a fundamental Christian/Jew/Muslim?
- When did you first experience doubts about your beliefs?
- How did those doubts manifest and evolve?
- Who, if anyone, influenced you?
- What, if anything, influenced you?
- Tell me about that influence.
- Could you describe the events that led up to you distancing yourself from your beliefs?
- What difficulties, if any, did you face?
- What are the sources of these difficulties?
- Are there still ongoing difficulties? If yes what are they?
- How did you or do you manage these difficulties? What helps you, if anything?
- How would you describe the person you were then and your life?
- Could you describe the most important lessons you learned from this transition?
- Tell me about your life as an atheist
- How have your views changed now compared to then?
- Is there anything that you might not have thought about before that occurred to you during this interview?
- Is there anything else you think I should know to understand your transition to atheism better?
- Do you have any questions?
Appendix 6 - Additional Quotes

1) The Doubting Phase

i) Types of doubts

d. Epistemological doubts

John: “And so I experienced some doubts but not a lot during those years. I think they were mainly in connection with... what do you call it.. contradictions from science to my religious point of view”.

e. Moral doubts

Lisa: “...and I used to question, you know... things that a lot of people question like why are all these awful things happening in the world and why is god allowing them.”

f. Practical doubts

Carol:  I Hated it, getting dressed up in skirts. I just hated it. It just wasn't me, but still 3 times a week I had to because that's what we did”.

Alan: “does God really care about that... Does he really care that you drink coffee or drink alcohol or have a drug that might be a great experience but not that dangerous to you...”

ii) Pathways to doubt

Lisa: “In the past I just did what everyone expected and had boyfriends and that was it but the whole time all through my childhood when I knew who I was it cost me a lot of problems at church because I used to think god what if they knew what I was thinking or what I am or... you know I was definitely afraid of being judged by God”

John: “All the time trying to square off my scientific side of life with my religious life I don't know how I did that... it was like a different part of the brain it was that part of the brain and
there was that part of the brain very compartmentalised and I was frightened to fully immerse myself in my science and in my career because of that.”

iii. The phenomenology of doubt

Allan: “Then you suddenly look around you and there are all these people you know and you look at the kids, they are struggling, you look at others and they’re struggling and then you start to think why are we always doing this”.

iv. Exploring doubts

c. Dissatisfaction

Allan: they sort of all just combined at once feeling depressed at church and suddenly like feeling very critical. Suddenly I was in a mood to be critical so suddenly what I am listening to I am starting to be critical.

Lisa: “I was very enquiring while fully believing and I was hopeful that my church leaders would come back to me and say we have the perfect explanation of all of this but they never did”.

d. Dissonance

Peter: “So at that time I sort of managed to smooth it over pretty quickly, i didn’t experience alot of cognitive disconance then but i think what your question is leading on is in 2015 when I was in my intense research period I experienced an immense amount of cognitive dissonance. And for months”

Suzan: “So I remember one time when the doubts were really serious and I was really into looking at things and I was buying books about the Quran and also I was reading the Quran but I wasn't being moved... I wasn't believing it and I was holding the Quran... I remember I
was holding it to my chest and I was crying my eyes out going god please please let me believe in this... it was such a bizarre thing to do”.

Anna: I felt like I was reading 1984 by George Orwell and thinking isn't this like a thought crime? And I remember feeling scared reading it again, feeling scared about having my beliefs shattered like that.

2) The De-conversion Phase

i. Disengagement

Suan: I remember once I went to this gathering and everyone was reading a passage from the Quran about the end of the world and the final judgement and all these people were crying... everyone in the audience was moved and crying and I was like no I am not crying... It was like a cult... like everybody was encouraging each other to cry

Mel: It was... and when I tried to go back and be close to God and speak to God I’d feel myself sinking down. So I was like... you know I just need to carry on and enjoy myself and do whatever I want to.

ii. Disavowing the faith

d. Crossing over

Allan: It happened so quickly. Under the surface I had always had these things that didn't make sense to me and then the second I peeled back the cover I was like no wonder they don't make sense because this is not true (laughter) so that happened extremely quickly.

Carol: I had left the faith mentally if you will but I was hanging on, trying to please my dad but then it reached a point where it was impossible any more I had to think about myself because if I couldn't find a reason of getting up in the morning what was the point of anything
e. The phenomenology of disavowal

John: ... I was away and back from hell and then I would feel guilty and say sorry to Jesus and all of that and it was like a vicious cycle but I don't say sorry anymore I don't believe in sin anymore

Kate: and in the bus I couldn't contain myself at that moment I was talking very, very loudly like excited finally that’s it but angry, also very angry, and I had enough of it and that's when I claimed to be an atheist.

f. Coming out

Peter: there is just something... how can I say, something very invalidating about the way people treat doubters on religion. You know... your doubts, your concerns are not significant, are not important. Uhm... Sort of like very dismissing and invalidating and that’s what I experienced quite alot with the leaving members

Carol: I wrote my dad a whole lot of letters trying to explain... I tried to explain why I had left because I knew he didn't understand even though I told him. I wrote one letter saying I was gay and I was leaving the congregation and that is not enough for him to understand why I am leaving so I spend a lot of time writing to him trying to explain why and how I was thinking about these things.

iii. Readjustment

Carol: So leaving with a strategy was one thing the social aspect was the other I didn't have a plan or a structured way of leaving of finding people of finding gay people trying out a new way of life without exposing the old way to anybody

Suzan: one of the things that you have to do when you leave religion is you have to reassess
your life and one of the things that I decided is that I want to be in my family's life and look after my parents in their old age and be there when they died and all these sorts of things... my father is really struggling with that

Appendix 7 - Example of memo abstracts

Expressing loss + Regret – adjustment

Anna is describing a sense of loss, regret. “How could have I believed”? A range of difficult emotions surface ranging from a sense of loss and regret to sometimes bitterness and a vengeful attitude. This is also true for Lisa, John and Kate. Others express their regret and shame in lighter, softer terms and often with humour or a chuckle (Mel, Peter). Perhaps some may not feel comfortable enough becoming too vulnerable with me. It may also be an indication of different levels of adjustment to life after religion. Mel left Christianity long ago, so did Peter, contrary to Anna and John.

How do participants with a longer past investment in religion differ from those who were religious for a shorter period? In relation to the overall process, the mechanisms, phenomenology etc.

However Kate is by far the youngest (20). She is also the only Muslim so far. Comparatively she appears more at ease and comfortable with her short past in religion compared to older participants with a long religious past. How does age and life experience factor in? Perhaps recruit other young participants for exploring commonalities and differences. What constitutes saturation?
**Common themes**

They all describe how they wanted to be treated as a person with legitimate concerns and doubts. Their narratives are themed with moral expectations, with proclaiming of what is right and what is wrong. They were looking for what is true (ontological claims) and what is fair (moral objections), They speak of obedience and questioning the status quo. All these themes are build up and interconnected and at the same time their sense of belonging deteriorates.... → also their identity, worldview, sense of self. It flares their emotions and charges their relationships as they attempt to redefine themselves.

Identity deteriorating → Suffering as internal conflict, suffering from relationships

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**Appendix 8 - Example of transcript annotation**

<table>
<thead>
<tr>
<th>INITIAL CODING</th>
<th>LINGUISTIC</th>
<th>FOCUSED CODING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remembering Christian past</td>
<td>A: I remember going to like a camp, a Christian camp when I was about 17 and I became aware as the camp went on that in these bible study groups I was kind of holding court. I was like.... and everybody was staring at me, like really listening</td>
<td>“holding court” Explaining inconsistencies</td>
</tr>
<tr>
<td>Investigating religious text to defend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling proud for coming up with superior answers, explanations</td>
<td>what I was saying because I had gone much further with my thought if you like. And I was coming with lots of different ideas and different explanations and at that point still very, very grounded in Christianity and you know, still very much believing but it was odd moment of thinking (inaudible)... and I remember how the leader of the group asked me out on a date or something (laughter) .... and so there was always that something more I wasn’t happy with the pat answers if you know what I mean. So it was uhhh...</td>
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<td>---</td>
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<tr>
<td>Defending religion while believing</td>
<td>“because I had gone much further with my thought” “explanations” “very much believing” “very much her own way to validate beliefs”</td>
<td></td>
</tr>
<tr>
<td>Feeling odd</td>
<td></td>
<td></td>
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<tr>
<td>Being admired by peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissatisfied with answers from others</td>
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</tbody>
</table>

B: So these ideas, was it your attempt to explain things you weren’t happy
| Feeling confused by answers | A: Yeah, for me there were so many... that just, didn’t make sense, whereas other people could almost just accept that pat answer. And I was kind of like... no I’ve got to figure that out. So I figured it out in a very clever, intricate way within the Christian framework... without totally going against it but it would be a lot more in depth than what other people were going to if that makes sense. | “didn’t make sense,” “figured”, “very clever”, “within the Christian framework,” “a lot more than other people” | Dissatisfied with answers from others |
| Differentiating self from others for exploring answers | | Explaining things her own way to validate beliefs/rationalisng? |
| Finding own superior answers within Christianity | | |
| Comparing self to others | | |
| Going more in depth than other people for satisfying answers | | |

B: It makes a lot of sense. Could you elaborate a bit more when you say I could make sense of it but still remaining grounded within the Christian framework.
<table>
<thead>
<tr>
<th>Apologetics as a source for answers</th>
<th>Exploring answers from religious sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finding contradictions</td>
<td>Dissatisfied with answers from others</td>
</tr>
<tr>
<td>Not finding answers</td>
<td></td>
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<tr>
<td>Necessary</td>
<td></td>
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<tr>
<td>Interpreting things to fit</td>
<td></td>
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<tr>
<td>Maintaining belief despite non-answers</td>
<td>Explaining things her own way to validate beliefs</td>
</tr>
<tr>
<td>Believing in the story of Christ</td>
<td></td>
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<tr>
<td>Explaining the unexplained to fit</td>
<td></td>
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<tr>
<td>Acknowledging her own flipping.</td>
<td></td>
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<tr>
<td>Labelling and describing the process</td>
<td>Reflecting and</td>
</tr>
</tbody>
</table>

A: Yeah... Ummm... I mean you read Christian apologetics which is basically kind of taking the bible... and there’s loads of contradictions, there’s loads of things that don’t make sense, there’s loads off things you got to interpret and so... I would interpret it in my own way... uhm... but it was still upheld in that God was real, that Jesus died on the cross for our sins or whatever uhm... so making it... how I say it now is making the unexplainable explainable within the Christian framework... and you get very clever flipping, I call it flipping things around. You flip it all over and you look at it from a different angle
<table>
<thead>
<tr>
<th>Making sense of process as mental gymnastics</th>
<th>Amused on reflection of her own process and come up with a new explanation. It’s kind of like a mental gymnastics process which is quite interesting (laughter) (15:17).</th>
</tr>
</thead>
<tbody>
<tr>
<td>B: Yeah that makes a lot of sense. And when you came up with those explanations how was it for you. What did that do for you?</td>
<td></td>
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<tr>
<td>A: Probably, I think because it was my own and no one was... it was for my own satisfaction, I wasn’t just accepting what someone else had said, I figured it out for myself. If someone just tells me, I tend to question it and I want to go and check that fact out for myself which is what I am still right now. I have to check it out for myself</td>
<td></td>
</tr>
<tr>
<td>“I call it ‘flipping’”</td>
<td></td>
</tr>
<tr>
<td>making sense of on own process</td>
<td></td>
</tr>
</tbody>
</table>

Looking for answers alone

Dissatisfied with answers from others

Reflecting and
| Questions at a young age | A: Uhmm.... Let me think... probably... I mean I had a lot of questions all through that period until I was 18 but I always managed... so there would be doubts I suppose but I managed to figure them out within Christianity. I think when it really hit was when I went to Uni and it was... say the whole doctrine on gay people. So the doctrine there is “Love the sinner but hate the sin”. So you are supposed to like disapprove of, if they have sex with “Doctrine on”.

Clarifying doubts within Christianity | “I had a lot of questions - until I was 18” “managed to figure them out within Christianity” “Check for myself” making sense of on own process.

Incident had impact | Explaining things her own way to validate beliefs

Sourcing bible to criticise | Questions earlier in life

Interpreting bible verse | Moral objections

Explaining moral objections | |
| Assuming intention of others | someone else but love them for who they are. And so I got to uni and one of the lads in my group was gay and I remember he wouldn’t let anyone tell me he was gay because he knew I was Christian and he thought I would judge him and it was kinda like I can’t look at him and say that what he is doing is wrong, that’s crazy. (laughter), he can’t help that’s ridiculous. | gay” – “you are supposed” | Making interpretations on scripture |
| Anticipating reaction | | | |
| Refusing to conform to religious doctrine | | | Experiencing conflict with religious prescriptions |
| Criticising to justify. | and... and it was kinda like I can’t look at him and say “He thought I would judge him...” | | |
| Explaining refusal, justifying | that what he is doing is | | |
| Criticising – Characterising negatively | | | |
| Giving own answers through personal experience | And it was kind of meeting people who are gay or lesbians and thinking there is no way I can say that they are wrong, you know it was just stupid. | | |
| Moral objections | “he can’t help - that’s ridiculous” | | |
| Giving own answers through personal experience | “meeting people” | | |
Appendix 9 -: Religion and Health – Journal Notes for contributors

Journal of Religion and Health

Manuscript Submission
Manuscripts, in English, should be submitted to the Editor-in-Chief via the journal’s web-based online manuscript submission and peer-review system:
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Inquiries regarding journal policy, manuscript preparation, and other such general topics should be sent to the Editor-in-Chief:

Curtis W. Hart, M.Div.
Editor-in-Chief, Journal of Religion and Health
e-mail: cuh9001@med.cornell.edu
Tel.: (347) 752-7421

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Type double-spaced using generous margins on all sides. The entire manuscript, including quotations, references, figure-citation list, and tables, should be double-spaced. Manuscript length, except under unusual circumstances, should not exceed 25 double-spaced pages. Number all pages consecutively with Arabic numerals, with the title page being 1. In order to facilitate masked (previously termed “double-blind”) review, leave all identifying information off the manuscript, including the title page and the electronic file name. Appropriate identifying information is attached automatically to the electronic file. Upon initial submission, the title page should include only the title of the article. An additional title page is to be uploaded as a separate submission item and should include the title of the article, author's name (with degree), and author's affiliation. Academic affiliations of all authors should be included. The affiliation should comprise the department, institution (usually university or company), city, and state (or nation) and should be typed as a footnote to the author's name. The title page should also include the complete mailing address, telephone number, fax number, and e-mail address of the one author designated to review proofs. A brief autobiographical paragraph, preferably no longer than 100 words, that includes highest degree, academic affiliation, expertise, projects, etc. (in that order) should be included on the title page. An abstract is to be provided, preferably no longer than 100 words.
The names, institutional affiliations, and e-mail addresses of three (or more) suggested potential reviewers should be included on the additional title page.

A list of 3–5 key words is to be provided directly below the abstract. Key words should express the precise content of the manuscript, as they are used for indexing purposes.

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Tables should be numbered (with Arabic numerals) and referred to by number in the text. Each table should be typed on a separate page. Center the title above the table, and type explanatory footnotes (indicated by superscript lowercase letters) below the table.

References

List references alphabetically at the end of the paper and refer to them in the text by name and year in parentheses. References should include (in this order): last names and initials of all authors, year published, title of article, name of publication, volume number, and inclusive pages. The style and punctuation of the references should conform to strict APA style—illustrated by the following examples:

Journal Article

Book

Contribution to a Book

Footnotes

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Reflective paper on the development of a Counselling Psychology identity

Confidentiality statement: all identifying details for clients have been changed in this document, including ages, names etc.

Introduction

“If a man does not keep pace with his companions, perhaps it is because he hears a different drummer. Let him step to the music he hears however measured or far away.”

Henry David Thoreau.

Thoreau’s words always held a special place in my heart, like a personal mantra of sorts. In my reading of his metaphor, Thoreau’s poses a challenge. It is a call to rise above the ordinary. To change the world by daring to be different and accepting difference in others. The human psyche functions on an individual level and if a person does not follow or conform to a norm, it is merely because that person is unique or has a different calling; they hear a different drummer. These words are a reflection of my personal values and they capture many of the struggles that I have come across throughout my life and in my professional training. This paper is my attempt to reflect on this journey.

My journey of personal and professional transformation began 9 years ago. As the chief financial analyst of Microsoft in Greece, my self-worth was inextricably bound by having a high-status Job that offered me financial security and stability. It wasn’t long before that reality slowly began to change and one thing was becoming abundantly clear: I was profoundly unhappy. I was trying to march to the beat of the wrong drum. I was lacking meaning and soon my engagement with my work and the world around me started to suffer. I waded through months of confusion and introspection, reading self-help books while grinding the everyday routine in quiet desperation. I remember realising that the aspects of my work I found rewarding had very little to do with amending budgets, tax compliance or financial analysis. It was my relationships with people and how they had shaped me as a person and as a professional. How I had grown through others and how I, as a manager, had in turn contributed to others exceeding their limits and fulfilling their potential. Thus began my fascination with understanding how the process of change through relationships comes about. Unknowingly, this was perhaps the beginning of my journey to counselling psychology.
“Being-in-relation”

It wasn’t until my first year as a Counselling Psychology trainee when I started to gain a deeper appreciation of how the relationship can be a valuable agent of healing and growth. I was deeply inspired by the humanistic tradition. Its focus on individual search for meaning and understanding resonated with me deeply. The idea of engaging with one’s subjective experience for the purpose of enhancing their self-determination and fulfilling their potential. These ideas are at the core of what I stand for, of how I perceive a life worth living but was unable to articulate adequately until then. The humanistic model of distress also provided me with a conceptual framework to understand my own personal crisis and existential confusion which propelled my career change. If I, for example, could make sense of my own situation in terms of “introjected conditions of worth” or “misalignment with my actualising tendency” then perhaps this psychological framework would provide me with all the tools I needed to understand and help others. I was fascinated by the theory and evidence on how the quality of the relationship between two people is the key for change and growth, both in and out of therapy. Rogers himself noted that “therapeutic relationships are not substantially different in kind from those in our everyday lives” (Rogers, 1959).

Yet, this framework did not seem to provide me with the descriptive map of therapy I needed. Its non-directiveness did not fit with my linear, problem-solving way of thinking that was ingrained in me from my past. It challenged my presupposition of the therapist being the “expert”, directing and leading the client. If “being-in-relation” with a client was not a mentoring relationship like the ones I had experienced, then what was it about? The humanistic analysis of the relationship in terms of three personal dispositions seemed overly simplistic and vague at first. It seemed that the process of therapy in the beginning of my first placement felt like I was endlessly following my clients around, retracing their steps, going down the same paths and not getting anywhere.

I slowly and systematically began to de-construct the three core-conditions through personal reading and my humanistic theoretical essay. My understanding of the therapist as the authoritative expert began to shift. Clearly there are some areas of human experience where dispensing expertise and offering more direct guidance is appropriate. However, for many of my student-clients at the university counselling centre, I realised that all too often they had spent most of their young lives guided by proclaimed “experts”. They were experiencing despair at their inability to fulfil the expectations of others, whether parents, faculty members or so-called friends with little sense of personal worth. Some felt gravely wounded within the context of such relationships that proved treacherous or abusive. And yet, despite the damage they felt, they would come to therapy searching for another expert to tell them what to do. It was hard not falling onto the trap of fulfilling such a role.

A poignant example was my work with Mel, a 20 year old international student who I used for my first year process report. Mel was raised in an environment in which she had repeatedly experienced
the unaccepting and judgmental attitude of her parents and teachers. The academic and social challenges of studying abroad had left her feeling a profound sense of worthlessness, of being doomed to rejection and disapproval. With the guidance of my supervisor, I prioritised maintaining the appropriate therapeutic boundaries while making sure that she experienced our relationship as genuine, helpful and safe. I was able to be myself in the relationship without putting up a professional front or a personal facade of expertise and superiority. This allowed her to begin tapping into her own resources without clinging to any expectations that I would provide the answers for her; answers that she was desperately looking for. I realised that it is not a matter of me being the expert in my client’s situation, but of the client being able to express themselves fully in the relationship with me.

Soon, Mel started openly exploring experiences that were kept private and giving expression to dimensions of herself that were previously hidden. She experienced acceptance, empathy and genuine involvement and I feel that perhaps for the first time she was in a relationship that would allow her to feel safe to explore her overwhelming need for approval. Nearing the end of our work, she was able to get in touch with the full extent of her self-rejection and however tentatively, she began experiencing the first inklings of self-acceptance. She slowly began to trust her own thoughts and feelings and to make decisions in accordance with her own perception and desires (Mearns & Thorne, 2007). To paraphrase Thoreau, she started listening and accepting the beat of her own drum.

In my first year, I also began to realise the value of developmental theories and stage models in formulating potential disruptions in my clients’ developmental trajectories. Bowlby’s attachment theory (1982) and Erickson’s theory of psychosocial development (Erickson, 1968) seemed particularly relevant, given how many of my young clients were still in their late teens, struggling with forming their identity, their sense of self and negotiating relationships with peers. I learned that aside from any specific issue that brings clients to therapy, stage theories can help identify sub-goals for them that might be beneficial. For example, I noticed that a lot of my clients who were struggling with intimate relationships, felt hampered by their fear and difficulty in trusting people. This seemed to pervade all of their adult experiences. I also understood that these developmental ideas, however insightful, should be taken with a grain of salt because they are descriptive of the average person but not prescriptive of any of my clients. Especially stage models which I believe are useful summaries of what you might expect of someone at a particular age. I feel that they tell us more about the constraints on what we can do as we grow up and they focus on what may have “gone wrong” with someone’s development. They offer however no clues as to how one can come to live a fulfilling adult life. Indeed, I sometimes felt tempted to treat stages as plans for how my clients should have developed. This perhaps impedes my sensitivity to their experience and how they made sense of their own situation.
In my engagement with the person-centred philosophy, I also found it interesting that many of the features of the core counselling relationship, such as empathy, congruence and acceptance, are precisely what have to be present in relationships with caregivers early in life to ensure confident attachment and encourage trust in relationships with others (Bartholomew & Horowitz, 1991). This suggests that often the style of the counselling relationship is going to be much more important to the client than the content. If I were to prioritise a given therapeutic approach before the style and quality of the therapeutic relationship, I think I would have great difficulty in working with clients who have failed to establish confident, trusting relationships.

A new way of relating

From early days in my psychodynamic year I became strongly aware of how my therapeutic stance should demonstrate the nature of the therapeutic containment I was offering. The psychodynamic model assumes that the client will seek to place himself or parts of himself within the therapist and that through transference, early relationship templates will be reactivated (Davanloo, 1978). I knew I had to allow myself sufficient detachment from my clients if I were to be able to respond to potential transferential material rather than merely react. I was conscious that by holding a respectful distance I was creating the necessary space to better attune myself to the client’s different levels of unconscious and conscious communication. This was a new way of relating, of being with a client. I also found that many of my clients found this way of being a useful model for them, which discourages acting out and invites a more open exploration of whatever may arise. On the other hand, I felt that the idea of a blank screen - so often associated with the psychoanalytic tradition - does not always meet the needs of a particular client nor does it resonate with my desire and capacity for genuine involvement with my clients. I think that maintaining a flexible stance but without altering the therapeutic frame can communicate to the client that they are reliably held. Through trial and error I realised that when the frame would alter or waver, it often provoked insecurity with my clients and resistance.

On the same vein, my supervisor made me strongly aware of how important it is to maintain the integrity of the physical setting in psychodynamic therapy. Just as the internal consistency of my behaviour had to remain constant, I found that clients would often count on me to ensure the reliability of the external setting and make them feel safe and held in the therapeutic relationship. Consequently, I became aware that paying attention to a client’s relationship with the therapy room and to changes or intrusions, can provide valuable references to the therapeutic dialogue. As with my previous placement, I was also encouraged to maintain strict time and setting of boundaries but to also notice and reflect upon when these boundaries were transgressed.
I remember reading somewhere that Freud himself often expressed frustration at the over-extended attempts to find 'meaning' in every trivial thing. Indeed, that was perhaps part of my own frustration in the early days of my psychodynamic year and I would often perceive with scepticism the overreaching psychodynamic interpretations in group supervision. These did not sit well with my concrete and fact-based thinking. I believe that no one thing, no one thought, 'means' something on its own as was often presented to me. In time, I began to observe more systematically how my clients were behaving in relation to the boundaries of the setting. While some would insert themselves compliantly, arriving and leaving on the dot, others would arrive very early or very late or would give no warning of their absence. At the outset of my psychodynamic placement, I often felt that my anxiety and preoccupation with my own performance would make me miss my client’s efforts to convey something to me through his behaviour. I had to remind myself to attend to the idea of meaning beneath the surface of things and beyond the rational explanations that may be offered. My supervisor helped me realise that in each instance where the client is behaving significantly in terms of our set boundaries, is an opportunity to consider the meaning of his behaviour in relation to me, rather than interpreting their behaviour somewhat personally as a reflection on me. This also meant that I would have to learn to sometimes challenge the rational and concrete explanations if I am to break through to the unconscious communication they might contain.

When working with the transference, I understood that if I were to make myself available for use by the client, this required much more than a mere theoretical appreciation of the concept. I needed to experience myself as being used within their inner world and to be able to tolerate the confusion and discomfort that this involved for both me and them (Gomez, 1997). Upon reflection, I understood that this kind of availability, this holding of my clients, depended on my capacity to be in the relationship as a participant and as an observer at the same time. I think perhaps this was one of the most useful skills that I developed through my second year. Being fully present in the therapeutic relationship I would allow myself to experience the full impact of my client’s unconscious communication, while using my observing bit to remain sufficiently in touch with my role as a therapist. That allowed me to reflect on what is happening not only between myself and the client but also within me.

A particular area I struggled with was learning to work with my clients’ transference and my own counter-transference in a way that felt meaningful to them. In the beginning I felt that the framing of some of my remarks were along the lines of “I wonder If this is how you feel about me.”, thus missing the whole point of the transference by inviting my clients to focus on me. I also realised that even though there might be strong indications of transference from early sessions, it is quite unusual for the client to be ready to make any links in a meaningful way. My rushed attempts at making transference interpretations were perhaps fuelled by my anxiety regarding the short term contract offered in brief psychodynamic therapy.
A poignant example lies in my work with John, a 27 year old British, white male who presented with difficulties in trusting people, fear of rejection and establishing close relationships with others. He was an anxious and timid man who had his reservations about coming to counselling. I felt a strong rapport was being created from our first few sessions. He attended regularly and discussed openly how he thought his parents’ upbringing had shaped the way he relates to people. He usually spoke in very intellectual terms and always about other people or about things in general. What he wouldn’t do is give me a glimpse of how things are for him and what his deeper feelings may be about his unsatisfactory relationships or our therapeutic relationship. I quickly realised that he is probably relating to me in much the same way he relates with his friends. After some reflection, I decided to point out the obvious link between his early experiences, his current life situation and what is going on in the room. John became tearful by this realisation as it appeared that identifying his relational pattern was at the edge of his awareness. The following week and without warning he decided to withdraw and end his therapeutic contract with me. This was an exceptionally difficult case to reflect on and I found myself rationalising in ways that would protect me from feelings of guilt and self-rebuke; such as assuming that he might have been unwilling to overcome his basic resistance. It was a gut-wrenching moment for me and a significant blow to my self-confidence.

I explored what had happened in supervision and what became clearer was that he had experienced my interpretation as provocative and alienating. His dramatic response was a reminder of what can happen when interventions are made in the absence of a strong therapeutic alliance. In this case, I feel that my interpretation addressed far too openly the still unconscious aspects in his transference at too early a stage in the counselling relationship. Through my experience with John I grew to realise that the therapeutic alliance has nothing to do with the counselling couple liking each other or having good feelings about each other, however helpful such feelings may be initially. It is about some part of the client being available and agreeing to tolerate the strains and frustrations of the therapeutic relationship so that he can stay with it and enter the struggle with the therapist (Bauer & Kobos, 1987). I was reminded again of the value of testing out the therapeutic alliance, making sure that the client is engaged in the process and motivated to use the techniques or ways of thinking suggested.

**Context, culture, diagnosis**

Throughout my training I was able to recognise the different positions I have adopted with regards to the usefulness and implications of diagnostic categories, which I think reflect my needs and reading at the time, as well as my fluid and evolving identity as a professional. For example, I always felt drawn by the fact that we can take fuzzy concepts such as depression and anxiety and measure them with rigor, test them to understand causality, look across time at the same people and ask what the contribution of environment and genetics are. When I was working in primary care in my second and
third year, by focusing on diagnosis and NICE guidelines I felt at times I was able to reduce my anxiety and perhaps provide a better rationale for my work with my clients. I recognised within my service the enormous clinical utility of a classification system which allows professionals from different disciplines to share a better understanding and communicate more effectively. For some clients even, I noticed how they would welcome their diagnosis as a way to help them cope with the unknowns and anxiety of their predicament and without developing a punitive self-concept. For others however, the label they were carrying was experienced as stigmatising and detrimental to their relationships with loved ones. I also began to realise that although many of my clients would share the same label, there was considerable variation in terms of how they felt, how they made sense of their own situation and rarely did they fit neatly in the “package” as the DSM would have us believe.

Through reading and my theoretical essay on human distress, I began to develop a more critical understanding of the concepts of disorder and diagnosis as culturally contextualised constructs rather than statements of truths. In my essay I discussed the phenomenon of unconventional religious beliefs or practices (such as visions or speaking in tongues), in relation to the bias of the DSM when clinicians attempt to distinguish between pathology and religiosity. What became clear is that discerning between normal and abnormal (or pathological) religious experiences is determined by the cultural context and despite claims to the contrary, the DSM cannot provide a clear-cut determination. I realised that such classifications are not merely descriptive and objective; instead, they carry an ideological presupposition that places human suffering within the individual as manifestations of dysfunction (Raskin & Lewandowski 2000). They are treated as entities with roots in individual biology rather than responses to individual circumstances and context.

In terms of my developing practice, I understood that in order to get as close to my clients’ lived experiences as possible, it is important for me to listen to their narrative so I can understand their circumstances and appreciate how their life events have impacted them. This may include for example their family system and relationships, employment, living accommodation, their culture and spirituality, all of which should be considered within a formulation (Woolfe et al., 2007). This meant bracketing my own assumptions about what they are going through based on their diagnosis and focusing on their own subjective knowing.

I also felt strongly the implications of the prevailing medical model in CMHT where the focus was more explicit on symptom control and reduction. Diagnosis was a strong element of the referral system and shared language within primary care. At times I felt challenged with maintaining a relational stance and a humanistic value base within a framework dominated by this way of thinking. Dealing with this tension, I was able to reflect on the benefits of being able to interleave client-centred exploration of a client’s particular situation, with information from a “knowledge based” perspective on what a person in this position might be going through. I think sometimes this can be helpful to a
client who realises that they are not alone and that there is not only a natural course to a number of their difficulties, but also that there is some well-founded ways of addressing some of them. This, in my view, does not replace individual exploration of the client’s unique sense of being, through it can effectively supplement it. Similarly, in the therapy room I would find myself moving away from using classifications or rigid treatment guidelines that focus on disorder. I felt that clinging to them would perhaps deter my empathic understanding of my clients and the development of our therapeutic relationship. However, when my work with my clients was complete, in my note keeping and in multidisciplinary meetings, I would return to the context of diagnosis and symptoms as the language with which to liaise with other professionals.

I felt a similar tension with the use of psychometric tests like the Clinical Outcomes Routine Evaluation and the PHQ which I used routinely in my placements every year. I understood that clinical outcome measures provide the easiest means of conceptualising effectiveness and change. I noticed that part of me would welcome the formal and documented expression of change in the client that these clinical measures represented. It offered me some needed validation and justification when the work resulted in positive change for the client, or an opportunity to reflect on the therapeutic process and my mistakes whenever change (at least in the form of symptom reduction) was not visible. At the same time I understood that the way NICE guidelines require therapists to assess their contribution, further promotes the idea that client needs and therapeutic change should be conceptualised in terms of symptom clusters and symptom reduction. I was mindful that every time I used such measures which track change in emotions or behaviour, they had nothing to tell me regarding the vast individual differences in the meaning and uses of these various behaviours amongst my clients. Especially when working psychodynamically or in a person-centred way, I often felt pulled away from the frame of my encounter with the client and pushed towards generalisations that did not help the kind of relationship and understanding I was trying to foster. I am inclined to agree with Lemma (Bor & Watts 2016, p.72) who states that “a good assessment is one which identifies the needs of the client so as to maximise the chance of having those needs met”. Unpacking this statement I believe that the point is to be sensitive to how the assessment positions me in relation to my clients and how the administration of psychometrics can create a dynamic of an expert dealing with a patient. I often felt that with my clients I had to dispel the notion that they will be passive recipients in our work, an impression that I think was often reinforced in their minds from the use of outcome measures in our initial meeting. It is for this reason that I started trusting myself more in exploring with the client in a less formal way the nature of their needs and any change that may have occurred.

Throughout my placements I had the opportunity to work with clients from a variety of cultures and ethnic backgrounds. As a Greek man who has only been in the U.K for a few years, I have always
been curious about differences in other people’s cultural identity and in aspects such as how they think, how they relate to other people or what are their “culturally appropriate” ways of expressing emotion. In working with an Afro-Caribbean client who had recently moved to the U.K., I realised how incredibly difficult it can be for someone to convey their culture. On discussing her marriage and relationship with her in-laws, she felt overwhelmed not knowing how much background information to provide me before starting with her own life story, which was meaningful within her particular familial and cultural system. When I researched the cultural attitude towards women, I discovered how - by western standards - the women in her home country are often treated with prejudice and discrimination. I began to notice the differences between her values and my own Western individualistic value system, which from her perspective, undervalues the importance of the self in relation to family and community. Through my reading and my discussion with her, I was able to challenge my awareness on some of the commonly held stereotypes around her race and culture. I also realised that holding on to some of my stereotypes about her were the result of my own anxiety about working with difference. I was honest with her that I had spent time researching and from there we were able to discuss how my impressions fitted with her experience, beliefs and emotions. It was a useful venture that also resulted in her feeling positive that I had been interested enough to research her cultural beliefs. My work with her also raised my awareness regarding the evolving dynamics that can take place in the therapy room as a result of cultural difference. It also emphasised the importance of the relationship one has with their culture rather than just focusing on the individual or their culture. As Coyle (2010) puts it, if we concentrate on the culture we would be in danger of viewing the person within a stereotypical box and likewise, if we concentrate on the self only we would be trying to understand a person without the context.

Research

Religion has always been a topic of great interest for me, even though growing up I never felt particularly drawn to any specific religious beliefs. I think perhaps my interest lies in my attempt to understand a phenomenon that is integral to the lives of millions of people, yet I feel it is very far removed from my own frame of reference and set of values. Metaphorically speaking, it is as if I am deaf to the beat of this particular drum. Still, atheists and religious individuals alike, often wear their identification like a badge of honour. It often defines who they are, their lives and the scripts they embrace for themselves. I felt particularly drawn to better understanding how both groups experience their identity and that guided my research questions.

Initially I felt inclined to approach my research question using quantitative methods as I had done in the past. This perhaps would have been a more comfortable and familiar choice. However, after
completing my person-centred training in my first year, I started to notice a shift in my own perception regarding my assumptions on what constitutes knowledge and how it can be attained. Through my course and my experience with my clients I slowly started to feel less comfortable with the notion of an objective and fixed reality. I began debating the importance of acknowledging reality as a personal construct which is influenced by our social and cultural context. I also understood that although NICE guidelines aim to be robustly evidence-based, in practice this means quite a narrow definition of evidence derived from randomised controlled trials (RCTs). This meant that other forms of research evidence, such as qualitative studies, tend to be overlooked or dismissed as unscientific (Woolfe et al., 2007). So I decided to get out of my comfort zone and focus my efforts on a narrative methodology. Like my initial experience of psychotherapy, it felt like a leap in the dark. Whatever my expectations were regarding qualitative research, in reality I realised that it is an untidy and uncertain affair. At times, it also felt highly creative and richly satisfying as I began to realise the enormous potential it offered me to better myself personally and professionally. While my preference on pursuing qualitative research was guided by my evolving ontological and epistemological outlook, I understood that my research question should guide my choice of a specific method rather than the other way around.

As I engaged in my research, I began to notice some parallels between the process of therapy and the process of research. Just as I endeavour to understand each person as unique and to tailor my approach to the individual in their particular context, in the same way I needed to match methodology to my research question. As a counselling psychology trainee I have embraced in my practice the core values of empowering and respecting clients and acknowledging our intersubjectivity in a relationship on equal terms. I understood that these same core values colour both how I interact with my research participants and how I interpret the data. Similarly, I feel that holding a pluralistic stance in my practice has made me aware of the many ways that client difficulties may be conceptualised. Holding such an attitude in the research context means being able to reflect on how divergent research methodologies can be equally valid when exploring a research question.

The case of Sarah

In the course of clinical practice, I think every practitioner will have a handful of clients that remain memorable for different reasons. Looking back and in years to come, I think there will not be a more memorable client than the one I addressed in my second CBT process report. Sarah, a 30 year old white female, suffered from severe Obsessive Compulsive symptoms in the form of word patterns which get attached and contaminate everything she does or thinks. My failure to help her make any significant progress after a whole year of working integratively with her, opened up questions and...
opportunities for reflection that continued long after our sessions had ended. It was this relatively unsuccessful piece of work symbolised a turning point in my learning.

Sarah attended our sessions regularly and was always forthcoming and engaging in the therapy room. Even though she appeared outwardly compliant, she was rarely able to do any of the agreed tasks on her own, such as keeping an OCD diary or graded exposure exercises. When I noticed her implied lack of engagement with the homework aspect of the work, I was able to empathise with her struggle in a way that allowed us to explore what this was about before considering what may be a next alternative intervention. We were able to discuss together and understand her reaction in light of some aspect of her past experiences and relationships with others. Sarah found this exploratory aspect of our work extremely helpful. She became aware that her underlying fear of change, of taking responsibility and control of her life, prevented her from taking risks and making any real progress. For me this was an example of how it is possible to integrate directive, cognitive and behavioural techniques into an insight based approach that is grounded in the therapeutic relationship. In order to facilitate change and understanding for Sarah, this had to be done collaboratively, using a broad constructivist approach and based on the spirit of a joint enquiry with her. I was reminded that relational ways of working are critical where clients are ambivalent about, or unconvinced of, the possibility of change.

Our assessment phase was also lengthy and laborious and it felt ongoing even after 2 months when we were well past beginnings and into the work. It was however necessary given her fear and anxiety of articulating her obsessive thoughts and causing harm to herself or others in doing so. Reaching a shared formulation was also a long and protracted process. It was an example for me of how important it is to continually keep the hypotheses by which the work is proceeding under review and to prepare to revise and rethink, together with the client when necessary.

Sarah often expressed the preference for using the therapeutic space to explore her underlying issues that were keeping her stuck from even attempting to complete her homework tasks. For my learning, this was indicative of some of the current debates about evidence-based efficacy versus client preference and about how both can be accommodated. Due to the complexity of her presentation, I felt compelled - more than any other client - to extend my usual ways of working by developing and applying an integrative approach. This allowed me to be more attentive to her own needs and preferences while also exploring her underlying anxieties beyond her presenting symptoms.

After several months and about the time I started writing my process report, my frustration and irritation with our lack of significant progress (at least in the form of symptom reduction and daily functioning) was beginning to grow. My therapeutic style at times reflected panic and impatience and it was becoming difficult to conceal my disappointment that was surfacing in a non-verbal way. My Socratic style of relating with her was becoming overly leading, argumentative and not particularly
helpful. When I noticed this, listening to my recorded sessions with my supervisor became a regular occurrence every week. With her help I was able to recognise that within my relationship with Sarah, I was becoming a lot less emotionally attuned to her and a lot more emotionally involved in the sense that my emotions would negatively interfere with our process and the quality of the work. I felt hopeless and frustrated alongside her and did not know how else to work with the “here and now” and the part of her that was not convinced of challenging her “magical” thinking. My irritation was triggered by her ambivalence, by her interpersonal style of wanting to appear hopeless and by the way I perceived that our lack of progress reflected on my competence. I can see how my own set of values, my past experiences and important relationships seem to reflect this. And it is good material for my personal therapy as well as my reflective practice.

Even though this was the most difficult client I have encountered, looking back at it now I realise how painful it was to make so many basic mistakes. Mistakes that perhaps I thought I had outgrown from my experience the previous years. My subtle acting out with Sarah highlighted the importance of monitoring and reflecting on my own unhelpful thought process and feelings in a way that will allow me to be prepared in the session when they come up, instead of reacting to them in the moment and at the expense of my clients. In situations like these I think the question is how exactly can I respond and guide the client in a different way that will involve me being more open to unpleasant feelings and ideas of self as a therapist, rather than enacting them.

Through this work, I cultivated a better understanding of my strengths, vulnerabilities and enhanced my belief that without self-awareness, therapists can obstruct client progress and their own personal development. This requires my willingness and courage to self-scrutinise and self-assess. In this matter, I have greatly appreciated how my own personal therapy has helped me. It has made me aware of how being the person I am affects the work I do. As the person centred tradition considers, our limitations as therapists are our limitations as human beings (Mearns, 2002). I know I will probably always carry with me the deep-rooted notion that I am not good enough or that things don’t measure up. I am aware of my inherent tendency to resolve my uncertainty in terms of a sense of personal lack or by projecting this idea onto others where it becomes more tolerable. At the heart of this is a profound sense of shame and guilt for not living up to the ideal of a “good enough son” for my father who died unexpectedly when I was 17. It is almost as if nothing and no one can ever fill the inner deficit completely and so I am left in a perpetual state of discontent. Because of my own personal “baggage”, I know that there will always be clients like Sarah who will elicit such difficult thoughts and feelings that I am vulnerable to.

I have also noticed that as my experience grows, so does my faith in the process of therapy and in the client’s own resources. I am becoming more able to tolerate and reflect on my vulnerabilities when they arise because experience tells me that I can reframe them as a kind of professional “growing-
pain” and that they are a sure sign that I am learning a great deal. Personal therapy has also helped me with the relational aspects of my work. It has given me more confidence in discussing with my clients the process of therapy more openly and honestly. I also became more mindful of my capacity to recognise when my own fitness to practice is compromised and take steps to manage this risk as appropriate. Similarly, as was the case with Sarah, ethical practice also requires being aware of the client’s personal limitations or readiness for change, without infringing on their autonomy.

**Pluralism**

At the beginning of my training, I think perhaps I was under the impression that when I qualify I would probably pursue practicing one therapeutic model as a purist practitioner or use bits and pieces from different modalities in an eclectic way and depending on the case at hand. I realised however that in reality things are not as simple. As I moved from one modality to the next, I felt challenged abandoning the safety and comfort of the previous model I was familiar with. Reflecting on that, by maintaining a purist approach each year (at least for the most part), I was able to gain maximum exposure and appreciation of each model. From this respect, I tend to agree with Bor and Watts (2016) that therapeutic models can be seen as heuristic tools for running sessions. They have a set of assumptions and rules for interpreting interactions with clients that guide us in our decisions about what to say or do next. This may not be appropriate or completely rational but they simplify the situation so we can cope, which is why I think the application of specific models is so important early on in training. However, through my training I have come to realise that claims of one modality being superior to another, are coloured by political and ideological presuppositions. Working in CMHT and when dealing with severe and enduring presentations, it became clearer that no one theory can fully explain the complexity of human beings, nor can any single therapeutic intervention account for therapeutic outcome (Woolfe et al., 2007).

When reflecting on my evolving pluralistic stance, I also felt fascinated by the fact that there is considerable convergence between the different therapeutic schools, none of which are discrete and definitive entities (Dragi-Lorenz, 2010). For example psychodynamic work is increasingly focused on the “here and now” as a way of understanding the past, rather than the other way around as used to be the case. This brings this model much closer to the humanistic-existential tradition. Similarly, in my final year I felt very much drawn to working within “Third-Wave CBT” using ACT, which has a strong existential component in it. Like in person-centred therapy, Act resonated with me because it encourages you to get in touch with your core values and what really matters in the big picture. As I move towards my identity as a pluralistic practitioner, I do not feel that the position I hold at the moment is tantamount to sitting on the fence; rather it’s an acknowledgment of the multiplicity and diversity of needs and values for both clients and professionals. On a personal level, this means
looking at the evidence of what works and using it with my own relational way of working, while balancing things out with the needs of the client and the requirements of the service. It also means being able to hold the tension of the uncertainty and of not knowing how to proceed at times. It is then when I can maintain a reflective and evaluative stance, in and out of the therapy room. I think there are very few “alwayses” or “nevers” in therapy and that the realisation of this can evoke as much fear as it can freedom in me. I also need to remind myself how foolish it is to think that it is necessary to “see around corners” and that I will have to carry with me the humility of not knowing. Aspirations of one day “knowing it all” imply that the answer is out there – that one size fits all. That we all listen or respond to the same beat of the drum and in the same way. Thankfully but sometimes painfully, it is never that simple.

References


