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# Family Excommunication and Fleeing Nones: Religion, Nonreligion, and Estrangement in Therapy

Jonathan Ludi Leitch

FAMILY EXCOMMUNICATION AND FLEEING NONES:
RELIGION, NONRELIGION, AND ESTRANGEMENT IN THERAPY

A Dissertation

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This dissertation, by Jonathan Ludi Leitch, has
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**ABSTRACT**

FAMILY EXCOMMUNICATION AND FLEEING NONES:
RELIGION, NONRELIGION, AND ESTRANGEMENT IN THERAPY

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Religion fractures families, and therapists working with clients in search of healing have so far had little empirical guidance on how to help. This phenomenological study is the first to explore the experiences of nonreligious Americans using therapy as a way to address religion-related family estrangement. Seventeen participants, all self-identifying as nonreligious but raised in Christian families, were interviewed about their therapy experiences. Most had seen individual therapists and preferred an individual focus but appreciated systemic conceptualizations and interventions. Nondirective, evidence-based, and, when appropriate, trauma-informed approaches were found to be most helpful. Nonreligious, especially non-Christian, therapists were usually but not always preferred. Safety and curiosity were important factors in strong therapeutic relationships and effective therapy. Participants also stressed the harm religious ideology itself can cause. Implications for training and practice, as well as limitations and suggestions for further research, are discussed. This dissertation is available in open access at AURA (https://aura.antioch.edu) and OhioLINK ETD Center (https://etd.ohiolink.edu).


*Keywords*: family estrangement, family cutoff, nonreligion, atheism, religious trauma

**Dedication**

For the 17 kind, courageous folks who generously shared their insight and wisdom so that others might learn from their experiences and feel a little less alone in a sometimes lonely world.

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Sarah made it all possible. As far as I'm concerned, she is the way, the truth, and the life.

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# CHAPTER I: INTRODUCTION

There's no story to help you cope with this. There's nothing in the Bible; there's nothing anywhere. (Pillemer, 2020, p. 70)

The fool says in his heart, "There is no God." They are corrupt, their deeds are vile; there is no one who does good. (*New International Version*, 1973/2023, Psalms 14:1)

As much as a quarter of the American population now identifies as atheist, agnostic, or nothing in particular (Gervais & Najle, 2018; Pew Research Center, 2019), but research at the intersection of these religious *nones* and mental health remains sparse (Brewster et al., 2014), particularly in the field of couple and family therapy (CFT). As the literature on religion and spirituality in CFT has embraced an increasingly rich diversity of belief systems (Aldrich & Crabtree, 2020; Walsh, 2009, 2010), the nonreligious, who range from those holding explicitly atheistic beliefs to the spiritually ambivalent or indifferent, have been left behind. Next to no empirical research has been conducted on effective therapeutic approaches for such clients (Abbott, 2021; Byrne et al., 2021). This is a major gap in the literature considering that the nonreligious face a variety of issues, many related directly to their identification and experiences as nones, that could be addressed in therapy (Abbott, 2021; Bishop, 2018; Byrne et al., 2021; Sahker, 2016; Zimmerman et al., 2015). As a result, CFT therapists[1] and other mental health practitioners are woefully underprepared to address issues specific to nonreligious clients.

At the same time, the demand for what might be termed "none-affirming" therapy is on the rise, as prospective clients increasingly seek therapists who not only can treat relevant clinical issues competently but will also respect and validate nonbelief in its many forms—as other, overtly religious therapists too often have not, inflicting significant harm in the process

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[1] In spite of the redundancy, I use "CFT therapist(s)" rather than "CFT(s)" to avoid confusion with the field of CFT.

(Almeida, 2017; Byrne et al., 2021; McKie-Voerste, 2019). To the extent that CFT as a field can genuinely be invested in serving all client populations—especially marginalized, stigmatized, and neglected populations (Brewster et al., 2014)—the nonreligious, their partners, and their families accordingly deserve more attention in CFT theory, research, education, and practice.

As researchers begin to identify clinical issues that hold special relevance for the nonreligious (Abbott, 2021; Bishop, 2018; Byrne et al., 2021; Sahker, 2016; Zimmerman et al., 2015), one such issue presents itself as both especially problematic and especially crucial for CFT therapists to better understand: family estrangement. Few relational experiences are as painful as being cut off from a loved one, especially when the loss is involuntary and may feel irreparable. In the United States, where the religious—and Christians in particular—maintain cultural hegemony (Small et al., 2022), the nonreligious often find themselves on the outside looking in, even within their own families. Although studies on estrangement reveal a wide array of reasons for family cutoffs—abuse, addiction, mental health struggles, divorce and other life cycle events, to name a few (Agllias, 2017)—conflicting values, including religious ones, often play a prominent role in these stories of disconnection and despair. Research on the nonreligious reinforces this finding, as many atheists and other nones report social fallout among family, friends, and others in their communities who disapprove of their disbelief, which is often kept hidden for as long as possible in anticipation of that very response (Zimmerman et al., 2015).

### Definitions

The literature on the nonreligious poses a number of definitional problems, offering only partially satisfying solutions. Cragun and McCaffree (2021) have argued at length that the umbrella term *nonreligious* is itself problematic in that it does not refer to a substantive identity and carries meaning only relative to religion, thus inadvertently and unjustly centering the

religious. Moreover, the term is used primarily as a pragmatic placeholder for scholars (Lee, 2012). Respondents to surveys, for example, rarely choose it to identify themselves, preferring instead more positive identities such as atheist, agnostic, humanist, freethinker, skeptic, and so on (Langston et al., 2017; Lee, 2014). Nevertheless, although I share the reservations of Cragun and McCaffree (2021), as no readily intelligible consensus alternative has emerged, I default to *the nonreligious*, or occasionally *nones* (including *dones*, a subgroup of the formerly religious that is sometimes distinguished from other nones; McLaughlin et al., 2022), as the population of interest and await further developments in the terminological evolution of the field.[2]

Family estrangement, too, defies ready pigeonholing. Agllias (2017), for example, points to the widespread overlapping usage of similar terms such as *family rift* and *cutoff*. The word *estrangement*, from the Latin *extraneare* ("treat as a stranger"; Oxford Dictionaries, cited in Agllias, 2017, p. 4) and *extraneus* ("not belonging to the family"; Oxford Dictionaries, cited in Agllias, 2017, p. 4), is arguably more evocative but not necessarily more precise. Agllias (2017) notes that many of her colleagues in estrangement scholarship eschew definitional precision to honor the diversity and complexity of estrangement experiences. Pillemer (2020) opts for simplicity in his operationalization, which refers to "situations in which a family member has cut off contact from one or more of their relatives" (p. 23). Scharp (2019) focuses more narrowly on the "process where at least one family member seeks to distance himself or herself (i.e., limit interaction and decrease interdependence) because of an ongoing negative relationship" (p. 428). This study follows Agllias (2017) in defining estrangement as "the condition of being physically and or emotionally distanced from one or more family members, either by choice or at the

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[2] The original conception of this study centered the experiences of atheists specifically. Although the diversity of nonreligious identities is well established in the literature, it was Lee (2012) in particular who alerted me to the dangers of privileging atheists above others. Throughout the discussion, I take care to clarify which nonreligious identities, if any, are specified when citing relevant research.

request or decision of the other" (p. 4). In keeping with the work of other researchers (Agllias, 2011b; Pillemer, 2020; Scharp, 2019), individuals participating in the study decide for themselves whether this definition—as with the descriptor "nonreligious"—applies to them.

**The Study**

The present study explores the therapy experiences of nonreligious people in the United States who have experienced family estrangement related to religion. More specifically, I use thematic analysis within a phenomenological approach to generate a rich description of the essence of this phenomenon. In other words, the research question asks: what is the experience of the nonreligious addressing religion-related family estrangement in therapy? I am especially interested in investigating what has been helpful or unhelpful about this experience. Better understanding of the phenomenon will help CFT therapists and other mental health professionals provide more effective and ethical care for nonreligious clients and their families and thereby better serve a client population that has long been overlooked in research and in practice.

Chapter Two provides a comprehensive review of the literature related to the mental health needs of the nonreligious in the United States, with a special focus on the nonreligious within CFT, as well as a review of the relevant literature on family estrangement. Chapter Three outlines the methods used in the study, with a detailed explanation of the plan for data collection and analysis. Chapter Four reports the results of the study, and Chapter Five offers a discussion of the results along with limitations of the study and recommendations for further research.

**CHAPTER II: LITERATURE REVIEW**

**The Nonreligious in the United States**

The recent resurgence of Christian nationalism (Public Religion Research Institute & Brookings Institution, 2023) has drawn renewed attention to the paradoxical trend that the United States is steadily becoming both less Christian and less religious overall (Pew Research Center, 2022). Precise data underpinning this trend, however, are difficult to come by. Measuring the change demands grappling with a number of methodological challenges, chief among them the problem of how to measure religiosity and nonreligiosity (Cragun et al., 2015). Such binary distinctions vastly oversimplify the way people experience religion, with significant implications for the validity and reliability of related research. Zinnbauer et al. (1997), for example, described the "fuzzy" (p. 549) inherent in studying religion and spirituality, lamenting that definitional inconsistency and a general lack of clarity hamper research and limit what conclusions can be drawn both within and across studies in the literature on religion and health. A comprehensive survey by Hall et al. (2008) of the measurement of religiosity concluded that because no standard, widely accepted definitions and measures of religiosity exist—the array of definitions and measures then in use numbered in the hundreds—ambiguity remains rife. The authors were especially critical of efforts to measure what they call "religiousness-in-general" (p. 135), conceptions of religiosity that are incautiously divorced from their specific theological contexts.

Scholars in nonreligious studies face additional challenges. Lee (2012, 2014), Cragun (2019), and Cragun and McCaffree (2021) are among those who have laid out the conceptual and methodological dangers of relying on generic categories such as the nonreligious or nones. Lee (2012) points out that *secular*, for example, can refer to "anything from supporting a football team to the practice of drinking tea, [or] subscribing to a humanist value system" (p. 134). As

Cragun and McCaffree (2021) caution, "'Nonreligious' tells us what these people are not, but it tells us nothing about who such individuals *are*" (p. 11). Cragun (2019) takes particular issue with how religiosity measures are constructed and survey questions are asked, as surveys often feature subtle biasing in favor of religion such that they "can result in people being forced into categories that may not accurately reflect their views" (p. 5). Concerning those, for example, who consider themselves basically indifferent to religious matters, Lee (2014) notes that "being 'indifferent' to religion implies a degree of intellectual, practical and emotional detachment and it would be reasonable to assume that people experiencing this detachment would follow the path of least resistance when it comes to self-classification" (p. 478), which lends itself more readily in survey research to affiliation with an established religious entity than to expressly nonreligious affiliation. The result can be a significant undercounting of the nonreligious population.

Although the nonreligious are known to be a diverse group in terms of beliefs, values, and identities (Cragun et al., 2015; Frazer et al., 2020; Hwang et al., 2011; Langston et al., 2017; Lee, 2014; Silver et al., 2014; Smith & Cragun, 2019), research on the nonreligious often focuses more narrowly on atheists because atheist is a positive, substantive identity that a sizable subset of the nonreligious population has actively adopted. Estimates of the size of the U.S. atheist population vary, but the numbers have trended gradually upwards. Pew Research Center's (2019) large-scale survey with a nationally representative sample recently pegged the number of atheists at about 4% of adults, with agnostics at 5% and "nothing in particular" at 17%. Gervais and Najle (2018) cite slightly older polls that placed the percentage of self-identifying atheists somewhere between 3% and 11%, although they hypothesize that, because of significant underreporting owing in large part to the stigmatization of atheists, as many as one in four U.S. adults actually subscribes to atheistic beliefs (i.e., rejecting the existence of deities).

Decades of sociological research have brought into focus a demographic portrait of atheists and other nonreligious people in the United States. They tend to be disproportionately young, White, male, educated, and politically progressive when compared with their religious counterparts, as well as less likely to be married (Frazer et al., 2020; Hwang et al., 2011; Smith & Cragun, 2019; Zuckerman, 2009). They are more likely to live in the West or Northeast than in the South and identify mostly as political independents, often as libertarians and rarely as Republicans (Frazer et al., 2020; Hwang et al., 2011; Smith & Cragun, 2019; Zuckerman, 2009). Emphasizing that godlessness and the rejection of religion do not equate to the rejection of any and all values and beliefs, Zuckerman (2009) reports that, on the contrary, "When we actually compare the values and beliefs of atheists and secular people to those of religious people, the former are markedly less nationalistic, less prejudiced, less anti-Semitic, less racist, less dogmatic, less ethnocentric, less close-minded, and less authoritarian" (p. 953). Hwang et al. (2011) and Zuckerman (2009) also catalogue several areas in which the nonreligious do not differ meaningfully from the religious, among them moral conduct and criminality. According to Zuckerman (2009), for example, atheists are actually underrepresented in the U.S. prison system.

In spite of these positive, or at least neutral, personal attributes, attitudes towards the nonreligious, and especially atheists, in the United States are overwhelmingly negative. Empirical studies to this effect are legion and often highlight the deep-rooted distrust of (Cook et al., 2015; Gervais, 2013; Gervais et al., 2011; Grove et al., 2020; LaBouff & Ledoux, 2016) and disgust towards (Cook et al., 2015; Franks & Scherr, 2014; Ritter & Preston, 2011) atheists that persist in this country. Atheists report discrimination ranging from anti-atheist messaging in the media and condemnation of their beliefs as immoral or sinful to being treated differently because of those beliefs (Hammer et al., 2012). Cragun et al. (2012) cite findings from Edgell et al.

(2006) that "Americans, in general, report more antipathy toward atheists than toward religious groups, such as Muslims, conservative Christians, and Jews; toward racial and ethnic groups, such as recent immigrants, Hispanics, Asian Americans or African Americans; or toward homosexuals" (p. 105). This antipathy is characterized by Hwang et al. (2011) as the view that atheists are "poorly parented, immoral, unhappy, antisocial hedonists" (p. 613). Swan and Heesacker (2012) reference one especially vituperative anti-atheist screed reinforcing the "myth of the angry atheist" (Meier et al., 2015, p. 219). Noting that the op-ed in question ran in the *Los Angeles Times*, they comment, "We know of no other religious minority group for whom this would stand in a major media outlet" (p. 39). Brewster et al. (2014), however, underscore just how normalized discrimination against atheists really is, pointing to findings in a 2006 Gallup poll that 84% of respondents felt America was not ready for an atheist president and nearly 50% agreed with the statement "I would disapprove if my child wanted to marry an atheist" (p. 633).

Atheist and other nonreligious identities intersect and interact with other dimensions of identity—such as race (Abbott, Mollen, et al., 2020; Abbott, Ternes, et al., 2020) and class (Abbott et al., 2022)—in complex and often compounding ways (Crenshaw, 1989). This is still an area of emerging research (Brewster et al., 2020), but a recent survey by American Atheists of over 33,000 nonreligious people in the United States found that nonreligious Black, Latinx, ex-Muslim, and LGBTQ respondents reported being disproportionately affected by discrimination and stigma (Frazer et al., 2020). Black participants in the study, for example, were more likely to report lower levels of parental support and higher levels of strict family religious expectations, along with higher incidences of being physically assaulted because of their nonreligious identity. These findings align with research showing that anti-atheist bias can supersede more typical racial ingroup bias among Black Christians (Van Camp et al., 2014). Swann (2017), fonza

(2013), and Hutchinson (2011) are among the Black atheist voices speaking to the challenges of simultaneously navigating racial and religious (as well as gender and other) discrimination, but far more research highlighting the experiences of diverse nonreligious Americans is needed.

## CFT and the Nonreligious

Several commentators have bemoaned the relative dearth of social sciences research on the experiences of the nonreligious, both in general and with respect to health and mental health. D'Andrea and Sprenger (2007) were among the first to point out that almost no research existed to guide mental health professionals in the treatment of the nonreligious, and that nonbelief as a diversity issue was at that time entirely absent in the counseling literature. Whitley (2010) echoed their concerns about the research gap between atheism and mental health, citing as all the more reason to start narrowing that gap the then-fashionable New Atheism movement spearheaded by brashly unapologetic thinkers like Richard Dawkins and Christopher Hitchens. Hwang et al. (2011), meanwhile, called for more robust research into the relationship between religiosity and health that more consistently included atheism as a control variable. Brewster et al. (2014) ultimately established, in systematic and comprehensive fashion, the "near invisibility of nonbelieving people in academic research" (p. 650). Their literature search turned up only 100 scholarly articles published about atheism between 2001 and 2012, compared to many more about other faith groups as well as religion and spirituality more generally. Although noting that the numerical trend towards more research on the nonreligious had been positive, Brewster and colleagues nevertheless highlighted with striking clarity the overall paucity of accumulated knowledge on the nonreligious and the need for further research in a multitude of directions.

The reality confronting the smattering of advocates for the nonreligious in mental health is that, in spite of the trend in recent decades towards more fully integrating religion and

spirituality in research, education, training, and practice for therapy generally and CFT specifically, this trend has almost entirely bypassed the nonreligious. A popular CFT textbook on spirituality and family therapy (Walsh, 2009), for example, all but ignores spirituality-rejecting perspectives and how they might be used as a resource in therapy. Some authors on religion and spirituality in CFT, in an apparent effort at inclusivity, have taken care to pay lip service to the nonreligious (Aldrich & Crabtree, 2020; Aponte, 2002; Walsh, 2010), but some of these stress that nonreligious clients are still in some ways spiritual or can access a "spiritual dimension previously untapped" (Walsh, 2010, p. 344). Unfortunately, as Caldwell-Harris et al. (2011) have observed, "The undifferentiated and over-inclusive manner in which ['spirituality'] has been used implies that everybody is 'spiritual,' because very few people are not concerned about meaning and purpose in their lives" (p. 670). Indeed, McInnes Miller and Van Ness Sheppard (2014) found that CFT graduate students conceived of spirituality in a vast number of idiosyncratic ways, many of which were "ambiguous, avoidant, and perhaps contradictory" (p. 302). One implication from this literature seems to be that clients who reject religion and spirituality outright have little interest in conversations around the impact of religion in their lives. Such an implication, though, would constitute a grave oversight. Given the centrality of religion in U.S. society and family life, the nonreligious, especially dones who have exited the faiths of their families of origin, have often arrived at their beliefs after lengthy processes of identity construction that have profoundly affected their lives and relationships (Smith, 2011).

The need for nonreligious advocacy in CFT specifically is underlined by findings over time that CFT therapists tend to be highly religious and spiritual as a whole, more so than other mental health professionals (Bergin & Jensen, 1990; Carlson, Kirkpatrick, et al., 2002; Hage, 2006; Oxhandler et al., 2017; Prest et al., 1999). Johnson et al. (2021), for example, detail the

connections between CFT and Christianity, noting that nearly 20% of accredited CFT programs in the United States and Canada are affiliated with Christian institutions. Since at least the 1990s, many CFT writers have called for greater integration of religion and spirituality within the field (Aldrich & Crabtree, 2020; Anderson & Worthen, 1997; Aponte, 2002; Carlson & Erickson, 2002; Carlson, Erickson, & Seewald-Marquardt, 2002; Coffey, 2002; Coyle, 2017; Haug, 1998; Holmberg et al., 2017; Hoogestraat & Trammel, 2003; Marterella & Brock, 2008; Pearson, 2017; Stander et al., 1994; Walsh, 2010; Weaver et al., 1997; Wolf & Stevens, 2001). It is worth noting, however, that many of these writers identify as being religious or spiritual, several are or have been affiliated with Christian institutions, and most tend to focus almost exclusively on the positive aspects of religion and of religiosity and spirituality as strengths and resources in therapy, disregarding the reality that religion brings harm to many families (Ellis et al., 2022).

Meanwhile, as the percentage of the American population that falls somewhere along the spectrum of nonbelief continues to grow (Pew Research Center, 2019), the literature on religion and spirituality in CFT has, with few exceptions (e.g., Aldrich & Crabtree, 2020), barely registered this major demographic trend. This neglect is particularly problematic in that anecdotal evidence suggests a growing need for therapists who can understand and affirm the unique challenges facing the nonreligious in contemporary U.S. society. Almeida (2017) chronicles how prospective clients seeking faith-based help that aligns with their religious beliefs and values enjoy a wealth of options from which to choose whereas the nonreligious have few similar resources. The Secular Therapy Project (https://www.seculartherapy.org/) was founded in 2012 to address this disparity by matching clients with therapists who guarantee, as a condition of being listed in the project's database, that they only conduct scientifically supported, evidence-based therapy and do not work within a religious framework, which they recognize

could be off-putting and even harmful to these clients (Almeida, 2017; Byrne et al., 2021; McKie-Voerste, 2019). A promising start to meeting the mental health needs of the nonreligious, this project could also offer researchers access to both therapists and clients to begin answering some of the many outstanding research questions surrounding the nonreligious and therapy.

In the meantime, however, little is known about the experiences of the nonreligious in therapy, or about how therapy could be helpful and even actively affirming for this population. Apart from a single article by Byrne et al. (2021), an extensive search of the literature turned up no empirical research focusing specifically on nonreligious clients and on what has or has not been effective in their mental health treatment, either with respect to their nonreligious identity or in general. Abbott (2021) only recently proposed relational–cultural therapy (RCT) as one promising, although yet untested, psychotherapeutic framework through which to support the nonreligious in mental health treatment. We do not have much of a sense of how the nonreligious relate to therapy generally or to CFT specifically. Similarly, we have only sparse data about therapists' attitudes towards the nonreligious. Given the importance in CFT of knowing oneself as a therapist, it seems imperative that therapists critically examine their own attitudes and potential biases towards nonreligious people, as recommended by several advocates (Abbott, 2021; Bishop, 2018; D'Andrea & Sprenger, 2007; Sahker, 2016). Researchers must also examine such attitudes and biases in the aggregate so as to illuminate a path forward for increasing the availability of competent and ethical care for these underserved clients. After all, practicing CFT therapists require extensive education and training to develop and maintain competence in treating diverse clients. This education and training increasingly touches on clients with a range of religious and spiritual identities, but the nonreligious are so far nowhere to be found.

**Clinical Issues of the Nonreligious**

Several authors have invoked Meyer's (2003) minority stress theory as a useful lens through which to view and understand the health and mental health problems reported by the nonreligious in the United States (Abbott, 2021; Brewster et al., 2014, 2020; Cheng et al., 2018; Hwang et al., 2011; Speed & Hwang, 2019). Minority stress theory affirms that members of marginalized groups, such as the nonreligious, experience adverse physical and psychological outcomes solely by virtue of their membership in these groups in a society that is organized around the needs and priorities of others (Meyer, 2003). Religious privilege, and Christian privilege in particular, is a powerful force in U.S. society (Blumenfeld, 2006; Case et al., 2013; Riswold, 2015; Schlosser, 2003; Seifert, 2007). When combined with the historically intertwined power of White supremacy (Joshi, 2020), Christian privilege feeds into an increasingly insidious form of ethno-religious nationalism that excludes non-Christians and non-Whites from belonging (Public Religion Research Institute & Brookings Institution, 2023). Accordingly, Abbott and Mollen (2018) found that atheists are likely, when able, to conceal their identities in anticipation of stigma. The atheist experience of identity formation is thus often likened to that of being closeted and then moving through a process of coming out, borrowing terminology from LGBTQ studies (Anspach et al., 2007; Hwang et al., 2011; Smith, 2011; Zimmerman et al., 2015).

The authors of the few published articles at the intersection of nonreligion and mental health all emphasize concerns about the nonreligious as a marginalized population subject to stigma and discrimination and the impact of these oppressive forces. D'Andrea and Sprenger (2007) cite stereotypes of atheists such as their "moral decadence, self-indulgence, and disregard for others" (p. 152) by way of arguing for a counseling approach that proactively makes space for the diversity of nonreligious belief. Sahker (2016), Bishop (2018), and Lampert (2019), each writing from a similar positioning of advocacy on behalf of nonreligious clients, summarize

relevant research on discrimination against the nonreligious that informs their recommendations for clinical practices with these clients. Some of the clinical issues that have been identified as especially relevant for the nonreligious include spiritual struggle (Sahker, 2016), identity formation (Lampert, 2019; Smith, 2011), trauma (Lampert, 2019; Winell, 2011), end-of-life issues and other existential matters (D'Andrea & Sprenger, 2007), and the therapist's own competence and self-awareness around attitudes about atheism and about religion and spirituality more generally (Abbott, 2021; Bishop, 2018; D'Andrea & Sprenger, 2007; Sahker, 2016).

Empirical research linking religion and spirituality with positive health and mental health outcomes (Koenig et al., 2012) is often cited by proponents of integrating religion and spirituality more fully into therapy (Captari et al., 2018). Many researchers, however, have questioned this link (Baker et al., 2018; Brewster et al., 2014; Caldwell-Harris et al., 2011; Galen & Kloet, 2011; Hayward et al., 2016; Hwang et al., 2011; Smith & Cragun, 2019; Speed, 2017; Speed & Fowler, 2016; Speed & Hwang, 2019; Weber et al., 2012; Zuckerman, 2009), especially as it implies "a corresponding health detriment to secularity" (Hwang et al., 2011, p. 617). Simply put, the easy "religion is good for you" narrative fails to capture the complexity of the relationship between religion and health, just as the "atheism is bad for you" narrative must also invite closer scrutiny. Many studies in fact report no meaningful differences between the religious and the nonreligious on various measures of health and mental health, with quite a few even finding better outcomes for the nonreligious (Baker et al., 2018; Brewster et al., 2014; Caldwell-Harris et al., 2011; Galen & Kloet, 2011; Hayward et al., 2016; Hwang et al., 2011; Smith & Cragun, 2019; Speed, 2017; Speed & Fowler, 2016; Speed & Hwang, 2019; Weber et al., 2012). Moreover, in light of minority stress theory (Meyer, 2003) and the stigma and discrimination the nonreligious face in this country, "It can be argued that the purported health

liability associated with secularity (if such an association truly does exist) may be the result of a lack of person–culture fit and not of religious belief per se" (Speed & Hwang, 2019, p. 297).

Nevertheless, therapists working with this population need to be aware of the available evidence for psychological distress among the nonreligious (Frazer et al., 2020; Kugelmass & Garcia, 2015; Weber et al., 2012). Of special relevance for CFT therapists is the relational impact of nonreligious identification, especially when the client's family is not supportive of nonbelief. Clashes between parents and children, including both adolescents and adult children, around differing views of religion and its place in family life are a common problem facing the nonreligious (Cragun et al., 2018; Fortenbury, 2014; Frazer et al., 2020; Hammer et al., 2012; Hwang et al., 2018; Kim-Spoon et al., 2012; Knight et al., 2018; McKie-Voerste, 2019; Myers, 2004; Stokes & Regnerus, 2009). Both surveys and qualitative studies have repeatedly demonstrated that the nonreligious often also experience negative interpersonal consequences beyond family relationships, up to and including the loss of entire communities (Fortenbury, 2014; Frazer et al., 2020; Hammer et al., 2012; Hunsberger & Altemeyer, 2006; Smith, 2011). Even nonreligious families in which there is no disagreement over nonbelief face unique challenges in childrearing, whether or not it takes place in a predominantly religious environment (Smith & Cragun, 2019). Parents raising children without religion often still must navigate relationships with their own religious parents or other relatives while socializing the children into potentially challenging contexts such as school and peer relationships (Smith & Cragun, 2019).

Deconversion deserves special mention because of its relatively prominent place in the literature on clinically significant problems confronting the nonreligious (Sahker, 2016; Zimmerman et al., 2015). The phenomenon of *deconversion*, which denotes the choice of an individual to exit religion entirely, has attracted increasing scholarly attention in recent years,

allowing a picture to form that portrays both the diversity of individual deconversion experiences as well as some commonly shared features (Chalfant, 2011; Fazzino, 2014; Fisher, 2017; Krueger, 2013; LeDrew, 2013; Pérez & Vallières, 2019; Smith, 2011). One of those shared features is the pain often experienced by dones going through the deconversion process, especially when religious family members disapprove of the decision to leave the family faith (Alidoosti, 2009; Smith, 2011; Zimmerman et al., 2015). Zimmerman et al. (2015) conducted the lone qualitative study on family responses to atheists' deconversion that uses a CFT framework. Through the Circumplex Model of family functioning (Olson, 2000), the researchers analyzed these responses on dimensions of family cohesion, adaptability, and communication. They found that authentic family communication, in which participants were able to speak openly and honestly about their experiences, was the most important factor in maintaining a high relationship quality in the wake of a disclosure about deconversion. This pioneering analysis offers promising directions for future research into the experiences of the nonreligious and their families and the practice of CFT with nonreligious clients, but it is only a beginning.

### Family Estrangement

Although still an emerging field of study, family estrangement is attracting attention in academic research as well as popular media (Coleman, 2021; Span, 2020). Estrangement touches the lives of millions of Americans, but establishing prevalence rates has proven challenging because of the lack of consensus over how to conceptualize and define estrangement (Blake, 2017) and the enduring stigma associated with the phenomenon (Pillemer, 2020). Early studies found rates between 4% and 27% in different populations (Agllias, 2017; Silverstein & Bengtson, 1997; Szydlik, 2008; van Gaalen & Dykstra, 2006). Conti (2015) sampled 354 undergraduate and graduate students and found that about 44% of participants reported at least

one nuclear or extended family estrangement. Pillemer (2020) managed to conduct a large-scale

study with a nationally representative sample of 1,340 American adults. Over one quarter of

those surveyed, 27%, answered in the affirmative to the question "Do you have any family

members (i.e., parents, grandparents, siblings, children, uncles, aunts, cousins, or other relatives)

from whom you are currently estranged, meaning you have no contact with the family

member(s) at the present time?" (p. 24). The highest number of estrangement situations involved

parents and children, followed by siblings and then extended family relationships. In a recent

review of the literature on estrangement, Blake (2017) identified 51 articles featuring empirical

research related to estrangement between parents and adult children, by far the most common

relationship studied by researchers. Although a few studies have looked specifically at

grandparent–grandchild (Sims & Rofail, 2013) and sibling (Blake et al., 2022) relationships,

most of what we currently know about estrangement concerns parents and adult children.

Researchers have also begun bringing to light the various forces that draw family

members into estrangement. Agllias (2017), highlighting the systemic nature of estrangement,

describes it as "a complex sociopolitically and historically situated phenomenon that is regularly

entwined with intergenerational stressors, such as traumatic events, divorce, poverty, mental

illness, drug and alcohol use and domestic violence" (p. 14). Health and mental health problems

often play a significant primary or secondary role in estrangement situations (Agllias, 2015; Carr

et al., 2015; Conti, 2015; Kim, 2006; Mitrani & Czaja, 2000; Scharp et al., 2015). Blake's (2017)

review counts among the major factors a perceived lack of support, acceptance, or love,

unacceptable or "toxic" behavior of a family member, feeling that a family member has chosen

one relationship over another, and differences in values (p. 529). Pillemer's (2020) study

participants told of six broad categories: past family difficulties (e.g., harsh parenting, abuse and

neglect, parental conflict, sibling rivalry), divorce-related ruptures, challenging in-law relations, money and inheritance disputes, unmet expectations, and value and lifestyle differences.

Scharp and Dorrance Hall (2019) offer a useful typology of what they refer to as the process of family distancing. Acknowledging that the typology is not necessarily inclusive of all estrangement experiences and may only reflect perspectives of one family member, they propose four basic ways in which the process unfolds: voluntarily via *pulling away* (one family member chooses to initiate estrangement) or *parting mutually* (two or more family members both make the decision to distance themselves); and involuntarily as either *pushed out* (the family member is given no choice about being excluded from the family) or *removed by third party* (as when events such as incarceration, hospitalization or institutionalization, or removal by child welfare services impose a cutoff on the family against their wishes). Although Scharp (2019) herself cautions against an overly reductive voluntary–involuntary binary in favor of conceptualizing distancing processes along a continuum, this typology is nevertheless helpful in making sense of the complex ways in which estrangement is initiated, maintained, and, potentially, repaired.

Qualitative studies investigating the perspectives of estranged parents (Agllias, 2013; Schwartzman, 2006) and adult children (Agllias, 2016; Scharp & McLaren, 2018; Scharp & Thomas, 2016; Scharp et al., 2015) find that not all who are estranged ultimately desire reconnection. Indeed, Scharp and Dorrance Hall (2019) suggest that the idea that family distancing is inherently undesirable or negative is a misconception. Citing positive outcomes such as acquiring needed space from toxic relationships, building social support outside the family, and pursuing new life opportunities, they assert that "distancing could be essential to family functioning, not a problem in need of fixing" (p. 6). Although by no means an easy choice

to make, some who have voluntarily chosen estrangement for themselves have reported that it was "the only avenue to personal growth, healing and happiness" (Agllias, 2018, p. 64).

Still, the personal and interpersonal consequences for those experiencing estrangement can be wide-ranging and often deeply painful. This pain is palpable in qualitative descriptions of the estrangement experience for both parents and adult children: shock, disbelief, anxiety, anger, sadness, disappointment, rumination, and a sense of injustice permeate their stories (Agllias, 2013, 2015, 2018; Blake et al., 2020; Jerrome, 1994; Pillemer, 2020; Schwartzman, 2006; Sims & Rofail, 2013). Grief and loss, not only of the relationship itself but also of a sense of meaning and purpose, of a sense of self, a sense of security, are frequent themes (Agllias, 2013, 2017, 2018; Blake et al., 2020; Pillemer, 2020; Schwartzman, 2006). Ambiguous loss (Boss, 1999), in which the relationship is cut off but the chance, and often hope, of reconnection persists, renders estrangement situations especially painful, even in cases of voluntary estrangement (Agllias, 2017). Stigma, shame, and isolation (Agllias, 2011a, 2013; Blake et al., 2020; Jerrome, 1994; Pillemer, 2020; Scharp & Thomas, 2016; Schwartzman, 2006; Sims & Rofail, 2013; University of Cambridge Centre for Family Research [CFR] & Stand Alone, 2015) are all too common, and the negative impact of estrangement can and often does reverberate throughout extended family and other social networks (Agllias, 2017, 2018; Blake et al., 2020; Pillemer, 2020).

### Religious Differences and Family Estrangement

In-depth statistics relating religion to the phenomenon of family estrangement are not yet available. Conti (2015) found that a mere five participants out of 354 reported religion as a contributing factor to their nuclear or extended family estrangement. In a survey of 807 members of a community for beneficiaries of a U.K.-based charity called Stand Alone, in which all respondents self-identified as being estranged from one or more family members, 53% reported

being estranged from their mothers and 44% from their fathers over a "clash of personality or values" (University of Cambridge CFR & Stand Alone, 2015, p. 11). Figures were similar for estrangement from sisters (50%) and brothers (41%), and some of the reasons named included religious differences (University of Cambridge CFR & Stand Alone, 2015). To date, no nationally representative surveys have been conducted in the United States with individuals experiencing estrangement that ask specifically about religion as a factor in the estrangement.

Qualitative researchers have found that religion is a common theme in estrangement narratives. Pillemer (2020), noting that shared religious values tend to strengthen family relationships, found that "some of the most damaging rifts (…) involved the wholesale rejection of family members because of how they decided to lead their lives" (p. 47). Agllias (2017) explains these rifts around religious and other values in terms of an experience of betrayal, in which the family's ideals and expectations are perceived to be betrayed by the transgressor, whose apparent values diverge from the family's. Family conflict and estrangement then follow these acts of "value betrayal" (Agllias, 2017, p. 25), although not necessarily in quick succession: "Rather, they often contribute to feelings of discomfort, emotional estrangement and a widening gap between family members (with the potential to explode or dissolve into a physical estrangement at a later time)" (pp. 25–26). Over time, judgment, rejection, and shame can compound, contributing to what can become especially bitter family rifts (Agllias, 2017).

As noted above, studies of deconversion often highlight family fallout that may or may not rise to the level of actual cutoff or estrangement. In a sample of 1,038 self-identified atheists, a full quarter of survey respondents reported "being rejected, avoided, isolated, or ignored by family because of my Atheism" (Hammer et al., 2012, p. 54). American Atheists' survey found that nonreligious adults experience high levels of family rejection (Frazer et al., 2020).

Zimmerman et al. (2015) reported a variety of unsupportive responses from family members towards relatives disclosing their atheism, ranging from anger and despair to rejection and lack of connection. Anecdotally, stories of shunning and wholesale rejection by families and entire communities upon changing faiths or exiting religion completely are common fodder for best-selling memoirs, often published by women (Feldman, 2012; Hirsi Ali, 2007; Scorah, 2019).

## Clinical Approaches to Family Estrangement

Thus far, little attention has been paid to developing treatment, whether in CFT or other fields, specifically for family estrangement. Pillemer (2020), taking stock of the scarce clinical (and even self-help) literature on estrangement, notes that the phenomenon does not even have its own entry in a leading handbook of family therapy. Bowenian therapy is sometimes cited as a potentially helpful resource for clinicians, as it deals with cutoffs and intergenerational legacies. It also aids professionals in understanding how estrangement can serve a function akin to a relief valve in families in which emotional closeness becomes overly intense to the point of being suffocating (Agllias, 2017; Pillemer, 2020). Agllias (2017) points to research suggesting that differentiation, of which estrangement can be an extreme form, is necessary for healthy family functioning, as "excessive contact, support and dependence have potentially negative effects on family relationships" (p. 17). A Bowenian therapist working with estrangement, the thinking goes, would provide psychoeducation about family cutoffs and differentiation with the goal of guiding the family towards a healthier balance. A cognitive–behavioral approach, on the other hand, such as that proposed by Dattilio and Nichols (2011) and explored through a single case example, might address unhelpful schemas as a way of reorganizing a more flexible family system. Beyond these two initial forays into treating estrangement, no CFT or individual therapy models have been developed or adapted to serve this population. Blake et al. (2022) reported the

success of therapeutic support groups, with statistically significant reductions in psychological

distress and self-reports of feeling less isolation, shame, and ambivalence over the experience of

estrangement, but the group facilitators do not seem to have relied on any standardized approach.

Stand Alone, the U.K. charity for those experiencing estrangement (and which ran the

support groups just mentioned), surveyed respondents about helpful and unhelpful experiences of

counseling that they had received (Blake et al., 2020; University of Cambridge CFR & Stand

Alone, 2015). Blake et al. (2023) subsequently supplemented those results with more in-depth

qualitative interviews drawn from essentially the same population. The initial survey results

indicated that support offered in a nondirective, as opposed to judgmental or preachy, manner by

counselors with at least some awareness and appreciation of estrangement as a clinical issue was

found to be most helpful, especially when clients were empowered to make their own decisions

about family relationships (Blake et al., 2020). The more recent study identified three major

themes from its 46 interview participants: the importance of securing warmth, validation, and

safety within the therapeutic relationship; the importance of the therapist's ability to competently

address the causes and consequences of the estrangement; and the importance of learning skills

that helped clients to improve relationships with others and with themselves (Blake et al., 2023).

Although these clients seem to have been mostly or exclusively in individual therapy, for

individual and CFT therapists alike the person of the therapist can clearly have an outsized

impact on how the client experiences treatment and heals from estrangement (Blake et al., 2020,

2023; Friedlander et al., 2014; University of Cambridge CFR & Stand Alone, 2015).

The centrality of the therapeutic alliance in the counseling experiences of those seeking

help with estrangement also means that those who had negative or unhelpful experiences often

pointed to therapist-related factors. Although not all who sought help through religion had

negative experiences (University of Cambridge CFR & Stand Alone, 2015), some certainly did. Testimonials such as "The church was the worst. They said that everything about me was the result of demons. They made me feel small, horrible and disgusting for simply existing" (University of Cambridge CFR & Stand Alone, 2015, p. 29) and "Clergy reminding me to be forgiving. I don't want to hear it" (p. 29) combined with stories of proselytizing counselors (Blake et al., 2020) serve as a caution against defaulting to religious solutions to the issue of estrangement. Moreover, in the later study (Blake et al., 2023), "The participants' need for their counsellor, psychotherapist or psychologist to share their opinions and reactions was particularly important when it came to the causes and the consequences of estrangement" (p. 112), echoing findings about the disconnect experienced by nonreligious clients working with therapists who do not share their values (Almeida, 2017; Byrne et al., 2021; McKie-Voerste, 2019). It therefore seems plausible to expect that nonreligious clients grappling with estrangement might experience therapy as more helpful when their therapists can understand and validate not only their estrangement experiences but also their lived experiences as nonreligious people.

## Summary

The lives of nonreligious Americans are beginning to come into focus, with a trickle of clinically oriented articles on their unique mental health needs appearing in recent years. Similarly, family researchers continue to learn more about estrangement—its scope, causes, consequences, and processes—and are starting to develop clinical guidelines for therapists working with estranged clients. Still, although we know anecdotally that the nonreligious experience estrangement related to religion, we know next to nothing about their experiences seeking and receiving therapeutic services to address it. For a population that must contend with the double stigma of belonging to a marginalized religious minority and of living with a form of

family strife that carries the heavy weight of taboo, any help for therapists at the intersection of this under-studied population and under-studied clinical issue would be a welcome step in the right direction. The following chapter details the methodology of the first study to take that step.

## CHAPTER III: METHODOLOGY

### Summary

The study described here seeks an answer to the research question: what is the experience of the nonreligious addressing religion-related family estrangement in therapy? Adopting a phenomenological approach, I interviewed 17 nonreligious individuals in the United States who have both experienced family estrangement related to their nonreligious identity and addressed that estrangement in therapy. Analysis of the data collected in these semi-structured, face-to-face (via video call) interviews identified and ultimately yielded, through a carefully structured and recursive process of thematic analysis, a description of the essence of the phenomenon of addressing religion-related family estrangement in therapy. The subsequent report provides therapists, researchers, and educators in CFT and related fields with an important starting point for working with this oft-neglected population and under-researched clinical issue, including tentative recommendations for treatment approaches as well as directions for further research.

### Research Design

Quantitative, qualitative, and mixed methods research all have a place in CFT (Miller & Johnson, 2014; Sprenkle & Piercy, 2005b; Williams et al., 2014). Within these broad and occasionally overlapping categorizations, various methodologies and approaches that honor and integrate the systemic nature not only of the family but of the research endeavor itself are especially well suited for the CFT field. Gale and Dolbin-MacNab (2014), for example, note that qualitative research with a systemic perspective might take into consideration the individual client (or client system), the clinician (or clinical system), the researchers, the community, and cultural discourses, among other relevant contexts (p. 254). Owing in part to this theoretical compatibility, qualitative research addressing questions of clinical relevance to CFT has

proliferated throughout the field in the decades since leading scholars first advocated its value in the early 1990s (Faulkner et al., 2002; Gehart et al., 2001; Sprenkle & Piercy, 2005a).

Creswell and Poth (2018) identify five common approaches to qualitative inquiry within the social sciences—narrative, phenomenological, grounded theory, ethnographic, and case study—although this is far from a comprehensive typology of qualitative approaches available to researchers generally (Creswell & Poth, 2018; Denzin & Lincoln, 2017; Johnson & Parry, 2015c) and in CFT specifically (Gale & Dolbin-MacNab, 2014; Sprenkle & Piercy, 2005b; Williams et al., 2014). Of these, phenomenology is an increasingly popular choice in CFT research because the kinds of questions phenomenological researchers are interested in asking tend to be similar to those CFT therapists rely on throughout the course of their clinical work: questions aimed at understanding people's lived experiences (Dahl & Boss, 2005).

Although an exhaustive exploration of phenomenology, its philosophical roots and historical development as well as its various manifestations in modern qualitative inquiry, is beyond the scope of this discussion, key assumptions shared by many phenomenological researchers in CFT are worth exploring. The phenomenologist's epistemology typically underscores the socially constructed, tentative, and incomplete nature of knowledge and thus the subjectiveness of meaning as created and experienced by different members of a family (Dahl & Boss, 2005). An ideal systemically oriented study in the phenomenological tradition would reach for multiple intersecting understandings of research participants, such as those of multiple members of the same family. Barring access to complete systems, however (as in this study, in which only one family member was interviewed), the researcher must acknowledge and account for this limitation, exploring its significance for the interpretation and analysis of the data.

Dahl and Boss (2005), echoing others in the postpositivist tradition (Creswell & Poth, 2018; Denzin & Lincoln, 2017; Gale & Dolbin-MacNab, 2014; Johnson & Parry, 2015b; Williams et al., 2014), insist that researcher bias is inevitable in all research and that researchers can never fully separate themselves from the phenomena under study. As a result, researchers in phenomenology often engage in reflexivity processes designed to improve reliability and validity while deepening their own understandings of their preexisting and ongoing relationships with the phenomena. This is especially important because researchers share knowledge of the phenomena with research participants: "As researchers, we listen to stories, we observe interaction, we note feelings (theirs and ours); we ask questions because the families, not we ourselves, will accurately describe the phenomenon we are studying" (Dahl & Boss, 2005, p. 67).

## Participants and Demographics

Phenomenological research, by definition, focuses on a specific phenomenon that has been experienced by each participant who shares that experience with the researcher to be described in detail. The purpose is not to generalize findings but "to produce a deep, clear, and accurate understanding of the experiences of participants and of the meanings found in or assigned to those experiences" (Dahl & Boss, 2005, p. 80). Consequently, phenomenological studies tend to have much smaller sample sizes than quantitative studies. Polkinghorne (1989) suggests, as a rule of thumb, including somewhere between five and 25 participants. Creswell and Poth (2018) note that group sizes "may vary in size from 3 to 4 individuals to 10 to 15" (p. 76). Moser and Korstjens (2018) stipulate that fewer than 10 generally suffice. The approximate number I had in mind at the proposal stage was at least 12 and no more than 20. Determining at what point saturation had been reached and no further data collection was warranted depended on "the availability of enough in-depth data showing the patterns, categories and variety of the

phenomenon under study" (Moser & Korstjens, 2018, p. 11) and was, in essence, a judgment call. As described under Results, I ultimately chose to interview a total of 17 participants.

In conceptualizing and undertaking this project, I drew inspiration from researchers such as Abbott, Mollen, et al. (2020) and Brewster et al. (2014) who have noted the lack of diversity in studies on the nonreligious as well as from conversations within CFT and throughout the social sciences more broadly that highlight the research value and ethical necessity of widening the lens beyond White, class-privileged populations. Moreover, one of the unfortunate (from a research perspective) byproducts of living in a Christian-majority nation is that most of the extant research on the nonreligious uses Christianity as its primary reference point—meaning, for example, that studies on American dones who have rejected the religions of their families of origin tend to center Christianity as the spurned faith entity. One of the central aims of this study, then, was to represent a significantly more diverse chorus of nonreligious voices than has previously been heard in the literature, and the recruitment strategy detailed below was devised with that aim in mind. Ultimately, 15 of the 17 participants I interviewed identified as White, and all 17 were raised in Christian families. This regrettable limitation is explored in the Discussion.

## Sampling and Recruitment

Because phenomenological research requires all participants to have shared a specific experience, sampling strategies used must be deliberate and targeted rather than randomized (Creswell & Poth, 2018). This study, like other phenomenological studies (Moser & Korstjens, 2018), used criterion sampling to identify participants who fit the necessary inclusion criteria: adults living in the United States who self-identify as nonreligious (e.g., atheist, agnostic, secular, etc.), have experienced family estrangement related in some way to that nonreligiosity, and have addressed that estrangement in therapy. Homogeneity in terms of participant

characteristics and individual experiences is neither necessary nor always desirable, as the phenomenon in question can be described from either "a sample that is basically homogeneous, with the hope of amplifying differences that may exist, or one that is basically heterogenous, with the hope of amplifying similarities that may exist" (Dahl & Boss, 2005, p. 71). Indeed, as outlined above, I early on set an intention to prioritize identifying racially diverse participants as well as participants whose families of origin subscribed to religions other than Christianity.

To my knowledge, no formal organizations exist that cater to the specific overlap between nonreligiosity and family estrangement. However, there are quite a few organizations for the nonreligious active across the United States. The Secular Therapy Project and its parent organization, Recovering from Religion, both maintain a mental health focus, while groups such as the Freedom from Religion Foundation, Center for Inquiry, and American Atheists, among others, cater to more broad interests of the nonreligious. More narrowly focused groups, including Black Nonbelievers, Ex-Muslims of North America, Hispanic American Freethinkers, and Secular Woman, among others, serve members of the nonreligious community that have historically been underrepresented in the larger national organizations (Abbott, Mollen, et al., 2020). The Atheist Research Collaborative, an informal collective of scholars dedicated to filling in gaps in scholarship on atheism and atheists, and various other online communities in places such as Facebook and Reddit (Addington, 2017) present further promising avenues for recruitment. Dr. Caleb Lack, one of my dissertation committee members, maintains connections with several of these communities and offered his assistance in accessing potential participants.

Meanwhile, I was advised by a leading researcher in family estrangement (Scharp, personal communication, February 23, 2022) that individuals with estrangement experiences can be a relatively difficult population to reach. Stand Alone, based in the United Kingdom, provided

the participants for Blake et al.'s (2020) study on the counseling experiences of such individuals.

Together Estranged was established as "the first and only comprehensive estrangement-focused

organization in the United States" (https://www.togetherestranged.org/about-us) only recently.

Given the large number of nonreligious organizations with a wide reach and the project's

overarching focus on the mental health needs of nonreligious people, my recruitment strategy

involved first attempting to access the requisite number and diversity of participants through

nonreligious-oriented organizations such as Recovering from Religion and Black Nonbelievers

and then eventually extending outreach to estrangement-related entities. The recruitment letter

and flyer (Appendices A and B, respectively) were sent to these organizations for distribution to

their members and followers. Social media postings of the same recruitment flyer in relevant

online groups and forums, primarily through Reddit communities organized around former

members of various religious groups, served as a secondary (and highly successful) recruitment

method after going through formal organizations failed to yield enough potential participants.

### Data Collection and Analysis

Individual interviews, with a long history in qualitative research generally and

phenomenology specifically (Creswell & Poth, 2018; Denzin & Lincoln, 2017; Moser &

Korstjens, 2018; Vogt et al., 2012), served as the method of data collection for this study.

Interviews were conducted face to face via Zoom and took about an hour each. At its heart, the

qualitative research interview "attempts to understand the world from the subjects' points of

view, to unfold the meaning of their experiences, to uncover their lived world" (Brinkmann &

Kvale, 2015, p. 3). Far more than a simple question and answer session, an interview is a space

in which "knowledge is constructed in the inter-action between the interviewer and the

interviewee" (Brinkmann & Kvale, 2015, p. 4). Care was taken in planning the interview

protocol, setting up and conducting the interview, and ensuring that data collection ran smoothly and that any issues that might have arisen were handled competently and ethically.

Interviews followed a semi-structured protocol. Semi-structured interviews strike a balance between unstructured and highly structured interviews by ensuring that specific, standardized questions are asked of all participants while allowing for enough flexibility to maintain rapport with participants and to pursue various threads of conversation through follow-up questions. In a phenomenological interview especially, the interviewer must take care not to unduly influence respondents, as their unique experiences and the meanings they make of those experiences is of paramount interest (Moser & Korstjens, 2018). Moreover, questions should be worded clearly and asked one at a time, and wherever possible they should be open-ended so as to invite rich and detailed responses (Turner, 2010). In general, questions should move from broader to more specific as the interview progresses (Moser & Korstjens, 2018).

The interview protocol (see Appendix F) drew from various sources. Preliminary questions asking participants to clarify their understandings of the terms *nonreligious* and *family estrangement* reflected the varying, often ambiguous definitions of these terms both in the literature and in popular usage (Agllias, 2017; Cragun & McCaffree, 2021). The definition cited for family estrangement came from Agllias (2017, p. 4). The focus on helpful and unhelpful experiences of therapy and other ways of coping with estrangement echoed similar wording in previous qualitative estrangement studies by Blake et al. (2020, 2023) and Pillemer (2020). Questioning around therapist factors was intended to shed light on the importance of the person of the therapist in clients' experiences of therapy (Blow & Karam, 2017; Blow et al., 2007, 2012), especially with respect to therapist–client matching around religious views (Harris et al.,

2016; Salem & Hijazi, 2019). Two questions about therapy modalities were included with an eye towards exploring the potential utility of CFT as a modality for treating family estrangement.

Although Vogt et al. (2012) are careful to point out that a research interview is not the same as a clinical or therapeutic interview, those in the CFT field are no stranger to the interview as a standard tool for information gathering and knowledge creation. Indeed, interviews are common as a data collection method in CFT research (Gale & Dolbin-MacNab, 2014; Sprenkle & Piercy, 2005b; Williams et al., 2014). The question of whom to include in the interview is especially salient in CFT, a field in which the concept of the interconnectedness of the family system is foundational. Beitin (2008) found, through a content analysis of research published in leading CFT journals, that over half of studies featuring qualitative interviews were based on data collected from just one family member, a clear methodological limitation. The value of collecting data from multiple members of a family system (or client–therapist system), especially in phenomenological research (Dahl & Boss, 2005), is not in dispute. In the present study, however, the challenge of involving multiple family members when the focus is on experiences of estrangement is self-evident. Moreover, as the inclusion criteria included participants who had been in therapy in the past but no longer were, involving therapists in the data collection would have posed problems beyond the usual challenges (e.g., confidentiality) of attempting to do so.

Data analysis, as in the similar qualitative interview study on therapy experiences of individuals experiencing estrangement (Blake et al., 2023), proceeded in accordance with thematic analysis as delineated by Braun and Clarke (2006). After each interview was completed and transcribed, I read through the transcript multiple times to get an overall sense of the data and began taking notes on "repeated patterns of meaning" (Braun & Clarke, 2006, p. 86), paying special attention to anything that seemed interesting and starting to formulate initial ideas. As

potential codes were identified using Dedoose analytical software following each interview, earlier transcripts were revisited to ensure that coding continually took into account all data in the data set, becoming richer and more complex. A similar process was repeated as codes were collated into potential themes, which were also reviewed and refined in a recursive, ongoing manner until they could be clearly named and defined. Seeing this process through until further interviewing failed to yield new themes allowed for a complete description of the phenomenon that accounts for both what Creswell and Poth (2018) call *textural description*, what the participants experienced with the phenomenon, and *structural description*, the context in which those experiences took place. All the while, I wrote memos summarizing my thoughts and ideas not only about the most recent interviews but about the progress of the research overall (Birks et al., 2008). Dahl and Boss (2005) offer three additional useful guidelines for the analysis of phenomenological data in CFT research that I adhered to: analysis must include "immersion in the data to observe and define what is there and to notice what is not there," "incubation and reflection to allow intuitive awareness and understandings to emerge," and "creative synthesis that enables accurate and meaningful communication of the participants' experience" (p. 75). Data collection and analysis ultimately yielded a rich description of the therapy experiences of nonreligious people in the United States seeking help with religion-related family estrangement.

## Reliability and Validity

The question of how, and even whether, to assess the quality of qualitative research, its reliability and validity, has been the subject of much discussion in the scientific literature (Whittemore et al., 2001). Some commentators prefer to speak instead of *trustworthiness*, a sort of umbrella term that encompasses such concepts as credibility, transferability, dependability, and confirmability (Gale & Dolbin-MacNab, 2014). Others point to credibility and authenticity,

criticality and integrity as primary criteria for establishing the validity of qualitative research (Whittemore et al., 2001). These and other related concepts and their accompanying terminology can be quite esoteric and confusing to novice researchers (Whittemore et al., 2001).

Regardless of the exact linguistic affinities of the researcher (or appraiser of the research), there are many pathways to increasing the reliability and validity of qualitative research. In CFT, member checking is often cited as a primary way to ensure the fidelity of interview transcripts and interpretations (Dahl & Boss, 2005; Gale & Dolbin-MacNab, 2014; Williams et al., 2014). The presentation of "rich and thick" (Gale & Dolbin-MacNab, 2014, p. 255) description of the phenomenon as described by those who have experienced it and as interpreted by the researcher is another way to allow for critical assessment of a study's reliability and validity. External auditing, in which an outside consultant examines the research, is also common. This study relied on all three of the above. Participants were given the opportunity to review transcripts of their interviews to verify their accuracy as well as a draft of the final report to comment on the conclusions that were drawn from them. The report below relies liberally on direct and, where appropriate, lengthy quotations from participants, with my own interpretations based on the raw data clearly indicated as distinct from the words of the participants themselves. In addition to the feedback received from my dissertation committee throughout the research process and from another colleague with experience in qualitative research who assisted with data analysis, I plan to share the report with and invite feedback from other scholars on the nonreligious and on family estrangement. One further way of enhancing reliability and validity, involving researcher reflexivity, merits its own section below.

**Researcher Subjectivity & Reflexivity**

Researchers in CFT, like the participants in their studies, are human beings, and there is a growing recognition in qualitative research across the scientific disciplines that researcher subjectivity and reflexivity not only affect the process and outcomes of research but must be accounted for explicitly in the final product in some more than superficial way (Creswell & Poth, 2018). A researcher, as a person, has thoughts and feelings about the research that prevent true objectivity and total distance from the research from ever being achieved or, indeed, achievable. Researcher subjectivity rightfully acknowledges "the engagement of the emotional life of the researcher with the research" (deMarrais & Tisdale, 2002, p. 120). Throughout the research process, the researcher should continually reflect on the ways in which their subjectivity interacts with the work, "document[ing] the personal experiences, ideas, mistakes, dilemmas, epiphanies, reactions, and thinking connected with [it]" (Johnson & Parry, 2015a, p. 46). For the present study, this reflection took the form of a personal reflexivity journal that I maintained prior to, throughout, and beyond the conclusion of the study, throughout all phases of the research.

Phenomenological studies in particular typically hew to the tradition of bracketing, in which the researcher describes and purports to set aside, or bracket, their personal experiences with the phenomenon in the service of centering the experiences of the participants (Creswell & Poth, 2018). The result is that the audience "can judge for themselves whether the researcher focused solely on the participants' experiences in the description without bringing himself or herself into the picture" (Creswell & Poth, 2018, p. 77). There is ongoing debate about whether and how to bracket (Chan et al., 2013), but regardless of the form bracketing takes, the audience is entitled to some way of evaluating the reliability and validity of the research with respect to the person of the researcher. Indeed, as Dahl and Boss (2005) remind us, "Different researchers—locating themselves differently in the process, given their unique sets of

experiences, values, and personal meanings—may well explore somewhat different aspects of the same phenomenon and arrive at somewhat different descriptions of meaning" (p. 79). Accordingly, below I describe my personal experiences with the phenomenon in an attempt to provide the audience with an understanding of the perspectives I bring to this project. The abovementioned reflexivity journal also contains running reflections relevant to the problem of bracketing. Even the design of the semi-structured interview, featuring open-ended questions and opportunities for participants to address anything I as the researcher have not introduced, contributes to a check on the limits of my own understanding of the phenomenon (Chan et al., 2013). Ultimately, maintaining curiosity and openness to new and surprising directions in the research is the best way of ensuring effective bracketing (Chan et al., 2013; LeVasseur, 2003).

Abbott (2021) has offered a stark reminder that atheists are overwhelmingly White, male, and class privileged, and that, as a result, nonreligious people who do not share some or all of these identities may experience disconnection and further marginalization within nonreligious communities (Abbott, Mollen, et al., 2020; Abbott, Ternes, et al., 2020). As this study has as its central overarching aim the improvement of therapeutic services for the nonreligious, it is paramount to consider Abbott's (2021) recommendation in the context of my own identities: "Psychotherapists must (…) be ready to examine the complex intersections of identity and experience among nonreligious people and how the resulting power and marginalization present in unique ways in therapy, among other nonreligious people, and in the world broadly" (p. 474).

I identify as a White, cisgender man, certainly one with class privilege in that I was raised in an upper-middle-class family by two parents with advanced degrees and am now myself a professional with prestigious educational credentials. I benefit from many privileges related to other identities and life experiences, as well: I identify as heterosexual and am married to a

partner who shares most of my identities, I am a natural-born citizen of the United States and speak English as my first language, and I am healthy and able-bodied. Although I identify ethnically as Hispanic, this identity has never recognizably hindered and, indeed, has likely only helped me (e.g., in college admissions). The only marginalized identity I claim, atheist, is not only invisible as I move through the world but one that I have, arguably, chosen voluntarily.

My family of origin and extended families on both parents' sides are devoutly religious, generally speaking either Roman Catholic or Presbyterian. I grew up in Oklahoma, a Bible Belt state where I rarely encountered non-Christians and whose "every square inch" was recently claimed by its governor in the name of Jesus (Freedom from Religion Foundation, 2022). Taking advantage of the independence afforded by geographical distance when I moved away from home in young adulthood, I gradually came to inhabit my atheist identity more securely and comfortably. Although it is, thankfully, difficult for me to imagine my family's resultant disapproval devolving too deeply into estrangement territory, the situation is still painful for all of us, and I myself have not been to therapy to address it. There is also some history of both religion-related discord and estrangement in my family, mostly with extended family. I recognize in myself, at times, more empathy for nonreligious people than for their religious loved ones, and it has been incumbent upon me to examine that imbalance throughout the research process.

## Ethical Considerations

The ethical researcher attends simultaneously and continually to what Guillemin and Gillam (2004) have termed *procedural ethics* and *ethics in practice*. Procedural ethics refers to ethical considerations related to study design, or what happens prior to actual data collection and analysis—in essence, obtaining approval from the appropriate institutional review board signifying adherence to legal and professional ethical standards. Some of the standards adhered

to in the present study included: ensuring the informed consent and voluntary participation of all study participants; protecting the confidentiality of participants through the use of safe and secure data storage and management practices, including the use of aliases instead of actual names; and offering opportunities for reciprocity within the researcher–participant relationship by inviting participants to select a nonprofit organization to which to direct an anonymous $50 donation (Creswell & Poth, 2018). Participants in the study were informed of the purpose and eventual use of data collection (e.g., dissertation completion, journal publication, dissemination of findings to various organizations). The dissemination of findings, including the provision of a final report to participants and other stakeholders (including any gatekeepers who have facilitated access to data), will similarly be conducted in accordance with procedural ethics.

Ethics in practice, on the other hand, refers to "the day-to-day ethical issues that arise in the doing of research" (Guillemin & Gillam, 2004, p. 264). Although it would be impossible to anticipate every ethical issue that could arise throughout the course of data collection and analysis, several issues potentially relevant to the present study were identified. The need to recognize and respect all religious beliefs, values, and practices described by participants was paramount. Throughout the interviews and other forms of data collection, I as the researcher took care to avoid giving the impression of favoring certain responses and asking leading questions to solicit them (Creswell & Poth, 2018). Indeed, interviews may seem on the surface to be a relatively benign and nonintrusive form of data collection, but ethical pitfalls abound (Nunkoosing, 2005). Once data was obtained from participants, rather than reporting only those experiences with the phenomenon that I, whether consciously or not, judged preferable or desirable, I aimed to diligently and honestly report a multiplicity of perspectives, including contrary findings, in the service of both ethical reporting and valid description of the

phenomenon. This is one way in which the researcher's own power to determine the shape and substance of the findings can be voluntarily checked. In general, the ethical and reflexive researcher recognizes and seeks to diminish to the extent possible the traditional power imbalance between researcher and participant by building into the study structures designed to lessen the researcher's relative power while elevating that of the participants.

Qualitative research in a CFT context—conducted by a researcher who is also a licensed therapist, asking questions specifically pertaining to therapy experiences, designed to help other therapists (and students, trainees, educators, and so on) practicing in CFT specifically—invites special consideration of ethics with respect to participants' experience of the interview process, whose primary purpose is not therapeutic. Gale and Dolbin-MacNab (2014), noting that CFT researchers may encounter situations that have a clinical air and may be tempted to respond in ways that engage their therapeutic training and skills, posit that research interviews can have some (appropriate) therapeutic benefit. Dahl and Boss (2005) point out that CFT therapists conducting research "are often already skilled in the development of rapport; supportive, empathically neutral responses throughout the interview; and postinterview debriefing" (p. 77), all of which the participant may well experience as therapeutic. Still, I took care to clarify the purpose of the interview, and interested participants were directed to appropriate resources (e.g., The Secular Therapy Project, support groups, their own providers) as the need arose.

This project was undertaken with an explicitly social justice-oriented agenda. Although the phenomenological approach and methods described are not necessarily radical, identifying with a social justice agenda speaks to larger questions of what research is for, and for whom. I consciously chose to enter this work "committed to the breakdown, challenge, and change of social structures and ideologies that perpetuate marginalization, discrimination, and oppression

as an integral part of the research process from start to finish" (Johnson & Parry, 2015b, p. 17).

The nonreligious in the United States are just as entitled to ethical and effective treatment in CFT

and other health and mental health contexts as anyone else. Perhaps more importantly, they and

their families also deserve to heal from the pain of family estrangement that plagues so many,

even if that healing takes place outside of traditional therapeutic contexts. It is my hope—as a

researcher, as a therapist, and as a member of the nonreligious community myself—that this

project can work both for and with those affected to achieve meaningful and lasting progress.

# CHAPTER IV: RESULTS

Interest in the study once recruitment began was immediate. In spite of the relatively strict inclusion criteria, I received 48 responses to the screening questionnaire over about two weeks before closing it to further responses. Roughly one third of these initial respondents were either deemed ineligible or did not provide an email address at which they could be contacted. All told, I reached out to about 30 eligible individuals who expressed interest in being interviewed. After failing to receive follow-up responses from some respondents and eliminating a handful who appeared to be scammers confusing the $50 donation for a direct payment, I ultimately completed interviews with 17 participants, all of whom I verified as having met the eligibility requirements. Interviews lasted from about 45 minutes to a little over an hour, and every participant answered every question in the interview protocol. When member checking procedures were described, eight requested a copy of their individual interview transcripts, and all 17 requested a draft of the results. A handful of participants provided feedback and corrections on their transcripts, while a few also offered added context for this Results section.

In the first two questions of the interview protocol, I asked participants about their nonreligious identities and their overall experiences with family estrangement. Although responses to these questions did not directly answer the research question, which focuses more narrowly on participants' experiences addressing estrangement in therapy, participants collectively shared colorful and often moving answers that not only provide important context for the subsequent thematic analysis but are in and of themselves interesting and worth detailing at some length. Indeed, I feel compelled to honor such generous participation by reporting a rich and vivid representation of participants' experiences as told to me in their own words.[3]

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[3] Direct quotations have been gently edited for clarity. Substantive omissions are denoted by bracketed ellipses.

Accordingly, the following section paints a detailed, but only partial, portrait of participants' backgrounds as nonreligious people experiencing family estrangement. Results and analysis pertaining directly to the research question begin in the Thematic Analysis section.

## The Nonreligious and Family Estrangement in Context

### Nonreligious Identity

All 17 participants self-identified as nonreligious, as required by the study's inclusion criteria. Although efforts were made to reach and include nonreligious Americans of diverse faith backgrounds, all 17 participants identified as having been raised in Christian families. Participants' past religious affiliations, along with other demographic data, are given in Table 1.

Participants were asked to describe what it meant for each of them personally to consider themselves nonreligious. A slight majority of nine participants identified as atheist while three considered themselves agnostic and two described themselves as agnostic atheist. One preferred the phrase "not religious," one expressed an affinity with panentheism and process theology (taking care to note that these are philosophies, not religions), and one was drawn to Buddhism and other "spiritual philosophies." One of the participants who identified as agnostic also sometimes attends Quaker meetings.

Some of the participants who identified as atheist touched on the perils inherent in doing so in theistically mixed company:

*Blake*: I'm basically an atheist. I usually use the word "non-theist" just cause it conjures up less of a reaction in people.

*Garth*: I'm pretty much an atheist, but it tends to be a dirty word with people for some reason, in that some people just can't handle the fact that there might actually not be a

God. And even if they don't actually believe in one, they don't want to think or confess that they don't believe in one, just in case.

One participant stressed just how lonely being an atheist can be in certain parts of the country:

> *Jess*: Religion, especially in the South, is very all-encompassing. I didn't meet anyone that I knew was an atheist my entire life until I was in middle school, and that was at a summer camp. And then I wasn't allowed to go to summer camps anymore. Atheists are seen as the enemy, and that's openly preached in churches. I've been called demon-possessed before. People think I'm, like, worshipping Satan.

Some participants acknowledged that they still had not come out as nonreligious to their families, preferring instead to either conceal their identities entirely or to simply let their relatives figure it out on their own. One participant who did take the plunge recounted the disappointing reaction he received from his father upon making the big announcement:

> *Kaz*: "In a similar way to how someone might come out as homosexual, I want to come out to you as an atheist." And so my dad's answer back to that was, "Well, in the same way that if you were to come out to me as you were gay, I will always want you to return to what we raised you with, and how we taught you to believe and accept that what we told you was real and how it needs to be." I think he saw that as being reasonable, and how he looked at things. And I saw that as kind of, like, a knife to the gut.

Participants tended to be quite secure in their nonreligious identities. Most had started questioning the faiths of their families of origin in adolescence or young adulthood, often during college, although a few had begun or intensified that process later in adulthood. They generally conveyed a sense of having arrived at a way of understanding the world that felt right to them.

One agnostic atheist clarified their stance by emphasizing the importance of highlighting both components—agnostic and atheist—in their self-identification:

> *Taylor*: I don't believe in any gods, and I do not claim to have knowledge definitively in that regard one way or another. So we don't know, and I don't believe.

Another participant, who identifies as agnostic, offered this pithy summation of their worldview:

> *Amanda*: I call myself sometimes a hopeful nihilist: nothing matters, and that's such a relief.

## Family Estrangement Experiences

It is important to emphasize again that participants' experiences of family estrangement per se were not the focus of the study. Indeed, this topic could easily be the subject of its own standalone research project. Nevertheless, participants were asked to describe these experiences as a way of providing necessary context for ensuing conversations about their efforts to address the estrangement in therapy. I typically asked only a few follow-up questions, mostly of a clarifying nature, and generally speaking did not pull for or encourage expansive detail in the way a therapist might. As a result, this summary of the estrangement experiences recounted by participants offers an illuminating, but incomplete, look at the phenomenon of estrangement itself. Although CFT and other mental health researchers and therapists will be able to get a sense of the kinds of clinical issues some nonreligious clients in similar situations might present with, these findings should not be considered generalizable or representative of all such clients.

Each estrangement narrative that was shared was unique to the individual participant who shared it, but some features were common to several or even most participants. All but two participants described being estranged in some form—physically, emotionally, or both—from their parents. Eight of those had also experienced estrangement from siblings, with six

additionally estranged from extended family members such as grandparents, aunts, uncles, and cousins. One participant was estranged primarily from extended family, while another was estranged from her adult children and young grandchildren. A few participants from more high-control groups described losing entire communities—being "shunned" or, in the case of a Jehovah's Witness, "disfellowshipped"—because of their decisions to leave religion behind.

Most of these estrangement situations were characterized either as decisions that had been made unilaterally by participants who chose to step back from their families or as decisions made more or less mutually by participants and their affected family members. A smaller minority of participants had been pushed away involuntarily. In every case, participants described their trajectories towards estrangement as having developed gradually and evolved over time. Although participants often told of specific incidents that accelerated the estrangement in some significant way, these incidents were always situated within a yearslong chronological context that made clear that there was much more to the story. Moreover, rarely were these stories linear, as physical and emotional distance between participants and their family members tended to ebb and flow over time according to various factors, sometimes quite unpredictably. A few participants did characterize their decisions to cut themselves off from relatives as final, but the vast majority reported maintaining some form of relationship in spite of the estrangement.

Nearly all participants described the relational consequences of their decisions to exit religion as far-reaching. The quality of family relationships, for those characterized as estranged and even for others that were not, suffered in various ways. Participants often, for example, lamented not seeing their families as often as they would have liked:

*Paula*: We talk some. I visit occasionally. I kind of have to wait for their invite. And right now my younger daughter and I are barely communicating, because we have gone on very, very, very different paths. And it breaks my heart. It really breaks my heart.

Several others spoke of avoiding conversations about religion as a way of keeping the peace:

*David*: I do my best not to talk to them about anything based in religion. If they want to talk about religion, I typically let them talk and steer the conversation elsewhere. And so for us it's sort of a quiet kind of Cold War thing.

*Pema*: My not having direct communication about this with my family isn't a result of me not wanting to. I've been studying Buddhism for the past 25 years or so, and I would love to be able to sit and have a conversation with my family if I thought that it was going to be constructive, if I thought that they would be open, and that they would listen. But I know instinctively that it will end up with me just being in more pain, so I avoid it.

One participant used the term *gray rocking* to describe her approach to conversations with her parents:

*Heidi*: Basically, you respond as though you're a gray rock. They send something, it's like, "Oh, okay." You just kind of give a very general, neutral response. You're not really giving them anything else, anything deeper than very surface level non-answers, in a sense. So maybe acknowledging that they did reach out, or something, but nothing more than that.

Although such avoidance strategies were seen as effective at sidestepping painful interactions, some participants chafed at the feeling that they were having to hold back from being their true selves around their families:

*Easy*: You can't even engage in those conversations because you just end up having to go, "Oh, okay," and then move on, because not doing that will cause a confrontation almost immediately. So rather than be me and stand up for things that I believe in, I have to make a choice between, do I want to present that? Or do I want to have the relationship that I can? It ends up resulting in making a choice almost daily to hide who you are and hide what you believe in.

*Tori*: Just to have her talk to me at all, I have to really, really, really be careful with everything I say, just very monotone. I can't be myself at all. (…) I'm convinced she would have completely disconnected otherwise.

Participants cited a range of emotional consequences of estrangement that they were left to work through on their own. Many described feeling alone and isolated, even when they were still connected to their families:

*Easy*: There's a gap that I don't think I'll ever be able to close between my sisters, my parents, who are all devout. That permeates a large part of their worldview, it permeates their decision process, it's so ingrained with how they see and interact with the world around them, that by not following that, it puts me at kind of a permanent outgroup of one within my family, I suppose. Which is palpable.

One participant spoke poignantly about the profound impact that choosing to reject her family's Pentecostal faith has had on her life since:

*Pema*: I think it's important for people to understand that there are far-reaching implications to the estrangement and how that shows up in a person's life. You do walk in the world very differently, kind of feeling like an orphaned adult. So even though the

situation started when I was very young… I'm now 54. There are long-term implications, and then there are long-term implications of indoctrination. It doesn't just go away.

A handful of participants made special mention of holidays and the unique difficulties surrounding days on the calendar when the cultural expectation is that family will be together:

> *Blake*: Say I go there for Thanksgiving this fall. There will be a little table set in a corner, and I will be over in the corner at my own table, and they won't treat me badly as far as interactions, but it's kind of a big deal.

> *Amanda*: I get very angry at various times of year. It was just Mother's Day, which I hate. You can't escape society's judgment when you live outside of what society likes. People get very angry sometimes if they find out I don't speak to my mother. I've had people many times, sometimes just total strangers, get very nosy, and then tell me that I'm an ungrateful child or a dirty sinner.

Sadness, hopelessness, and a sense of loss permeated many participants' stories about the emotional consequences of estrangement:

> *Paula*: This has been really unpleasant. It's been difficult. It's been sad. And we can't talk. You know? I have wanted to just talk about this stuff, and they don't want to talk. They just have their beliefs, and that's it. And they're gonna do what they want, and that's it. And so I feel very, very estranged because we can't even talk about it.

> *Kaz*: I've said to them before, "I wish I could turn this all off, and I wish I could just pretend to be whatever the person you want me to be is, and behave however you think is appropriate to behave." But that feels like it would return me back to, like, suicide ideation kind of days, where I just would not be able to exist. I would just be this kind of shell and go back to apathy.

Participants' anger at their families also came through in several interviews:

*Kaz*: I kind of floated at times between severe depression and severe anger. I didn't really have a lot of anger growing up. I think that was kind of taught out of me, or conditioned out of me. And so initially, when a lot of this was coming out, I'd have these moments like, "Why are my parents treating me this way? And why do they think it's okay to treat children this way?" And thinking about it on even, like, the grander terms of outside of my personal situation, just, like, how all these people out there are treating each other, just created a lot of anger in me.

*Amanda*: How I feel about it sort of ebbs and flows. I get angry that I didn't get to have a good mom. I get mad that I wish that I had, like—I don't miss her, but I wish that I had someone to miss, you know? People will be like, "My mom's my best friend, I call her whenever I can't figure out how to do something," and sometimes I just get really angry when somebody's saying something like that, cause I don't even have that option. If I called her up, she'd call me a lesbian whore that's demon-possessed.

Perceived hypocrisy on the part of family members was cited by some participants as one underlying reason for their anger:

*Pema*: For people who are fundamentalist—and there's such an interesting dichotomy to that, though, when you really think about it, because on the one hand, you have folks who are so devout and unyielding in what they believe. Or what they say they believe. But then, in many instances, the way that folks live are completely different from that. So I look and I bear witness to my own family, they talk badly about each other, they're gossipy, they don't help people.

*Easy*: At the core, I believe in kindness and empathy and helping other people. It's largely the same thing that they profess in the Bible, but because I'm not doing it the way they are, it's a problem.

Perhaps nothing induced more anger, however, than the sense that participants' relatives had betrayed them by prioritizing faith over family:

*Blake*: I had never really faced the fact that my parents could choose between me and a church, basically.

*Andrew*: They actively chose religion over me. When I expressed the harm that was being done that was ongoing and continuing, they chose their religion over me.

Many participants described difficulties they experienced in childhood that they either saw at the time or now see, in hindsight, as having been harmful aspects of their families' religious lives. Several were homeschooled, and some were almost completely socially isolated:

*Garth*: I was homeschooled by very religious people and was in a very religious group basically for all of my socialization. And it did do a lot of damage.

*Andrew*: By the time I was 18, I didn't really know a lot, but I knew that what was going on was severely wrong.

Several participants described their upbringings as strict to the point of being abusive, as parents relied on the fear of divine punishment—the ever-looming threat of hell was mentioned by more than a few participants—to control children. One of the most common experiences participants expressed having had was that of enjoying little or no personal agency as children:

*Tori*: I remember several times he couldn't pay a bill, so he would go raid my room, find all my VHS tapes or DVDs, or whatever I had, say it was satanic, and sell it for money. He kind of did that with all of us, in a sense, especially when my brother got a car. He

sold it while he was off at college or something, he sold it without asking. Just, it's like, "You're my kids, I can take whatever I want and do whatever I want." And he would just totally weaponize religion with it.

*Sparkly*: When I was 15 or 16, my parents met a man. And he was 76, he was a pastor in Arkansas. And he took a liking to me. And so my parents wanted to set up the marriage. And he said, "Well, she's a little young. We'll give her a year. And if she manages to lose 50 pounds in the next year, then we'll marry. So that'll show she's serious, and that she's willing to do what it takes to serve me."

At the same time, participants spoke of being taught that family problems stayed in the family:

*Michael*: The problem is, I also tell the truth. And my brother put it perfectly. He says, "The truth is one thing that this family cannot abide." (…) It was one of those matters, like, you know, the two rules of a dysfunctional family: 1) there's absolutely nothing wrong, and 2) for God's sake, don't tell anybody!

*Amanda*: My mother repeated a mantra my whole childhood about not talking about what was going on in the family. (…) It was basically brainwashing. The brainwashing was so intense to just not talk about it, to keep it all suppressed. It has just been sort of a struggle forward ever since that to be able to communicate about what happened to me.

Alarmingly, this last participant's family was so insular and suspicious of the outside world that they were deprived by their mother of needed health care:

*Amanda*: She was intensely strict. All of it was because of the Bible. And we were anti-abortion, anti-LGBTQ+, anti-everything interesting in the world. Anti-science, anti-medicine. I have asthma, and I was medically neglected my entire childhood. I didn't get my first inhaler until I was 15. Thought I was gonna die a lot. So for me it was pretty

natural to not only cut her off for causing me a lot of harm, but also to decide that religion is really not for me when it's used so often, especially by parents, to just control and mistreat their children.

Meanwhile, mental health care of any kind was for most participants entirely lacking, and those that did see someone were almost always taken to Christian counseling, which they universally found unhelpful. One church-affiliated counselor that a participant saw as a child actually correctly perceived what was going on in the family, with predictably troubling results:

*Sparkly*: We went for about four weeks. And then we weren't allowed to go anymore, because the therapist told my mom she was being abusive.

Beyond childhood, several participants described struggling in young adulthood with basic life skills such as getting through school, finding work and a place to live, and navigating romantic and other social relationships:

*Sylvia*: Jehovah's Witnesses don't encourage higher education. So after I left, having my daughter, I did have to go back to school.

*Blake*: I'm getting into dating a little bit. And it's really awkward for me cause I grew up in a group that dating was banned, so a lot of the cultural knowledge about dating isn't there. So I'm learning a lot, and figuring it out as I go.

One participant's story demonstrates the risks young adults take when they leave a high-control environment without having an alternative support system in place:

*Sparkly*: When I was about 18, I didn't—I don't have any schooling. And I don't have, you know, real-world experiences. I'm not stupid, but I'm not smart either. And I just didn't know what to do with myself. And I wasn't, you know… I didn't fit in anywhere. Not in the real world, not in the religious world. (…) I managed to get into college, and

an apartment, and I worked two full-time jobs. But I was incredibly depressed. Fatally,

everything. And so when I was 21, I attempted to kill myself. My parents thought that

was incredibly selfish and stupid, and that I should come back and live with them, and

they'll take care of me. And I said, "Nope," and I became homeless.

Underscoring the critical importance of establishing financial independence for themselves,

some young adult participants mentioned how trapped they felt being forced to rely on their

parents' health insurance coverage:

*Garth*: I didn't go through insurance the first time because I was still on my parents' plan,

and I didn't want them to see that I was in therapy or anything.

*Jess*: The only financial thing she was doing for me is she had health insurance through

her job, and I was still on that. And then she just decided that she was going to get a

different job, and she was going to keep her insurance and maybe my sister's insurance,

but not mine.

This last participant's experience with her mother's withholding of needed financial support was

so exasperating that it eventually led to her deciding to distance herself:

*Jess*: I know it sounds kind of callous to stop talking to someone, like, the last step

because of money. But, literally, that's the only thing that I can think of that she's done

for me in years that she wasn't obligated to. She said she couldn't help with my college

tuition, but she said that she would always pay for my gas, my car insurance, and my

health insurance through college, and that she would try to help me with rent. And she

didn't keep any of those promises. So I was just like, "I'm done."

Participants mentioned a number of clinical issues and diagnosable conditions in

connection with their estrangement stories—among them depression, anxiety, social anxiety,

panic attacks, suicidality—but far and away the mental health concept that emerged most frequently throughout the interviews was trauma. Most participants either explicitly named that they were traumatized by their experiences or described situations that most clinicians would recognize as trauma and its repercussions. In addition to the depictions of complex trauma included here and elsewhere, I could fill pages with others:

> *Pema*: I know, with absolute certainty, that I have PTSD. And that's what I am being treated for. That stemmed from the religious piece. So I think we also have to look at PTSD as a possible side effect, or however you want to call it, of this situation. And don't just assume that the person is just depressed, or whatever, but, like—there are very deep, deep, deep issues.

> *David*: I think it's useful to have some kind of notion that a lot of people who came out of this experience deal with different forms of PTSD. Not all of them. I think many are able to transition out without that kind of complex PTSD problem. But there's a number of them that really do. Because it's an all-encompassing experience. Because it's your entire worldview, it's everything. And because those kinds of organizations can really find ways to hurt you while you're there, while you're young and vulnerable.

> *Amanda*: I'm very traumatized. And weirdly, it almost feels like a flex to be saying that. But I am still—I've been free for 12 years, and I'm still super fucking traumatized.

As one participant pointed out, the concept of religious trauma is not necessarily readily accessible to most people, even to those attuned to other forms of trauma:

> *Andrew*: Sexual violence is so common. We all know someone who's experienced sexual violence. And when they talk about it in the context of their family, and they're like, "Well, this happened, and then I cut my parents off," that can feel like a very direct line

for a lot of people. Everybody gets it. It's a very straight line. I think for a lot of people who experience religious trauma and go on to be estranged from their families, it's like— it's very confusing, I think, for other people to understand.

Participants who had come to view their experiences through the lens of trauma often found that perspective helpful in freeing them of the shame and guilt they had carried throughout their lives:

*Taylor*: Depending on what religious tradition people have come out of, there may have been a very strong narrative to that end. Basically saying, "You are broken. Everything about you is sinful and wrong, and if you have a desire to do something, it is a sin. You should never do what you want to do. That's Satan talking. And if you're doing something that is hurting other people in order to do what you want to do, and go live your life, and date, and have premarital sex, this is the worst, dirtiest, most evil thing you could do." And for a lot of people they're feeling dirty and evil and ashamed about that, even though they're actively having an argument with someone out loud, saying, "This is my life. I can do this if I want to," but inside, it's not that clear, I think, for a lot of people. Certainly it wasn't for me. I was like, "They're right"—in my head, I'm going like, "I know they're right. But I just can't do this anymore."

Women in particular recounted the shame around sexuality that had been inculcated into them from a young age:

*Jess*: Another thing that we haven't mentioned is the shaming of women. They would say that periods were dirty, and period blood was the most dirty blood they have ever heard of. And they would use a bunch of vulgar, awful words to describe it. That was not fun.

*Sparkly*: We grew up with shame. A lot of shame centered around our bodies and sex. And we were straight up told to be "joyfully available." They used the term "joyfully

available" when I was 12 years old, and I knew what it meant. And that is, whenever your

husband wants sex, he gets sex. And you provide that joyfully. And there's just—it hurt

women. They're both the cause of sexual immorality and they're never supposed to like

sex, ever. It's a duty, a job.

The self-reproach that some participants engaged in, even during the interviews, was palpable:

*Easy*: Self-compassion is very difficult for me. I'm not good at it.

*Sparkly*: When you're in religion, you already deal with knowing that you were born with

original sin, and that you're not worthwhile, you're worthless. And you're only worth

anything when you accept Jesus as your savior. You're already dealing with that. But

then me, I'm also dealing with—well, I'm also just not wanted anymore.

A few participants, looking ahead to the future, expressed a desire to save their own

children from the kinds of trauma and indoctrination to which they themselves were subjected:

*Sylvia*: One of the main factors that contributed to that awakening, is what I call it, is, I

have a child. So after I became a mother, I just reevaluated how I wanted my spirituality,

or my morals, to reflect, and that's not really—it didn't align with what I wanted for

myself and for my family.

*Connor*: Sometimes I am a little worried that in the near future—one of my daughters is

three years old—that if my parents are watching her for date night or whatever, that they

will try to proselytize to her. And that is a very hard line that, when it comes to that point

when she gets old enough and we ever do that, I'm going to be very clear beforehand,

that is not permissible. If you do that, you're not gonna see your granddaughter. That

hasn't happened yet. I know eventually it will happen.

**Coping's Many Forms**

Although participants' experiences in therapy were the focus of the study, therapy is, for most people, only one component of their healing journey. To that end, each participant was also asked about other ways in which they had coped, or attempted to cope, with the estrangement outside of therapy. There was a wide variety in their responses as to what had proven helpful.

### Helpful Coping

Many participants spoke of the importance of becoming involved in new communities, often communities of others who had been through similar experiences. Several of these were online communities, such as Reddit message boards and Tumblr blogs, which was unsurprising considering both how many of the participants had been recruited via social media and how rare in-person groups for the nonreligious are in many areas of the United States. Supportive partners were mentioned as instrumental by some participants, and others spoke of finding "chosen family." Advocacy organizations such as Recovering from Religion, which also hosts support groups, were frequently noted, and a few participants said that becoming more politically active or getting involved in nonprofit causes had been helpful. Hearing the stories of others with similar experiences—through online posts and other virtual communities but also through books, music, and other media—had helped reassure many participants that they were not alone.

Self-study, usually in the form of reading but also through listening to podcasts, watching videos, and via other media, was mentioned by several participants as a helpful form of coping as well. A few participants had immersed themselves in learning as much as they could about religion and nonreligion, while others turned to alternative philosophical systems such as Zen Buddhism, Stoicism, Absurdism, and even Dudeism for inspiration. One participant enjoyed reading escapist fantasy as a way of coping with his reality, including Stephen King, J. R. R. Tolkien, and other creators of "deep, expansive, well-developed worlds you can fall into" (*Easy*).

Other participants spoke more about looking ahead and moving on with their lives, setting and accomplishing goals for themselves. Academic milestones served as important markers of growth: one participant, for example, had already completed two master's degrees and is currently working on a doctoral degree, all while raising a child as a single parent. Focusing on physical fitness and getting out in nature were also mentioned by some participants.

With respect to family relationships, participants reported a variety of strategies that they had found helpful outside of the context of therapy. Full cutoff was the only viable solution for a handful of participants, particularly in cases of severe and sustained child abuse and neglect. Others relied on varying degrees of avoidance while still trying to maintain relationships to the extent possible. Acceptance, that the situation might never improve or that family members might never make good-faith efforts at repairing relationships, was a helpful mindset for others.

### *Unhelpful Coping*

Relatively few strategies for coping were named by participants as having been unhelpful. A significant minority acknowledged having struggled with substance abuse at various points in their lives. One mentioned emotional eating, and another cautioned against the temptations of arguing with family members on Facebook. The small number of participants who had attempted to stay connected to organized religion by, for example, experimenting with attending more liberal-minded congregations agreed that that had ultimately not been helpful.

Certain types of avoidance—which could look like pretending everything was fine, simply not thinking about the estrangement, or completely dissociating—were in some cases not helpful strategies. A few other participants spoke about how strategies of appeasement, in which they played along with religious family members by continuing to go to church and identifying outwardly as religious, could temporarily allay or delay family conflict. Ultimately, however,

they preferred living as their true selves, or at least practicing a more selective tactful silence, rather than continuing to live a certain way just because they were expected to by their families.

Fortunately, all participants also described having had at least one somewhat positive experience going to therapy to address their estrangement situations. The following section details the results of the thematic analysis undertaken to answer the research question: what is the experience of the nonreligious addressing religion-related family estrangement in therapy?

### Thematic Analysis

Thematic analysis proceeded according to the steps outlined by Braun and Clarke (2006) and described in detail in the Methodology section above. Each interview was transcribed using the automated Zoom transcription as a starting point followed by careful manual corroboration. I listened to each interview twice all the way through. Initial coding in Dedoose began as the first batch of five interviews was being completed, and further initial coding was subsequently completed intermittently as the remaining interviews took place. After completing 12 interviews, I determined that the data had nearly reached saturation and scheduled a final round of five interviews. As those last several interviews were being completed and transcribed, I met with an external auditor to discuss my thoughts on the analysis thus far and examine the initial coding.

After then completing initial coding, I continued rereading the transcripts and completed a second round of coding, refining many of the codes to make them more descriptive and nuanced while eliminating or consolidating several others. I then combed through the entire finalized list of 104 codes to begin organizing them into potential themes, sorting out which codes and excerpts were central to addressing the research question and which were more useful for establishing background and context. Continually revisiting the transcripts to ensure that the excerpts were able to support the themes, I ultimately identified six major themes, along with

several subthemes, that seemed to me to fit the data and faithfully represent the essence of participants' experiences addressing religion-related family estrangement in therapy.

The six themes explored below are: 1) Individual Focus, Systemic Lens; 2) Models vs. Therapists; 3) Secular vs. Religious Therapists; 4) Safety; 5) Curiosity; and 6) The Problem of Religion.

## Individual Focus, Systemic Lens

The vast majority of participants had never been to any kind of therapy with any of their family members, meaning that most of the therapy experiences in which they had addressed estrangement had been individual therapy. One surprising but consistent finding was that participants generally preferred a focus in therapy on themselves as opposed to working directly on improving family relationships, and they tended to be skeptical of the potential value of family therapy in addressing estrangement. However, individual therapy that integrated systemic thinking of the kind integral to CFT was often found to be helpful, and some participants did express cautious optimism about family therapy—if not for their own families, at least for others.

### *Individual Focus*

Many participants emphasized that what had been most helpful for them in therapy when dealing with the fallout from their estrangement situations was focusing more on themselves and their own needs, on their own identity exploration and growth as individuals:

*Heidi*: I have to be happy with myself, if that makes sense? Or be okay with my individual situation, whatever it is. (…) You do your work on yourself because there's no guarantee that family therapy could have a positive outcome. Because it's dependent on other people. You can't control other people.

*Garth*: I think therapy may have also been possible for the worsening estrangement. Not really that it was a bad thing, but just that it was better for me to not always engage with their kind of behavior. (…) It was good for me. It doesn't have to be good for them.

By shifting their mental and emotional energies away from family members and back towards themselves, participants were often able to see themselves in a wholly new light. One participant recounted an important realization he had come to as he sorted through his conflicting feelings around the estrangement:

*Connor*: The fact that I do not belong to a religion is, like, the least interesting thing about me. It doesn't define who I am. The way I define who I am has—you know, there's so many other things that go into that, and my lack of belief just is not part of that. So it doesn't really impact my view of myself.

Identity exploration had been especially critical for those participants whose senses of themselves were previously so intimately bound up with their religious identities:

*Blake*: She asked me a question. It was, kind of, "Who are you?" And I didn't really know, like, what the question even was.

*Paula*: I'm 67. I've spent my entire life identifying as God dwelling in me, Christ dwelling in me, the Holy Spirit being there. A fire-breathing Trinitarian, you know? Liberal, but fire-breathing. We've worked on it, but that's been one of the biggest deconstruction issues, is this, "Who am I?" Not just without religion. But who am I without God? Who am I without theology, literally study of God, the beingness of God? Who am I? I have no idea.

*Sylvia*: You know, it took a while. I did go to therapy. Took a while for me to kind of overcome that. Just because I was raised with a lot of the ideologies of the Jehovah's

Witnesses, so I had to completely reframe my train of thought and research to discover

what I wanted to frame my morals or my ideologies around.

Individual therapy thus offered participants a supportive, nonjudgmental space in which

to explore these and related questions without the need to self-censor for disapproving relatives

or friends within their former religious communities. As discussed in greater detail below,

participants who felt listened to and validated by their therapists in these spaces experienced the

safety necessary for a strong therapeutic alliance to form and effective therapy to ensue.

### Systemic Lens

In spite of this preferred focus on the individual self in therapy, many participants

described how a systemic approach had been especially helpful. Beyond citing the benefits of

CFT models such as narrative therapy and internal family systems (described in more detail

under the next theme), participants often invoked family systems conceptualizations and

interventions, or therapists who had been trained in systemic models, as having been helpful:

*Andrew*: The best therapist that I had was really into, I think it's called family systems

therapy? Family systems? He was the one that I was with the longest.

*Blake*: A lot of her practice is either couples counseling or working with relationship

stuff. And also working with parenting relationships. So either working with parents or

talking to kids. That's a lot of what she does.

One participant, a semi-retired therapist herself, frequently engaged in systemic interventions

with her own therapist while discussing her strained relationship with an adult daughter:

*Paula*: She's very religious. And it's a huge shift in the mother–daughter relationship.

And it's very stressful for both of us. I know it is. So we take a look at those dialogues.

We take a look at our relationship history. Take a look for patterns and that kind of stuff,

like you do with family therapy. Take a look for some of those relationship patterns and what might be influencing what's happening with us. (…) I was thinking maybe you had this in family systems also with the paradoxical stuff, and the different types of questions, and so on. And that's been invaluable for me just in everyday life, asking the questions. And she does that extremely well and helps me to get unstuck. Because I will be stuck, whether it's the guided imagery, visualization, or just recounting an episode, and I am so overwhelmed by my feelings that I get completely stuck. And then she can ask me those questions, the future-oriented, or from somebody else's perspective, all those different types of systemic questions. And that's extremely helpful.

She was especially bullish on the value of systems thinking in addressing estrangement:

*Paula*: I think it's critical, absolutely critical, because there are so many strategies, tactics, ways of looking at things and analyzing family dynamics. All of that, the whole kit and caboodle, the genogram, going way back to all the iterations of religious beliefs in the family, all of that. And then current relationships, and how they are shifted and changed because there's a big shift in my religiosity, and how that disrupts the family— the homeostasis. It's invaluable. I think it's huge. And if I were currently doing psychotherapy, I would definitely be using that.

Some participants, on the other hand, spoke at length about their frustration when their therapists were unable to engage in the kind of complex, systemic thinking that would allow for important connections to be made, particularly when a history of trauma was involved:

*Taylor*: Looking back on it, I think she didn't understand that it was related. I think a lot of how we were talking past each other, now, looking back, maybe that she didn't understand that I was telling her something that was important, that was connected to the

thing we're trying to talk about. (…) It might have been hard for her to see that connection. And so I felt like I kept trying to bring up things that I'm like, "Listen, this is a really important thing that I want to discuss in relation to this," and it just kind of kept getting brushed off, cause maybe the connections weren't clear that this is a trauma that has a lot of, like, spindly legs that go out.

*David*: I think it's most important for folks with our kind of background to be taken very seriously regarding these things. That once that's a known thing about our background, it should at least be kind of a trigger back. Like, okay, if this is the world you come from, and you were in it for a little while, a lot of the—whatever issues you're seeking to deal with in therapy… there's a lot of it that's related to that kind of thing. And even if not everything is, a lot is. (…) For those of us out there looking for therapy, not all of us know that this is part of it. In my experience, when I went to my first therapist, I wasn't going because of these issues, initially, that was not my thought. But these things did come out as a result of some conversations.

Therapists trained to think systemically might have been more apt to make the kinds of connections these participants themselves initially missed, allowing for earlier recognition of the role of religion in presenting issues and likely quicker and more effective treatment as a result.

### Empathy and Perspective-Taking

One systemic shift that several participants found to be especially helpful was the cultivation of empathy for their religious family members, often as they learned to view the estrangement from their relatives' perspectives:

*Connor*: I knew where he was coming from and why he believed certain things because I used to as well. And anytime I got appalled or angry or irritated at some of the wild

things that he believed, or believes, rather than getting worked up about that and thinking, "Oh, my God! Look how stupid he is!" Or not just him, but other people, particularly with politics and everything, politics that are informed by religious belief. I would remind myself that I cannot be angry at them for being so stupid because I myself used to share some of those beliefs.

*Easy*: What's been the most helpful is trying to accept the perspective that they're coming from, trying to realize they're not… it wasn't malicious, like, they're not introducing religion, they're not introducing this stuff to you as a kid because they want to hurt you. They're doing their best. (…) I guess trying to accept them where they are rather than where I wish they were, or what I wish they had done. Trying to understand them, and what motivated them, rather than sitting here and going, "You did this and this hurt, I needed this and that damaged me," or "you did this and that."

*Kaz*: I have had to kind of find other ways to send empathy, or acquire that empathy and understanding. And so I really lean into the idea that we're all just kind of a product of what happened to us. And we are the way we are because of things that have happened, and how we look at the world. And not really giving people that much awareness of what they're doing. That's kind of helped me approach it in a way that says, you know, "They know not what they do" kind of an attitude. (…) I'm not in this perfect state where I know everything, or how to do things. I'm just figuring it out. They're figuring it out, too.

Some of these moments were among the most reflective and poignant of the interviews:

*Andrew*: I actually think my parents are good people. I think that I would probably—I think in another lifetime, I would enjoy them.

*Sparkly*: Even though I talk about how my parents beat me until I bled because they thought the Bible told them to, we also had Sunday dinners where we invited tons of family over and played football… I should hate everybody. And I don't. I still love them. And that's hard for me.

In managing to find empathy within themselves for family members who seemed so rarely to have done the same for them, participants offered CFT therapists an especially key insight. One participant, the semi-retired therapist, went on at length about the importance of this intervention for therapists working with family estrangement situations and is worth quoting at length:

*Paula*: Don't judge the other family members. Cause it's too easy as a therapist to—you know, we're forming a therapeutic alliance. But it's too easy to tip the scales on that when you're in this intense processing with your client who is deconstructing and in this estrangement, family estrangement. And it's too easy to want to be up there defending your client. And so being really self-aware, the metacognition of the therapist, to self-monitor constantly. What are my thoughts and feelings, and maybe even transference with the other family members? Gotta keep that in mind, because I know, as a clinician, it's way too easy to get on that bandwagon. And when it's this emotionally intense, it's way too easy to do that, and the price is too high for the client. She really stays back from that, and she's very good at that. And sometimes it's actually, I wish she'd kind of gang up with me, but she doesn't, which is excellent. And I'd say that's a huge piece of advice, is don't allow that—those therapeutic boundaries and that therapeutic balance—don't tip the balance. Because it'll get you in too much trouble, and it'll screw over your client. Your client will not be served by that.

Therapists have a responsibility to challenge their clients in ways that will stimulate new possibilities for change and growth rather than keep them locked in old relational patterns that have likely contributed to maintaining the problem in the first place. In order to do so, therapists must attend carefully to their own natural inclinations to join with clients in vilifying family members who, in most cases, will never have the opportunity to share their own side of the story.

### Skepticism of Family Therapy

The two participants who had attempted family therapy in the past both described those efforts as having been brief, unremarkable, and mostly unhelpful. Other participants expressed skepticism that family therapy could ever be truly transformative in working through their estrangement situations. The two reasons cited for this skepticism were that family therapy would never be an option in the first place because the estranged relatives would never go for it, and that even if those family members did engage in therapy, it would never do any actual good.

Several participants scoffed at the notion that their relatives would even consider seeing a secular therapist. Many family members were described by participants as belonging to religious groups that viewed mainstream mental health care warily, if not as downright dangerous:

*David*: I'm not optimistic about that. I would not say that my folks have any interest in therapy. I would say that they have some, kind of, regressive views about therapy. So that would be kind of a reach. (…) That's a whole can of worms when you're talking about the evangelical experience. Some are cool with therapy, some are very much not cool with therapy and look upon it as a devilish, worldly tool.

*Sylvia*: I don't see it being possible, just because how Jehovah's Witnesses approach therapy. They have their governing body, organizational structures, procedures, processes to deal with conflict. And most of it's praying, going to the Bible or going to the

members, the higher members in the organization. They'll have judicial hearings, but

that's not much therapy or much help. They're just basically judging the members to see

if they're too far outside of the organization. The organization does not look highly upon

the members being in contact with anyone that doesn't actively practice their doctrines.

So I don't—on a scale, I see that being like a negative percentage of that happening.

This last participant actually did invite her birth siblings, who are not Jehovah's Witnesses, to

therapy, but found herself running up against a different kind of therapy-averse mindset:

*Sylvia*: I'm very much pro therapy, but in the African American community a lot of

people are not very open to therapists. And my siblings, birth siblings, they were not

comfortable with going to a group therapy session.

With family therapy outside even the realm of possibility for so many participants, individual

therapy with a systemic lens served as a suitable alternative.

Meanwhile, several participants expressed a kind of resigned hopelessness about the

prospect of family therapy being useful even if they could get their family members in the room:

*Tori*: Yeah, I've thought it would be beneficial, but then, during this conversation, I

thought, "Wait a minute. How would this work? And then how would that work?" Kind

of like, "Oh, wait." No, probably that would make things worse.

*Andrew*: I don't know that I really have a lot of hope in that space for me. (…) I think it

probably takes a lot of internal individual work to make family therapy something that I

would… it's why I've not done family therapy with my parents. Cause I'm like, you guys

haven't done individual therapy. And this is all kinds of messed up. I don't want to deal

with your shit and mine, which is what family therapy feels like to me.

Responses to this effect were at times almost visceral:

*Connor*: Yeah, I've never thought about that. My immediate response is "hell no." I'm

just kind of violently opposed to that idea, of sitting in a room with my family and doing

therapy. I have not considered that, but I am, first time thinking about it right now, highly

opposed to that idea. I don't think I would.

A few participants pointed out that religious ideology itself, not just rules around

engaging in secular mental health treatment, undermines the potential for effective therapy:

*Michael*: I have to say this, and just call it an unthinking prejudice, if you will. But I have

to say that, with religiously minded people, it'd be totally useless. Cause even if they

would—even if things make sense, they're gonna go back to their group, and they're

gonna basically undo everything that was done in therapy. (…) Unless you can have

somebody therapied out of religion, I really don't think it would be useful. Even if it's

everybody except grandma, or except mother, or except sister, whoever the religious

person is, just don't want to be part of it. I mean, you need that person, cause that person

is usually the kind of linchpin in a lot of stuff anyway because of the dynamic.

*Sparkly*: I almost feel like I shouldn't answer that question, because, you know, I came

from a cult, and there's no family therapying out of a cult, I don't think.

Reinforcing a prominent theme of safety (discussed below), two participants emphasized

their concerns about the potential danger involved. They feared that any attempts at family

therapy could actually result in significant further harm:

*Jess*: Everyone in my family besides my sister is convinced that my mom can do no

wrong. (…) And my mother's also never willing to admit wrongdoing. And if you ever

admit anything, any weakness to her, or anything that makes you, like, "I didn't like

that," she makes a point to try to do it more. So I almost feel like, whether it would be

with my mother or whether it would be another family member who would tell her, she would definitely try to use that against me. So, I don't feel like being open would really accomplish anything, and I don't feel like anyone could convince her that she's doing anything wrong, ever.

*Amanda*: I know that if I had gone to family therapy with my mother that she would have just have had a whole new vocabulary to be awful to us with. And I have heard a lot of people being encouraged to go to therapy with people who are abusive, who did have those things happen, and so I would be very wary of things like that. (…) I am sure there's great group therapeutic models for families and family estrangement, but I personally wouldn't trust any of them or go to any of them. There's just no point. All that would happen is that my mother would be able to now say things like "you're triggering me!" instead of "you demon-possessed whore!" And I know how to handle it, her being a shitface, or I did, since I haven't spoken to her in six years. But it would have been really, really awful if she was telling me that I was abusive and had therapeutic language to abuse, to control me.

One participant felt not only that the estrangement was not his problem to deal with, but also that even if he did want to do something about it, family therapy was probably overkill:

*Connor*: Thinking about it—and again, I haven't really considered this at all—I feel like I am opposed to that because I don't care. Like, I am okay, I feel fine. Obviously, my dad probably doesn't feel fine about my lack of belief. So that's on him, you know. It's sort of his responsibility to work through his shit. And I don't really feel like I need to be a part of that. Well, also, as I keep going down this train of thought, I think that whatever I

could accomplish—whatever we could accomplish in that environment, in that setting, I

feel like we could accomplish just having a discussion. You know, talking.

Although it is certainly the case that not every family problem requires professional intervention,

most of the estrangement situations described by participants were characterized as fairly intense

and intractable and unlikely to be improved without some kind of third-party intervention.

### *Cautious Optimism About Family Therapy*

A smaller group of participants acknowledged that, even if they had never tried family

therapy as a way to address their estrangement situations, it could potentially be beneficial:

*Michael*: I think as long as people are absolutely invested in a solution and invested in

pursuing it, yeah, absolutely. It could certainly help.

*Pema*: Wow, I think that that could be very beautiful and healing and transformative if

people were open to doing that. If family members could allow their family members to

engage them in these conversations, I think it would be so beautiful. I wish I could have

done that.

They tended to think in terms of the conditions under which that could be the case, such as

seeing that their family members had done work in individual therapy or otherwise detecting an

openness and a willingness to change:

*Heidi*: Just thinking of my own experience, I think there's a lot of individual work,

maybe, that would need to happen for everybody to be able to have a chance of family

therapy working. (…) There's just a lot of pieces of individual awareness and healthiness

and awareness of different dynamics that need to at least be somewhat top of mind before

you can do family therapy.

*Garth*: I think individual therapy needs to come first so that the person who's feeling, or causing, the estrangement has a solid way to draw their own boundaries. I know my family really sucks at respecting boundaries. (…) I think a lot of estrangement originates from the fact that you realize your family is unwilling to even consider alternatives.

*Andrew*: I think that there have to be signs of a willingness to have a good-faith discussion before I would be willing to try that. (…) Because it involves the entire working system of the family, it seems like it would be really difficult. I mean, I'd be— there's a world where I'd be willing to try it.

Again demonstrating a preoccupation with safety, others speculated on the hypothetical CFT therapist's ability, or inability, to manage sessions as a potentially decisive factor:

*Tori*: First of all, the therapist acts like kind of a safety buffer between family members, so they're not going to maybe go all out. Or, I don't know, I haven't done family therapy. Maybe they do get super angry still? I don't know if people will be more honest, or they behave more because there's a therapist in between.

*Taylor*: I do think that it might be helpful because, you know, there's only so much I can do talking to someone else about how I'm not getting along with my family members. At some point you have to engage with them. And I think it would be nice to be able to do that in a refereed, controlled setting, where maybe there could at least be someone who's able to redirect the conversation. Kind of, you know, facilitate a dialogue, at least, where, "Okay, we're gonna have some ground rules. We're not gonna accuse anyone of having a demon while we're here today!"

Participants knew their family members well enough to know what they could expect from them in a family therapy session, and they would want to know that a CFT therapist would

be able to handle those anticipated behaviors with confidence and skill before voluntarily putting themselves in situations that might otherwise feel unproductive at best or unsafe at worst.

**Models vs. Therapists**

When asked what had been helpful about their experiences in therapy to address estrangement, participants named factors related to therapy models and interventions as well as factors related to therapists themselves. Generally speaking, some models and interventions, such as nondirective, evidence-based, and trauma-informed approaches, were described as being more helpful than others. Therapist factors are described in more detail under subsequent themes.

***Helpful Models and Interventions***

Many of the participants were aware of the specific therapy models their therapists had used in their work together. Cognitive–behavioral therapy was the treatment most frequently mentioned by name, as several participants had found it helpful to practice having their thoughts and perspectives challenged:

> *Blake*: I recall her pushing me on, like—she didn't ask, "Is that true?" But she's a therapist, so she has her therapist-y way of asking. "Are there other ways you can stay close with family if you want to?" The truth was, it wasn't like they wouldn't be around me, or whatever. It wasn't that black and white.

> *Amanda*: I mostly use CBT on myself, cognitive–behavioral therapy on myself. Because it's so effective at solo use, where if I just notice that my thoughts are spiraling in a really negative direction, it's so easy just to find a place where there's no one around, and then just out loud, say, "The thing I'm thinking is not true. Here is the actual, true thing." And I picture my brain rewiring its little neurons. And it has been really helpful.

Another participant, who also mentioned Jungian therapy as having been helpful, spoke fondly of her time working with the late Albert Ellis in rational emotive behavior therapy:

> *Pema*: His approaches were just very pragmatic. When I told him that my family said I'm going to hell… he was in his nineties. He passed in his nineties, but he was just, like—he would curse in the sessions, and he's like, "What do you think, God is, like, an f-ing masochist or something?" He would just, when I would share these thoughts with him about what my family would say, and at some point he just said, "Listen. Your family is just fucked up. You just have to accept that." That was the type of person that he was. And he was very, very raw. And so during that period, that actually helped me. It doesn't serve me so much at this point, cause that's not how I want to see my family. But back then I found that approach to be very helpful.

Other approaches that were less cognitively focused were also appreciated by some participants:

> *Heidi*: So sort of taking that bottom-up approach, sort of work on the emotional pieces of it. What am I feeling in my body? How does that connect to emotions? How do you feel in this situation? How do you feel when this sort of thing comes up?
>
> *Blake*: Ended up talking a fair bit about how I was getting along with family and things like that along the way. Sort of talk through feeling angry. When I got into therapy the second time, I was kind of pretending everything was okay. I remember one time she asked me if I was angry at my parents, and I kind of had an "I would never" reaction, you know. But I think she kind of helped me process that.
>
> *Michael*: Dr. N— also uses a lot of mindfulness techniques. He finds them very, very helpful to autistic adults, especially those who are verbal. (…) Using mindfulness and meditation techniques and relaxation, because we can be rather nervous at times,

sometimes get very—he calls it stuckness. It's like, if something is—whatever the situation is, good, bad, or indifferent, it's just gonna stay that way forever in my mind. And it happens a lot, apparently, among autistic adults, so things like that.

*Paula*: One of her focuses, foci, whatever, is integrating a person's mind and body and emotions. How we experience the feelings in our bodies. And she does pretty classical Ericksonian hypnotherapy, identifying where this feeling is and how it feels and what is it? And then going into that, and connecting with that, and processing, and establishing a relationship with the pain, and the feelings, and that kind of stuff. And I'm all over hypnotherapy, I loved it. And it's been extremely helpful.

EMDR was the treatment of choice for two participants who identified as having experienced severe trauma throughout their upbringings:

*Amanda*: She looked at me and was like, "That person has a raging case of PTSD." And she was right. And she hooked me up with a therapist working on her doctorate who did EMDR. Very grateful for that. And that therapist got me semi-functional. I wasn't—I was not functional. I was having night terrors every single night, nightmares every single night, sleep paralysis every single night, flashbacks every single day, all day. Very intense. And that therapist really just gave me just enough tools to be able to move through the world without dying.

*Sparkly*: We do EMDR, which has been really helpful. I still have the negative thoughts and stuff, but it's helping with the negative feelings that go along with those thoughts.

One participant had a positive experience with narrative therapy:

*Blake*: She's mentioned narrative therapy a couple times, and talked about the approach, and how you can change the story that you're living in a little bit, or not so much take

away but explore further, ask questions, maybe change the takeaways a little bit. (…) If we talk about a topic, I will go home and read a couple books on it. So I did that for narrative therapy, and I wouldn't say rewrote, but kind of reframed a little bit some of my past, and growing up in this church, and also thinking about what parts of that do I want to take with me. There's a lot of stuff I learned there, and a lot of unique perspectives, I suppose, that—basically, it wasn't all negative.

Another benefited most from internal family systems (IFS):

*Connor*: We used IFS. And we sort of just looked at that part of me that feels the reluctance to being open and honest with my dad. And, like, what function is that part of me serving? How did that develop, or why did that part of me develop? Was it a protective mechanism? Is there some lingering beliefs? Am I afraid of hell, you know, like, in my—do I still maybe, deep down, really believe?

One of the most robust findings related to what participants found helpful about therapy was that participants overwhelmingly favored therapists who adopted relatively nondirective approaches within structured, goal-oriented treatment. Many spoke approvingly of therapists who resisted giving unsolicited advice or pushing unwanted interventions:

*Michael*: He just allowed me the space, guiding me when he felt like I needed it, but he allowed me the space to come to my own conclusions, and to say, without judgment one way or another, or not "good job" or "well, you may want to think about that," none of that. But just allowed me to come to my own conclusions about what I wanted to do.

*Easy*: She's very, very good at pointed questions that might help me come to an idea or a conclusion, rather than telling me "this is something you should do." She's very, very, very good about that, and that's been very, very helpful, helping work through a lot of

things I've had bottled up for a while rather than telling me directly that "you need to do this."

*Connor*: I think the most helpful thing with her that I realized when we were done and I stopped seeing her was that I realized she didn't really give me advice or tell me what I should do or whatever. It was more that she got to know me and how I think, my values, how I communicate, what's meaningful to me, what's not. And then she used that language to ask me questions that led me—I kind of went down different paths to sort of discover on my own how I can address some of these issues. It's kind of, I don't know, maybe ironic, but, she herself didn't specifically help me, but she helped me help myself, if that makes sense. I came up with my solutions on my own, but she could help me get there.

*Sparkly*: I think that maybe also therapists are a little worried if they start these conversations about religion, that the person they're talking to expects answers. I don't expect answers. I'm just trying to work things out in my head. And it's nice to have someone to say it off of.

Still, more directive approaches were not universally unwelcome, especially when they were experienced as collaborative. Some participants appreciated the value of being nudged forward:

*Pema*: You need homework. You need something that you're gonna do outside of the therapy session, to help you to deconstruct these thoughts and these feelings that you're experiencing. And so my therapist was not only a therapist, but he was also in some ways like a coach.

*Easy*: There's an atheist community here in town that I started going to, which has been nice, and I'm very hesitant about that. And she said, "Well, this is something that you

think could help you. You should go do this." And that was a push that I needed to actually begin to get involved with not just the—a community, but volunteering, some activism, trying to make a difference.

What mattered to these participants was that their therapists respected their autonomy to make informed decisions about treatment and invited them to collaborate in their own healing rather than simply telling them what to do without adequately considering the issue of consent.

Another key finding was that participants tended to prefer therapists who explicitly used scientifically valid, evidence-based approaches. Several participants emphasized how important this was to them when searching for a therapist to work with:

*Michael*: As long as they are sticking with what's shown to work, the scientific stuff, science-based things and everything like that, evidence-based, whatever you want to call it, I don't care. (…) That's one of the reasons why the founder of RfR also founded The Secular Therapy Project, to keep people away from the ones who are gonna either pray the gay away or pull out the crystals and align your chakras and stuff like that.

*Easy*: One thing I really value about The Secular Therapy Project is the emphasis on evidence-based research and evidence-based methods. I find it odd that that would be rare, or that would be something that's strikingly different rather than, you know, any other kind of medical field.

Still, it should be noted that scientific support, or at least mainstream acceptance of newer approaches with emerging scientific support, was not necessarily a prerequisite for some participants who sought additional forms of treatment alongside more traditional therapy. One participant, for example, recounted having life-changing breakthroughs through the use of psychedelics, and another had benefited significantly from neuro-linguistic programming.

Finally, considering how many of the participants had experienced trauma throughout their lives, it is not surprising how many of them had benefited from working with therapists who used explicitly trauma-informed approaches. Although not every participant was able to specify in what ways their treatment had been trauma-informed—for example, using a model such as EMDR that specifically targets trauma—several were aware that their therapists specialized in trauma, often because they had read so on their online profiles or websites.

### Unhelpful Models and Interventions

As one participant keenly observed, one size does not fit all in therapy:

*Connor*: If I'm hearing someone talk about problems with alcohol or whatever, and I'm thinking, "Oh, well, I did this, and it worked for me, why don't you try the thing that worked for me?" That's not a reasonable approach, just cause everyone's different. And no one has my same background and life experience, and so what works for me doesn't necessarily work for other people.

Sure enough, the trends described above did not hold for all participants uniformly. One participant, for example, mentioned that trauma-informed therapy had been "really unhelpful," and another had experimented unsuccessfully with brainspotting, a trauma-focused (though scientifically dubious) treatment. Notably, several participants pushed back against cognitive–behavioral therapy specifically:

*Heidi*: I think a lot of it was sort of taking a top-down approach, so more that kind of cognitive approach of, "Let's work on your thoughts and figure out where distortions and things are." I can intellectualize the heck out of all sorts of stuff, so that was less successful in the sense that it's like, well, I can think the right things, but I still feel horrible and I can't navigate this very well.

*Paula*: She does do a little bit of cognitive stuff. I, quite frankly, am not at all a fan of CBT. And so I told her at the very beginning, in our little interview, "I hate CBT, so don't be doing that." And so she throws it in a little bit here and there, just to slap me around a little bit. Cause I do have maybe a couple thinking errors here and there.

*Andrew*: For some of us, particularly, I think, who have experienced religious trauma, or estrangement from our families due to religious trauma or due to them picking the religion over us—it's like, I think you need a really detailed and full history to really get into that, I think. And sometimes CBT is kind of like, "You had a bad thought, here's how to combat a bad thought. Let's just go with that." It's not always super curious. It's kind of like, "I don't need to know what the bad thoughts are, because CBT works."

No treatment, of course, works for every client. Beyond the importance of fitting the treatment to the individual client, this last participant additionally identified the importance of the therapist's own curiosity as an ingredient in successful therapy, another theme discussed in detail below.

On the whole, unhelpful experiences in therapy related to the therapeutic approach itself tended to fall into two subcategories: the therapist was overly directive, or the therapy consisted mainly of supportive talk therapy that lacked clear direction. Several participants spoke of being put off by therapists who could not respect client boundaries or seemed to be pushing an agenda:

*Andrew*: I have found that some therapists have an issue with consent. They don't say that they do. What I have found with my story is that there are some rather extreme parts of my story, and they struggle to understand—they struggle to maintain the concept that this is my therapy, and that I need to lead this. (…) The therapists who act like they know, or act like they have advice, are usually a pretty big turn-off to me.

*Taylor*: I felt like she just didn't hear me say any of that, or something. And it was like, "Okay, but so you—why do you want to keep this relationship?" And I said, "Well, you know, she's my mom." And she was just like, "Huh." And we never really got to work on it very much. We only met a few times. We had, like, three sessions before I decided it was not working for me. I thought I was being clear about what I wanted to do in the sessions, but it seemed like she was on a different page than that.

Meanwhile, some participants found that their therapists simply did not seem to have much of a plan at all—which was, unsurprisingly, not helpful:

*Connor*: That talk therapy was not helpful at all. An example was that I was telling her that I am getting very poor sleep because my mind's just racing at night. And I'm so exhausted and tired that my bedtime routine, I would have just enough energy to brush my teeth and then just collapse into bed. I'm like, "I know I should floss, I really should floss before I brush my teeth. And that's just how tired I am." And she said, "Well… have you considered making it a rule that you need to floss your teeth before you brush your teeth?" And I was just dumbfounded, like, "No shit, that's what I'm trying to address here!"

*Amanda*: I'm honestly not sure what those four master's students were doing. It felt like talk therapy, like your classic, almost like your classic talk therapy. I would be like, "I'm having horrible nightmares again, and I can't sleep, and then I can't wake up, and I'm just really struggling." And they'd be like, "Hmm… that sounds hard." And that'd be it. I'd be like, "Yes, it is hard! Now what?" And they'd be like, "Mhm, yeah," like, they were just, I don't even know what they were trying to do.

In short, these nonreligious clients did not just want to be told what to do by their therapists, but they also needed their therapists to contribute something more than just empathic listening.

## Secular vs. Religious Therapists

When asked what they knew about their therapists' own relationships with religion, participants gave one of three answers: they knew that their therapist was either nonreligious or religious, almost always some kind of Christian; they had unconfirmed suspicions one way or the other; or they had not asked and did not know, saying either that they did not feel it was their place to ask or that they would simply prefer not to know. Several participants also reported having picked up on nonverbal clues, such as jewelry or office décor, that hinted at their therapists' religious affiliations even when there had been no direct conversation about it.

### *Rejection of Religion in Therapy*

Most participants indicated that they would prefer a nonreligious, or at least a non-Christian, therapist. Some were concerned that they would not have the freedom to be their full, authentic selves with a religious therapist:

> *Taylor*: I feel like it is a belief system that can infect someone's way of thinking to such an extent that it can really shift the way they're seeing people and the world, and, you know, may think that someone ought to be behaving in a particular way, or that someone's identity is pathological, or something like that. I guess I would be concerned that that would happen. If I knew that I was seeing a therapist who was religious in more than just a cultural sense, I would be concerned about that, and that we would not be able to click, and that they would be secretly judging me.
>
> *Paula*: They would have too many presuppositions that I am aware of because I had them. And I would know what file folder they're putting my comments in. And even if

they were doing—not Christian counseling, I would never go for that—but even if they're doing regular clinical work, but as a Christian or a religious person, I couldn't do it. There's no way I could connect with that.

Here, as elsewhere, safety was an important factor for participants to consider:

*Sparkly*: Christianity, it's just—I can't. I can't speak safely. And it's really hard to have a deep conversation with someone who thinks you're going to hell.

Several were just too opposed to religious, particularly fundamentalist Christian, worldviews to even consider a religious therapist:

*Kaz*: If they were a certain type of Christian, I would say absolutely not, because of what I know now about Christian dogma, and that idea of worshipping a god that is like that. That would be a—if I found out about that mid-therapy, I'd probably walk out.

*Amanda*: I would have an automatic higher level of distrust for anyone that I knew was specifically Christian.

*Connor*: I don't know how that would come up, if I found out my therapist was a fundamentalist. If they said something in the therapy session like, "Have you read the Bible?" That would be—I would just walk out. That would be a hard, like, "Okay, we're done." But, yeah, I would not want to work with a therapist who has strong Christian beliefs. (…) Talking about my youth and leaving that religion, and they're a member of that religion… that would be a hard pass.

There was a recurring concern that evangelical Christian therapists, even if they claimed not to operate clinically within any particular religious framework, would be unable to effectively set aside their religious beliefs when working with a nonreligious client:

*Garth*: The word "evangelical" is someone who evangelizes, and their whole identity is to actively, always try to bring people to Christ. So if they were evangelical, I think that it would eventually come up, them trying to religiously motivate me as a therapy client. So that would probably be a problem.

*Jess*: Whenever you're a part of an evangelical religion, you're supposed to conquer the seven spheres of influence of the world. And one of those is work. So you're supposed to bring that in. So even if they aren't telling you that their religion is why they want you to do something, it's like, how separate are you really making that when your church is consistently telling you to bring religion into the workplace? Yeah. I also just have a hard time trusting religious people, just because of how much they failed me in the past.

Nevertheless, a surprisingly large minority of participants said that they did not or would not mind working with a religious therapist, typically with the caveat that the therapist would have to leave that out of the therapy to the extent possible:

*Amanda*: It's not important at all. The only reason that it would be important was if I felt like it was affecting their ability to give good counseling, good therapy. But as long as they're able to do their job successfully, and not bring their own personal beliefs into it, it really does not matter to me what their religious beliefs are.

*Garth*: I don't think it's important as long as it's not something that we're addressing or talking about. If they ever started suggesting their methods, and their methods being religiously motivated, that might be a problem. And if it didn't stop, that would be a reason to change therapists. So as long as it's not really—I don't want to say brought up, because someone's own religious beliefs are fine, you gotta respect your therapist as a person as well—but as long as it wasn't brought up and pushed.

>*Easy*: Honestly, she could be as devout as my folks and it wouldn't necessarily bother me provided that that stays the hell out of there. It stays out of the practice, it stays out of our sessions, stays out of her methodology.

The question of what it might look like for a religious therapist to leave their own religious views out of therapy enough to satisfy nonreligious clients was not addressed by any of the participants but, I would argue, would be an interesting line of research to pursue in another study.

Several participants made a point of mentioning how difficult it was to even find a nonreligious therapist in their area, meaning they essentially had no choice but to make peace with some kind of compromise:

>*Blake*: I just went on Psychology Today and looked at therapists in the area. Of the maybe five therapists, six therapists within a reasonable drive—I live way out in the boondocks—I think three or four of them were church affiliated. So it might have been, like, "therapist" in quotation marks.

>*Tori*: I had to go through a lot of therapists, cause in this area they would do that thing where they just, "Oh, well, God"—the answer is always God. My workplace has some benefits where I can specifically ask for certain types of therapists. And I requested secular, and they still got me religious therapists.

>*Easy*: When I was looking for a therapist in my area, almost every list I came up with, half of them were offering faith-based therapies until I went and I actually sought out The Secular Therapy Project through Recovering from Religion. That was a valuable resource.

Like the majority of participants overall, these participants were located in either the Midwest or the South, where explicitly nonreligious therapists were in some cases practically nonexistent.

### *Rejection of Christian Counseling*

In one of the study's most striking findings, participants uniformly stated that they wanted nothing to do with any form of Christian counseling. A small number had already been subjected, during their childhoods, to such practices as large-group awareness training, nouthetic counseling, and exorcism, all of which were described as extremely harmful. The one participant who had tried Christian counseling voluntarily, during adulthood, did not have a positive experience:

> *Pema*: What didn't work to me was going to Christians for Christian counseling. I thought maybe that could provide me with some perspective or some, I don't know, something. But that definitely proved to be useless and retriggering. Yeah, it wasn't useful for me to try and have this conversation with other Christians.

Another participant gave a particularly harrowing account of how she was lured into sexual orientation and gender identity efforts, sometimes called conversion "therapy":

> *Tori*: I originally looked up places for a LGBTQ+ type of therapist or therapy, but it turned out it was the opposite. (…) They tricked you, basically. They make it sound like it's one thing, like they're gonna help people who are, kind of, go in that category. But it turned out the complete opposite. And I was like, "I see."

Aside from these explicitly Christian practices, participants all resisted the intrusion of religion into ostensibly secular mental health treatment. These intrusions took various forms, all of which participants found frustrating and unhelpful. Some therapists had explicitly invoked Christian teachings during sessions:

> *Tori*: It was really, really irritating to get someone who just turned Jesus off, where that's the answer to all your problems and how you relate to your family. (…) I remember I had

a therapist, she was from India, and she was really, really keen on me just accepting God, and even though I'm not ready, she would shut me down every time I would be—"Yeah, but I'm not, I don't believe in God." "Yeah, yeah, yeah. You will believe in God." And she would shut me out all the time.

*Sylvia*: She would make comments. For example, at the time, my daughter, she'll be six in August, but at the time, I think she was maybe four, four or three. I would tell her—cause I've always worked a couple jobs and just been very driven to reach my financial goals. And my daughter, she had said, "Oh, Mommy, you work all the time," I think at the time she was three, she said that, "Mommy, you just work so much." I told the therapist that. And she made a comment, saying that, "Oh, yeah, God talks through children." Like, God will just talk through children, meaning, "See that? You know, even comes out of the baby's mouth," some type of spiritual reference, like, coming from the baby's mouth. I was like, "Yeah, I know, I do work a lot…"

*Amanda*: The four therapists I did through the Adventist college kept bringing up the idea of forgiveness like I'd never heard about it before.

As participants generally had less helpful experiences with therapists who were more directive, therapists who were not just directive but directive in religious ways were doubly unhelpful.

Other participants registered their exasperation with therapists who did not seem to understand, and apparently showed no real curiosity about, how their family members' religious views could possibly be contributing to their relationship issues:

*Kaz*: I saw the college therapist on campus and started by saying—cause they said something like, "Where are you at, or how do you feel, or how are your parents' relationship?" And I said, "My parents are really Christian." And they were kind of taken

aback. And they were like, "Well, what do you mean? That's not a problem. Why would

you even say that?" And I kind of took that as, like, "Oh, okay, I can't talk to you about

this stuff."

One participant had a therapist actually argue with her about religion in a way that was

completely invalidating of her own traumatic experience:

*Sparkly*: I had one lady, and I was trying to describe to her how my parents would beat

me. And she felt the need to defend her faith. She would say that "that's not what that

Bible verse means. It's describing Jesus as a shepherd, and shepherds wouldn't hit their

sheep." It doesn't matter what you think that Bible verse means, my parents used the

Bible verse "lashes and wounds purge away evil, and beatings clean the innermost part."

Right? So I didn't really need her to defend anything in the Bible, first of all. But there

is—in the Bible, it specifically says to beat your children. So her saying that that didn't

happen, and the Bible doesn't say that, that's incredibly frustrating to me.

As discussed below, participants needed to have their stories listened to, believed, and validated,

and unfortunately, in some cases, their Christian therapists simply could not provide that.

**Safety**

Participants pointed to the therapist's ability to establish and maintain an atmosphere of

safety within the therapeutic relationship as one of the two major therapist-related factors that

determined whether they had found a therapy experience helpful or unhelpful. Many participants

communicated the importance of feeling safe with their therapists in ways they had not always

felt safe with their family members or with members of their former religious communities. This

need was especially pronounced in cases in which participants had experienced complex trauma.

***Signs of Safety***

Several participants described being highly attuned to any clues as to whether a potential new therapist would be a safe person for them, especially when they were unsure of the therapist's own religious views before meeting with them. One interesting finding was that participants reported seeking out LGBTQ-friendly therapists, reasoning that these therapists would also be more likely to accept and validate their nonreligious identities:

*Blake*: I found a profile for a licensed marriage and family therapist who on her profile—I noticed she was, I forget exactly how it said it, but LGBT-friendly, basically, or LGBT-affirming care or something like that. And that wasn't something that I felt like applied to me, I'm a straight dude, but I assume you can't be too fundamentalist and be… and I'm sure some people, their religious views maybe don't influence how they do therapy, but that was my thinking at the time, is that this is probably not someone who was gonna think I was crazy.

*Jess*: He has an untraditional wedding band. And some of the things that he's said make me think that he is married to a man. So I would say that made me very comfortable. Cause even not knowing if he was religious, he didn't necessarily accept every single teaching.

Several participants mentioned the therapist's office environment, including the therapist's own attire, as signaling whether a therapist was likely to be safe or not:

*Tori*: I already know ahead of time exactly what they're about, just seeing what they have around. And I have seen those, I walked in—that's what the one that my workplace suggested I go to. So I went in there, and immediately I'm like, "I've been bamboozled," cause I'm looking at the wall, and she's even wearing a necklace with a cross, and I'm

like, "Just by any chance, are you a Christian practice?" And she says, "Well, yes," and I'm like, "Uh, okay."

*Heidi*: She wore a piece of jewelry one day that was a religious icon. I just kind of generally remarked, like, "Oh, that's a necklace," or something. I could tell she had an immediate reaction and then hid the necklace. And then apologized for that a couple sessions later when I brought it up.

*Amanda*: If I went to a therapist's office and they had a Jesus fish on the wall, I might not even go into the office.

Nonreligious clients who had experienced trauma were particularly attuned to these signs of safety, or lack thereof. Therapists, for the most part, came across as oblivious to how their displays of religious faith could be considered off-putting or even hostile to these clients.

### *Boundaries and Personal Agency*

Participants appreciated when therapists not only supported clients in maintaining appropriate boundaries with family members but also respected boundaries within the therapeutic relationship. Nonreligious clients working with religious therapists, for example, noted their appreciation when therapists respected their wishes to leave religion out of therapy:

*Amanda*: This therapist was just full-on supportive of me never speaking to anyone I didn't want to talk to again, or doing whatever I needed. No religion brought up at all.

*Michael*: If a family member is not respecting boundaries, or a family member is openly hostile towards you, there has to be an allowance for the fact that, in order for that relationship to exist, there has to be respect on both sides. So that means it only takes one person to make a relationship pretty much impossible. And so the acknowledgment that—not that the patient is the most important person in the world, but that their feelings

and their boundaries are important, and important enough to actually stand up, no matter who the challenge comes from.

This same participant spelled out concisely why boundaries can be a particularly salient issue for nonreligious people addressing religion-related estrangement:

*Michael*: Religion is not great for respecting boundaries, quite frankly, especially the kind of religion that my mom's involved in. Most people, they just have their religion. They just go on with their life. Same thing as most atheists, they just say, "Okay, I don't believe in this" and just get on with their lives. But some people are really, really in your face about it, especially people who are parts of religions that part of their code is, "You must do this, you must tell other people," even to the point of, "You must force other people to believe as you believe."

Another participant, highlighting the challenges therapists face in this work, spoke at length about his difficulty maintaining healthy boundaries with his family:

*Andrew*: With my family, I feel that the most important thing I can do is remain in control of that. How the no contact, or estrangement, kind of functions at any given time. It's really important to me—and talking through with my therapist—that I see it as kind of a more extreme form of having to have boundaries. But yeah, I try my best to maintain control of that. And also because of the "cultic"-type nature of what I grew up in. They would always be trying to pull me back in.

He pointed to a life-changing discovery of the importance of consent in all areas of his life:

*Andrew*: Being in communities that had a high value on consent, that talked about consent, that valued consent, that made it a cornerstone of how everything happened within those communities, was extremely powerful for me. That was really the biggest

thing. Because so much of fundamentalist Christianity, and so much of cultic-type

activity, we'll say, transgresses consent in very powerful ways that can get very deep in

there for you, especially as a child. So it was extremely healing for me.

Citing several experiences with different therapists, he described how well-intentioned advice

can be unwelcome and in fact quite disempowering for a client:

*Andrew*: When they hear that I have at times had periods of my life where I still speak

with my parents, they've had very strong negative reactions to that, that I have felt were

not necessarily unwarranted. But they pushed the needle much further than I was

comfortable with at that time. And, going all the way back to my first question, to me, if I

were to lose control of how that boundary is set, that would be… I feel that that would be

a very bad thing for my mental health. So when a therapist has come in really strong on,

"You need to do this, and you need to do that, and you need to—" whatever it is, I feel as

though I'm losing agency. And I feel that because so much agency was taken from me as

a child, that can be a little triggering, but also it's quite disempowering. And that's not

what I'm looking for. But the therapists who have just kind of held the space with me,

that's been very helpful.

On the other hand, participants who felt empowered to make their own decisions not just

about whether and how to be in contact with estranged family members but about anything else

in their lives recounted their experiences in a positive light:

*Sylvia*: I just got to the point where the relationship was not healthy. I think relationships

should take both people working towards developing and nurturing that relationship. And

it just doesn't feel well when one person's putting forth all the effort. And just not

emotionally healthy. And I didn't want my daughter to be exposed to a very strange

emotional relationship with my parents. So I just cut it off.

> *Taylor*: With my mom, she still wants to have a relationship and is desperate to do that,
> but seems unable to stop herself from trying to jump in with these instructions and things
> all the time. She has to constantly let me know that my gender is not real, according to
> God. And I have to periodically say, "We are not going to keep having conversations if
> you can't stop bringing that up." And she'll be okay with that for a while, and then she'll
> forget. She read this book that told her that it's very important that you have to make sure
> at all times that you let all trans and nonbinary and gender nonconforming and queer
> people know that what they are doing is wrong, and it's a sin, and it's your job to make
> sure you tell them that every time you see them. So she got on that for a while, and I had
> to tell her we're not speaking until she can stop doing that.

Considering how many participants, when describing their estrangement situations, emphasized

the lengths to which they had gone to maintain relationships with their families, it is not

surprising that two participants, advocating a more measured approach to boundary setting,

resisted the suggestion that problematic family members should be immediately cut off:

> *Taylor*: I feel like there's kind of this trend right now of people saying, "Oh, this person's
> toxic. Cut them out of your life. This person's toxic. That person's toxic. Cut everyone
> out of your life, erase everyone on social media, don't talk to your family again, anyone
> you ever went to middle school with, never speak to them again." It seems like a lot. (…)
> It doesn't feel like necessarily the healthy thing to me in every case, especially when
> we're talking about family members that you might be relying on for certain things. Or
> maybe it's not just that simple that you can just cut off the relationship entirely, and

there's no consequences. I think yes, it is toxic and harmful, whatever "toxic" means.

That may be the case, and I don't know that in every instance of that, we need to jump

immediately to "never speak to this person again in your life." Like, maybe there are

some other options we can explore.

*Michael*: You do have to be careful because you don't want to have a situation where any

slight is seen as fatal to the relationship.

Therapists who conceptualized family estrangement in such limited, black-and-white terms were

seen as less competent and ultimately less helpful than more systemically oriented therapists who

could appreciate the complexities involved, including the fact that clients often felt ambivalent

and conflicted about whether and how to distance themselves from family members.

### *Listening and Validating*

Many participants highlighted the fundamental therapy skills of empathic listening and

validation as essential for creating a safe therapeutic relationship. These were among the most

frequently cited qualities that participants said it would be important for therapists to have when

working with clients in situations similar to their own:

*Paula*: I think listening is the biggest one. Just shut the hell up and listen. Ask one of

those damnable questions, and then just shut up and wait. And she's really good at that.

Like, in the guided visualizations, you know, I am processing and thinking in that

moment or moments, and she just waits. (…) Letting me have my processing, because

there's so much tumult in here, like the maelstrom. And just allowing me to have that

pain happen. I need to sit in it, and I need to connect with it and understand it and go

through it. And she allows me to do that, and asks me those questions, and makes

observations along the way, and some reassurances, and some affirming stuff.

*Pema*: I definitely think the ability to really be attentive and listen and bring your full self into that session with the person. The feeling of estrangement makes you feel like you are alone in the world. You walk in the world very differently. And so, therapy is a place where you really want to feel safe. And you want to feel like you're being heard.

Listening and validating were especially crucial in the context of complex trauma:

*Sparkly*: She listened. Sometimes I have trouble getting all the words out, and I even start stuttering if I get too upset. And she doesn't interrupt me. She just lets me work it out. And I don't know, she just—what's the opposite of a microaggression? Cause there's— it's just those little things that made me feel, made it feel okay. (…) That consistency is really helping me, cause I was consistently taught that I was a bad person. So now I'm gonna be consistently taught that—not that I won't ever make mistakes or anything, that doesn't make me personally bad. And I'm gonna say—I mean, this isn't specific to just religious, but—patience, because, like I said, it was a very long time spent drilling in, and it was drilled in with violence. And it was drilled in with manipulation. And it was drilled in with repetitiveness. And so, patience, for when they repeat themselves over and over and over again.

*Taylor*: There may be a lot to unpack. And it's not just gonna be, "Oh, okay. I hear you had an argument about this, cool. Now let's—" "No, no, wait, there's more. There is a long back history to this, and it's mixed up in all of these ideologies and all of these teachings. And this trauma that happened at Sunday school. And when she said this, it's bringing up these 18 instances of what happened at the Christian homeschool group, and…" It's a lot, and I think sometimes you have to kind of dig for it to let—or maybe not dig for it, just wait for it to emerge, to see all these connections between things that

are resulting in this being an especially traumatic situation. So yeah, being able to listen

to a long story and wait for the connections, because they're probably in there.

Again, these are connections that a systemically oriented therapist might be more likely to make.

Having a therapist validate these life experiences and convey, in an authentic and credible

way, that participants were not alone was among the most powerful and enduring ways safety

was created in therapy:

*Blake*: I needed somebody in my corner that—I really was surrounded by people who

thought I was crazy.

*David*: You go through an experience that's kind of crazy. And the ability to be able to

tell someone, like, "Yeah, this was crazy. This is a—just a thing. And it felt normal at the

time." That means a lot.

The fact that this validation was coming from a professional invested with the power of expertise

was significant:

*Taylor*: I needed to hear that I wasn't doing it wrong. This whole idea of, you're sinning

by leaving an abusive relationship, is not the only way of thinking about that. In fact,

that's not the way that most people in a clinical setting would think about that. That was

news to me. Like, "Oh, wait! There are people who are actual experts, who are clinicians,

who are therapists, who have been to school for this, who are relationship experts, and

they're saying that I'm not evil for leaving this relationship." That was news to me.

Cause a lot of people are really, really sheltered and indoctrinated into these belief

systems, and kept from that kind of knowledge, to where they might actually not know

that.

Several participants spoke of the crucial need for therapists to simply believe that the stories their clients tell them about what has happened to them are true:

*David*: It's like that whole thing, like, you know, who's gonna believe me? Because it's not a universal experience.

*Pema*: Trust what's being said, regardless of how bizarre a story might be. Really trust it.

*Jess*: Believe them. Even if it sounds crazy.

This last participant told of a therapist who, incredibly, did not believe her experience of being sexually assaulted:

*Jess*: I could tell some of the stuff was just so crazy that she—I'm not sure when she stopped believing me. But she definitely did. (…) The vibe was, like, "Did this really happen?" (…) And I never went back.

Another participant recounted negative experiences with therapists who minimized rather than denied her childhood trauma:

*Sparkly*: They tend to say that parents were doing the best they could with what they had. I've heard that so many times, and… I don't know. It just—it's frustrating sometimes.

In a similar vein, another participant told of a therapist who lost him as a client right in the first session:

*Easy*: The first one I went to called me a drama queen, and I didn't go back, that was unhelpful. (…) That was like, "Oh. That's the last copay you're getting from me."

Listening and validating are important skills for therapists working with any clients. For these participants, who often had spent their lives struggling to have their experiences heard and believed, let alone taken seriously, these opportunities to share their stories in safe, supportive spaces offered them a critical lifeline to a world in which they were not "crazy" after all.

### *Mutuality in the Therapeutic Relationship*

Several participants also spoke of ways in which the therapist helped to foster safety by co-creating a therapeutic relationship characterized by mutual respect, sharing, and learning, with a sense of facing challenges together. This mutuality was described in various ways:

*Pema*: I think one of the reasons why I had that 10-year-long relationship with my therapist is because he is a seeker himself. And he's gone through some shit himself. And so, he was able to bring a level of substance and thoughtfulness to that conversation. To many, many conversations. And he was also able to recommend books to me. And there were times when we read chapters outside of therapy, and then when we came in therapy, we would talk about those chapters.

*Garth*: It's gonna be a never-ending process, full of a lot of unexpected turns. So just to be prepared for that. And one day you might be in a session with a client, and you'll get thrown a curveball that was something you never could have imagined or prepared for, and that would go for both of you.

*Heidi*: My expertise is in my day-to-day life, my experiences, and what I'm feeling, and that's the expertise I'm bringing to our therapy work. And her expertise is more the psychology side of it. She's the psychologist, so… when I say "orthogonal," we're taking those two expertises and sort of meeting in the middle there.

One participant memorably acknowledged that the person of the therapist matters in therapy:

*Andrew*: I feel for therapists, cause I'm like, you guys are people, right? You're bringing something to the table. You're not bringing, you know… you're not a vending machine that spits out good advice or wise words or kindness. You're a person, too.

Participants appreciated the approachability of their therapists as people:

*Tori*: She's just really easy to talk to. She has this down to earth—it's almost like talking

to a friend, the way she presents herself.

*Pema*: It was very informal. And having somebody that's informal as well, I think, works

because you're also coming, perhaps, maybe not always, but, authoritative, hierarchical,

those types of systems within some religions. And so having somebody that you're a peer

with, in some ways, I think—like, my therapist made himself a peer to me. I didn't have

to call him doctor. I was able to call him by his first name. So all of that, I think,

supported the relationship, and hence my ability to feel safe in that relationship.

Differences along dimensions of identity other than religion were rarely mentioned as barriers to

a strong therapeutic relationship, and only a few clients spoke of the importance of matching

with their therapist in terms of gender or race. However, one participant, who identifies as an

African American woman, did feel that her therapist, who was White, simply could not access

aspects of her experience in a way that was helpful to her:

*Sylvia*: That experience, it wasn't necessarily negative, I just thought she couldn't relate

to me. She wasn't very relatable. She was Caucasian. She, you know, she is Caucasian,

so I did feel like she's been—just had a very easy, kind of easy, life. (…) I just thought

she was very, you know, stereotypical Caucasian, privileged, Western therapist.

Relatability was important to several participants who mentioned that knowing their therapist

had had similar life experiences—exiting religion, especially—had helped them to feel safe in

the relationship:

*Paula*: It's really helpful to be with somebody who has been religious and has left

because she gets that experience of having been in it. And then that awful disconnect, and

the, just, ripping that it feels like. So she can really relate to that. (…) I wanted somebody who can really connect with this awfulness.

*Connor*: She escaped. This is one of the reasons why I sought her out. I didn't know this before I started seeing her, but on our very first session, I wanted to know about her background, because I did not want to see a therapist who had never experienced religious issues. And she said that she came from a very fundamentalist Mormon family in Utah, and she escaped. She managed to leave that environment successfully. And that's exactly what I was looking for, a therapist who recognizes the importance of religion, especially growing up, and the issues that surround leaving a religion. And especially with family. And it just so happened, I did not know that going—when I saw her, and in our first session, when she told me that, I was like, "All right. This is the one, I wanna work with this therapist."

This was not a universally shared preference (as discussed more below), but for these participants at least, the shared experience of having exited religion served as a powerful and almost immediate way to create a sense of safety in the therapeutic relationship.

**Curiosity**

Another key finding related to the person of the therapist was that many participants emphasized the importance of a therapist who embodied the quality of curiosity. Although some participants, as described above, ideally wanted a therapist who had been through similar life experiences, this was not a prerequisite for most. Familiarity with religion was generally considered important, but several participants acknowledged that they could not realistically expect a therapist to fully understand their experiences right away, especially if they came from relatively small or insular sects whose inner workings were known mainly or exclusively to

members. What mattered more was that the therapist could ask good questions during sessions and, importantly, was willing to do homework on their own outside of sessions.

### *Curiosity as Essential*

Several participants noted that one of the qualities they considered most important for a therapist to demonstrate when working with a client in a similar situation was curiosity:

*Heidi*: Just be curious about the person sitting across the room from you. Be really attuned to what you're kind of projecting on them, especially for nonreligion. There isn't one way to approach that. And I know that's true of religion as well. There's not really one single way that people approach it. But there are commonalities with religion. There are books of practice associated with religion. Nonreligion doesn't really have that. So we're all approaching that in different ways without that fallback of religious texts or a religious group that has catechisms, or whatever the case may be for that group. There isn't that common foundation. So just be curious about how that person experiences nonreligion. And it's gonna be different from person to person, of course.

*Andrew*: Curiosity. Not necessarily just about me, or about a patient, but about things that you don't know about. I don't think it's fair to ask—I've had therapists that are younger than me, I've had ones that are older than me. I don't think it's fair to ask a therapist to know everything about everything. I know my current therapist has told me, "Oh, I didn't know about this. I went and looked it up." And I feel really seen in that space. Because to me it feels a little bit like, a carpenter doesn't know how to build every house, but if you give them the blueprints, they can do a damn good job. That's how I feel about that. I feel like, there's a ton of information out there. I'm not the only one who's experienced what I've experienced. I've found other people who have. And I've found people who have

written about it. And so it's always good, I think. I think that sense of curiosity about the

world, I think, is helpful.

*David*: You really need the quality of someone who's really willing to learn, even within

therapy. Because, yeah, you know, there are a few experiences within all the different

forms of evangelical faith that is kind of different one from the other. So yeah, that

ability—at least curiosity, a willingness to learn.

One participant recounted how her therapist's apparent lack of curiosity prevented the two of

them from connecting on a more meaningful level:

*Sylvia*: I would want a therapist that's a little bit more—not inquisitive, but a little bit

more curious, or maybe—I'm not saying that they have to identify the same way I've

identified, but at least be a little bit more inquisitive about other religious affiliations, just

to kind of broaden their world perspective, culturally, and their viewpoint. (…) I guess I

like people that like to learn about different cultures and perspectives, from religious to

nonreligious.

The therapist's curiosity about her life experiences was seen as essential for moving the

conversation into the kind of uncharted territory that would stimulate change and growth.

**Therapists' Own Homework**

Participants valued therapists who demonstrated a willingness to do their own homework,

particularly when confronted with unfamiliar aspects of their clients' experiences with religion:

*Amanda*: It made him seem more trustworthy that whenever I threw him for a loop, he

would come back the next week—he would have some research he'd done, worksheets

for us to do together, things to figure out. He was very open about the fact that some of

my trauma was just—he hadn't worked with anyone who had, sort of, super, super severe early childhood trauma.

*Paula*: I'd say it's helpful to have a background in, or some knowledge in, different types of religious lingo. Because, say, having a—in my opinion, having a former Southern Baptist therapist vis-à-vis a former Lutheran therapist makes a big difference.

*Garth*: I would want them to know the religion, in that they know the core beliefs and teachings. And then I would also want them to know the effects that it has on people even after they're not in it anymore. It can be very handicapping in a secular world, socially and economically. (…) They don't have to be directly experienced, but I'd like them to read a couple books about it. Like, first-person narratives on people that have left it, and how it's affected them.

Participants highlighted an important distinction between nonreligious therapists who had themselves exited religion (dones) and those who had never been very involved in the first place (nones). Nonreligious therapists who did not know as much about religion and were not proactively engaged in their own learning about it were seen as less helpful:

*Andrew*: The first therapist has absolutely no knowledge of any of this stuff. I don't know his actual religious background, but through our time talking together, I kind of gathered he's probably agnostic–atheist. And so he didn't have a frame of reference, during the time that I was seeing him, for any of this stuff, and so I would have to explain everything. And that does make it more difficult to kind of get to some of the root issues there. I think the most difficult thing to get across to someone with that background is that once a family member has decided that you're not saved, you become an object

rather than a person. And that's a very, very difficult thing to get across to somebody

unless they have some kind of research or prior experience with this sort of thing.

*Jess*: I didn't know this whenever I started going, but he is not religious. I've actually had

to explain to him what some—like, he didn't know what the word "heretic" meant. So

I've had to explain some religious terminology to him.

One participant, underlining the importance of respectful curiosity rather than simple morbid

curiosity, outlined a major potential pitfall for therapists working with clients who have exited

religion. He described a negative experience with a therapist who asked too many questions

about his former religion that felt "touristy":

*Blake*: I don't know, for some reason that was a little—I hate the word, but, kind of

offensive to me, and just kind of got an "ick" out of it and didn't go back. (…) It didn't

seem like it was with my best interest in mind that he was asking some of these questions.

Curiosity is an important quality for a therapist to have, but it has to serve the client and not

simply satisfy the therapist's own nosiness, particularly when unfamiliar and exotic-seeming

religions are concerned. Therapists should be respectfully and purposefully curious.

**The Problem of Religion**

One of the major themes, at times unspoken but present between the lines and at other

times made explicit and clear, running throughout these diverse stories of coming to identify as

nonreligious, experiencing estrangement from family members over religion, and addressing the

consequences of the estrangement in therapy was the central role that religion itself has played as

a force for disruption, disconnection, and harm. In other words, many participants conveyed the

fundamental notion that religion, especially the ways in which it intersects with and reinforces

other oppressive systems and ideologies, is itself problematic. In the language of narrative

therapy: the problem—not the person—is the problem, and the problem is religion.

### *Religion as All-Encompassing and Inescapable*

Many participants, usually when asked open-ended questions about what researchers and

therapists should know about their experiences when working with clients in similar situations,

took care to emphasize just how far-reaching the impact of religion had been in their lives, even

and especially after they had chosen to exit religion and identify as nonreligious. For many

participants, religion was so central to their families' lives that maintaining relationships with

religious family members was always going to be difficult, regardless of any lingering warm

feelings and positive intentions:

> *Garth*: Because I'm no longer religious, it's extremely difficult to have a normal
>
> conversation with them. Because everything that they say or talk about always
>
> immediately reverts back to "God this" or "God that." There's no way to have a
>
> conversation with them anymore without it being, just, immediately religious in some
>
> aspect, or in the back of their minds. So I haven't really been able to talk to them.
>
> *David*: All they want to talk about, generally speaking, the only things that they talk
>
> about with any real depth in most cases have to do with their experience of their church,
>
> their experience—their own religious experiences in the home, and, you know, reading
>
> the Bible every day, and things like that. Because that takes up so much bandwidth in
>
> their daily conversation, we don't have much to talk about.
>
> *Easy*: It shows up when they're just in conversation, because everything has a religious
>
> tinge to what they have, in the deeper conversations, in their worldview, and politics,

every—all this other stuff, unless you want to rock the boat, unless you want to get in there and press how they make choices, press how they make evaluations.

Participants living in especially religious parts of the country felt isolated not just from family but from the larger community around them:

*Easy*: I live in the Deep South. You can't get away from it here.

*Sparkly*: You have to understand where I am in the world right now. (…) I have six churches within five minutes' walking distance.

*Heidi*: Trying to find groups, which I've found can be maybe a little bit challenging in the state that I live in, just given the prevalence of religion and folks who are parts of religious groups. So there can be a little bit of challenge with that. I think it's more of a challenge on my side, I think, cause it can just be difficult to reach out to folks who are religious. It just feels separate from that perspective, too.

In these cases, online resources such as support groups and other nonreligious communities could help to mitigate that sense of being surrounded on all sides by religion, but virtual camaraderie was often small consolation for participants who nevertheless felt alone.

### Religion as Harmful

Many participants highlighted how their experiences with religion had been harmful to themselves as well as to their families, often in ways that they were still coming to terms with:

*Pema*: For me, and I would imagine many other people, the indoctrination plays out in many aspects of one's life. So it can play out in relationship. Let's say, if you have an intimate partner, and somewhere in your mind, you think that if you fornicate, you're gonna go to hell. It could play out where you might let somebody abuse you because you're constantly forgiving them. (…) In terms of money, money is the root of all evil, so

then you live life with a poverty consciousness, not thinking that you are worthy of

having abundance. So there were all of these sort of psychological types of issues that I

had to systematically and very thoughtfully work to address.

*Taylor*: One of the things that goes along with estrangement from family as a result of

religious issues—or at least has been the case for me, I think it is for some other people,

too—is this sense that you're wrong, you're broken, you're doing it wrong, and you're

the one who's throwing away these relationships. And you're breaking everything, and

it's you, you're confused, you're a bad person, how could you be doing this? And it can

be isolating if you internalize that narrative, which is what you're probably inclined to do

if you've been indoctrinated to think that for your whole life. (…) I'm not the one who's

broken. This ideology is the problem.

*Michael*: I mean, there's some people who are religious, believe really stupid things for

religious reasons, and it's okay to laugh at the beliefs. I wouldn't do that in a therapeutic

circumstance. But the point still stands that I don't think that, you know, especially when

religion is an excuse for treating someone badly, especially a family member. Or for

disowning a family member, or anything like that, or for abusing your children and stuff

like that. I mean, that's just, it's just—"Oh, because this 3,000 year old book says so."

No, sorry. Not gonna carry water with me.

One participant spoke poignantly of feeling freed from guilt at the realization that religion itself,

not his decision to reject it, was responsible for the emotional distance between himself and his

father:

*Connor*: I came to the realization that me not believing is… yes, it's causing him

suffering. But it's not really me who is causing him harm. It's his religion that's causing

him harm. I feel like all we can really ask people to do is just be honest and be their

authentic selves. And if me being my honest, authentic self is—if he doesn't like that,

that's on him.

It is worth noting that participants rarely took the position that all religion is bad all of the time,

but they certainly made clear in their responses that it can be harmful at least some of the time.

### Religion and Oppressive Systems

Several participants spoke to the power that Christians, in particular, wield in

contemporary U.S. society:

*Amanda*: I'm not anti-religion, but I am very anti-American Christianity. And in general,

I just think that Christianity is used in this country for such intense levels of harm that

I'm not even sure that it is possible to ethically be a Christian. It feels mean to say, cause

I know Christians that I like, but just, like, straight up, all of the worst people in this

country right now on the national stage are professing religious belief, catering to the alt-

right. And it's not getting better, it's getting worse. And so, I would just hope that no

therapist would ever recommend religious models, Christian-based anything, to their

clients who have been abused by and through religion, especially Christianity, since in

this country it's majority Christian and majority Christian values being used.

*Andrew*: For people experiencing estrangement, or heavily, highly, like, very strained

relationships with their families due to religion, we feel the weight of the fact that the

dominant culture in America right now is Christian. And it feels like you're constantly

trying—it can feel like a constant battle just to justify that you were harmed.

Religion was described by many participants as reinforcing a variety of oppressive forces

present in their families, including racism, antisemitism, homophobia, transphobia, patriarchy

and the oppression of young girls especially, poverty, and violence. One participant painted a vivid portrait of how a churchgoing family member behaved more or less with impunity:

> *Jess*: My ex-stepfather would consistently joke about burning crosses in people's yards when he was younger. And, like, did not compute cause I was a child. But he was always incredibly racist. One time he literally tried to run Black people over in his car just because they were kind of on the side of the road, and they were Black. With me and my sister in the car. And he almost did it. They barely made it to the side of the road, and he thought it was really funny. I was not so amused. (…) So we would fight about that, and about women, too. Cause he would always be like, "Oh, your place is in the kitchen. Your kitchen should be, like, 1000% clean," blah blah blah. But yeah, I'm pretty sure that he was part of the KKK.

She described the looming threat of violence that kept the church firmly in power:

> *Jess*: He, my ex-stepfather, literally has an entire room that has a padlocked door that's reinforced with steel. And all this crazy stuff. And it's just full of guns. And, like, half of them are unregistered guns. So just the amount of firepower, both being legally and deadly weaponry that is behind the church is terrifying. And it's not very popular to admit that you don't think the same thing.

Meanwhile, her mother managed to maintain a belief that Christians were in fact the ones that were oppressed:

> *Jess*: She's just inventing problems to seem like the victim. Cause I think it brings her joy to feel like she's being persecuted. And I don't know whether that's also a Christian thing, but she also does that for a lot of religious things. Like, "Oh, they don't want

Christians in this place." Or, like, "Prayer in this place," or, like, "Christians are being

pers—" whatever.

This is just one of the many stories that participants told of how their religious family

members perpetuated systems of oppression that often caused direct harm to the participants

themselves. Another participant humorously pointed out the apparent hypocrisy of an ideology

that, broadly speaking, claims to reify the notion of loving one's neighbor as oneself:

*Michael*: People who say "hate the sin, love the sinner" really get upset when I say "hate

the belief, love the believer." It's almost as if "hate the sin, love the sinner" is an

underhanded way of saying you don't really love them.

## Summary

The 17 participants in the study shared their stories of exiting religion and coming to

identify as nonreligious, becoming increasingly disconnected from their families over time, and

eventually seeking therapy as one way (among others) to cope with the estrangement. I identified

seven major themes related to participants' experiences addressing religion-related estrangement

in therapy: Individual Focus, Systemic Lens; Models vs. Therapists; Secular vs. Religious

Therapists; Safety; Curiosity; and The Problem of Religion. Participants noted a preference for

therapy that has an individual focus but uses systemic thinking, expressing skepticism towards

CFT as a modality for addressing the estrangement while sounding some cautiously optimistic

notes about its potential to benefit either their own families or others. There was a wide variety in

the therapy models and interventions that participants had found helpful in therapy, with support

for nondirective, evidence-based, and trauma-informed approaches in particular. Most

participants preferred seeing a nonreligious therapist while others did not mind a religious

therapist as long as the therapist's religion did not affect the therapy, but all participants agreed in rejecting Christian counseling and other unwanted intrusions of religion in therapy.

Safety in the therapeutic relationship was seen as paramount, and participants described how therapists could help create an environment of safety by attending to outward indicators, adhering to appropriate boundaries and fostering personal agency, listening to and validating clients' stories, and maintaining mutuality in the relationship. Curiosity was an especially valued quality of therapists, as it was viewed as integral to good therapy, including the therapist's need to do their own research. Lastly, participants highlighted how religion itself can be problematic and a direct cause of the challenges they face in their personal lives and family relationships.

The findings provide support for recommending treatment with CFT therapists, or individual therapists with family systems training, who are highly attuned to healthy boundaries and personal agency, empathic listeners, and curious questioners and can flexibly employ nondirective, evidence-based, and trauma-informed approaches with these clients.

The next and final chapter situates these findings within the existing literature on the nonreligious and family estrangement and provides implications for CFT training and practice, discusses limitations of the study, and offers possible directions for future research.

**CHAPTER V: DISCUSSION**

This study is the first to explore the therapy experiences of nonreligious Americans addressing religion-related family estrangement. Participants had mostly sought out individual therapy, generally preferring to work through the estrangement and other issues on their own, although a few participants had also had brief, mostly unsatisfying experiences in family therapy. Many participants considered family therapy an unrealistic option, either because they doubted their families would ever agree to participate or because they had little hope that substantive change could be made in that setting. Participants were asked to share their understandings about what had been helpful in their therapy experiences, revealing factors related to both therapy approach and the person of the therapist. Nondirective, evidence-based, and trauma-informed approaches tended to be most highly regarded, and therapists who used systemic interventions, such as cultivating empathy and perspective-taking, were often preferred. Most participants preferred a therapist who was nonreligious, or at least non-Christian, although a sizable minority did not mind having a religious therapist as long as the therapist's religious beliefs were kept out of therapy as much as possible. The therapist's ability to maintain safety and convey respectful curiosity were key elements of a strong therapeutic relationship and effective therapy. Participants also emphasized the importance of viewing religion itself as a source of harm.

## The Value of Systemic Thinking

For CFT researchers and therapists, one of the most encouraging findings from the study is that, although family therapy was a relatively untapped resource for most participants, many indicated that systemic approaches and interventions had best helped them cope with their estrangement situations and move closer towards their desired lives. The findings lend support not only to the need to further examine how CFT theory and practice can better serve this client

population but also to the usefulness of a common factors approach that highlights successful ingredients across models and stresses the importance of the person of the therapist.

**Individual Focus, Systemic Lens**

Participants spoke of wanting to use therapy primarily to focus on their own needs, their own identity exploration and growth as individuals. This was especially the case for participants who had grown up in high-control environments in which religion had been a core component of their identities. Qualitative research on deconversion and nonreligious identity development has highlighted the individual work necessary to move from a religious identity to a nonreligious one. Smith (2011) determined that atheist identity construction in the United States tends to involve four basic elements: the ubiquity of theism, questioning of theism, rejection of theism, and coming out as atheist. Identity construction, as atheist and other nonreligious participants in this study confirmed, can take years, even decades, and is far from a linear process. Moreover, as Smith (2011) points out, a nonreligious person does not enjoy the privilege of being able to "step into a 'ready-made' identity, with a specific and definable set of roles or behaviors attached to it" (p. 232), as a religious person does. Forming and moving comfortably into this kind of identity takes work. Fazzino (2014), writing on deconversion narratives, calls this *paradigmatic work*, "the range of intersecting cognitive and social activities that an individual undertakes in order to change his/her worldview" (p. 258). Individual therapy can be one place to do some of this work.

The few empirical studies touching on the question of what people coping with family estrangement have found helpful in therapy provide support for the importance of prioritizing individual work. Blake et al. (2020) found that respondents who reported helpful experiences of counseling appreciated having had a space in which to "'work through,' 'sort out,' or 'untangle' their thoughts and experiences, and in the process better understand themselves as individuals"

(p. 825). Learning tools and strategies around, for example, enhancing self-esteem and self-worth and coping with grief and loss had helped them to move forward. In a follow-up study, Blake et al. (2023) again found that therapeutic support that allowed clients to work through feelings of grief and loss, as well as guilt and shame, had been helpful, along with developing greater self-compassion and in general actively working to improve their relationships with themselves. Skill-building in areas like emotion regulation and perspective-taking had also been helpful (Blake et al., 2023). Similarly, Agllias's (2017) research showed that clients who focused on processing their emotional responses to the estrangement and learning emotion regulation tended to have a positive experience of therapy. As one of her interviewees commented, "I realized that perhaps [estrangement] brings up things in ourselves that we need to work on and it's not always about the person you're estranged from" (p. 151). To that end, Agllias (2017) emphasizes the importance of self-understanding, especially as these clients often have distorted views of themselves and can benefit from creating "an alternative and more accurate vision of the self" (p. 152). Pillemer (2020), finding that most of his study participants had been in individual therapy, spoke with many who extolled its benefits, such as gaining insight and clarity, developing new skills, and setting expectations and boundaries for potential reconciliation attempts.

These and other studies also support the finding in this study that systemic approaches and interventions can be especially helpful to clients addressing estrangement, even in individual therapy without other family members present. Counselor expertise in family systems was highly valued in the study by Blake et al. (2020), as clients had benefited from gaining insight and understanding into the ways their families operated by examining relationship histories, family interactions, and so on. In the same study, tools and strategies geared towards developing healthier relationships had benefited clients in areas as diverse as work, friendship, and

parenting. This focus on relational skills was also found to have been helpful in Blake et al.'s (2023) subsequent study, as clients appreciated having gained new understandings of intergenerational patterns in their families and learned to maintain healthier boundaries. These respondents also appreciated counselors who could grasp the complexity of estrangement, including the ways in which it interacts with factors such as culture, gender identity, and sexual orientation and spills out into other areas of a person's life. Agllias (2017), too, highlights the importance of understanding intergenerational family patterns and situating the estrangement within a larger family context as well as other relational, social, political, and cultural contexts.

The finding that participants benefited from cultivating increased empathy towards family members and better understanding their perspectives is in line with recommendations in the existing literature. Pillemer (2020), for example, found that those who had successfully sought reconciliation from estrangement had honestly examined their own roles in their family relationships, starting with perspective-taking exercises that did not ask the client to sympathize with or have compassion for their relative but did demand a genuine attempt at seeing the situation through their eyes. For Agllias (2017), people who reported better outcomes in their estrangement situations were generally better able to develop empathy and appreciation for their family members, were able to take a critical perspective and understand the multiple realities families experience, and examined their own contributions to the estrangement rather than simply casting themselves as victims. However, it is clearly the case that a therapist can go too far in the direction of empathizing with the client's family members. Blake et al. (2023) found that, in well-intentioned efforts "to be 'fair to both parties,' some participants felt like their counsellors were colluding with their estranged family members who had abused them" (p. 110).

Pillemer (2020) and Agllias (2017) both offer extensive guidance for people seeking to reconcile, but the role of family therapy—with the affected parties present together in the room with the therapist—in facilitating such efforts remains somewhat murky, perhaps accounting for some of the skepticism participants expressed towards migrating away from solely individual work. Pillemer (2020) presents limited anecdotal evidence that family therapy had been helpful for some respondents, as the therapists in those cases had managed to create safe spaces and maintain appropriate boundaries enough to enable all family members to feel protected and free to engage openly. Agllias (2017) emphasizes a practitioner's potentially useful role as a neutral third party and recommends professional intervention in at least some cases but does not report on empirical data from clients who had successfully (or unsuccessfully) done so. With so little research support for family therapy as an intervention for family estrangement as a clinical issue, it is no wonder that participants in this study often had not considered it or did not know how it could be helpful for them personally. Clients come to therapy with differing preconceptions of what it will be like (Chenail et al., 2012), and family therapy may feel particularly risky given the uncertainties inherent in estrangement situations. Hope is a key ingredient to successful therapy (Sprenkle et al., 2009), and as many participants in this study expressed low hope that family therapy could be helpful to them, it may in fact be more beneficial for them to continue focusing on themselves in individual therapy, at least until attitudes or circumstances change.

**Models vs. Therapists**

That one size does not fit all is a well-worn adage in therapy, and the 17 participants in this study reported such a diversity of presenting concerns and circumstances that it should be unsurprising that they mentioned a wide variety of therapy models as having been helpful. Interventions drawn from both of the specific models that have previously been proposed as

being potentially beneficial for working with family estrangement (Agllias, 2017; Dattilio & Nichols, 2011; Pillemer, 2020), Bowenian therapy and cognitive–behavioral therapy, were mentioned by participants. Several participants attested to the value of cognitive–behavioral therapy in particular, likely to at least some extent due to its widespread use in psychotherapy (David et al., 2018; Knapp et al., 2015). In the absence of well-developed treatments for family estrangement, however, it makes sense to point instead to a common factors approach that emphasizes those helpful aspects of therapy that are not specific to any model. This study in particular lends support to the importance of therapist characteristics as well as dimensions of the therapeutic relationship, both of which will be described in the following section.

Even within a common factors framework, the therapist still has to "'do something' in therapy besides relate well to clients" (Sprenkle et al., 2009, p. 66), and the participants in this study reported that when that something was nondirective, evidence-based, and, when appropriate, trauma-informed, it had a better chance of being therapeutically effective.

Clients express a range of preferences related to how directive or nondirective they want their therapist to be (Chenail et al., 2012; Cooper et al., 2019), with most preferring relatively directive forms of treatment that focus on goals and practical skill acquisition (Cooper et al., 2019). People experiencing family estrangement, however, are often highly attuned to issues around personal agency and self-determination, especially when they have belonged to high-control religious groups or abusive families in which boundaries were either not respected or nonexistent. As in this study, Blake et al. (2020) reported that respondents had felt unsupported by their therapists when they "felt pushed to reach particular conclusions or feel a certain way" (p. 826) about aspects of their estrangement situations. Agllias (2017) also found that clients reported being less satisfied with therapy when they went "to 'get advice' about estrangement,

'fix' the estrangement, to 'fix' the other party, or to swiftly reconcile" (p. 159), and professionals who were too quick to make recommendations or judgments were seen as unhelpful.

That nonreligious therapy clients who have had more or less negative experiences with religion throughout their lives would, on the whole, strongly prefer scientific, evidence-based treatment is among the least surprising findings of the study. As many religious Americans grow increasingly hostile towards scientific epistemologies (Sherkat, 2017), nonreligious people tend to highly value science, skepticism, and critical thinking (Hunsberger & Altemeyer, 2006; Smith, 2011; Smith & Cragun, 2019). Although there are currently no empirically validated treatments for family estrangement, CFT as a field offers therapists a wide range of family-based interventions with strong research support (Sprenkle, 2012), and family therapy is rarely contraindicated (Gehart, 2017). Considering the importance of matching interventions to a client's worldview (Blow et al., 2012), it makes sense that therapists working with nonreligious clients would select, or at least consider, evidence-based approaches in most cases.

Not every participant in the study identified as having experienced trauma related to their religious or family experiences, but for those who did, trauma-informed treatment approaches were for the most part considered helpful. The specifics of these approaches were not discussed in detail, and considering the looseness with which the term *trauma-informed* is increasingly used in pop psychology (King, 2021; Scheeringa, 2017), it is important to clarify that what is meant here by "trauma-informed approaches" is those approaches that attend proactively to trauma and its impact through a lens that takes into account the many intersecting contexts in a person's life, including culture and, by extension, religion (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Although a complete discussion of religious trauma is beyond the scope of this project, it is important to highlight that research increasingly shows

that religion is a significant source of trauma for many people (Ellis et al., 2022). The stories shared by participants about their childhood and even adult experiences make clear that therapists seeing clients for estrangement-related issues when religion is a factor must assess for symptoms of trauma and consider trauma-informed interventions. Clinical recommendations for working with such clients remain largely theoretical at this stage (Healy, 2017), as research on treatment specifically for religious trauma is unfortunately sorely lacking (Ellis et al., 2022).

## The Value of the Therapist

In the memorable words of one participant, a therapist is a person, not "a vending machine that spits out good advice or wise words or kindness." The common factors approach to therapy in CFT asserts that this person, the therapist providing treatment, is ultimately more responsible for the success or failure of treatment than the specific treatment itself (Blow et al, 2007; Sprenkle et al., 2009). Therapist characteristics and the therapeutic relationship both constitute important aspects of the therapist's role in driving change. Beutler et al. (2004) sorted therapist variables impacting therapeutic effectiveness into four categories: *observable traits*, *observable states*, *inferred traits*, and *inferred states*. The findings in this study touch on variables in each of these categories. For example, the therapist's religious affiliation would be an observable trait, the therapist's level of directiveness is an observable state, the therapist's specific religious values and attitudes would be an inferred trait, and the therapist's experience of the therapeutic relationship is an inferred state. Themes related to the relevance of the therapist's own religious views and the importance of safety and curiosity speak to the importance of the therapist when addressing religion-related family estrangement with nonreligious clients.

### Secular vs. Religious Therapists

The finding that most of the nonreligious participants interviewed preferred working with a nonreligious therapist—but that a significant minority did not mind working with a religious therapist as long as that did not affect the therapy—echoes findings from the literature on client preferences around addressing religion and spirituality in therapy. Harris et al.'s (2016) meta-analysis of 64 peer-reviewed studies on client expectations and preferences around addressing religion in mental health treatment concluded that "the match between the client and therapist's religious and spiritual values may be an important factor for clients when considering seeking mental health services" (p. 269). The operative phrase here is "may be," as prospective clients do not always rate therapists with their same religious views more highly (Salem & Hijazi, 2019).

What is abundantly clear from these interviews, and supported by a growing body of research, is that nonreligious people seeking therapy reject any efforts by therapists to infuse the therapy with religious interventions grounded in faiths—almost always Christian—in which they do not believe. Contradicting findings by Walker et al. (2011), nonreligious people do sometimes want to discuss religion and spirituality in therapy; they just do not want to do it with therapists who will invalidate their lack of belief, either inadvertently or by way of overt proselytizing.

Such unwelcome acts of invalidation can be highly consequential for the therapeutic relationship. Byrne et al. (2021), in findings echoed by participants in this study, learned that some nonreligious clients prematurely terminated from treatment after experiencing unwanted or unhelpful religious discussion, including suggested interventions, instigated by their therapists. Interviews with nonreligious people seeking therapy in more highly religious areas of the United States make clear that they often have no choice but to put up with this kind of unwanted religiosity, giving up on finding secular treatment altogether (Almeida, 2017; McKie-Voerste, 2019). Mentions of unwanted religiosity in the literature on treatment for family estrangement

are more rare, but Blake et al. (2020) reported that some respondents described unhelpful

counseling experiences in which they felt that particular beliefs were being forced on them.

**Safety**

One of the primary objectives for any therapist working with a new client is to create a

therapeutic environment that feels safe enough for the client to risk the change necessary for

healing and growth (Friedlander et al., 2006). The participants in this study made clear that

safety was a crucial concern for them as they sought help addressing their family estrangement

situations. Other estrangement researchers have found similar results. Blake et al. (2023), for

example, determined that safety was a key ingredient for respondents who had had helpful

experiences in counseling, noting that safe relationships often took months or even years to

develop, as clients' relationships with their own family members had so often lacked safety.

Agllias (2017), emphasizing the need to prioritize safety when considering reconciliation, points

out that experiences of rejection and betrayal, as is the case with family estrangement, can

threaten one's sense of safety, a core element of psychological and physical well-being (p. 78).

The concept of boundaries came up over and over in participants' interviews, as they

repeatedly invoked the necessity of not only maintaining healthy boundaries with family

members but also of establishing appropriate boundaries with their therapists. Participants felt

safe working with therapists who understood the importance of personal agency. Pillemer

(2020), expounding on the role that boundary violations often play in estrangement stories,

devotes an entire chapter to the importance of setting boundaries, with advice to seek counseling

and work with a therapist who can help reconcile the tension between togetherness and

separateness. Agllias (2017) notes that people who have experienced estrangement are often

especially vigilant for boundary violations as a way of protecting themselves from further harm.

Invoking family systems language, Agllias (2017) describes maintaining a differentiated self as one of the most important, and complex, tasks for someone experiencing family estrangement. In a similar vein, participants in this study spoke of preferring therapists who respected boundaries in the therapeutic relationship. Many mentioned feeling that it was not appropriate for them to ask or know about their therapists' own experiences with religion, a sentiment that aligns with previous research highlighting the complexities inherent in therapist self-disclosure around religious identification (Danzer, 2018; Gutheil & Gabbard, 1993; Magaldi & Trub, 2018).

Participants expressed feeling safe with their therapists in other ways that are supported by previous research. For example, Blake et al. (2020) found that respondents in family estrangement situations reported positive experiences of counseling when "therapists had listened to and supported them and had validated their feelings and perceptions by believing their accounts of what they had experienced" (p. 824), which participants in both that study and this one emphasized as especially important when they had not been believed in the past. Blake et al. (2023) elaborated further on the theme of validation as a foundation for safety in a follow-up study. One participant that was quoted could have just as easily come from this study: "I'd say counselling is very—if you come from a background like mine—it's very validating when you've not been validated and when you've been gas lighted and you think you're crazy and you're the one at fault" (p. 109). Participants who spoke of enjoying mutuality in their therapeutic relationships echoed findings by Blake et al. (2020) and others (Chenail et al., 2012) on the importance of therapy as a two-way process characterized by collaboration among equals.

Moreover, it is an unsurprising, but interesting, finding that some nonreligious clients reported feeling safe when therapists signaled general tolerance by identifying as LGBTQ or LGBTQ-allied. Claiming a nonreligious identity has been likened to identifying as LGBTQ,

another concealable stigmatized identity (Abbott & Mollen, 2018). Similarly, studies have repeatedly shown that the physical therapeutic environment, including the therapist's office as well as their attire, can influence clients' sense of safety and comfort (Devlin et al., 2013; Pressly & Heesacker, 2001; Sanders & Lehmann, 2019; Sinclair, 2021). A therapist displaying unwelcome religious icons can expect at least some initial skepticism on the part of nonreligious clients—that is, if they do not simply walk out in the first place, as a few participants indicated.

**Curiosity**

Apart from working with therapists who made them feel safe in therapy, participants reported appreciating therapists who approached their work together with respectful curiosity. Many participants felt that although an ideal therapist would already be familiar with the particular beliefs and practices of their specific religious group, they would also be happy to find someone who would take it upon themselves to learn as much as possible so that therapist and client would have more of a shared knowledge base, if not a shared experience base. In fact, matching therapists and clients based on demographics alone seems to have little impact on therapeutic outcomes (Sprenkle et al., 2009). A common factors approach that places a high level of importance on the therapeutic relationship rather on the specific therapy model recommends that, in cases of cross-cultural therapeutic relationships, therapists be "fully conversant with cultural differences" (Sprenkle et al., 2009, p. 92). Religious groups, including relatively small ones like those in which several of this study's participants were raised, constitute their own cultures, and, as a few participants pointed out, no therapist can be expected to know the ins and outs of all of these cultures. Common factors research holds that initial ignorance need not be an insurmountable barrier to a strong therapeutic relationship and successful therapeutic outcomes.

Hannigan (2023), pointing out that curiosity plays a central role as change agent in a number of therapeutic models, refers to curiosity's place in the cross-cultural counseling literature as "the skill necessary to challenge preconceived notions, confront stereotypes, open the door for connection, and safely address the uncertainty that may arise when two people from varying social locations or differing life experiences come together" (p. 23). The value of curiosity within this context has been discussed in the literature for decades (Dyche & Zayas, 1995, 2001) and more recently has been integral in the movement within mental health towards adopting cultural humility as a framework for working with diverse clients (Mosher et al., 2017).

**The Problem of Religion**

Participants' assignment of blame for their estrangement situations not to their estranged family members themselves but to the religious ideologies operating through them is at heart an empathic perspective. Although not every participant spoke explicitly in terms of systems of power and the ways in which oppressive forces draw people into relating to their loved ones in hardly loving ways, the problem of religion was a central theme in many of their stories.

The nonreligious in the United States are more diverse in their relationships with organized religion than outside observers might assume (Cragun et al., 2015). Some may more or less resemble the caricature of the angry atheist (Meier et al., 2015), but others are certainly more tolerant of religion, or at least more indifferent to it. It is important to note that some participants in the study, apart from emphasizing how they still loved their religious family and friends, clarified that they did not necessarily view religion as all bad. All participants nevertheless made abundantly clear that religion most definitely can be, in at least some cases, a powerfully destructive force within families and society. This is not a new argument (Hitchens, 2007), but it is still an unpopular one in a society that privileges the religious, especially the Christian

religious (Blumenfeld, 2006; Case et al., 2013; Riswold, 2015; Schlosser, 2003; Seifert, 2007). As researchers continue to amass evidence that religious trauma is a real and present danger (Anderson et al., 2023), my hope is that the stories clients tell their therapists—like those told to me by the participants of the study—about the ways in which religion has hurt them and their families will be believed and taken seriously. Although most advocates for the nonreligious and their mental health needs may best focus their energies on treating the symptoms rather than the underlying causes, others, such as Cragun (2015), have adopted more ambitious approaches.

## Implications for Training and Practice

Therapists need not share a nonreligious identity to work effectively with nonreligious clients, but they should be aware that many nonreligious clients who have experienced family conflict or other trauma related to religion may recoil from any perceived infusion of religion in therapy, even just in casual conversation. Similarly, therapists need not have experienced family estrangement themselves to work effectively with this population, although participants in this study and others (Blake et al., 2020, 2023) expressed appreciation when therapists had some expertise in estrangement or could at least competently wrestle with its complexities. As with any other clinical scenario, participants appreciated when therapists did their own homework and researched topics of relevance—the culture of a specific faith group, for example—on their own outside of sessions. Within sessions, a stance of respectful curiosity from therapists helped participants feel that their stories were being heard and understood at more than a surface level.

Family therapists, or individual therapists trained in family systems, may be best suited for working with this population. Participants described benefiting from systemic interventions and approaches, including building empathy for and better understanding the perspectives of their estranged relatives. Even when they preferred a focus on their own lives and needs in

individual therapy, participants wanted therapists who could understand the far-reaching impact not just of family estrangement but of being a nonreligious person in the United States, where openly claiming a nonreligious identity carries stigma and discrimination in ways that are so endemic they can easily go unnoticed (Abbott & Mollen, 2018; Cragun et al., 2012). Clients may not initially name estrangement or religion-related family conflict as issues when presenting to therapy, so therapists need to be able to identify when they could be relevant. Clients may also be more inclined to address the impact of estrangement than the estrangement itself, in which case a systemic approach that considers the relevant background and context is essential.

Although the specific therapeutic models that participants found helpful varied, nondirective, evidence-based, and, when indicated, trauma-informed approaches were generally considered helpful. Abbott (2021) has proposed RCT as one model that nonreligious clients may find useful, and with its focus on relational context and the therapeutic relationship, its underlying principles align neatly with the findings of this study. Therapists working within RCT and other evidence-based approaches should explicitly discuss these approaches with their clients, explaining them in accessible language and ensuring that any questions and concerns are addressed both prior to and throughout treatment. Participants experienced directiveness in therapy as unhelpful when they felt that they were not meaningfully involved in important decisions about their own treatment. There is substantial variety, however, in how therapists across theoretical orientations and practice settings understand and apply directiveness in their work (Cooper et al., 2019; Rautalinko, 2017). When therapists take care to be collaborative with and respectful towards their clients, maintaining appropriate boundaries and fostering safety in the therapeutic relationship, it seems plausible that more directive approaches—as required in many evidence-based practices—could still be effective. Moreover, while the specific nature of

any trauma-informed approach will vary based on a client's individual circumstances, SAMHSA (2014) has outlined several principles for trauma-informed care, among them supporting client autonomy and creating a safe environment, that can and should be applied from client to client.

Finally, therapists must consider safety as a foundational aspect of the therapeutic relationship and of effective therapy when working with nonreligious people experiencing family estrangement. These clients' stories often have not previously been shared with any safe person, and they need and deserve to be heard, believed, and validated. Moreover, therapists should keep in mind that this sharing may not happen right away. Since many participants described initially seeking therapy for stated reasons other than religious trauma or religion-related family estrangement, often the first step therapists can take in the right direction is to simply ask new clients about their relationships with religion and construct detailed genograms to assess whether estrangement might be present within the intergenerational family's present or past.

## Limitations and Future Directions

The recruitment strategy for this study aimed to reach nonreligious Americans of diverse racial and ethnic backgrounds as well as diverse family faith backgrounds, and yet all 17 participants came from Christian families, with fifteen identifying as White (including those who also identified as Hispanic and Jewish) and only two as African American. As in almost every other qualitative social sciences study on the nonreligious in the United States (Abbott et al., 2020; Brewster et al., 2014), White Christians here unfortunately remain overrepresented among the participants. In my case, I did not receive responses to my recruitment outreach from organizations and online groups that cater to nonreligious people from different faith backgrounds, while Christian-focused groups such as the Exvangelical Reddit were eager to offer their assistance. It may be that such groups often receive requests from researchers from

outside of their communities, so future scholars seeking access to participants within these groups may need to try other approaches that require more extensive relationship-building.

Only two of the participants in the study had been to family therapy, and in both cases the therapy was short-lived and judged to be ineffective. Sixteen of the participants, on the other hand, had been to individual therapy to address religion-related estrangement, so the findings from this study are based almost entirely on experiences of individual therapy. Future researchers interested in continuing to study therapeutic effectiveness related to the nonreligious as a population and family estrangement as a clinical issue should consider seeking participants who specifically have experience in family therapy. In addition, only one participant referred to attending therapy with a (former) partner. Interfaith partnerships carry their own unique strengths and challenges (McCarthy, 2007), and studies on how couples navigate religious differences and estrangement either within their own relationship or with their respective families of origin would be interesting and useful to CFT therapists. Moreover, any related qualitative, quantitative, or mixed-methods research that managed to include as participants multiple members of the same system—such as interviewing two family members who were estranged from each other—would be of enormous value to CFT researchers and therapists. For reasons given above in the Methodology section, this may be difficult to arrange, but it is still possible.

## Conclusion

The number of participants who, at the conclusion of their interviews, took the time to thank me personally for undertaking this research speaks to the necessity of providing better mental health care for the nonreligious in the United States. A handful of researchers in academia have published a smattering of theoretical articles and empirical studies over the last decade or two, but the need for guidance in education, training, and practice far outstrips what is currently

available. The twin trends in American life towards secularization on the one hand and Christian nationalism on the other unfortunately portend a growing need for mental health professionals who can competently address religion as a divisive and harmful force within families.

With over 30,000 verses, the Bible (*New International Version*, 1973/2023) is bound to feature some words of wisdom we can all get behind more or less without controversy, such as Proverbs 10:12 ("Hatred stirs up conflict, but love covers over all wrongs") or 1 Corinthians 13:4 ("Love is patient, love is kind. It does not envy, it does not boast, it is not proud"). But biblical families are in more than a few instances ripped asunder in the name of God, and estrangement is characterized as virtuous and worthy of divine reward, as in the words of Jesus in Matthew 19:29: "And everyone who has left houses or brothers or sisters or father or mother or wife or children or fields for my sake will receive a hundred times as much and will inherit eternal life." His commandment to that end, the literal word of God, is even more explicit a few chapters earlier, in Matthew 10:35–37:

> For I have come to turn a man against his father, a daughter against her mother, a daughter-in-law against her mother-in-law—a man's enemies will be the members of his own household. Anyone who loves their father or mother more than me is not worthy of me; anyone who loves their son or daughter more than me is not worthy of me.

The 17 participants of this study have testified that, in this case, Jesus was regrettably prescient. It does not have to be this way. Some, perhaps even many, family estrangement situations may be best left as they are, but there is hope for others. Our duty as mental health researchers and practitioners is to offer that hope to clients and their families. The promise of preserving family relationships in this life may pale in comparison with the promise of inheriting eternity in the next, but the available evidence, including this study, suggests it is a promise that can be kept.

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**Table 1**

*Participant Demographics*

| Participant[a] | Age | Gender Identity | Sexual Orientation | Race / Ethnicity | Religious Affiliation | Past Religious Affiliation | State of Residence | Educational Level | Household Income |
|---|---|---|---|---|---|---|---|---|---|
| Blake | 24 | male | heterosexual | White | atheist | Mennonite | WI | bachelor's | $60k |
| Michael | 60 | male | heterosexual | White | atheist | Roman Catholic | NJ | associate | $100k |
| Easy | 36 | male | heterosexual | White | atheist | Southern Baptist | TX | bachelor's | $20k |
| Tori | 37 | nonbinary | pansexual | White / Hispanic | atheist | Seventh-Day Adventist | TX | 7th grade | $90k |
| Connor | 35 | male | heterosexual | White | atheist | Christian (unspecified) | CA | bachelor's | $100k |
| Amanda | 29 | nonbinary | queer | White | agnostic | Evangelical | MT | some college | $10k |
| Heidi | 35 | female | not reported | White | agnostic atheist | Lutheran | IN | master's | $180k |
| Paula | 67 | female | lesbian | White | none / panentheism, process theology | Mainline Protestant | ND | doctoral | $40k |
| Sparkly | 35 | female | asexual | White | "not religious" | Southern Baptist | MO | some college | $10k |
| Sylvia | 28 | female | heterosexual | African American | atheist | Jehovah's Witness | TX | master's (×2) | (student) |
| Andrew | 36 | male | bisexual | White / Jewish | agnostic | Evangelical | AL | high school | $75k |
| Garth | 26 | male | gay | White | atheist | Southern Baptist | CA | high school | $20k |
| Jess | 21 | female | bisexual | White | atheist | Southern Baptist | AL | some college | $10k |
| David | 39 | male | heterosexual | White | agnostic / Quaker | Charismatic | MD | graduate (unspecified) | $130k |
| Pema | 54 | female | heterosexual | African American | Buddhist | Pentecostal | MA | doctoral | $120k |
| Kaz | 33 | nonbinary | gynesexual | White | atheist | Evangelical | MD | bachelor's | $70k |
| Taylor | 38 | nonbinary | pansexual | White | agnostic atheist | Southern Baptist | TX | doctoral | $95k |

[a] Pseudonyms were assigned or chosen by participants themselves to protect confidentiality. Participants are listed by interview order.

**Appendix A: Recruitment Letter**

Dear [contact]:

My name is Jonathan Leitch, and I'm a doctoral candidate in Couple & Family Therapy at Antioch University New England studying the mental health needs of nonreligious people. I'm seeking volunteers for a research study about nonreligious adults who have been in therapy to discuss their experiences with religion and family estrangement.

The mental health needs of the nonreligious in the United States are poorly understood, though estrangement from family because of religion is known to be a painful and all-too-common experience. The purpose of this study is to better understand what it is like for the nonreligious to talk about these experiences in therapy, in hopes that therapists can better help them in future.

Participants will first be asked to complete a brief questionnaire. They may then be invited to take part in a video interview via Zoom, up to an hour long, to discuss their experiences further.

An anonymous $50 donation will be made on behalf of each participant who completes the interview, either to the referring organization or to a relevant organization of their choosing.

In order to be eligible, participants must:
- be at least 18 years old
- speak English fluently
- live in the United States
- identify as nonreligious
- identify as having experienced family estrangement related to religion
- identify as having addressed that estrangement in therapy

Attached is a flyer for you to share with your members, social media followers, and anyone else who may be interested in participating in the study. The questionnaire itself can be found here: https://forms.gle/TTgej6G3usdvWU7j9

Nonreligious Americans from all walks of life deserve access to mental health care that respects and validates their beliefs and can address their concerns ethically and effectively. Thank you for helping to further the mission of social justice for all Americans, whether secular or religious.

Please contact me directly with any questions or concerns.

Thank you!

Jonathan Leitch
PhD Candidate in Couple & Family Therapy
Antioch University New England

**Appendix B: Recruitment Flyer**

My name is Jonathan Leitch, and I'm a doctoral candidate in Couple & Family Therapy at Antioch University New England studying the mental health needs of nonreligious people. I'm seeking volunteers for a research study about nonreligious adults who have been in therapy to discuss their experiences with religion and family estrangement.

The purpose of this study is to better understand what it is like for the nonreligious to talk about their estrangement experiences in therapy, in hopes that therapists can better help them in future.

Participants will first be asked to complete a brief questionnaire. They may then be invited to take part in a video interview via Zoom, up to an hour long, to discuss their experiences further.

An anonymous $50 donation will be made on behalf of each participant who completes the interview, either to the referring organization or to a relevant organization of their choosing.

In order to be eligible, participants must:
- be at least 18 years old
- speak English fluently
- live in the United States
- identify as nonreligious
- identify as having experienced family estrangement related to religion
- identify as having addressed that estrangement in therapy

To learn more about the study and to complete the questionnaire, click here:
https://forms.gle/TTgej6G3usdvWU7j9

Please contact me directly at jleitch@antioch.edu with any questions or concerns.

Thank you!

Jonathan Leitch
PhD Candidate in Couple & Family Therapy
Antioch University New England

**Appendix C: Informed Consent**

**Purpose of the Study**
You are being invited to participate in a research study about nonreligious adults who have been in therapy to discuss their experiences with religion and family estrangement. The purpose of the study is to better understand what it is like for the nonreligious to talk about these experiences in therapy, with the goal of improving mental health care for nonreligious people and their families.

**Requirement of Informed Consent**
A signed acknowledgement of your consent is required before you may continue participating in the study. The purpose of this form is to provide you with the information necessary for you to make an informed decision about your continued participation.

**Description of Participation & Benefits**
You are being invited to take part in a video interview via Zoom, up to an hour long, to discuss your experiences with the research topic. As a thank you for your participation, an anonymous $50 donation will be made either to the organization that referred you or to another relevant organization of your choosing. Your participation will help researchers and therapists better understand and address the mental health needs of nonreligious people and their families.

**Eligibility**
In order to be eligible, you must:
- be at least 18 years old
- speak English fluently
- live in the United States
- identify as nonreligious
- identify as having experienced family estrangement related to religion
- identify as having addressed that estrangement in therapy

**Voluntary Participation & Confidentiality**
Participation is voluntary and confidential, and your consent may be withdrawn at any time—including during or after the interview—without penalty. If your consent is withdrawn after the interview, your responses will not be used in the final report. Any personal information shared during the course of your participation will be stored digitally in a double-password-protected file, available only to the researcher and erased permanently upon completion of the project.

Both the audio and video of the interview will be recorded by the researcher and stored digitally in a password-protected file, available only to the researcher and erased permanently upon completion of the project. The recording file will be catalogued by date, not by participant name.

You will have an opportunity to review and provide feedback on a copy of your interview transcript as well as a draft of the findings. Your name and any other personal information (such as your email address) will not be included anywhere in these documents. You will also either choose or have assigned to you a pseudonym, or nickname, to be used in the final report.

**Risks**
There are minimal risks involved in participation. Interview questions about family estrangement or therapy experiences may produce some discomfort. The researcher, who is also a licensed clinical social worker and experienced therapist, will take steps to make sure that participants feel comfortable and are able to proceed with the interview. Interested participants may also be referred to appropriate mental health resources.

**Contact Information**
The study is part of my doctoral dissertation research in Couple & Family Therapy at Antioch University New England (AUNE). If you have any questions about the research study, you may contact me, Jonathan Leitch, at ▮▮▮▮▮▮▮▮▮.

This project has been approved by the Institutional Review Board (IRB) at AUNE. If you have any questions about your rights as a research participant, you may contact AUNE IRB Chair Dr. Kevin Lyness at ▮▮▮▮▮▮▮▮▮ or the AUNE Provost Dr. Shawn Fitzgerald at ▮▮▮▮▮▮▮▮.

Please save a copy of this form for your records.

Thank you for your participation!

**Acknowledgement of Consent**
Name:
Date:

**Appendix D: Screening Questionnaire (via Google Forms)**

The present study explores the therapy experiences of nonreligious people who have experienced family estrangement related to religion. This Google Form serves as a screening questionnaire for participants who may be interested in sharing their experiences in more depth. The questionnaire takes no more than a minute or two to complete.

Your participation is voluntary and may be withdrawn at any time, and there are minimal, if any, risks involved in participating. All responses will be kept confidential, and you will not be asked to provide your name in the questionnaire. You will be asked to provide an email address only if you are interested in being contacted to take part in a video interview via Zoom, up to an hour long, to discuss your experiences further.

The study is part of my doctoral dissertation research in Couple & Family Therapy at Antioch University New England (AUNE). If you have any questions about the questionnaire or the research study, please contact me, Jonathan Leitch, at ▮▮▮▮▮▮▮.

This project has been approved by the Institutional Review Board (IRB) at AUNE. If you have any questions about your rights as a research participant, you may contact AUNE IRB Chair Dr. Kevin Lyness at ▮▮▮▮▮▮▮ or the AUNE Provost Dr. Shawn Fitzgerald at ▮▮▮▮▮▮▮.

By clicking "Next" below, you are indicating that you have read and understood this consent form and agree to participate in this research study.

Please save and/or print a copy of this page for your records.

Thank you for your participation!

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The term "nonreligious" can mean different things to different people. Do you consider yourself nonreligious?

The term "family estrangement" can also mean different things to different people. In the present study, estrangement is defined as "the condition of being physically and or emotionally distanced from one or more family members, either by choice or at the request or decision of the other." Does this definition apply to your situation, either currently or in the recent past?

In your view, is this estrangement related in some significant way to religion?

Have you addressed the estrangement in therapy, either on your own or with your family?

If not, have you considered doing so?

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Please provide the following information about yourself. Keep in mind that all responses will be kept confidential.

Date of Birth:
Gender Identity:
Sexual Orientation:
Race/Ethnicity:
Religious Affiliation:
Past Religious Affiliation (if different):
Current State of Residence:
Highest Level of Education Achieved:
Annual Household Income:

How did you learn about this research study?

If you are interested in being contacted to participate in a video interview via Zoom, up to an hour long, to discuss your experiences in more depth, please provide your email address (note that not everyone who expresses interest may be contacted):

Thank you again for your participation!

**Appendix E: Letter to Interested Participants**

Dear Research Participant:

Thank you for completing the screening questionnaire for the present study about religion, nonreligion, and family estrangement in therapy. You are receiving this email because you expressed interest in taking part in a video interview via Zoom, up to an hour long, to discuss your experiences further and in more depth.

If you are still interested in participating in an interview, please respond promptly to this email with a list of upcoming dates and times you can be available for an hourlong video call.

Attached is a copy of the Informed Consent form. The purpose of this form is to provide you with the information necessary for you to make an informed decision about your participation. Please review the form and return it to me with your name and the date completed at the bottom. (This may be either typed or handwritten.)

Please reach out with any questions or concerns. You will receive a response within 24 hours.

Thank you again for your participation!

Jonathan Leitch
PhD Candidate in Couple & Family Therapy
Antioch University New England

## Appendix F: Semi-Structured Interview Protocol

The term "nonreligious" can mean different things to different people. Could you briefly describe what it means for you personally to consider yourself nonreligious?

The term "family estrangement" can also mean different things to different people. In the present study, we define it as "the condition of being physically and or emotionally distanced from one or more family members, either by choice or at the request or decision of the other." Could you briefly describe your experience with family estrangement?

How, in your view, is this experience related to religion?

Setting therapy aside for the moment, what other ways have you tried coping with the estrangement? What has been (or was) helpful, and why? What has been (or was) unhelpful, and why?

Turning to therapy now, could you describe your experience addressing the estrangement in therapy? What has been (or was) helpful, and why? What has been (or was) unhelpful, and why?

Is (or was) the therapy: individual therapy, couple therapy, family therapy, group therapy, some combination of those, or something else? What do you know about the therapist's approach or orientation?

What do you know about the therapist's own relationship with religion? How important is it for your therapist to share your religious views, and why?

What would you want other therapists to know about your experience when working with others in a similar situation? What therapist qualities do you think would be important?

What are your thoughts on the potential for family therapy to help with issues related to estrangement? What about individual therapy?

What else would be important for me and other researchers and therapists to know about your experience?

**Appendix G: IRB Approval**

ANTIOCH UNIVERSITY

Jonathan Leitch < ▮▮▮▮▮▮▮▮▮ >

## Online IRB Application Approved:CFT Dissertation May 10, 2023, 12:30 pm

Wed, May 10, 2023 at 8:30 AM

Reply-To: ▮▮▮▮▮▮▮▮▮
To: ▮▮▮▮▮▮
Cc: ▮▮▮▮

Dear Jonathan Leitch ,
As Chair of the Institutional Review Board (IRB) for 'Antioch University , I am letting you know that the committee has reviewed your Ethics Application. Based on the information presented in your Ethics Application, your study has been approved.
Renewal is not required, however, any changes in the protocol(s) for this study must be formally requested by submitting a request for amendment from the IRB committee. Any adverse event, should one occur during this study, must be reported immediately to the IRB committee. Please review the IRB forms available for these exceptional circumstances.
Sincerely,
Kevin Lyness