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A Therapeutic Model for Amazing Apostasy

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A Therapeutic Model for Amazing Apostasy

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A Therapeutic Model for Amazing Apostasy

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Abstract

Apostasy is the transition involving disengagement from previously held religious beliefs. Social-psychological investigators of the nature and causes of apostasy have identified varied causes for the transition including weak religious socialization (Hunsberger, 1980, p. 159), commitment to intellectualism (Caplovitz & Sherrow, 1977), aversion to the hypocrisy of others, acute trauma or loss, or discontentment with the promises of religion (Hunsberger, McKenzie, Pratt, & Prancer, 1993).

Most experiences of apostasy follow the pattern that socialization theory predicts, that highly religiously socialized individuals adhere to their beliefs and minimally socialized individuals are more likely to discard their beliefs (Hunsberger, 1980, p. 158). A small percentage (1.4%), however, appear to act in contrast to this theory (Altemeyer & Hunsberger, 1997, p. 27). These individuals, termed “amazing apostates”, show a commitment to intellectualism, a questioning attitude, and often invest focused energy and substantial time into the doubting process. It appears that in this type of apostasy individuals are more concerned with the rational problems with religious beliefs themselves than motivated by an emotional response characterized by discontentment, loss, or aversion to some aspect of practiced religion.

Though the amazing apostate may go through a largely intellectualized process, he/she may experience intense emotional sequelae including guilt, intermittent fear of God, existential crisis, and loss of social support. This process of moving away from religious belief will likely cause problematic psychological (existential/emotional), social, behavioral, and occupational functioning and may require therapeutic intervention.

A therapeutic model is articulated including recommendations for rapport building, assessment and diagnosis, goal-formulation, intervention selection, and termination.
Interventions include cognitive therapies to deal with negative affect, role playing and decisional interventions for relationship conflicts, and philosophical partnership which involves facilitating clients' search for truth on their own terms. Other interventions include the creation of a transitional or new, permanent worldview, the development of new group membership, and identity reformation.

Finally, the project explores the possibility that the amazing apostates isolated by the Altemeyer and Hunsberger (1997) study may actually be a less than homogeneous group. The differing therapeutic needs of two proposed subgroups are discussed.
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Chapter 1

Introduction

People sometimes leave their religious traditions. Apostasy is the term for the abandonment or rejection of previously held religious beliefs. In an early study of apostasy, Hunsberger (1980) found weak socialization to be positively correlated with apostasy. Socialization theory predicts that individuals whose religious beliefs were emphasized highly in childhood will retain those beliefs, while those whose religious beliefs were less emphasized tend to reject or abandon them. Usually, individuals reject their religious beliefs as socialization theory predicts. Apostasy also occurs in response to discontentment with unfulfilled promises of religion or due to disgust with the hypocrisy of individuals or organized religion (Hunsberger, McKenzie, Pratt, & Prancer, 1993; Nipkow & Schweitzer, 1991). Apostasy may also result from difficulty reconciling loss or evil with belief in a loving God (theodicy), or a troubled relationship with parents or society (Caplovitz & Sherrow, 1977). Most experiences of apostasy fit these patterns, but a small percentage (1.4%) appears to run in contrast to that trend. This somewhat unique and minority process has been termed “Amazing Apostasy” (Altemeyer & Hunsberger, 1997).

“Amazing” apostates appear to leave their previously held religious convictions through a rather unique, intellectually-driven, “truth-seeking” process and merit a therapeutic approach which is customized for the expected emotional, behavioral, and cognitive symptoms which may
accompany their transition of worldview. Apostasy in general has “increased…dramatically over the past 25 years” and may continue to do so with cultural value changes (Hadaway & Roof, in Bromley, 1988, p. 44). Extrapolating from Altemeyer and Hunsberger’s (1997) study it can be estimated that over three million Americans will struggle with this subtype of apostasy over their lifetimes. Apostasy, as a major life transition, will likely leave individuals “confused and in need of assistance” (Schlossberg, Waters, & Goodman, 1995, p. 25). Thus, the need for a well-developed therapy for those experiencing distress associated with amazing apostasy is evident.

The Client: “Amazing Apostates”

Amazing apostates have been highly religiously socialized, and are regarded by the authors as abandoning their religious beliefs on purely intellectual/rational grounds. For the amazing apostate, the process of disengagement from religious beliefs appears to be focused more on intellectual and cognitive problems with the beliefs themselves rather than on emotional problems with the practice or experience of religion. In fact, Altemeyer and Hunsberger state that “the roots of the [amazing] apostasy usually lay in the religious beliefs themselves, not some hidden underlying cause” (p. 117).

These apostates do not fit socialization theory predictions. Despite having been raised in homes which regard religion as important, they appear to “reverse socialization influences through an intellectual search for truth in their own lives” (Hood, Spilka, Hunsberger, & Gorsuch, 1996, p. 103). In interviewing this identified class of apostates, their apostatic process was found to be characterized by:

- A need to ask questions and get responses
- An unwillingness to accept “pat answers” – sometimes from an early age
• An analysis of religious beliefs – often with friends who supported this activity
• Investment of substantial time and effort weighing for and against arguments – 3 years on average
• A conviction that it was impossible to believe their religious beliefs were true
• A commitment to truth and integrity
• Painful deterioration in relationships with parents, grandparents, siblings, and others
• The Lost Compass: an aversive feeling that they had lost their answer to everything;
  “they felt isolated and confused, [had] lost the comfort and security that religious beliefs can bring, and feared death more” (Altemeyer & Hunsberger, 1997, p. 117).

Altemeyer and Hunsberger’s (1997) research describes this group of apostates as “unique people whose ‘search for truth’ had led them to question many things, especially religious teachings, often from an early age” (Hood et al., p. 103). Other researchers have identified individuals whose apostasy seems intellectual in nature (Caplovitz & Sherrow, 1977, p. 73-87; Brinkerhoff & Mackie, 1993, p. 250). Due to the paucity of literature which directly addresses this type of apostasy and the concurrent lack of an agreed-upon typology, it is difficult to verify that amazing apostates are a unique group. However, their truth seeking, questioning, intellectual characteristics do seem to differentiate them from other courses of disengagement from religious belief, as does the apparent lack of identifiable causes outside of their signature intellectual process.

The Problem: The Need for Therapy

The amazing apostate goes through a transformation characterized by intellectual processes, but may also experience intense emotional sequelae including guilt, intermittent fear of God, existential crisis (a loss of, and the breakdown of previously productive beliefs about
meaning and purpose), and rejection by and of significant groups or individuals. In moving away from religious beliefs, these individuals will likely experience problematic psychological (existential/emotional), social, behavioral, and even occupational functioning. Some amazing apostates may require therapeutic interventions.

It is feasible that some amazing apostates would undergo the process slowly enough using sufficient intellectual defenses to escape aversive emotional sequelae; however, many amazing apostates will likely find themselves existentially depressed and unmotivated to function, having lost a system which created meaning and purpose in their lives. They may experience a loss of social support, having upset the ways they were previously connected to their spouses, families, and friends. As Horowitz’s (in Barlow, 1993, p. 52) information processing model suggests, adjustment to a “trauma” (the conclusion that religious beliefs are untenable in the case of amazing apostates) requires incorporating the event (assimilation) into existing cognitive schemas (worldviews) or developing new schemas (accommodation). Amazing apostates will likely be focusing on the latter (accommodation), and the Horowitz model suggests that until this process is complete the process stays active in thought and may require defense mechanisms (e.g., denial, numbing, intellectualization) to be used to keep from being overwhelmed. Thus, amazing apostates may experience an adjustment disorder, and may be depressed or anxious due to their process.

Researchers document lower levels of well-being among apostates (Brinkerhoff & Mackie, 1993, p. 251). It is reported that “the solid majority of our [amazing apostates] felt their apostasy had cost them a great deal” (Altemeyer & Hunsberger, 1997, p. 117). They may even become entangled legally or practically as the consequence of behavioral experimentation secondary to the breakdown of their previous moral/behavioral guidance system.
The supposed nature of an amazing apostates’ doubt and disengagement from belief is rational and “not some hidden underlying cause”, according to Altemeyer and Hunsberger (1997, p. 117). Other researchers (Bahr & Albrecht, 1989), however, have suggested that “the intellectual defection” (p. 197) observed was not a pure category, but was accompanied by personal problems, disappointments, or disgust with the apparent ignorance of others. In fact, within the detailed interviews of Altemeyer and Hunsberger’s amazing apostates is evidence of motivation for apostasy other than the challenging of beliefs on intellectual/rational grounds. This suggests that amazing apostates may have unexplored underlying or comorbid issues which drive their apostasy and that may also be relevant therapeutically.

Therapy

Therapy with this population, as with any, should begin with a thorough, multimodal, assessment of the problem and a collaboration with the client to determine what level and goals of treatment are desired. Selection of goals may be dynamic, as the client’s needs will likely shift as he/she moves through the process of apostasy.

Some apostates may simply want to have a therapist as a supportive and stable object in the midst of what is perceived as relationship conflict and uncertainty with their spouses, families or friends. The other extreme would be an apostate who required not only this supportive function, but also needed one or more of the following:

- A forum to contain and explore emotional issues
- Psychopharmacological interventions for depressive or anxious symptoms
- A plan against suicidality if relevant
- Facilitation in the development of a transitional worldview
• Problem-solving interventions for specific issues (e.g., acute moral dilemmas, decisions about a current religious occupation, and approaches to sharing their process with others)
• Cognitive techniques to combat potentially irrational and dysfunctional guilt or fear
• Philosophical partnership in exploring and analyzing the worldview options, metaphysical assumptions, and relevant doubt and apologetic literature.
• Work on identity reformation

Scope and Limitations

This project will utilize the description of amazing apostates as investigated by Altemeyer and Hunsberger (1997) to develop a therapeutic approach which is anticipated to meet the needs of amazing apostates. The therapy described in this project, though it may in part apply effectively to other types of apostatic processes, is not intended to address all permutations of apostasy. Other types of apostasy may have distinctive therapeutic needs that are not addressed in focusing on the experience of the amazing apostate.

This project provides an overview of ideas that may be the impetus or foundation of doubt for the amazing apostate in order to give the clinician a look into the thoughts of amazing apostates. In doing this, it does not intend to explore or prove the validity of one particular set of conclusions to religious questions over another.

Chapter two has three goals: (1) to better describe the nature and effects of amazing apostasy through an examination of Altemeyer and Hunsberger’s (1997) research, research on the coping benefits of religious beliefs, and existing theories and therapies concerning transitions, grief, and loss; (2) to familiarize the prospective therapist of amazing apostates with the rational doubt arguments which may motivate the amazing apostate’s abandonment of
religions belief; and (3) to orient the prospective therapist to apologetic works which may serve to help the amazing apostate and therapist avoid extreme or uninformed positions.

Chapter three puts forth a therapy model for the amazing apostate which is developed within the framework of the Cormier and Hackney model (Schlossberg et al., 1995, p. 170). This model describes counseling as a process involving rapport building, assessment, goal-setting, interventions, and termination. Interventions for early stage apostates include cognitive therapies to deal with negative affect, role playing and decisional interventions for relationship conflicts, and philosophical partnership which involves facilitating the clients' search for truth on their own terms. Later stage interventions include the creation of a transitional or new-permanent worldview, the development of new group membership, and identity reformation.

The final chapter makes suggestions for future research, underlines limitations of the Altemeyer and Hunsberger (1997) study, and discusses the generalizability of the therapy for amazing apostates to other apostate subtypes.
Chapter 2

Conceptualizing and Understanding the Amazing Apostate’s Experience

In developing an effective therapeutic approach for amazing apostates, it is necessary to understand why they feel compelled to reject their religious beliefs, and what possible clinical issues they will experience as secondary to the abandonment of those beliefs. Understanding the nature of these individuals’ apostasy can partially be accomplished by examining Altemeyer and Hunsberger’s (1997) investigation of amazing apostasy. Their study provides both a description of the clients and information about the emotional symptoms and relationship conflicts they report.

Religious beliefs have demonstrated coping efficacy, therefore a review of how they tend to enhance coping should help the therapist predict what areas of coping may be compromised in the case of the amazing apostate. Because apostasy involves a major change in beliefs and possibly in social attachment, the theories and therapies concerned with transitions in general are utilized to predict that amazing apostates will experience a disruption of effective coping methods and will shift their attention from emotional disturbance to reorganizing and coping as they progress through the transition of apostasy. The therapies developed for transitions may be adapted effectively for use with the amazing apostate.

Writings of rational doubters give the therapist insight into the body of cognitions that amazing apostates may have as the basis for their doubt. These writings can assist the client in
feeling understood, and feeling that he or she is not alone. Familiarity with the literature of doubt will assist the therapist in gaining effective rapport with the amazing apostate.

Apologetic literature (writings concerned with substantiating religious faith/belief) gives balance to the therapist’s background knowledge. It may serve to assist both client and therapist in considering other points of view and avoiding epistemological extremes.

**Apostasy Literature**

The apostasy literature describes the doubting process and the emotional problems that amazing apostates are likely to experience. Religious coping literature describes the areas of functioning which are likely to be eroded by apostasy. Apostasy can arguably be conceived of as a transition involving loss and some grief. Thus, therapies concerned with transitions can be effectively adapted to apply to the specific needs of the amazing apostate.

**Apostasy studies.** Altemeyer and Hunsberger’s 1997 study of more than 4,000 university students provides the most comprehensive investigation of amazing apostates. Detailed interviews allow the reader to appraise the data of the study firsthand. The apostates in their study had been highly religiously socialized as indicated by high scores on the Religious Emphasis Scale but were currently very unorthodox in their beliefs as measure by the Christian Orthodoxy Scale (Altemeyer & Hunsberger, 1997, p.22-26). Altemeyer and Hunsberger proposed that these criteria effectively ruled out the contribution of poor religious socialization to the apostasies observed in their sample. With the powerful variable of socialization controlled for, the authors attributed their amazing apostates’ move away from religious beliefs to internal cognitive characteristics of integrity and commitment to truth, rather than “some hidden underlying cause” (p. 117). The 46 interviewed amazing apostates of the 58 (1.4%) identified in the large initial sample (4,000+) were said to have abandoned their faith despite reported social
Amazing Apostasy 10

and emotional costs because they “simply found it impossible to believe their religious beliefs
were true” (p. 118). The authors note that amazing apostates seem “highly committed to truth
and integrity” (p. 120), and suggest that these apostates were almost dragged by their intellectual
scrutiny alone away from religious beliefs.

Amazing apostates were described as having a “need to ask questions and get responses”
and an “unwillingness to accept ‘pat answers’” (Hood, et al. 1996, p. 103). Amazing apostates
invested substantial time with friends in a “mutual groping for the truth” (p103). They did not
quickly or abruptly discard their beliefs but spent an average of three years to go through the
process (Altemeyer & Hunsberger, 1997, p. 113). Compared with non-apostates, amazing
apostates had far more questions and more durable doubts (p. 107).

Altemeyer and Hunsberger (1997), however, may have dismissed important clues that
suggest other reasons for the apostasies observed. As all amazing apostates had rigorous
religious upbringings, it is not surprising to find the theme of resentment of legalistic rules or
controlled lifestyles. “Harry,” for example, “felt religion had been ‘hammered’ into him,
and...greatly resented...not being given a choice” (p. 63). “Ida” reported resentment about her
childhood where she was forced to sacrifice sports and other interests to religious activities (p.
68). Other mechanisms for apostasy disparate from the wholly rational process put forth by the
authors included issues about theodicy (p. 57), a motivation to escape the aversive teaching of
eternal hellfire (p. 43), and a desire to engage in lifestyle choices incongruent with religious
teachings such as premarital sex or contraception (p. 49, 52).

The idea that the amazing apostate’s defection is not purely intellectually driven is not
wholly new or speculative; in fact, Bahr and Albrecht (1989) identified an “intellectual
defection” roughly parallel to the amazing apostate where “the intellectual struggle was only part
of the process, since it occurred in a context of personal problems, disappointments and
betrayals, and disenchantment with apparent ignorance, hypocrisy” (p. 197). They suggest that
“single-reason disaffiliat[ions] are rare” (p. 198). It can be hypothesized that some amazing
apostates use an intellectual defense to minimize distress or legitimate their process. A therapy
for the amazing apostate will be more complete and efficacious if it addresses causes for the
religious defection other than the explicit intellectual one.

Though the “true” reasons for amazing apostate’s apostasy remain debatable, Altemeyer
and Hunsberger (1997) found evidence within their interviews that the amazing apostates
experience social disturbance, feel isolated and confused, fear death more, and in general miss
the comfort and security that religious beliefs brought them (p. 117). Social rejection/alienation
is evident (p. 41, 48), as is guilt about hiding one’s apostasy from others (p. 44). “Dwight”
states, “When you believe in religion you always have somewhere to turn. It is almost a
comforting feeling. You would lose that” (p. 52). “Eleanor” misses belief in the Bible “because
it gives you a focus and. . .all the answers” (p. 54). “Frank” reports a “loss of innocence,” an
increase in worry, and less optimism that “everything will turn out all right” (p. 59). These
unpleasant effects of apostasy should serve to inform a therapeutic approach, and fit neatly into
the theoretical losses suggested below in the religious coping literature.

**Religious coping literature.** The loss of a productive worldview, especially if that
worldview was a prevalent coping and epistemological modality for an individual, will likely
result in a disturbance of adaptive functioning and supportive social membership. Literature on
the coping efficacy of religious beliefs provides insights into areas of functioning that may be
disturbed if religious beliefs come under question.
What negative consequences of rejecting religious beliefs are the amazing apostates likely to experience? Hood et al. (1996, p. 379) suggest that religion may meet an individual's need for meaning, self-esteem, and control. Other coping benefits of religion that amazing apostates may lose are hope, happiness, optimism, and orderliness (the order given to experiences by religion). Religion is viewed as having adaptive components for confronting stress, crisis, and loss in life via prayer, group support, scriptural reading, or positive thinking practices (p. 385). Wilson (1982) suggests that religion maintains social cohesion, explains the physical universe, explains misfortunes, adds meaning to relationships and struggles, and "prescribe[s] a variety of reassuring techniques with which men could equip themselves psychologically" (p. 33). It is suggested that religiosity and well-being are positively correlated among diverse studies (Pargament, Maton, & Hess, 1992, p. 59).

Amazing apostates, having left behind adaptive and palliative belief systems, may perceive their lives as lacking meaning and being out of control or uncertain. They may newly struggle with poor self-esteem. They may be vulnerable to losses and stress, and be left with few effective coping strategies.

Transition/grief/loss literature. Apostasy is a major transition in life. It may require the individual to rework many of his or her previous assumptions about existence and the world. It may disrupt previously effective methods of coping with stress, and it may create conflict in the apostate's relationships. Schlossberg, Waters, and Goodman (1995) define a transition as, "any event . . . that results in changed relationships, routines, assumptions, and roles" (p.27). Parkes (1971), in Schlossberg et al. (1995), suggests that a transition requires "the abandonment of one set of assumptions and the development of a fresh set to enable the individual to cope with the new altered life space" (p.28). Some insight into the dysfunction caused by amazing apostasy
may come from examining how it conforms to the model of transition put forth by Moos and Tsu (1976). Moos and Tsu identify two phases in transition processes. In the first stage individuals focus on minimizing the aversive implications of the transition event, in the second they accept the event and invest energy in reorganization and coping. A therapy for the amazing apostate will logically borrow heavily from the theoretical and applied information in the transition, grief, and loss literature (see Schlossberg et al., p. 53-77, 175-202).

**Doubt Literature**

Writings of rational doubters provide both a body of rational doubt arguments, and some insight into the nature of and implications for the individual wrestling with these thought processes. Knowledge of this literature supports the therapist in being a competent philosophical partner for an individual who is weighing, analyzing, and evaluating data relevant to the decision to retain or reject an existing personal religious belief system. Knowledge of doubt literature (i.e., those writings or ideas which support or articulate skepticism about the existence of God) may help the therapist make the client feel understood and, by showing the client that others have also questioned, may allay some fears about the uniqueness, deviance, or dangerousness of the process. Finally, reviewing the authors who have created literature of skepticism also enhances the clinician's understanding of the values and personality characteristics that may support this type of apostasy. Nietzsche (1999), for example, describes his process as serious, passionate, and of "intellectual integrity to the verge of harshness" (p.4). He says of any prospective reader that "he must have become indifferent; he must never ask of the truth whether it brings profit to him or a fatality..." (p.iii). In his words are some clues about amazing apostates. They hold truth above functionality or "profit," they value intellectual integrity even if it makes them hard, and they have strength for "questions that no one has the courage for"
Nietzsche’s opening statements which value intellectual integrity and a rigorous truth-quest are likely to combat apostates’ feelings of aloneness, and may provide support for their questioning stance. His ideas, though perhaps extreme, support open-minded questioning.

_The Future of an Illusion_ (1927) is the culmination of Freud’s thinking on religion and posits that religion evolved out of a need for answers. “Life is hard to bear...[and] calls for consolation; life and the universe must be robbed of their terrors” (p. 16). Freud emphasizes that religious beliefs are adhered to out of need, not reason. Freud echoes some concerns of amazing apostates, finding it difficult to believe on the basis of faith alone, or pragmatism alone, and seeing value in searching for deeper truths. The ideas presented may be similar to those of the apostates, giving them comfort through realizing that the doubts they are having are not necessarily ill-conceived or isolated.

Bertrand Russell, mathematical logician and philosopher, provides some very useful works on the philosophy of religion which will certainly overlap with the concerns and questions of the amazing apostate. He includes ideas relevant to doubting God’s existence (in Egner & Denonn, 1961, p. 586), explores destructive aspects of religion (p. 596), and even addresses some practical issues that may face agnostics such as how a religious skeptic ought to guide his/her conduct (p. 577), how to deal with fear of God’s judgement (p. 581), and how to tackle the question of meaning in life (p. 582).

Sartre (in Palmer, 1995), Taylor (1989), and Schumaker (1995) agree that human beings normatively distort their perception of reality in a self-serving or fear-avoiding manner. Sartre calls this “bad faith” and suggests that individuals lie to themselves to avoid the burden of responsibility in life and the anguish inherent in recognizing one’s freedom (Palmer, 1995, p. 78). Taylor calls this behavior “positive illusion” and looks upon it with admiration, as a way
humans have made the best of their difficult situation (p. xi, 7). Schumaker (1995) labels the behavior “adaptive cognitive error” and suggests humans participate in it to buffer themselves against their highly developed cognitive ability to experience “many emotionally terrifying and confusing facets of this-world existence” (p. 20). He acknowledges the difficulty of disbelief—that to not believe means to be vulnerable to the reality of suffering, evil, and possible meaninglessness. He posits that tension reduction, more than objective truth seeking, best explains religious belief. Amazing apostates may feel comforted to recognize that part of their depression or anxiety makes sense. Their flight from “bad faith,” “positive illusion,” and “adaptive cognitive error” means that they are then exposed to the emotionally difficult and confusing aspects of life that these authors suggest people are so motivated to subdue.

**Apologetics Literature**

The apologetics literature is included to give balance to the therapist’s background knowledge. Additionally, because amazing apostates may be tired of “pat answers” regarding religious questions, a body of apologetics literature high in logical or critical thinking quality may command their respect and broaden or balance their searches for truth.

Dr. Patrick Glynn’s (1997) story of his own apostasy to atheism and re-conversion to belief allows the reader to experience one intelligent individual’s solution to religious questions. Josh McDowell’s (1979) *Evidence that Demands a Verdict* puts forth archaeological and historical support for the reliability and trustworthiness of the Bible as well as the person of Jesus Christ. Geisler’s (1976) *Christian Apologetics* contains a discussion of the qualities of various epistemologies, explores the adequacy of various truth tests, and finally discusses the authority, historicity, and validity of the Christian faith. C.S. Lewis’s (1996) *The Case for Christianity* suggests that the universal human sense of right and wrong is attributable to a God, and not
simply to natural law. Newbigin (1995) addresses some of the tensions in the amazing apostate. He discusses the pitfalls of extreme doubt and extreme certainty regarding religious beliefs, saying:

When everything in religion seems to be reduced to subjective experience, it is natural that there should be a demand for the affirmation of objective truth. Yet how can this affirmation be made without falling into the opposite error of arrogance, obscurantism, and fundamentalism? (p. 2)

Newbigin asserts that a balance does exist between fundamentalist overcertainty and the postmodern tendency to believe that nothing can be known.

**Conclusion**

Altemeyer and Hunsberger (1997) describe the amazing apostate as an intelligent individual on a rational truth quest. Other authors, and the interviews with amazing apostates themselves hint at other underlying reasons that may be equally important mechanisms for this group of apostate’s rejection of religion. Whatever the amazing apostates “true” motivation, they appear to suffer from challenged relationships, anxiety, and depression, and may require assistance during their transition.

Having digested works from both apologetics and atheistic/doubt camps puts the therapist and amazing apostate on the best footing to make judgments and avoid extreme or uninformed positions. The client who values rationality, intelligence, and knowledge, will certainly forward confidence to the therapist who demonstrates competence and familiarity with the issues, literature, and complexity of the religious questions.
Amazing apostasy is a transition which will likely involve the reworking of many previous beliefs and commitments. From the well-elaborated therapies for counseling adults in transition a therapy targeted at the specific needs of amazing apostates can be developed.
The therapy put forth below is developed within the framework of the Cormier and Hackney (Schlossberg et al, 1995, p. 170) model. This model describes counseling as a flexibly linear process involving relationship building, assessment, goal-setting (i.e., treatment goals), interventions, and termination.

**Relationship Building**

Establishing a therapeutic alliance with an amazing apostate may be difficult. He or she may pose various tests for the therapist including questioning about the therapist’s religious convictions or knowledge of sources of information that the apostate considers important. The amazing apostate may not grant authority to a therapist who is uninformed in the literature of doubt presented above, or who is known to be a committed Christian. Amazing apostates reportedly hold truth-seeking, integrity, and intellect in high regard. Having an effective working relationship with an amazing apostate will probably require the therapist to manifest these values or characteristics.

Amazing apostates may have hidden reasons for their apostasy that are emotional in nature and may be reluctant or defensive about exploring those reasons. The therapist will
ideally need to explore underlying emotional issues, but in a manner and within a timeframe that does not alienate the client.

The therapist working with this type of client will ideally need to be willing for the outcome of the doubting process to be determined by the client. Any therapist allegiances that are antagonistic to the client’s stated goals and cannot be reasonably isolated from the therapy may require a referral to another therapist, or at minimum full informed consent. Thus, if a client decides to shift his or her focus from one highly committed to rational, scientific assumptions to one which focuses more on the experiential, constructivistic truth of God, the therapist ought not confront this choice on the basis of his or her own beliefs and needs, but in the client’s interest explore the choice’s implications. These therapist requirements are congruent with what could be deductively arrived upon from examination of the American Psychological Association Ethical Principles of Psychologists and Code of Conduct. Specifically, they guard against Misuse of Psychologists’ Influence (1.15), underline Informed Consent to Therapy (4.02), and Respect Others’ (1.09) right to hold values and beliefs different from their own (American Psychological Association Council of Representatives, 1992, p. 1597).

The potential diversity and breadth of therapeutic, spiritual and philosophical issues described above may be beyond the competence (or appropriate role) of the psychologist or counselor. For this reason a primary therapist may need to refer the client to other individuals competent to provide some of the services required by the client. Philosophical resources may be obtained in the form of encouraging the client to audit a philosophy or religion course that addresses relevant issues, and consultation with a pastor or scholar may be another resource for the client if he or she requires spiritually-focused attention. Richards and Bergin (1997, p. 143-169) make recommendations which assist the psychotherapist in demarcating the boundaries
between psychotherapy and spiritual leadership. They suggest that there are areas where these disciplines overlap, but other situations where they are clearly disparate. To maintain competence and a high level of service-provision to this type of client, continued education in relevant topics is also recommended.

Assessment

The amazing apostate may present for therapy with depression, anhedonia, feelings of meaninglessness, hopelessness, guilt, anxiety, and/or social/occupational problems. The client has likely been highly religiously socialized, with religious beliefs having influenced multiple areas of functioning: social, occupational, philosophical, and behavioral. The amazing apostate is likely to be educated, and skepticism about God’s existence may have been developed through college education (Caplovitz & Sherrow, 1977; Hood et al., 1996, p. 83).

The Religious Emphasis Scale and Christian Orthodoxy Scale were used by Altemeyer and Hunsberger (1997) to operationalize their definition of the amazing apostate. Therapists may wish to confirm that the apostates they are working with are of this sub-category of apostasy by utilizing these scales or via direct inquiry serving the same purpose.

Personality measures (e.g., Minnesota Multiphasic Personality Inventory – Second Edition [MMPI-2], Millon Clinical Multiaxial Inventory – Third Edition [MCMI-III]) can aid diagnosis, help to appraise current affective functioning, and may reveal obsessive-compulsive or narcissistic traits which may guide treatment and improve conceptualization. The obsessive-compulsive apostate may need to explore his or her excessive need for control, full-understanding, and “sureness” in general as it contributes to his or her apostasy. The apostate with narcissistic traits may be led to explore his or her apostasy as a need to be one’s own God, or to maintain defensive eliteness through questioning. MMPI-2 scales may reveal the use of
maladaptive defenses in the amazing apostate. High L and K scales may indicate defensiveness, denial, or repression. Certain code profiles may help the therapist consider causes for apostasy other than pure intellectual search. A 4 or 4-9 (anti-social) profile brings up the hypothesis that an individual is having difficulty integrating a lack of adherence to social values and standards with a prior commitment to religious belief and is using an intellectual cover to rationalize the defection. An elevated scale 6 (paranoia) should have the therapist considering the possibility that this individual is leaving his or her faith due to a sense that he or she has not experienced the promises of religion, or due to difficulty integrating his or her excessive emphasis on rationality with beliefs requiring faith. The basic approach here is to probe for “hidden” reasons for apostasy: acute trauma or loss (theodicy), aversion to the hypocrisy of others, discontentment with the promises of religion, or lifestyle-choice incompatibilities. An individual may hide these reasons due to his or her hypersensitivity to experiencing emotion, overemphasis on rationality, or desire to hide anti-social reasons from the scrutiny of himself or herself or others (as in the case of apostasy due to lifestyle choice incompatibilities). It is possible that no hidden reasons exist, and that the amazing apostate has abandoned belief largely on the grounds of intellectual/rational analysis.

Epistemological preference for amazing apostates is likely to be rational, logical, and scientific. They may dismiss or devalue intuitive and subjective ways of knowing. This can be assessed with direct inquiry such as “How do you think truth can be known in this world?” or “What sources do you trust most in learning about the world?”. It will be therapeutically profitable to identify and explore extreme or inflexible epistemological positions.

It is important for the therapist to explore what concerns the individual about his or her apostasy. Amazing apostates may believe that their lives without their former religious beliefs
are meaningless and hopeless. They may equate disbelief in God with being amoral, and may view human beings without God’s intervention as inherently evil, doomed, dangerous, or without value. They may be focused on how the apostasy is harming their relationships or their occupation. They may fear God’s response to their thinking. Custom tailored sentence completion exercises may be effective in getting at some of these concerns. Examples are:

“Without God, life is _______” (red flags: meaningless, purposeless, hopeless)

“Without religious beliefs, my morality will _______” (red flags: not exist, be unknown, disappear)

“Human beings without God are _______” (red flags: evil, without meaning)

“My worst fear in losing my faith is that _______”

“Losing my faith has really disturbed my relationship with _______”

“Losing my faith has really helped my relationship with _______”

“My biggest challenge in this process has been _______”

“Overall this change process has been _______”

Diagnostically, if the amazing apostate is coming to therapy primarily for symptoms which appear to be secondary to the questioning or rejecting of their faith, a primary diagnosis selected to describe the “effects” (which may be depressive, anxious, relational, and/or occupational) of the apostasy is appropriate with secondary Diagnostic and Statistical Manual, Fourth Edition (DSM-IV; American Psychiatric Association, 1994) Axis I diagnosis being a Religious or Spiritual Problem (V62.89).

An alternative DSM-IV diagnostic selection would be adjustment disorder (309.X), where the identifiable psychosocial stressor is the apostasy and its consequences (which may be chronic or cyclical). The adjustment disorder subtype can then be utilized to describe the effects
of the apostasy. The symptom duration specifiers (acute, chronic) used with adjustment disorder increase conceptual clarity and may guide treatment. An apostate showing symptoms less than 6 months (acute) may be dealing more with issues of guilt, fear of God, and rejection by and of others while a chronic (6 mos. or longer) apostate may be more in the "rebuilding" phase, dealing with reconstructing an identity, forming new relationships, and developing a new worldview.

Having articulated some skepticism about Altemeyer and Hunsberger’s (1997) notion that the amazing apostasy observed was due to a commitment to truth and integrity and not some other cause, assessment and diagnosis should allow for the possibility that the apostasy is better explained by an underlying personality disorder, by a desire to pursue lifestyle choices incongruent with current religious beliefs, or due to an issue of theodicy (trouble integrating the experience of suffering with God’s stated attributes of love and power). As many subjects in Altemeyer and Hunsberger’s study were first year college students where individuation-separation issues are developmentally normative, some amazing apostates in the study may be better understood as individuals who in expressing their separation-individuation developmental phase were challenging/rejecting their childhood religious beliefs.

Finally, apostates who seek therapy from service providers whom they know to be religiously affiliated may be communicating a wish to be assisted in recovering their faith. The treatment goals for these individuals may differ considerably from the amazing apostates who wish primarily to cope with the loss of and then reformulate their beliefs.

**Treatment Goals**

Treatment goals ought to be logical outgrowths of the diagnosis and should reflect issues thought to be important by both client and therapist. Goals serve to structure therapy, create
motivation, and are useful for evaluating the outcome of therapy (Schlossberg et al., 1995, p. 172). Treatment goals may be dynamic and should be periodically reevaluated.

Fromm (1978, p. 65) makes distinction between therapies aimed at “social adjustment” and those treatments which are a “cure of the soul.” For the amazing apostate, social adjustment interventions would include those selected to deal with affective, occupational, and relational dysfunction secondary to the apostasy. Cures of the soul interventions would directly target the existential issues (e.g., meaning, death, responsibility, isolation) involved with rejecting religious beliefs. If the setting permits, treatment for both the intellectual existential process as well as the secondary emotional, occupational, and relational disturbances should provide the most robust gains.

Interventions

Amazing apostates may enter therapy for diverse reasons. They may be overwhelmed with depression and hopelessness and may be suicidal. They may enter therapy due to an emerging crisis in an important relationship with spouse, family, or friends. Guilt and fear about God’s response may have driven anxiety to intolerable levels. An apostate in the ministry may seek therapy to gain support in making tough choices about occupational decisions. Apostates may seek therapy because they feel they have little identity left, or seek to develop a transitional worldview.

Despite the diversity of needs of the amazing apostate, therapy will have some foundational components including support, increasing insight, and safety/containment. Support includes positive regard, instilling hope, communicating universality, and as a therapist being “realistically optimistic and upbeat” (Beck, 1995, p. 5).
Bahr and Albrecht (1989, p. 197) suggest that even an apostasy presented as being intellectual in nature may have underlying or concurrent motivations. The therapist should listen for resentment toward one’s parents for various perceived excesses in religious socialization, disappointment with the promises of religion, disgust with the hypocrisy of others, the desire to pursue lifestyle choices incompatible with religious standards, or problems integrating the experience of suffering with their understanding of God’s character. These insights are sought not to dispute the legitimacy of the amazing apostates rational truth quest, but to help ensure that other important dynamics are not glossed over in therapy.

The therapy, if required, will offer a time of safety and permission for emotional expression. For some individuals -- those with strongly disapproving spouses, significant others, or families -- this function of therapy will likely be very important. Containment will enlist cognitive and behavioral tools to help the client adaptively control maladaptive or overwhelming emotionality outside of sessions. In teaching self-soothing the therapist may use relaxation techniques or comforting imagery.

**Interventions for early stage apostasy.** Apostasy is a transition which can be described in terms of early and late stage issues and concerns. Based on an integration of Moos and Tsu’s (1976) transition model and Altemeyer and Hunsberger’s (1997) descriptions of amazing apostates it can be judged that individuals coming to therapy early in the process of apostasy are likely to be focused on one of three problems:

1) **Anxiety and/or Depression**, which are their own negative emotional responses to their conclusions

2) **Relationship problems**, which are disturbances in important relationships secondary to the apostasy
3) The need for a safe environment within which to reveal and discuss their thinking processes (i.e., philosophical partnership).

Depression and anxiety may be common reactions that amazing apostates have to their conclusions. Several interventions are appropriate for reducing these maladaptive mood states.

Identifying that apostasy is a transition and that other apostates have also experienced distress secondary to disbelief will help clients feel that they are not alone in their struggles, that their experiences are not mysterious or catastrophic, and that their process has a predictable form. The therapist may further normalize the process by instructing clients to read the interviews with amazing apostates in the Altemeyer and Hunsberger (1997) text.

Amazing apostates may irrationally conclude that without belief in God life is meaningless, purposeless, or hopeless. They may reason that without their commitment to God’s morals their own ability to behave morally, to love, or experience compassion will vanish. Many disturbing, depressing, or anxiety-provoking non-sequiturs, black and white thoughts, and catastrophizations may parallel the individual’s apostasy and require cognitive intervention.

Rational Emotive Behavior Therapy (REBT; Ellis, 1996, p. 14) is an ideal tool for confronting and disputing irrational thinking because two of the three main criteria for “truth” it uses for disputing beliefs are empirical and logical (truth-tests highly valued by amazing apostates). Cognitive therapies like REBT fare “well in comparisons with alternative interventions with respect to the reduction of acute distress” (Bergin & Garfield, 1994, p.431), and have been readily manualized and empirically validated for a variety of psychological disorders including Post Traumatic Stress Disorder (PTSD) and Depression (Task Force on Promotion and Dissemination of Psychological Procedures, 1995). REBT can be employed to combat irrational beliefs regarding fears about God’s retaliation for doubt, various shoulds,
oughts, musts, and I can't stand its (e.g., "I can't stand not knowing for sure...I ought to be done with this doubting by now...I should be smart enough to figure this out."), and guilt about letting friends, family, or spouses down. Therapists can identify and dispute dysfunctional automatic thoughts: "I'm bad for doubting," "I'm nothing without my beliefs," "Something awful will happen if I doubt or reject my beliefs," or "Others will not love me if I doubt/reject." Deeper core belief work may also be important. As they question and progressively reject their belief-system, clients who were previously religiously socialized may retain religious-belief-based conditional assumptions which may create negative emotions. Conditional assumptions may take varying forms such as "I am redeemable only in Jesus Christ/my faith," "The world is intolerable except for the redeeming nature of my faith," "I can tolerate existence knowing I am ultimately and concretely saved," and so forth. These beliefs lie at the core of more specific coping skills, frustration tolerance, and positive identity. When the belief system they originated in is challenged, they tacitly are challenged and must be retooled so that the functions they served are retained.

Pharmacological intervention for affective symptoms is little different than its counterpart treatment for depressive and anxiety disorders, except that in treating amazing apostates the affective symptoms are conceptualized as being secondary to their transition and therefore temporary. Widely accepted suicide risk assessment and prevention measures apply to depressed or anxious amazing apostates. In preventing suicide, therapists can point out the transitory status of the process, can indicate that assimilation of new information is often a painful and effortful experience, can point to other apostates who have "suffered but thrived" or atheists who live with the "truths" the amazing apostate is finding, and can orient apostates to the hopeful possibility that their post-apostasy life may have benefits they do not yet recognize. Suicide can be
conceptualized as an extreme solution to problems which are perceived as otherwise unsolvable. Amazing apostates may have problems with their thoughts, their relationships or their jobs. Problem solving and cognitive restructuring interventions will likely have the effect of reducing the subjective necessity of suicide.

Behavioral interventions such as activity scheduling as described by Beck, Rush, Shaw, and Emery (1979, p. 117) may be appropriate if the amazing apostate believes that life’s activities no longer can bring the pleasure they once did. Behavioral techniques direct attention at the patient’s behavior by prescribing some kind of goal-directed activity which is intended to ultimately bring about a positive shift in the patient’s attitude. Helping mobilize the patient by scheduling behaviors that will likely lead to pleasure or a sense of mastery can also discourage the patient from ruminating about anxiety-producing or depressive thoughts.

Relationship problems may be another secondary result of apostasy. Amazing apostates may fear revealing their disbelieving status to friends, family, or spouse. They may experience or predict conflict in their relationships due to their questioning and abandonment of religious beliefs. Some individuals in occupations which draw directly on their religious beliefs, such as pastors, may become torn between the need to make a living, their genuine loyalty and care for those they serve, and the painful recognition that to continue involvement in the occupation requires increasing energy and may feel incongruent, hypocritical, or even deceptive.

Amazing apostates may fear revealing their apostasy process to significant others, or may wonder if doing so at all is wise. Therapists can assist in this matter by encouraging exploration of their fears, by helping them to articulate their values for the relationships of concern and how those values inform their decision, and by increasing their competence and lessening their anxiety about the process of revealing through role play interventions. Therapists can help
Amazing Apostasy clients predict what the outcome of a given choice to reveal or withhold their religious status would likely be.

When amazing apostates are experiencing strong conflict or disruption in a relationship with a spouse, couples counseling can be suggested as a parallel therapy to be done by another practitioner. The therapist can help amazing apostates process and integrate the hurtful abandonment, rejection, or loss of respect they may be experiencing from their spouse, friends or parents. Some parents of amazing apostates may attempt to exert inappropriate influence on them through guilt tactics, withdrawal of financial or emotional support, or other modes. In this case therapists may assist clients by supporting their right to make their own choices in life, their right to be free from enmeshment, and the normalcy of individuating from one’s parents.

Extremely difficult decisions can confront amazing apostates. Their change in beliefs may create debatably unworkable incompatibilities in their occupational roles or various relationships. They may be questioning previous moral commitments, such as to environmental stewardship, sexual abstinence, faithfulness to current spouse, commitment to service, giving, or missions. The decision to leave a relationship or job based on new conflicts or incompatibilities will often be complicated by the reality that the relationship or job still holds many reinforcing properties for the amazing apostate (e.g., security, affection, financial stability, social ties, status). The decision to retain or abandon a previous moral commitment, apart from practical consequences, has implications for how the apostate feels about himself. Helping apostates make a sound decision will involve accurately formulating the question, specifying possible decision options, predicting the consequences of each alternative, and evaluating the alternatives based on clear values and criteria (Heirs, 1987, p. 27-37). It is also important to explore how different choices make clients feel, and recognize barriers to making a decision such as internal
rules "If I do/don’t do X, then I’m a bad person/not honorable" (and then questioning and restructuring those that are irrational with REBT techniques).

The amazing apostate’s doubting process is characterized by an intellectual search for truth. Some amazing apostates may have few or no individuals with whom they have permission or safety to discuss the complexity and disturbingness of their doubt-producing thoughts. The therapeutic setting may be utilized for this discourse to occur. It provides confidentiality, an assumedly intelligent and knowledgeable partner (i.e., the therapist), and the therapist’s ability to be relatively objective, supportive, and critical only in the service of the client. Specific issues may include addressing the fact that even in scientific and rational epistemologies a “faith” in their assumptions is required, exploring the possibility that both rational/empirical and intuitive/subjective approaches lead to truths, discussing errors identified in scientism, subjectivism, rationalism, intuitionism, and bibliolotry (Bufford, 1999) and discussing the validity of and counterarguments against the doubts put forth by various apologetics authors. A strength of doing some of this philosophical inquiry in the therapeutic environment is that emergent feelings caused by various insights or discussions can be explored and integrated in the process – increasing the insightfulness, congruence, and adaptive potential of the client-apostate.

Interventions for later stage apostasy. Amazing apostates seeking therapy later in the process of apostasy are likely to continue to struggle intermittently with the above issues, but may have found a tentative means of coping with guilt, depression, anxiety, and relationship conflicts. Their attention may then shift to other transition tasks as suggested by Moos and Tsu (1976) including (a) the creation of a transitional or new, permanent workview; (b) the development of new group memberships; and (c) work on reformulating their identity.
By definition, amazing apostates come from a position of deep religious socialization. They are likely to have become reliant upon and to have integrated their religious belief system into many or all domains of their lives. General adaptive functioning, then, may deteriorate as the previous worldview and values are questioned, eroded, and progressively discarded. This dynamic indicates the need for a transitional worldview, a set of beliefs and values acceptable to the client that support emotional and functional health during the transition period. Ellis (1996) suggests one value-system/worldview he terms long-range hedonism. Long-range hedonism is "the philosophy of seeking pleasure and avoiding needless frustration and pain" (p. 213) with the qualification that a long-range awareness of tradeoffs is included in this quest. Ellis also suggests several other useful transitional goals and values that are widely accepted by therapists and society including social interest, self-awareness, vital absorbing interests, flexibility and scientific outlook, and unconditional acceptance of oneself and others (pp. 210-213).

Pragmatism, the choosing of behaviors and values based on their efficacy in meeting predetermined goals, is another possible worldview choice which is functionally oriented and supports healthy functioning.

A transitional worldview and set of values should include some rules which specify behavioral standards, guard against suicidality and affective dysfunction, and help the client flexibly hold epistemological preferences. Fromm (1978, p. 76) offers a distillation of the values he sees as similar among Buddha, Jesus, Socrates, Spinoza, Lao-Tse, and others. Ellis (1996) suggests that "critical realism" is a healthy epistemology which doubts "incontestable truths" (p.254) and recognizes that human beings are unable to be totally free of biases and subjective apprehension of truths. Exploring worldviews with the amazing apostate will involve answering

Late-stage amazing apostates, having to some degree worked out conflicts and grieved the loss of some pre-apostasy relationships, may then shift their attention to the creation of new relationships which are more congruent with their new worldview status. Therapists can utilize social skills training and behavioral interventions which support this goal. One relevant therapeutic task is to discuss how the clients’ criteria for selecting relationships has and has not changed with their apostasy.

Apostates may have built their occupations, marriages, relationships, and positive self-appraisals on their religious belief systems. Loss of those systems may create a disconcerting shift in and uncertainty about identity. Therapy may address what the apostates now stand for and how they now evaluate themselves. Questions that guide this task are “Who am I now?”, “What do I stand for and why?”, “What do I like about myself and why?”, and “What are my values?”.

Termination

Discontinuing therapy with amazing apostates will involve appraising the extent to which the clients’ goals have been met, planning how gains can be maintained and expanded beyond the counseling relationship, and collaboratively deciding whether check-up sessions will occur. Termination may occur for various reasons “ranging from a projected move, to lack of funds, to dissatisfaction with progress, or to such satisfaction with progress that there is a lessening need to continue” (Schlossberg et al., 1995, p. 173). Early stage amazing apostates may desire to discontinue therapy when the stress of aversive symptoms is relieved. In this case, the therapist should predict with the client the expected benefits and limitations of a therapy course which has
simply eliminated symptoms rather than effected deeper changes in the client’s core beliefs, fundamental assumptions, or primary coping styles. The number of sessions and the length of therapy will likely depend heavily upon what stage of the apostasy the client initially seeks out treatment; the degree to which the previous religious belief system was saliently integrated into the client’s job, coping style, social networks, and other areas; the degree of social support or conversely stress-inducing influence with which significant others respond to the apostasy; the financial resources available to the client; and the expectations the client has for therapy. Amazing apostates entering therapy toward the end of their process may require only a brief therapy course, while apostates experiencing an extremely negative and global breakdown of social and occupational functioning may require a longer period of active assistance.

Although the therapist has ideally been checking periodically with the amazing apostate about his or her satisfaction with treatment progress, termination offers a final opportunity to appraise gains. In anticipation of discontinuing or drastically reducing therapeutic interaction, the therapist and client should plan ways that therapeutic gains can be maintained and expanded. A client can be encouraged to keep homework assignments to refer to, to practice cognitive techniques at specified intervals, to continue exploration of the doubt or apologetics literature through reading or coursework, and to continue building relationships with supportive friends (or continue marital therapy in the case of conflict in this relationship). The termination process can include appropriate referrals, and client and therapist can decide whether check-up sessions will be planned.

Summary

A therapy for the amazing apostate can be structured within the Cormier and Hackney (Schlossberg, 1995) model and may include relationship building, assessment, goal-setting,
interventions, and termination. As apostasy is a transition of belief and worldview, Moos and Tsu’s (1976) model of early and late stage transition issues helps the therapist predict the emerging needs of the amazing apostate. Creating a working alliance with amazing apostates requires an awareness of their predilection toward rational and scientific epistemologies, their potential sensitivity to emotional issues, and their high regard for searching for truth. Amazing apostates may have hidden motivations underpinning their intellectual rationale for apostasy. Assessment will therefore involve probing for recent hurts, losses, trauma, the perception of hypocrisy in others, discontentments with religion, or personality traits that may be relevant to apostasy. In formulating treatment-goals, the therapist should seek to discover what concerns the client has about his or her apostasy (such as fear of God, rejection by others, moral uncertainty, hopelessness). Providing support, increasing insight, and facilitating safety and emotional containment will likely be interventions relevant to amazing apostates across various stages of the process. Interventions derived from cognitive therapies will be well-accepted by amazing apostates as these approaches uphold the epistemological values that amazing apostates are described as valuing and have demonstrated efficacy against the anxiety and depression apostates may experience. Therapists can be called on by amazing apostates to assist in relationship conflicts, to provide decision making and problem solving skills training, to facilitate philosophical/spiritual exploration (directly, or by referral), or to work on later stage apostasy issues of creating a transitional worldview, new group membership, or a reformulated identity.

Working with amazing apostates may be exciting and challenging work. They may be highly intelligent individuals who are genuinely surprised to have come to their state of chronic doubt. They may, through exploration, find during therapy that their reasons for leaving religious beliefs are different than the reasons they presented initially. Fortunately, amazing
apostates undergo a process that appears to be legitimately appraised as a transition. The existing therapies on counseling adults in transition therefore provide a tested guide for therapeutic intervention and should lead to efficacious treatment outcomes.
Chapter 4
Further Research, Unresolved Issues

The integration of transition theories and therapies, theories of religious coping, and other relevant sources with the expected clinical needs of amazing apostates appears to produce a logical set of clinical interventions. The study conducted by Altemeyer and Hunsberger (1997) is highly useful because it provides a rich summary description of those individuals identified as amazing apostates, as well as an opportunity to re-analyze the data in reading the reprinted summary interviews.

Altemeyer and Hunsberger’s (1997) sample, though appropriate in its size to draw statistical conclusions, had a median age of 19, and the oldest in the sample was 39. The findings, then, have limited generalizability. Individuation from the family, a primary task of young adulthood (Bee, 1992, p.435), may make finding amazing apostates easier in this sample than it would be in a sample of older adult subjects. Altemeyer and Hunsberger’s subjects were also university students, which might suggest that the exposure to new ideas and the process of learning tends to create amazing apostates. Studies seeking to isolate and describe amazing apostates in older adult populations and populations outside of higher-education settings would clarify some of these questions about the generalizability of findings. In sum, while the Altemeyer and Hunsberger study offers some promising insights into the nature of a specific subset of apostates, the results should be applied cautiously to individuals who are demographically disparate from their sample of college students.

Although Altemeyer and Hunsberger (1997) view these apostates as having left their religious beliefs due solely to rational processes, there is some evidence that many of the
amazing apostates were experiencing apostasy pressures other than the intellectual one. Bahr and Albrecht’s (1989) findings that their intellectual defectors (a rough analog to Altemeyer and Hunsberger’s amazing apostates) often had concurrent issues suggests that it is rare for individuals to reject their religious beliefs on the basis of rational inquiry alone. A study designed to sub-categorize the amazing apostates in the Altemeyer and Hunsberger study might yield greater conceptual clarity and inform clinical interventions. How many, if any, of the amazing apostates were nearly purely intellectual defectors? How many were superficially intellectual defectors but more accurately could be called “intellectual defenders?” Intellectual defenders would be clients who presented superficially as amazing apostates but with deeper examination had compelling reasons for their apostasy underneath their intellectual presentation.

Would intellectual defectors and intellectual defenders be differentiable by examining the character of their journey from belief to disbelief? It can be suggested that the duration of the process of intellectual defenders would be shorter and less intellectually intense because they would not actually be carrying the burden of deliberating on the basis of reason alone, but would be utilizing reason only to “sanction” their emotional motivations. The defector’s task is parsimoniously stated but arguably more complex and effortful – to discover the truth about religious beliefs. The defender’s intellectual task is more modest and brief – to effectively mask and make acceptable emotional reasons for doubt which are deemed unacceptable. The defector’s process theoretically begins with gradual exposure to knowledge which precipitates doubt, proceeds with growing doubt and substantial inquiry, and culminates in an eventual rejection or agnostic position toward belief. The defenders journey from doubt to disbelief theoretically starts with an emotional impetus (such as a theodicy issue, perception of hypocrisy) which in turn causes a motivation to reject beliefs (an urge toward tension reduction) and
culminates in a variably complex intellectualized rationalization for abandoning belief. Consider the contrast between “Anne” (Altemeyer & Hunsberger, 1997, p. 39), and “Eleanor” (p. 53). Anne’s apostasy, from the summary interview information provided appears to be motivated by a resentment of rules/controls, being told what to think, the perception of hypocrisy in others, and inconsistencies in the church’s teachings. She reports few negative feelings secondary to her doubting. Eleanor, in contrast, shows more depth in her search. She wrote a speech questioning beliefs, sought out ministerial consultation, debated with friends, and frequently “hunted for answers in the Bible” (p. 54). She also indicates several times that the desired outcome in questioning was to make religion work for her. Eleanor labels herself an agnostic, a position which implicitly acknowledges an awareness of the complexities and limitations of knowing truth. She shows fewer hidden motivations, less anticipation of reward for rejecting her beliefs, a two-sided (doubt and apologetic) inquiry, and a more open minded conclusion (agnosticism vs. atheism).

Altemeyer and Hunsberger (1997) logically reason that since high religious emphasis predicts more durable believers it is remarkable to identify individuals who appear to run in contrast to this prediction. However, the behavior of amazing apostates may not really be inconsistent with socialization theory. Instead, we may have constructed too simplistic a concept of socialization theory. Several of the amazing apostates in Altemeyer and Hunsberger’s study seem to have been motivated to reject their beliefs in response to an oversocialization (aversion to the control that religious rules burdened them with, or the sacrifices they had to make for religious services/functions). While socialization theory postulates a somewhat linear, positive relationship between religious emphasis and durability of belief, it might be the case that there is a linear relationship through most of the distribution with a reversal (or decreased level) of
correlation at the extreme high end of religious emphasis. Thus, higher socialization may predict higher orthodoxy to a point, but may at extreme levels actually precipitate apostasy.

It can be effectively argued that Altemeyer and Hunsberger’s (1997) amazing apostates do not constitute a homogeneous group of purely intellectual defectors. The study selected apostates in a manner which only controls for the effects of religious emphasis. Perhaps to further refine their sample, to isolate the purely intellectual defectors (if any), they would need to control for:

- the effects of high socialization that was experienced as aversive
- lifestyle choice pressures: those cases where the desire to engage in behaviors/beliefs dissonant from the values of religious beliefs appear to be primary or earlier chronologically than the beginnings of doubt
- apostasy which appears to be motivated by the perception of hypocrisy in others, and/or the observation of evil behavior historically or currently in the church.
- apostasy which appears to be simply an extension of an existing general critical outlook (the bringing of specific beliefs in line with general worldview)
- apostasy which appears to be motivated by a desire to “not be like” or not be associated with others who are perceived as believing only to compensate for inadequacies, or only because of lack of intellectual competence.

If intellectual defectors do exist, how might their needs be disparate from those addressed in the therapy for amazing apostates? Would they be more or less likely to seek treatment? Intellectual defectors would likely experience some symptoms dissimilar to those of intellectual defenders. Intellectual defenders, because they by definition have identifiable needs and emotional motivations which drive their apostasy, are primarily engaging in tension reduction as
they accomplish the task of dethroning their religious beliefs. Theodicy-driven intellectual defenders reduce the tension between their belief in an all loving God and their experience of suffering in the world. Lifestyle-choice-driven intellectual defenders reduce the tension between their belief in the values of religion and their desire to engage in value-dystonic behaviors. Hypocrisy focused intellectual defenders reduce the tension in being associated with those religious believers whom they appraise as hypocritical. And intellectual defenders who experienced an overcontrolled, coercive, aversive religious socialization reduce the tension inherent in the belief that to continue in religious commitments necessarily would involve a chronic reexperiencing of those aversive experiences.

Intellectual defectors, while they reduce perceived tension in their cognitive systems, increase tension in their relational, existential, and emotional systems. So, while intellectual defenders may be able to point to benefits of their apostasy in one or more domains, intellectual defectors may experience more global distress, may articulate an openness to returning to religious belief if it was possible to do so without compromising their truth criteria, and may seek therapy more often because of the lack of anticipated or experienced rewards associated with their apostasy. A longitudinal study tracking a population of amazing apostates and recording the frequency with which they seek out treatment, the presenting issues of treatment, treatment duration and reason for termination would be beneficial for predicting the needs of amazing apostates.

Unresolved Issues

The presentation of doubt literature and information about the amazing apostate is not intended as a sanctioning by the author of one truth over another by the reader. Just as truth's definition is variable and relative – the rules for apprehending truth are similarly diverse. One
can speak of God’s truth in constructivistic terms, where many individuals would agree that the experiential reality of God exists. On the other hand, God can be studied using strictly scientific methods, where conclusive data are arguably sparse and lead the investigator to varied conclusions. Commitment to one epistemology or another, or conscious and unconscious need biases of one sort or another, seem to govern the individual’s decision about whether or not to believe in God. “Knowing” or “proving” the truth or untruth of religious beliefs, then, is very difficult.

Summary

Amazing apostasy is a process of disengagement from previously held religious beliefs characterized by an intellectual questioning of the ideas and beliefs themselves. Despite the assumed intellectual nature of the apostasy the process may be marked by clinically significant distress including guilt, fear of God, disruption of social support systems, hopelessness, and potential occupational or behavioral dysfunction.

Amazing apostates follow a process that appears to be legitimately appraised as a transition. Clinical interventions, then, have been selected partially based on an understanding of the therapies already developed for transitions in general. As previously discussed, amazing apostates may be a less than heterogeneous group who may find during therapy that their reasons for abandoning religious beliefs are different than the reasons they initially presented with. Working with these individuals may be exciting and challenging work and may require diverse interventions ranging from the basic provision of a safe and supportive environment to the extensive reworking of an individual’s worldview, relationship attachments, and identity.
References


Appendix A

Curriculum Vitae
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Academic Training

1996-present  Graduate School of Clinical Psychology: APA Accredited  
George Fox University, Newberg, Oregon  
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1994-1996  Graduate School of Clinical Psychology  
George Fox University, Newberg, Oregon  
M.A. in Clinical Psychology

1990-1993  Pacific Lutheran University, Tacoma, Washington  
B.A. Psychology, Minor Electrical Engineering

Supervised Clinical Experience

Pre-Intern  Broadway Neuropsychology & Forsensic: Portland, OR  
Private Practice

June 99 – June 00  
Testing and assessment of Adults and Geriatric clients with broad array of  
neuropsychological impairment. Assessments for social security eligibility,  
independent medical evaluations, and forensic investigations. Shadowing  
and observation of Neuropsychologist in psychodiagnostic interviews, court  
testimony proceedings, and neuropsychological testing. Special training in  
forensic issues: malingering, informed consent, report writing, interviewing.  
Important exposure to the business end of running a private practice:  
generating referrals, beginning forensics, specifics of payment, overhead  
costs.

Supervisor: Dr. Rich Kolbell, Ph.D., Neuropsychologist
Pre-Intern
Aug 99 – Apr 00

**Lutheran Family Services: McMinville, OR**
**Community Mental Health**


Supervisor: Susan Means, Ph.D., Licensed Psychologist

Pre-Intern
Aug 98-June 99

**Newberg School District Psychological Services & Training Center: Newberg, OR**

Performed testing and brief assessment of Elementary, Middle, Alternative, and High-School Students referred through the district Psychologist for questions of learning disability or emotional disorder. Provided brief written reports and testing results for use in qualifying children for special services (i.e. Learning Disabled status) or Individualized Education Programs (IEP). Consulted with learning resource center teachers and parents regarding the results and implications of testing. Research in and exposure to the clinical use of neurofeedback techniques for children suffering with ADHD, Learning disorders, or anxiety disorders.

Supervisor: Ross Quackenbush, Psy.D., District Psychologist

Pre-Intern
Aug 98-Present

**Pacific Gateway Hospital (Behavioral Health Care System): Portland, OR**

Worked with dual-diagnosis (Axis I/II + Substance Abuse) adolescents, adults, and elderly in behavioral milieu, leading process groups, topical groups (relapse prevention, thinking errors, REBT psychoeducational groups), and providing individual therapeutic interactions. Worked with Intensive Care Unit patients with active psychotic features, patients on 72-hour police holds, and patients in acute drug detoxification. Maintained records providing ongoing evaluation of current functioning, brief assessment, and treatment recommendations.

Supervisor: Wayne Colwell, Ph.D., Licensed Psychologist
Pre-Intern

Federal Correctional Institution: Sheridan (SHE FCI)

Sept 96-May 97

Primary duties were conducting ongoing therapy with Low to High security male inmates who have requested psychological services and performing psychological intake screenings on inmates coming into the institution. Performed personality assessment and one neuropsychological assessment of inmates. Training opportunities included weekly “colloquium” presentations on a variety of topics relevant to criminal psychology: malingering, assessment of dangerousness, male parenting and other correctional-setting-specific issues. Additionally, co-therapist in a year long drug treatment group for inmates.

Supervisor: Maureen Burris, Ph.D., Licensed Psychologist

Practicum Student

Cascade College Counseling Center: Portland

Sept 96-May 97

Acted in the capacity of therapist for adult and adolescent clients primarily from the college population (some outside referrals). Worked with clients whose issues were highly varied: anger management, conflicted marriage, sexual abuse victim/perpetrator, religious issues, character disorder, depression, relational difficulties, and Autism/Asperger’s disorder. Personality assessment with MMPI-II, intellectual testing using WAIS-R. Finally, co-lead a non-topical process group whose members were young women from the campus population.

Supervisor: Ed Wood, Ph.D., Licensed Psychologist

Peer Supervisor

George Fox University, Graduate School of Clinical Psychology

Sept 96-May 97

Provided supervision and evaluation for three practicum and pre-practicum level graduate students in the clinical program. This included review of case presentations and oversight of progress on therapeutic competency requirements.

Supervisor: Wayne Colwell, Ph.D., Licensed Psychologist

Other Work Experience

Floor-Staff Worker

Chehalem Youth and Family Services: Newberg

4/94- 1/96

Provided basic milieu management and supervision for emotionally and behaviorally disturbed children who attended Chehalem House’s residential treatment program. This program is primarily of behavioral-modification
design. Some charting duties, implementation of behavior-modification techniques, and facilitating anger management when appropriate.

**Additional Training**

10/98  **16PF Clinical Workshop.** Karson, Richard, Ph.D., ABPP. George Fox University

5/98  **Race and Racism in Psychotherapy.** Chang, Alice, Ph.D. & de Jesus, Nelson, Ph.D. George Fox University

1/98  **A Scientifically Based Marital Therapy.** Gottman, John, Ph.D., Seattle Marital and Family Institute.

1/97  **Rational Thoughts in an Irrational World.** Ellis, Albert, Ph.D. Providence Medical Center. Portland, Oregon

2/97  **Crisis, Emergency and Trauma Psychology.** Conner, Michael. Ph.D. George Fox University.

10/96  **Christianity and Rational Emotive Behavioral Therapy.** Johnson, Brad. Ph.D. George Fox University.

10/96  **Rational Emotive Therapy.** Robb, Hank. Ph.D., ABPP. George Fox University.

3/96  **Cross Cultural Assessment.** Dana, R. Ph.D. George Fox University.

3/2001  **Effective Psychotherapy with Gay, Lesbian, and Bi-Sexual Patients.** Shannon, J.W. Ph.D. Portland, Maine

**Research Experience**

10/98-present  **Dissertation**

**Title:** A Therapeutic Model for “Search for Truth” or “Amazing” Apostasy

**Description:** A theoretical study elaborating upon and prescribing a therapeutic approach for the previously identified apostatic process termed Amazing Apostasy (see Hunsberger & Altemeyer) that runs contrary to socialization theory and which involves an effortful intellectual process where religious beliefs are analyzed against positivistic and empirical epistemological processes rather than rejected in response to acute trauma or loss, observation of hypocrisy in others, or discontentment based on unfulfilled promises in prayer or healing.

**Chair:** Rodger Bufford, Ph.D.

**Status:** Proposal in Development. Anticipated Completion Date: 7/2000

6/99  **Subject:** Several Theoretical pieces investigating data which might suggest the constructivistic and efficacy-driven origins of religious beliefs.
Titles:
1. Religious Belief: A Response and Solution to Existential Crisis and Pragmatic Need.
2. Spirituality and Religion: Pathology, Truth, or Efficacious Coping Style?

4/99
Subject: Health and Counseling Services Program Evaluation and Consultation Report
Description: A report generated for the director of George Fox University's Health and Counseling Center concerned with expanding student awareness and utilization of services, exploring opportunities for expanding to rural populations, and providing brief cost-effectiveness analysis.

Presentations

6/18/99