The Consequences of Apostasy: How Changing Core Social and Personal Religious Beliefs Affect Sense of Self, Mental Health, and Identity.

Bolton, L.* (1), Association of Black Humanists (2), Fonseca, J.A.S. (3,6), Tracy, D.K. (1,4), Barnby, J.M. (1,5)

Affiliations:

1 Institute of Psychiatry, Psychology, and Neuroscience, King's College London, Denmark Hill, London, SE5 8AB, UK

2 Association of Black Humanists, London, UK.

3 Thrive Therapeutic Software Ltd, 15 Warwick Road, Stratford Upon Avon, Warks, CV37 6YW

4 Oxleas NHS Foundation Trust, London, UK.

5 Social and Cultural Neuroscience Research Group, Institute of Psychiatry, Psychology, and Neuroscience, King's College London, Denmark Hill, London, SE5 8AB, UK

6 Division of Psychiatry, University College London, Maple House, 149 Tottenham Court Rd, Bloomsbury, London W1T 7BN

*Corresponding Author

Correspondence:

Email: leylabolton@hotmail.com

Abstract

Though previous research has highlighted the significant and typically positive '*religion-health*' relationships, little attention has been paid to the psychological and social factors involved in, and resulting from absconding from religion, known as apostasy. This is despite popular culture referencing apostasy as a lonely and distressing experience. Our study qualitatively investigated the experiences and perceptions of those undergoing religious belief change and whether this made participants more vulnerable to poorer mental health. Using grounded theory and semi-structured interviews, we explored these experiences in 13 members of the UK-based Association of Black Humanists, including how they arrived at their belief change and how they felt that this may have impacted their social relationships. Thematic analysis determined a dynamic interaction between perceived predisposing factors, triggers and maintenance. Furthermore, the data suggest the relationship between apostasy and one's sense of self and mental health to be influenced by identity crises and moderated by protective factors, such as social support. Findings are discussed against previous research and recommendations are made for future investigation.

Keywords

Religion; apostasy; social belief; social support; loneliness; mental health; thematic analysis.

1.0 Introduction

Religion is a universal yet complex phenomenon. How one defines religion has been argued across the centuries, due to its multifaceted, multicultural, dynamic and prevailing nature (Platvoet, 1999). In a broad operational sense, religion can be defined by group membership of shared beliefs and rituals concerning significant holy figures and places of worship (Koenig, 2009). Evidence of religious practices date back 100,000 years and is associated with about 85% of the world's population, though this covers considerable variation in degrees of practice and adherence (Azar, 2010; Grim & Grim, 2016). Thus, religion is common and pervasive in our day to day lives, culturally influencing even those who are agnostic or atheist (Lindeman, Heywood, Riekkari & Makkonen, 2014), and it can form the basis of entire societies and communities. The interface between religion and science faces potential tensions, given their differing approaches to exploring meaning, but these are not necessarily exclusive, and each can explore areas of the other. This may include examples such as the processes and impact of losing one's religion on mental health.

The "*religion-health connection*" suggests a positive relationship between religious experiences and health more generally (Ellison & Levin, 1998), and, more specifically religious practices, such as prayer; attending church and communal worship, have been typically viewed as protective factors against mental illness (Gartner, Larson & Allen, 1991). Mental health has had attention within this relationship due to the increasing prevalence and impact of common diagnoses, for example depression and anxiety, which are experienced by one in six adults and contribute to worldwide disability (Mental Health Foundation, 2016). However, such findings carry risks of biases and conflating associations with causality (de Oliveira Marald, 2020), as well as more general concerns that impact all research including researcher allegiance, in this instance meaning the researchers own personal beliefs about the good of religion influencing the results (King, 2015). These issues risk research on the relationship between religious experience and mental health being biased towards more positive outcomes (see Reeves, Beazley & Adams, 2011). One potentially significant negative experience, that is largely unexplored in the scientific literature, is the phenomenon of being raised as religious but later departing from religion and religious communities, known as apostasy.

The psychological and social processes leading to and resulting from apostasy, changing one's belief and religious affiliation, and the impact this may have on mental health has been largely unexamined. It is important in this context to appreciate the important cultural, social and communal functions religions typically play, outside any claims about the metaphysics of reality - an aspect seldom appreciated in popular discourse. Indeed, belief may form a crucial social currency outside of any meta-physical claims on reality (Williams, 2019). The communal nature of religious activities, such as those based in a place of worship, increases the availability of social interactions and creates a sense of belonging between like-minded people (Debnam, Holt, Clark, Roth & Southward, 2013; Fatima, Sharif & Khalid, 2018), and can even hold together the foundational culture of a country (Abdulla, 2018). Loneliness from changing one's belief and leaving this broad cultural and social network may increase risk to various vulnerabilities, psychological distress, and even psychiatric disorders (see Mushtaq, Shoib, Shah & Mushtaq, 2014), especially when coupled with potential migration vulnerability (Kirkbride et al., 2017). In fact, It has been proposed that atheists within some religious communities may represent one of the most marginalised minorities (Brewster, 2014), from losing a sense of belonging and community, through being subject to adverse group responses such as severe social stigma, to, in the most extreme cases, facing the death penalty (Cottee, 2015).

Qualitative techniques are useful to generate hypotheses on such less well-defined phenomena. These methods have been previously used to investigate some of the reasons behind apostasy, including described 'personal growth' and 'reservations of the religion' (Perez & Vallières, 2019). This work by Perez and Vallières (2019) provides a stable foundation for investigating the psychological processes of apostasy, however, it was limited in its scope and methodology. The samples used were restricted to primarily previous Christian backgrounds, with a large majority of these being former clergy members, from US or Irish backgrounds. Furthermore, the study did not go beyond a deconversion model, meaning it only asked about the personal process of separating oneself from religious belief, rather than the broader social and community implications of the change.

Therefore, there is an opportunity to take this investigation further by broadening the previous or current religion of participants in our sample, and understanding how leaving religion may impact on someone's social, community, and personal identity, and which factors may influence poorer mental health.

In this study, we utilised qualitative methods of grounded theory to better understand participants' subjective experiences as they transition/have transitioned out of their former religious communities and change essential core social and personal beliefs. From our data we aim to develop hypotheses about the psychological and social mechanisms of religious belief change and how this process affects mental health. This may help inform the societal and potentially clinical needs of such individuals. To do this, we utilised semi-structured interviews, thematic analysis and an appropriate sample, the Association of Black Humanists (ABH), to gather rich data regarding experiences of becoming an apostate - either in personal belief or social community.

2.0 Methodology

This study was approved by the King's College Research Ethics Committee (LRS-18/19-8415). Our study from King's College London (KCL) is in partnership with the ABH (formerly known as London Black Atheists), a British non-profit organisation for humanists and atheists established in 2012.

Qualitative methods with ontological underpinnings such as semi-structured interviews were appropriate for our study. An ontological perspective emphasises the reality behind human experiences, which means there are no right or wrong answers, just what is actually happening. We believed that this was suited to the complexity and diversity of individual attributions of religions. Qualitative methods complemented this position as it allowed us to collect rich and raw human data that captures some depth and reality behind the psychological and social factors of apostasy.

The consolidated criteria for reporting qualitative research (COREQ; Tong et al., 2007) was used to structure our report. This criteria consists of a checklist made up of 32 items that are required to achieve sound qualitative reporting (see *supplementary material A*).

2.1 Research Team

LB conducted all interviews, and JMB and DT supervised interviews. LB, a female of English and Turkish origin, holds a BSc in Psychology from the University of Liverpool and was completing her MSc in Mental Health Studies from KCL at the time, with the current study contributing towards her master's thesis. LB was intent on involvement in this particular study due to a preceding interest in the implications of social support alongside the novelty the research demonstrated. JMB, a male of English, Portuguese, Ashkenazi and Danish origin, was a Doctoral researcher and Mental Health Professional at the time at KCL. Other members of the research team who did not conduct the interviews include DT, a male Consultant Psychiatrist and lecturer at KCL of Irish origin, and JAF, a male Consultant Psychiatrist and lecturer at University College London (UCL) of Spanish origin. JAF, DT and JMB had prior experience of conducting qualitative interviews. LB had experience of thematic analysis from undergraduate and postgraduate assessment and training, and clinical experience involving one-to-one contact with service users. JMB, DT and JAF identify as atheists who were raised Christian and LB was raised agnostically and continues to identify as such.

A relationship with the three founders, AS, LT and CA, of the ABH was formed before data collection commenced. This stemmed from communication between the ABH and JAF about possible mental health support for the group. The initial interaction led to the development of a research concept that would be beneficial to both psychological enquiry and personal goals of the ABH. LB, JMB and DT were later introduced to the founders as academic researchers and Mental Health Professionals. Thus, the research team established a reciprocal relationship with the ABH which during the time of research involved weekly emails; monthly meetings; aid in advertisement and participation in the ABH annual conference. Some participants were not known to the researchers prior to the interviews but were recruited through association and membership of the ABH. These participants were made aware through the founders of the ABH and the information sheet of our collaboration and goals of investigating and improving wellbeing of those who leave religion, and better understanding the psychological processes of changing one's belief.

2.2 Study Design

13 participants were selected through purposive sampling techniques. The founders of the ABH provided written consent confirming their approval of recruiting their group members who share similar characteristics and experiences which were suited to our research aims. For example, the ABH is a society aimed but not exclusive to ethnic minority apostates or atheists from strict religious communities. The founders of the ABH would advertise on relevant social media pages and ask for willing participants to email LB or JMB to express their interest. Those who were recruited through email would be sent information sheets and consent forms electronically and interviewed over the phone. LB and JMB would also attend the ABH's monthly meetings to advertise in person which created opportunities for face-to-face interviews during these meetings. No participants that were recruited refused to take part or withdrew from the study.

Interviews took place between March and July 2019 either in pre-arranged locations by the ABH or conducted over the phone. No-one else, over the phone or face-to-face, external to the participants or the research team, was present during the interviews. If the interviews were conducted at the ABH monthly meetings, the participant and researcher would go into a separate room. All participants included were associated with the ABH and had experienced apostasy or becoming an atheist. There were no restrictions on age, however, all participants were 18 years old or over. There were also no requirements based on previous or current mental health conditions. Our sample consisted of seven females and six males. The previous religious faiths of the participants included Jehovah's Witnesses, Christianity (including Protestantism, Catholicism, Evangelical), Seven Day Adventists and Islam.

The sessions began with an overview of the information sheet which explained to the participants the purpose of the study and details of their involvement. LB explained that once the audio recording began, their name would not be vocalised. The participants were also made aware that the interview would be semi-structured (see *Supplementary materials D*), meaning that we were following scheduled questions but with the opportunity to digress. Subsequent questioning was determined by whether or not the participants had covered the effect, if any, apostasy had on social

relationships and wellbeing in their previous answers. Once all scheduled prompts had been discussed, LB would end with asking the participant if there was anything they would like to add about their experience.

This procedure was not pilot tested; however, the interview questions were developed with the ABH. No repeat interviews were conducted. The duration of the interviews ranged between 05.03 and 43.50 minutes, with the average length at 24 minutes. No notes were made during the interviews, instead all interviews were audio recorded and uploaded immediately to a password protected shared drive between LB and JMB. The recordings of the interviews were transcribed verbatim by LB onto Microsoft Word.

2.3 Analysis

The transcripts were not returned to the participants, however, the three founders of the ABH did provide brief feedback and approval of the developed themes. Though, this feedback was limited due to their role as participants in this study.

LB developed and derived the initial codes and final themes from the data which were then collaboratively discussed with JMB and looked over by DT, JAF and the ABH. Codes, themes and comments were managed on Microsoft Word documents.

Grounded theory (Glaser & Strauss, 1967) was the theoretical framework for our study. This permitted inductive reasoning and systematic extraction of hypotheses from semi-structured interviews. Interpretivist ontology underpinned our study as it is a philosophical perspective that claims our reality will differ from that of the participants, yet the exact reasons for the discrepancies are unknown due to the complexity of individual experiences (Scotland, 2012). The transcripts of the semi-structured interviews were analysed using Thematic Analysis (Braun & Clarke, 2006).

3.0 Results

Based on our interpreted themes we produced a model that represents the mechanisms of belief change and how they may make one vulnerable to poorer mental health (see *Figure.1*). The model displays the five major themes we developed which break down into thirteen minor subthemes. The major themes are *predisposing factors*; *triggers*; *maintenance*; *protective factors*; and *enduring conflict of identity*. The major and minor themes are described in detail below.

Figure 1: A model representing the major and minor themes involved in changing one's social and religious beliefs, and hypothesised impact on mental health.

3.1. Predisposing factors

The first major theme, predisposing factors, involves any internal and/or external factors that may have made the participants more liable to questioning their faith when triggered by other circumstances later in life. We found that societal isolation and inquisitive personalities in this data may have increased the risk of belief change.

We viewed societal isolation as a predisposing environmental factor of subsequent belief change due to participants recalling how their religion and religious community was established for them as early as birth.

“...I think my views of religion were mostly based on my parent’s views” Participant H

“So I was born and bred into the Christian religion from birth” Participant I

Thematic analysis highlighted that the participants felt as though their indoctrinated religious community was far removed from the rest of society, with Participant A referring to their church as a “cult like” and a “cocoon” by Participant C. This separation manifested as an elicitor of belief change later in life when the participants were introduced to the non-religious world. We interpreted that circumstances such as moving away from home and discovering the many non-religious ways of life came as a shock which eventually motivated a keen interest to explore these new options.

“...So when I went to higher education, it was a bit of a shock to see that you had a choice, that you could decide what to do but because by this time you were so ingrained in the whole system I still went with going to church” Participant B

The new interests in non-religious lifestyle links to how most of the participants demonstrated inquisitive personalities. The inquisitiveness is highlighted by the pervasive tendency to question certain aspects of religion as well their feelings towards it from a young age.

“I think when I was a young teen, so like 13/14, beginning to understand that something was amiss, yeah something was amok” Participant L

“I even have some relatives who their religion required them not to take any medication when they were ill which I already found strange” Participant G

Inquisitive personalities set up the foundation of critical thinking towards religion which then preserved belief change, for example when discussing how their religious faith varied throughout their life, participant G commented: *"...If you look at it (religion) critically and begin to understand how it comes up, the whole thing is full of contrasts and contradictions and it just basically, it doesn't just add up"*.

Other examples include:

"Especially because I was indoctrinated as a child, I really didn't have much critical thinking skills to be able to see what I see now" Participant I

"I started wanting to know why the Seven Day Adventists was the most true religion" Participant C

3.2. Triggers

The second major theme involved in the process of belief change is triggers which are significant circumstances in an individual's life that may have precipitated belief change. The events we extracted from the data include pivotal life changes; moving away; and a morality that differed from that of their religion.

During the initial stages of analysis, pivotal life changes were perceived as events that may have contributed to distress alongside apostasy. However, deeper analysis found that events such as death of a parent were woven into the prompts behind belief change. For example, the following extract from Participant D suggests that their religious commitments were based on that of their mother's, thus her death precipitated a significant departure:

"...My mum was part of the choir, I dropped her off at choir practice. We did, people would come to our house on the Sabbath night on Friday nights and we do prayer meeting and things like that"

"... I would only go to (church) support my mother"

"...It was only when I was able to move out, when you're not dependent on other people, you're about to navigate your way out"

Likewise, as discussed in reference to societal isolation; it appears that when some participants moved away, they were able to leave the confines of their community,

be independent in the wider society and realise their lack of enthusiasm for the religion.

“...My experience of going to university and then going abroad and you know finding my own voice was liberating but then coming back in my final year was very, I wouldn't say painful, but it was difficult for me to fit back in” Participant M

Finally, moral disparities against religion seemed to be another key motivator. Participants expressed a struggle to believe in a religion whose morality and ethics were different from their own, which was perhaps a gradual realisation developed from exposure to communities outside of their religion.

“...Being taught that certain people are wrong for how they live... But when you actually interact with people who do reflect that, you think that actually ‘I like this person’” Participant I

“Religion is really homophobic and misogynistic and it's time to take it on” Participant L

3.3. Maintenance

The final major theme associated with belief change is maintenance, defined by the aforementioned critical thinking but is also significantly characterised by scientific inquiry and wider curiosity. Most participants emphasised that their interest in science and wider reading of non-religious authors seemed to confirm their disbelief in a 'God', in their religious culture or otherwise, and propagate belief change.

“...I was faced with a decision: do I want to keep on being religious and believe in the religious stories? Or do I accept this new world of rational, natural explanations for everything?” Participant B

“...gradually with further reading and beginning to understand the world from maybe rational scientific perspectives...” Participant G

‘... taking a more questionable view on things that I used to take for granted for example I sort of started taking that vein of being kind of sceptical and began to read more widely...’ Participant J

3.4. Enduring conflict of identity

We found that enduring conflicts of identities influenced the effect that apostasy had on mental health. Participants demonstrated cognitive dissonances that resulted in deliberation about their own identity, which were interpreted as stressful experiences. For example, some participants experienced distress when coming to terms with new atheist identity and the consequences this may have:

‘...there is a real sense of purpose that religion gives you, you know there is a real sense of purpose that I miss...’ Participant K

‘It was like having to rethink if the sky was blue and the grass was green so everything down to, everything that I ever assumed was true, I had to think ‘actually maybe it’s not’ and that really threw me’ Participant A

This conflict was also demonstrated with their families, in terms of meeting their expectations versus expressing their true atheist identity:

‘They see it as a rejection of who they are fundamentally if you can’t not accept what I have given to you, this wonderful thing then you are rejecting me’ Participant C

‘I think the loneliness is so much about knowing that I have thoughts I couldn’t share with anyone’ Participant H

3.5. Protective factors

The final major theme, protective factors, is defined by resources that lessened the impact of apostasy on the mental health of the participants. We found that social support, self-help and/or helping others were key in moderating how much belief change would influence mental health.

For example, this extract from Participant M indicates that even long after apostasy, their subjective wellbeing was most impacted when they were disowned by their aunt, a significant source of social support:

“It had a massive effect on my mental health... It was worse than being homeless. It was worse than being kicked out of my parents’ house because it was unexpected I just always thought my aunt would always be there”

Furthermore, participants utilised helping other apostates as a way of protecting their own mental health:

“...we formed London Black Atheists and straight away we had so many members... we have loads of kinds of meets up and social activities, social events and so you know that whole thing has gone, that whole lonely thing has completely gone... I feel fulfilled in what I’m doing.” Participant B

“...and you know I tried helping others that was my therapy, helping others to help myself really” Participant K

4.0 Discussion

In this study we aimed to understand the mechanisms of belief change and how this process may influence one's vulnerability to poorer mental health. However, our findings were far reaching past mental illness considerations, encompassing themes that touch upon existential crises, identity changes, and the struggle to find a new social belonging. We conducted semi-structured interviews with members of the Association of Black Humanists regarding their experiences of apostasy and asking how this process may have impacted wellbeing and social relationships. Overall, the participants provided detailed responses that represented belief change as gradual and complex, with psychological and social consequences. From the data, we developed hypotheses that represent the relationship between apostasy, mental health, and identity.

Our research was novel by exploring how belief change may have consequences for our sense of self and our social vulnerability. We found that conflict of identities, due to not meeting self, family or religious expectations, was heavily involved in poor mental health and existential crises. This is in line with previous research that suggests how failed identity formation can lead to stress due to confusion, frustration and lack of uniqueness to their personality (Erikson, 1968; Cote, 2018). Additionally, we found that protective factors such as social support were important in decreasing the impact identity crisis had on mental health vulnerabilities. This relates to the aforementioned research surrounding social support and religious involvement (Debnam, Holt, Clark, Roth & Southward, 2013; Fatima, Sharif & Khalid, 2018) and expands to other research that emphasises the highly protective role social support has for mental health diagnoses (see Gariepy, Honkaniemi & Quesnel-Vallee, 2016). Importantly, the identity and social support implications can be viewed positively as they are concepts which can be modified and used as a basis for intervention.

The themes that we found to constitute the mechanisms of belief change are compatible with the work by Perez and Vallières (2019) and their model of religious deconversion: 'reason and enquiry'; (inquisitive personalities, critical thinking, scientific inquiry and wider curiosity); 'criticism and discontent' (moral disparities against religion, societal isolation); and 'personal development' (moving away, pivotal life changes). This consistency in research increases the reliability of belief

change as a significant psychological process. However, our study was the first to include religions other than Catholicism and Protestants. Therefore, we encourage more cross-cultural research that expands across all world religions in order to secure external validity and encourage sound theory formation – whether this is general or specific to cultures.

Novel to Perez and Vallières (2019), our research suggests a predisposing nature to belief change based on inquisitive, curious and critical personalities of our participants. This relates to findings suggesting that openness personality traits (such as inquisitiveness) correlate negatively with religious continuation (Saroglou & Munoz-Garcia, 2008). However, it is important to consider that the link between openness and religion may depend on factors, such as geopolitics. For example, a study in 2008 found that openness also negatively correlated with political conservatism, a political orientation that is dominant in non-western cultures (Carney, Jost, Gosling & Potter, 2008). So, to truly validate whether leaving religion can be based upon certain core features of an individual, longitudinal research could be conducted to explore the interactions between biological, social, and psychological factors to view apostasy as a process that may be recognisable, predictable, and therefore better supported if it occurs.

We hypothesise that enduring conflicts of identities influences the relationship between apostasy and vulnerable mental health; with apostasy indirectly increasing vulnerability to poorer wellbeing by complications to an individual's identity. Finally, we suggest that this relationship is then moderated by protective factors such as social support, self-help and helping others; suggesting that the presence of these will lessen the effect apostasy has on mental health.

It is important to note some limitations of our study. First, there is risk of response bias due to the involvement of some founding members of the ABH and their experiences surrounding this research topic. However, this must be weighed up against the benefits of co production in developing an interview schedule best informed by the ABH's lived expertise. Second, our participants were all residing in the UK at the time of the interview, and had found a group like the ABH which provides some form of community support. We therefore cannot fully comment on whether these psychological and social factors contributing to belief change are true

for those who do not have this level of community support, or live in countries where joining a community like the ABH may carry severe consequences. In addition, our recruitment was limited by time and resource constraints due to LB needing to have the work completed by an internal university deadline to complete her MSc. While we acknowledge our sample was relatively diverse based on work to date, we encourage and look forward to further research in the area and recommend that diversity continue to be a centre point in the pursuit of a fuller understanding of core belief changes. We hope that outside of face-to-face interviews, the broad, widespread (and potentially anonymous) use of online meetings can lead to a greater inclusion of participants globally.

Conclusion

In sum, our study investigated the mechanisms behind religious belief change and how this may relate to the identity, mental health, and social belonging of apostates. Through semi-structured interviews and thematic analysis, we produced a model that represents our hypotheses, which are compatible with other research in this area. We propose that predisposing factors, triggers and maintenance gradually interact to form the mechanism of belief change. Once an apostate, a crisis of identity increases a range of vulnerabilities and forces a re-evaluation of the sense of self. The consequences of this struggle on one's mental health effect is reduced in the presence of protective factors, such as social support. Future research should aim to increase credibility of our findings by using triangulation methods to explore the data that may add a deeper understanding to the topic, but was missed in our research. This includes the impact of ethnicity and the broader social context, including characteristics of religions and the community cross-culturally.

Conflict of interest

None to declare.

Author contributions

JMB and JAF initially devised this study with the ABH. JMB, JAF, DT, and the ABH constructed the semi-structured interview. LB collected data, coded, and developed themes, and wrote the initial draft. JMB, LB, JAF, ABH, and DT all approved and revised the final manuscript.

Funding

The study was funded by King's College London as part of the MSc in Mental Health Studies at the Institute of Psychiatry, Psychology, and Neuroscience.

Acknowledgements

The research team would like to express our special thanks to The Association of Black Humanists (ABH) as without them this research would not have been possible. We want to highlight our gratitude for the time the ABH spent helping with recruiting, advertising and acting as participants, as well as their keen interest and support throughout the thesis write-up. We hope that the ABH are happy and proud of the research conducted. LB would also like to thank her supervisor, JMB, for the constant support throughout this process. We would also like to thank Dr Quinton Deeley for his useful and constructive comments on the manuscript.

5.0 References

- Abdulla, M.R.,(2018) Culture, Religion, and Freedom of Religion or Belief. *The Review of Faith & International Affairs*, 16(4), 102-115, DOI: [10.1080/15570274.2018.1535033](https://doi.org/10.1080/15570274.2018.1535033)
- Azar, B. (2010). A reason to believe. *Monitor on Psychology*, 41(11), 52. Retrieved from <https://www.apa.org/monitor/2010/12/believe>
- BPS.org.uk. (2014). *Code of Human Research Ethics*. [online]. Retrieved from <https://www.bps.org.uk/sites/bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Code%20of%20Human%20Research%20Ethics.pdf> [Accessed 20th March, 2019]
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Brewster, M.E., Robinson, M.A., Sandil, R., Esposito, J., & Geiger, E. (2014). Arrantly absent: atheism in psychological science from 2001 to 2012. *The counselling psychologist*, 42(5), 628-663. doi: 10.1177/0011000014528051
- Carney, D.R., Jost, J.T., Gosling, S.D. & Potter, J. (2008). The secret lives of liberals and conservatives: personality profiles, interaction styles, and the things they leave behind. *Political Psychology*, 29, 807-840. doi:10.1111/j.1467-9221.2008.00668.x
- Cote, J.E. (2018). The enduring usefulness of Erikson's concept of the identity crisis in the 21st century: an analysis of student mental health concerns. *An International Journal of Theory and Research*, 18(4), 251-263. Retrieved from <https://doi.org/10.1080/15283488.2018.1524328>
- Cottee, S. (2015). *The apostates: when Muslims leave Islam*. London, England: Hurst & Company.
- Debnam, K., Holt, C. L., Clark, E. M., Roth, D. L., & Southward, P. (2012). Relationship between religious social support and general social support with health behaviors in a national sample of African Americans. *Journal of behavioural medicine*, 35(2), 179–189. doi:10.1007/s10865-011-9338-4

- Ellison, C.G., & Levin, J.S. (1998). The religion-health connection: evidence, theory and future directions. *Health Education & Behaviour: The official publication of the Society for Public Health Education*, 25(6), 700-20.
- Erikson, E. H. (1968). *Identity: Youth and crisis*. New York, NY: Norton.
- Fatima, S., Sharif, S., & Khalid, I. (2018). How does religiosity enhance psychological well-being? Roles of self-efficacy and perceived social support. *Psychology of Religion and Spirituality*, 10(2), 119-127. H
<http://dx.doi.org/10.1037/rel0000168>
- Freeman, J.A. (2019). Is apostasy heritable? A behaviour genetics study. *Twin Research and Human Genetics*, 1-7. doi: 10.1017/thg.2019.4
- Garipey, G., Honkaniemi, H., & Quesnel-Vallee, A. (2016). Social support and protection from depression: systematic review of current findings in western countries. *The British Journal of Psychiatry*, 209, 284-293. doi:
 10.1192/bjp.bp.115.169094
- Gartner, J., Larson, D.B., & Allen, G.D. (1991). Religious commitment and mental health: a review of the empirical literature. *Journal of Psychology and Theology*. 1991;19(1):6-25. doi:10.1177/009164719101900102
- Glaser, B.G., & Strauss, A.L. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Mill Valley, CA: Sociology Press.
- Grim, B.J., & Grim, M.E. (2016). The socio-economic contribution of religion to american society: an empirical analysis. *Interdisciplinary Journal of Research on Religion*, 12(3). Retrieved from <http://www.religjournal.com/pdf/ijrr12003.pdf>
- James, W. (1902). The varieties of religious experience: a study in human nature.
- Kirkbride, J.B. (2017). Migration and psychosis: our smoking lung? 16(2), *World Psychiatry*, 16(2), 119-120. doi: <https://doi.org/10.1002/wps.20406>
- King, S. (2014) The Challenge of Research into Religion and Spirituality (Keynote 1), *Journal for the Study of Spirituality*, 4 (2), 106-120, DOI: [10.1179/2044024314Z.000000000026](https://doi.org/10.1179/2044024314Z.000000000026)

- Koenig, H.G. (2009). Research on religion, spirituality, and mental health: a review. *The Canadian Journal of Psychiatry*, 54(5), 283 -291.
- Koenig, H.G., King, D., & Carson, V.B. (2012). *Handbook of religion and health*. New York, NY: Oxford University Press, Inc.
- Linderman, M., Heywood, B., Riekk, T., & Makkonen, T. (2014). Atheists become emotionally aroused when daring god to do terrible things. *The International Journal for the Psychology of Religion*, 24(2), 124-132.
<https://doi.org/10.1080/10508619.2013.771991>
- Longo, G. S., & Kim-Spoon, J. (2014). What drives apostates and converters? The social and familial antecedents of religious change among adolescents. *Psychology of religion and spirituality*, 6(4), 284–291. doi:10.1037/a0037651
- Mental Health Foundation. (2016). *Fundamental facts about mental health 2016*. Mental Health Foundation: London.
- Momeni, K., & Rafiee, Z. (2018). Correlation of social support and religious orientation with life satisfaction in the elderly. *Salmand: Iranian Journal of Ageing*, 13(1), 50-61. Retrieved from:
http://salmandj.uswr.ac.ir/browse.php?a_id=1189&sid=1&slc_lang=en
- Mushtaq, R., Shoib, S., Shah, T., & Mushtaq, S. (2014). Relationship between loneliness, psychiatric disorders and physical health? A review on the psychological aspects of loneliness. *Journal of Clinical & Diagnostic Research*, 8(9), WE01- WE4. doi: 10.7860/JCDR/2014/10077.4828
- de Oliveira Maraldi, E. Response Bias in Research on Religion, Spirituality and Mental Health: A Critical Review of the Literature and Methodological Recommendations. *J Relig Health* 59, 772–783 (2020).
<https://doi.org/10.1007/s10943-018-0639-6>
- Perez, S., & Vallières, F. (2019). How do religious people become atheists? Applying a grounded theory approach to propose a model of deconversion. *Secularism and Nonreligion*, 8(3). doi: <http://doi.org/10.5334/snr.108>

Pew Research Center. (2012). *The global religious landscape: A report on the size and distribution of the world's major religious groups as of 2010*. Retrieved from <https://www.pewforum.org/2012/12/18/global-religious-landscape-exec/>

Platvoet, J.G. (1999). To define or not to define: The problem of the definition of religion. In Platvoet, J.G., & Molendijk, A. (Eds.). (2018). *The Pragmatics of Defining Religion*. Leiden, The Netherlands: Brill. doi: <https://doi.org/10.1163/9789004379091>

Rasic, D., Robinson, J.A., Bolton, J., Bienvenu, O.J., & Sareen, J. (2011). Longitudinal relationships of religious worship attendance and spirituality with major depression, anxiety disorders, and suicidal ideation and attempts: findings from the Baltimore epidemiologic catchment area study. *Journal of Psychiatric Research*, 45(6), 848-854. doi: 10.1016/j.jpsychires.2010.11.014

Reeves, R.R., Beazley, A., & Spears, A.C. (2011). Religion and spirituality: can it adversely affect mental health treatment? *Journal of Psychosocial Nursing and Mental Health Services*, 49(6), 6-7. doi: 10.3928/02793695-20110503-05

Saroglou, V., & Munox-Garcia, A. (2008). Individual differences in religion and spirituality: an issue of personality traits and/or values. *Journal for the scientific study of religion*, 47(1). Retrieved from <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1468-5906.2008.00393.x>

Scotland, J. (2012). Exploring the Philosophical Underpinnings of Research: Relating Ontology and Epistemology to the Methodology and Methods of the Scientific, Interpretive, and Critical Research Paradigms. *English Language Teaching*, 5(9), 9-16. doi: 10.5539/elt.v5n9p9

Stavrova, O., Fetchenhauer, D., & Schlösser, T. (2013). Why are religious people happy? The effect of the social norm of religiosity across countries. *Social Science Research*, 42(1), 90-105. doi: 10.1016/j.ssresearch.2012.07.002

Taves, A. (2011). *Religious experience reconsidered: a building-block approach to the study of religion and other special things*. Princeton, NJ: Princeton University Press.

Tong, A., Sainsbury, P., & Craig, J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349-357. doi: <https://doi.org/10.1093/intqhc/mzm042>

Turner, N., Hastings, J.F., & Neighbors, H.W. (2019). Mental health care treatment seeking among African Americans and Caribbean Blacks: what is the role of religiosity/spirituality? *Aging & Mental Health*, 23(7), 905-911. <https://doi.org/10.1080/13607863.2018.1453484>

Williams, D. (2019). Socially adaptive belief. *Mind & Language*.

Winell, M. (2006). Understanding religious trauma syndrome: it's time to recognise it *British Association for Behavioural and Cognitive Psychotherapies*. Retrieved from <https://www.babcp.com/review/RTS-Its-Time-to-Recognize-it.aspx>

Supplementary materials

A: Consolidated criteria for reporting qualitative research (COREQ; Tong, Sainsbury & Craig, 2007).

No	Item	Guide questions/description
Domain 1: Research team and reflexivity		
Personal Characteristics		
1.	Interviewer/facilitator	Which author/s conducted the interview or focus group?
2.	Credentials	What were the researcher's credentials? <i>E.g. PhD, MD</i>
3.	Occupation	What was their occupation at the time of the study?
4.	Gender	Was the researcher male or female?
5.	Experience and training	What experience or training did the researcher have?
Relationship with participants		
6.	Relationship established	Was a relationship established prior to study commencement?

7.	Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. <i>personal goals, reasons for doing the research</i>
8.	Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. <i>Bias, assumptions, reasons and interests in the research topic</i>
Domain 2: study design		
Theoretical framework		
9.	Methodological orientation and Theory	What methodological orientation was stated to underpin the study? e.g. <i>grounded theory, discourse analysis, ethnography, phenomenology, content analysis</i>
Participant selection		
10.	Sampling	How were participants selected? e.g. <i>purposive, convenience, consecutive, snowball</i>
11.	Method of approach	How were participants approached? e.g. <i>face-to-face, telephone, mail, email</i>
12.	Sample size	How many participants were in the study?
13.	Non-participation	How many people refused to participate or dropped out? Reasons?
Setting		

14.	Setting of data collection	Where was the data collected? e.g. <i>home, clinic, workplace</i>
15.	Presence of non-participants	Was anyone else present besides the participants and researchers?
16.	Description of sample	What are the important characteristics of the sample? e.g. <i>demographic data, date</i>
Data collection		
17.	Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?
18.	Repeat interviews	Were repeat interviews carried out? If yes, how many?
19.	Audio/visual recording	Did the research use audio or visual recording to collect the data?
20.	Field notes	Were field notes made during and/or after the interview or focus group?
21.	Duration	What was the duration of the interviews or focus group?
22.	Data saturation	Was data saturation discussed?
23.	Transcripts returned	Were transcripts returned to participants for comment and/or correction?
Domain 3: analysis and findings		
Data analysis		

24.	Number of data coders	How many data coders coded the data?
25.	Description of the coding tree	Did authors provide a description of the coding tree?
26.	Derivation of themes	Were themes identified in advance or derived from the data?
27.	Software	What software, if applicable, was used to manage the data?
28.	Participant checking	Did participants provide feedback on the findings?
Reporting		
29.	Quotations presented	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. <i>participant number</i>
30.	Data and findings consistent	Was there consistency between the data presented and the findings?
31.	Clarity of major themes	Were major themes clearly presented in the findings?
32.	Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?

B: Information sheet

INFORMATION SHEET FOR PARTICIPANTS

Ethical Clearance Reference Number: LRS-18/19-8415

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

Title of study

The cost of apostasy - a qualitative study on mental health with the Association of Black Humanists (ABH).

Invitation Paragraph

I would like to invite you to participate in this research project which forms part of my MSc research. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

The purpose of the study is to understand the factors associated with transitioning out of a highly religious community, and the impact this may have had on your mental and physical health or your social life.

Why have I been invited to take part?

You are being invited to participate in this study because you are a member of the Association of Black Humanists (ABH).

What will happen if I take part?

If you choose to take part in the study you will be asked to talk to one of our researchers about your experience of finding the ABH, and your journey from your previous community – including any positive or negatives throughout this process. The interview will take between 30 to 60 minutes. You will be recorded during the talk, however none of your personal information will be identifiable such as your name, age, or ethnicity. Participation will take place either at the ABH headquarters or at the Institute of Psychiatry, Psychology, and Neuroscience in Denmark Hill – whichever is easiest for you. As part of participation you will be asked to provide only your story and your emotional and personal experiences of leaving a highly religious or strict environment.

Do I have to take part?

Participation is completely voluntary. You should only take part if you want to and choosing not to take part will not disadvantage you in anyway. Once you have read the information sheet, please contact us if you have any questions that will help you make a decision about taking part. If you decide to take part we will ask you to sign a consent form and you will be given a copy of this consent form to keep.

What are the possible risks of taking part?

We do not foresee any risks of you taking part outside of talking about your own personal experiences. Should any issues arise that you feel you would like to talk about further outside of a research setting you are welcome to with Dr Derek Tracy or Dr Andres Fonseca, both of whom are consultant psychiatrists on the project.

What are the possible benefits of taking part?

Talking about your journey and experiences are often thought of as a cathartic experience. However outside of this there are no immediate benefits to taking part outside of contributing to understanding more about your community.

Data handling and confidentiality

Your data will be processed in accordance with the General Data Protection Regulation 2016 (GDPR).

- Your confidential recording will be stored on encrypted hard-drives at the Institute of Psychiatry, Psychology and Neuroscience. Your data will be transcribed into text for analysis. None of your identifiable information will be kept.
- You will not be identifiable in the final report.
- Data will be stored for 10 years in keeping with research practices.
- Data will only be shared with the research team who will transcribe the data themselves.

Data Protection Statement

The data controller for this project will be King's College London (KCL). The University will process your personal data for the purpose of the research outlined above. The legal basis for processing your personal data for research purposes under GDPR is a 'task in the public interest' You can provide your consent for the use of your personal data in this study by completing the consent form that has been provided to you.

You have the right to access information held about you. Your right of access can be exercised in accordance with the General Data Protection Regulation. You also have other rights including rights of correction, erasure, objection, and data portability. Questions, comments and requests about your personal data can also be sent to the King's College London Data Protection Officer Mr Albert Chan info-compliance@kcl.ac.uk. If you wish to lodge a complaint with the Information Commissioner's Office, please visit www.ico.org.uk.

What if I change my mind about taking part?

You are free to withdraw at any point of the study, without having to give a reason. Withdrawing from the study will not affect you in any way. You are able to withdraw your data from the study up until 31/07/2019 after which withdrawal of your data will no longer be possible due to data being written up into a report and all identifiable information removed. If you choose to withdraw from the study we will not retain the information you have given thus far.

How is the project being funded?

This study is being funded as part of the MSc in Mental Health Studies at the Institute of Psychiatry, Psychology, and Neuroscience.

What will happen to the results of the study?

The results of the study will be summarised in Leyla Bolton's MSc thesis, written up for publication, and presented at conferences.

Who should I contact for further information?

If you have any questions or require more information about this study, please contact me using the following contact details:

Leyla Bolton

Leyla.bolton@kcl.ac.uk

Joseph Barnby

Joe.barnby@kcl.ac.uk

Centre for Neuroimaging Sciences

Institute of Psychiatry, Psychology, and Neuroscience

Denmark Hill

If you have any questions relating to your mental health or you would like to seek more clinical advice, please contact Dr Derek Tracy using the following details:

Dr. Derek Tracy

Derek.tracy@kcl.ac.uk

What if I have further questions, or if something goes wrong?

If this study has harmed you in any way or if you wish to make a complaint about the conduct of the study you can contact King's College London using the details below for further advice and information:

Dr. Derek Tracy

Derek.tracy@kcl.ac.uk

Thank you for reading this information sheet and for considering taking part in this research.

C: Consent form

CONSENT FORM FOR PARTICIPANTS IN RESEARCH STUDIES

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Study: The cost of apostasy - a qualitative study on mental health with the Association of Black Humanists (ABH)

King's College Research Ethics Committee Ref: LRS- 18/19-8415

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

I confirm that I understand that by ticking/initialling each box I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes mean that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element I may be deemed ineligible for the study.

**Please tick
or initial**

☐

**Please tick
or initial**

1. ***I confirm that I have read and understood the information sheet dated 27/08/2018 (V1.0) for the above study. I have had the opportunity to consider the information and asked questions which have been answered to my satisfaction.**
2. **I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and I can withdraw from the study at any time, without having to give a reason, up until 31/07/2019.**
3. ***I consent to the processing of my personal information for the purposes explained to me in the Information Sheet. I understand that such information will be handled in accordance with the terms of the General Data Protection Regulation.**
4. ***I understand that my information may be subject to review by responsible individuals from the College for monitoring and audit purposes.**

☐☐☐☐

5. I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any research outputs

6. I agree to be contacted in the future by King's College London researchers who would like to invite me to participate in follow up studies to this project, or in future studies of a similar nature.

☐

7. I agree that the research team may use my data for future research and understand that any such use of identifiable data would be reviewed and approved by a research ethics committee. (In such cases, as with this project, data would/would not be identifiable in any report).

☐

8. I understand that the information I have submitted will be published as a report and I wish to receive a copy of it.

☐

9. I consent to my interview being audio/video recorded.

☐

Name of Participant

Date

Signature

Name of Researcher

Date

Signature

D: Semi-structured interview questions

Background (sub-questions are potential prompts if not covered by stem question)

1. How has your religious faith, or lack of faith, varied through your life?
2. How would you describe the role of religion in your family?
 - a. How did it vary between family members?
 - b. How did the family manage individuals' differences?
 - c. Did this vary with age in terms of religious ceremonies, education, and general upbringing?
3. How would you describe the community and neighbourhood in which you grew up, and what role did religion play in that?
 - a. What variation in faith did you see within the community, and how were such differences managed?
 - b. Do you think there were significant differences based upon individuals' gender, age, ethnicity, or place of birth?
 - c. How would you describe any differences between the religious beliefs of your community and the wider British community in which you lived?

Transition (sub-questions are potential prompts if not covered by stem question)

If brought up in a manner self-described as 'more religious' go to 4. and skip question 11, if 'more secular' go to 6.

4. How would you describe your religious faith and beliefs before this changed?
5. What was the experience of this changing like for you?
 - a. How did your transition affect your relationship with your community?
 - b. How did your transition affect your relationship with your family?
 - c. What else do you think your transition affected?
6. How do your secular beliefs affect your life?
 - a. How did/do your beliefs affect your relationship with your community?
 - b. How did/do your beliefs affect your relationship with your family?
 - c. What else might your beliefs have affected/ affect?

Community (sub-questions are potential prompts if not covered by stem question)

7. What was the reason you needed to remove yourself from your older community?

- a. How has that transition impacted you?
- b. What, if anything, do you miss about your older community?
- c. What, if anything, don't you miss about your older community?
- d. Have you felt lonely or isolated at all as a result of leaving your older community?
- e. Have you experienced any mental health problems either before, during, or after leaving your community?