

Maria Björkmark

From Broken to Whole Human Being

Suffering, Health and Caring After Religious Disaffiliation





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“How we walk with the broken
speaks louder than
how we sit with the great.”

(Bill Bennot)

Karleby, den 31 januari 2023.

Maria Björkmark

Abstract

Björkmark, Maria, 2023: From Broken to Whole Human Being. Suffering, Health and Caring After Religious Disaffiliation.

Supervisors:

Associate Professor Linda Nyholm, PhD, Åbo Akademi University

Professor Peter Nynäs, PhD, Åbo Akademi University

Aim: Religious disaffiliation, leaving a religious community, may under certain circumstances lead to significant changes in an individual's life. The overall aim of this caring science thesis was to increase the understanding of the implications of religious disaffiliation for a human being's life and health and what constitutes caring in this life situation.

Methods: This thesis is a compilation of three studies where the entire thesis, including the three studies, all have a hermeneutical approach. In studies 1 and 2, the material consists of in-depth interviews with 18 participants who had left various religious communities in Finland. The interviews were conducted during April – August 2018. The aim of study 1 was to gain a comprehensive understanding of individuals' subjective experiences after leaving a high-cost religious group and how these experiences had affected their lives. The aim of study 2 was to gain a deeper understanding of the suffering that human beings may endure after religious disaffiliation. The data analyses in studies 1 and 2 were conducted through two separate qualitative thematic analyses according to Braun & Clarke (2006, 2017). The aim of study 3 was to gain a deeper understanding of what is caring for a client after religious disaffiliation, from the perspective of care professionals. In study 3, semi-structured interviews were conducted with nine participants at two health care organizations in Western Finland, during November and December 2020. These participants were care professionals working within both inpatient and outpatient psychiatric services. This material was analyzed through a qualitative content analysis according to Graneheim and Lundman (2004).

Results: The results of study 1 show that religious disaffiliation is a life change that may greatly affect the life of an individual. After disaffiliating from a high-cost religious group an individual may experience fear, guilt, sorrow, pain, loss and even suffering on an existential level. However, life may also include several positive aspects, such as experiences of joy, freedom, relief, gratitude and empowerment. These experiences may have consequences for the individual's well-being and health. The results of study 2 reveal that life after religious disaffiliation includes various forms of suffering of life. Suffering of life was described as: Pain and sorrow over being rejected, Overwhelmed by guilt and shame, Living in constant fear of both life and death and Humiliated as a human being. Ultimately, suffering of life refers to the violation of a human being's

dignity. The results of study 3 demonstrate that caring for a client after religious disaffiliation, from the perspective of care professionals, is described as clients having someone who walks beside them, part of the way. The results are presented in five categories: To be part of a relationship based on trust and safety, To receive confirmation of one's experiences, To encounter understanding of how disaffiliation has affected one's life, To be supported as a broken human being and To receive guidance in finding a new direction in life. The relationship between client and caregiver may be the only one where the client can feel seen, listened to and accepted as a unique person. Understanding the suffering and health of a human being calls for a care professional's holistic view and caring for the whole human being, including spiritual dimensions.

A theoretical model, based on the results of the included studies, illustrates the comprehensive understanding of suffering, health and caring after religious disaffiliation. Health means that the human being experiences wholeness in body, soul and spirit. When the human being experiences suffering after religious disaffiliation this wholeness may be disrupted. The human being may experience brokenness and longing for belonging, which may lead to health problems and a need to seek help and support from care professionals. Clients who seek help for their suffering need to be encircled by caring. The model illustrates how caring can be implemented by care professionals through various expressions of caring. Through caring, the client's healing can begin and the wholeness, which has been disrupted, can be restored.

Conclusions: This thesis is novel research and consists of explorative studies, as religious disaffiliation has not previously been studied from a caring science or nursing science perspective. Disaffiliation from a high-cost religious group may lead to significant changes and challenges in an individual's life, and clearly requires strength and courage. At first, one may experience living between two different worlds, being an outsider in a new world and not belonging anywhere. However, leaving the religious group may also entail several positive aspects in life and lead to beneficial changes and health. Life after leaving a religious group can be described as living in a movement back and forth between difficulties and well-being. Eventually, when one regains "foothold", life takes a new, positive direction.

The results of this thesis indicate that clients who have experienced loneliness, rejection and outsidership need someone who walks beside them and shares some of their burden. Understanding a client's suffering and health requires that the care professional has a holistic view and cares for the whole human being. Caring entails supporting clients who are broken human beings on their road towards wholeness. Training and education for care professionals are essential when striving to increase knowledge about religious disaffiliation and related subjects.

Through caring science, particularly the concepts of Katie Eriksson's theory of caritative caring, it has also been possible to identify and contribute to the understanding of suffering, health and caring in the context of religious disaffiliation. The results of the thesis contribute with an understanding of suffering on an ontological and existential level.

Keywords: Religious disaffiliation, high-cost religious group, experiences, qualitative research, hermeneutics, caring science, in-depth interviews, thematic analysis, suffering of life, care professionals, caring, qualitative content analysis, health sciences

Abstrakt

Björkmark, Maria, 2023: Från splittrad till hel människa. Lidande, hälsa och vårdande efter att man lämnat ett religiöst samfund.

Handledare:

Docent Linda Nyholm, PhD, Åbo Akademi

Professor Peter Nynäs, PhD, Åbo Akademi

Syfte: Att lämna ett religiöst samfund kan under vissa omständigheter leda till betydande förändringar i en människas liv. Det övergripande syftet med denna vårdvetenskapliga avhandling var att öka förståelsen för implikationerna av att lämna ett religiöst samfund för en människas liv och hälsa och vad som är vårdande i denna livssituation.

Metoder: Denna avhandling är en sammanställning av tre studier där hela avhandlingen, inklusive de tre delstudierna, alla har ett hermeneutiskt förhållningssätt. I studie 1 och 2 består materialet av djupintervjuer med 18 deltagare som lämnat olika religiösa samfund i Finland. Intervjuerna genomfördes under april – augusti 2018. Syftet med studie 1 var att få en övergripande förståelse för människors subjektiva upplevelser efter att ha lämnat en religiös grupp som ställer höga krav på och villkor för sina medlemmar (en s.k. high-cost religious group) och hur dessa upplevelser hade påverkat deras liv. Syftet med studie 2 var att få en djupare förståelse för det lidande som människor kan erfara efter att ha lämnat ett religiöst samfund. Dataanalyserna i studie 1 och 2 genomfördes genom två separata kvalitativa tematiska analyser enligt Braun & Clarke (2006, 2017). Syftet med studie 3 var att få en djupare förståelse för vad som är vårdande (caring) för en klient efter att hen lämnat ett religiöst samfund, ur vårdpersonalens perspektiv. Inom ramen för studie 3 genomfördes semistrukturerade intervjuer med nio deltagare vid två hälso- och sjukvårdsorganisationer i Västra Finland, under november och december 2020. Dessa deltagare var vårdpersonal som arbetade inom både psykiatrisk öppenvård och avdelningsvård. Detta material analyserades genom en kvalitativ innehållsanalys enligt Graneheim och Lundman (2004).

Resultat: Resultaten av studie 1 visar att det att en människa lämnar ett religiöst samfund är en livsförändring som i hög grad kan påverka hens liv. Efter att ha lämnat ett religiöst samfund kan en människa uppleva rädsla, skuld, sorg, smärta, förlust och till och med lidande på en existentiell nivå. Livet kan emellertid också innehålla flera positiva aspekter, såsom upplevelser av glädje, frihet, lättnad, tacksamhet och styrka. Dessa upplevelser kan få konsekvenser för människans välbefinnande och hälsa.

Resultaten av studie 2 påvisar att livet efter att man lämnat ett religiöst samfund innefattar olika former av livslidande. Livslidande beskrevs som: Smärta och

sorg över att bli förkastad, Överväldigad av skuld och skam, Att leva i ständig rädsla för både liv och död och Förnedrad som människa. Ytterst handlar livslidande om en kränkning av människans värdighet.

Resultaten av studie 3 visar att vårdande för en klient efter att ha lämnat ett religiöst samfund, ur vårdpersonalens perspektiv, beskrivs som att klienterna har någon som går bredvid dem, en del av vägen. Resultaten presenteras i fem kategorier: Att ingå i en relation som bygger på tillit och trygghet, Att få bekräftelse för sina upplevelser, Att möta förståelse för hur lämnandet har påverkat ens liv, Att få stöd som splittrad människa och Att få vägledning i att hitta en ny riktning i livet. Relationen mellan klient och vårdare kan vara den enda relationen där klienten kan känna sig sedd, lyssnad till och accepterad som en unik människa. Att förstå en människas lidande och hälsa kräver vårdarens helhetssyn och vårdande av hela människan, inklusive andliga dimensioner.

En teoretisk modell, baserad på resultaten från de inkluderade studierna, illustrerar den övergripande förståelsen av lidande, hälsa och vårdande efter att man lämnat ett religiöst samfund. Hälsa innebär att människan upplever sig som en helhet av kropp, själ och ande. När människan upplever lidande efter att ha lämnat ett religiöst samfund kan denna helhet rubbas. Människan kan uppleva splittring och längtan efter tillhörighet, vilket kan leda till hälsoproblem och behov av att söka hjälp och stöd hos vårdpersonal. Klienter som söker hjälp för sitt lidande bör omges av vårdande. Modellen illustrerar vårdandets olika uttrycksformer. Genom vårdande kan klientens helande börja och helheten, som har rubbats, kan återställas.

Slutsatser: Denna avhandling behandlar ett relativt utforskat forskningsområde. Den består av explorativa studier, eftersom att lämna ett religiöst samfund inte tidigare har studerats ur ett vårdvetenskapligt perspektiv. Att lämna ett religiöst samfund kan leda till betydande förändringar och utmaningar i en människas liv, vilket kräver styrka och mod. Den som lämnar ett religiöst samfund kan till en början uppleva sig leva mellan två olika världar, uppleva utanförskap i en ny värld och att inte höra hemma någonstans. Men att lämna samfundet kan också innebära flera positiva aspekter i livet och leda till positiva förändringar och hälsa. Livet efter att ha lämnat samfundet kan beskrivas som att man lever i en rörelse fram och tillbaka mellan svårigheter och välbefinnande. Så småningom, när man återfår "fotfäste", tar livet en ny, positiv riktning.

Resultaten av avhandlingen indikerar att klienter som har upplevt ensamhet, avvisande och utanförskap behöver någon som går bredvid dem och delar en del av deras börda. Att förstå en klients lidande och hälsa kräver att vårdpersonalen har en helhetssyn och vårdar hela människan. Vårdande innebär att stödja en splittrad människa på vägen mot helhet. Utbildning och kurser för vårdpersonal är väsentliga när man strävar till att öka kunskapen om att lämna ett religiöst samfund och därtill relaterade ämnen.

Genom vårdvetenskapen, i synnerhet begreppen i Katie Erikssons caritativa vårdteori, har det varit möjligt att identifiera och bidra till förståelsen av lidande, hälsa och vårdande i denna kontext. Avhandlingens resultat bidrar med förståelse för lidande på en ontologisk och existentiell nivå.

Nyckelord: Att lämna ett religiöst samfund, upplevelser, kvalitativ forskning, hermeneutik, caritativ vårdteori, djupintervjuer, tematisk analys, livslidande, vårdpersonal, vårdande, kvalitativ innehållsanalys, hälsovetenskaper

Tiivistelmä

Björkmark, Maria, 2023: Rikkinäisestä ihmisestä kokonaiseksi. Kärsimys, terveys ja hoitaminen uskonnollisesta yhteisöstä irtautumisen jälkeen.

Ohjaajat:

Dosentti Linda Nyholm, PhD, Åbo Akademi

Professori Peter Nynäs, PhD, Åbo Akademi

Tavoite: Uskonnollisesta yhteisöstä irtautuminen voi tietyissä olosuhteissa johtaa merkittäviin elämänmuutoksiin. Tämän hoitotieteellisen väitöskirjan tavoitteena oli lisätä ymmärrystä siitä, miten irtautuminen uskonnollisesta yhteisöstä vaikuttaa ihmisen elämään ja terveyteen, sekä siitä, mitä on hoitamisen merkitys tässä elämäntilanteessa.

Menetelmät: Tämä väitöskirja on kokoelma kolmesta tutkimuksesta, joissa kaikissa, mukaan lukien koko väitöskirja, on hermeneuttinen lähestymistapa. Tutkimusten 1 ja 2 aineisto koostuu 18 syvähaastattelusta. Tutkimushenkilöt ovat irtautuneet eri uskonnollisista yhteisöistä Suomessa. Haastattelut tehtiin huhti-elokuussa 2018. Tutkimuksen 1 tavoitteena oli saada kokonaisvaltainen käsitys yksilöiden subjektiivisista kokemuksista vaativasta ehtoja asettavasta uskonnollisesta ryhmästä (ns. high-cost religious group) irtautumisen jälkeen ja siitä, miten nämä kokemukset ovat vaikuttaneet heidän elämäänsä. Tutkimuksen 2 tavoitteena oli saada syvempää ymmärrystä kärsimyksestä, jota ihmiset voivat joutua kokemaan irtautumisen jälkeen. Aineiston analyysit tutkimuksissa 1 ja 2 toteutettiin kahdella erillisellä kvalitatiivisella temaattisella analyysillä Clarcken ja Braunin (2006, 2017) mukaan. Tutkimuksen 3 tavoitteena oli syventää ymmärrystä siitä, mitä on hoitohenkilökunnan näkökulmasta hoitamisen (caring) merkitys asiakkaalle uskonnollisesta yhteisöstä irtautumisen jälkeen. Tutkimuksessa 3 puolistrukturoidut haastattelut toteutettiin yhdeksän tutkimushenkilön kanssa kahdessa terveydenhuollon organisaatiossa Länsi-Suomessa marras-joulukuun 2020 aikana. Tutkimushenkilöt olivat psykiatrisessa avo- ja osastohoidossa työskenteleviä hoitoalan ammattilaisia. Tämä aineisto analysoitiin laadullisella sisällönanalyysillä Graneheimin ja Lundmanin (2004) mukaan.

Tulokset: Tutkimuksen 1 tulokset osoittavat, että irtautuminen uskonnollisesta yhteisöstä on elämänmuutos, joka voi vaikuttaa merkittävästi ihmisen elämään. Erottuaan uskonnollisesta ryhmästä ihminen voi kokea pelkoa, syyllisyyttä, surua, kipua, menetystä ja jopa eksistentiaalista kärsimystä. Elämään voi kuitenkin sisältyä myös useita myönteisiä puolia, kuten ilon, vapauden, helpotuksen, kiitollisuuden ja voimaantumisen kokemuksia. Näillä kokemuksilla voi olla vaikutusta yksilön hyvinvointiin ja terveyteen. Tutkimuksen 2 tulokset

paljastavat, että irtautumisen jälkeiseen elämään sisältyy erilaisia elämän kärsimyksen muotoja. Elämän kärsimystä kuvailtiin seuraavanlaisiksi: kipu ja suru hyläytyksi tulemisesta, syyllisyyden ja häpeän valtaamaksi joutuminen, eläminen jatkuvassa sekä elämän että kuoleman pelossa ja nöyryytys ihmisenä. Viime kädessä elämän kärsimys tarkoittaa ihmisarvon loukkaamista. Tutkimuksen 3 tulokset osoittavat, että hoitohenkilökunnan näkökulmasta hoitaminen irtautumisen jälkeen on asiakkaan vierellä kulkemista, osan matkaa. Tulokset esitetään viidessä kategoriassa: olla osa luottamukseen ja turvallisuuteen perustuvaa suhdetta, saada vahvistusta kokemuksilleen, kohdata ymmärrys siitä, miten irtautuminen on vaikuttanut elämään, saada tukea rikkiäisenä ihmisenä ja saada ohjausta uuden suunnan löytämiseksi elämässä. Asiakkaan ja hoitajan välinen suhde voi olla ainoa, jossa asiakas voi tuntea tulewansa nähdyksi, kuulluksi ja hyväksytyksi ainutlaatuisena ihmisenä. Ihmisen kärsimyksen ja terveyden ymmärtäminen edellyttää hoitohenkilökunnalta kokonaisvaltaista näkemystä ja välittämistä koko ihmisestä, myös henkisellä ulottuvuudella.

Tutkimuksen tuloksien perusteella kehitetty teoreettinen malli havainnollistaa kokonaisvaltaista käsitystä kärsimyksestä, terveydestä ja hoitamisesta (caring) uskonnollisesta yhteisöstä irtautumisesta jälkeen. Terveydellä tarkoitetaan sitä, että ihminen kokee kokonaisuutta ruumiissa, sielussaan ja hengessä. Irtautumisen jälkeen koetussa kärsimyksessä tämä kokonaisuus voi rikkoutua. Ihminen voi kokea rikkiäisyyttä ja kaipuuta yhteisöllisyyteen, mikä voi johtaa terveysongelmiin sekä tarpeeseen hakea apua ja tukea hoitoalan ammattilaisilta. Asiakkaiden, jotka etsivät apua kärsimyksiinsä, täytyy olla hoitamisen (caring) ympäröimä. Malli havainnollistaa, kuinka hoitotyön ammattilaiset voivat toteuttaa hoitamista erilaisten ilmaisujen kautta. Hoitamisen avulla asiakkaan paraneminen voi alkaa ja hän voi palautua rikkiäisestä kokonaiseksi.

Johtopäätökset: Tämä väitöskirja tutkii uutta tutkimusaluetta ja koostuu eksploderatiivisista tutkimuksista, sillä irtautumista uskonnollisista yhteisöistä ei ole aiemmin tutkittu hoitotieteen näkökulmasta. Irtautuminen uskonnollisesta ryhmästä voi johtaa merkittäviin muutoksiin ja haasteisiin ihmisen elämässä. Aluksi voidaan kokea kahden eri maailman välillä elämistä, ulkopuolisuutta uudessa maailmassa ja sitä, ettei kuulu mihinkään. Uskonnollisesta ryhmästä irtautuminen voi kuitenkin sisältää myös monia myönteisiä puolia ja johtaa hyödyllisiin muutoksiin sekä parempaan terveyteen. Uskonnollisesta ryhmästä irtautumisen jälkeistä elämää voidaan kuvata vaikeuksien ja hyvinvoinnin välisenä liikkeenä. Tulokset osoittavat, että irtautumiseen liittyvien valintojen tekemiseen tarvitaan voimaa ja rohkeutta. Lopulta saadessaan takaisin "jalansijan" ihminen saa elämään uuden myönteisen suunnan.

Tämän väitöskirjan tulokset osoittavat, että yksinäisyyttä, hylkäämistä ja ulkopuolisuutta kokeneet asiakkaat tarvitsevat jonkun, joka kävelee heidän rinnallaan ja jakaa osan taakasta. Asiakkaan kärsimyksen ja terveyden

ymmärtäminen edellyttää hoitoalan ammattilaiselta kokonaisvaltaista näkemystä ja koko ihmisestä välittämistä. Hoitaminen on rikkiäisten ihmisten tukemista matkalla kohti kokonaisuutta. Hoitoalan ammattilaisten kouluttaminen on välttämätöntä, kun pyritään lisäämään tietämystä uskonnollisesta erilaisuudesta ja siihen liittyvistä aiheista.

Hoitotieteen, erityisesti Katie Erikssonin karitatiivisen teorian käsitteiden avulla, on pystytty tunnistamaan ja ymmärtämään kärsimystä irtautumisen kontekstissa. Väitöskirjan tulokset auttavat ymmärtämään kärsimystä ontologisella ja eksistentiaalisella tasolla.

Avainsanat: Irtautuminen uskonnollisesta yhteisöstä, vaativa ehtoja asettava uskonnollinen yhteisö (high-cost religious group), kokemukset, laadullinen tutkimus, hermeneutiikka, hoitotiede (caring science), syvähaastattelu, temaattinen analyysi, elämän kärsimys, hoitoalan ammattilaiset, hoitaminen (caring), laadullinen sisällönanalyysi, terveystieteet

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1. Introduction

Religion and faith are increasingly discussed subjects in our society. Growing attention is also given to factors related to health, which has led to a broader understanding of the connections between health, religion and faith (Rosmarin & Koenig, 2020). Religion can give strength and be a positive resource when it comes to health and well-being, but under certain circumstances religious communities may also have a negative effect on health and well-being. Likewise, religious disaffiliation, leaving the religious community, may lead to a life crisis that is difficult to endure.

The topic of religious disaffiliation has received significant attention during recent years. In the Nordic countries, several individuals have in the media told their stories about how being a member of and leaving a religious community has affected their life and health (e.g. Svenska yle, 2019; Yle, 2020), and many biographical books have also been written on the topic. New documentaries and TV series in Finland and Sweden about life within exclusive religious communities, and the experiences of children who have been raised in such communities, have been released (Kapetanovic, 2021; Lindman, 2021). This attention shows that there is now a space for where these issues, which can be sensitive and complex, can be expressed and discussed.

Religious disaffiliation can be defined as the process by which individuals change their organizational identification, either by adopting another organizational identification or no longer affiliating with any religious group (Albrecht et al., 1988). Previous literature bears witness to that leaving a religious community may entail leaving a fellowship, a communion that has encompassed one's whole life and all that one holds important. Leaving this communion may lead to loneliness and a loss of belonging and togetherness with people who are important in one's life. Leaving a religious community may also include losing other essential aspects of one's life, such as identity, worldview and meaning in life. My interest in this topic was sparked by my own experiences of leaving a religious community, as well as by my work experience as a registered nurse within psychiatric services, where I have seen how religious belonging can constitute either a resource or a burden in a client's life. This pre-understanding has been a driving force throughout the thesis process.

Religion and religious belonging can contribute to several positive aspects in an individual's life, such as health, well-being and meaning in life. Studies have previously found faith and religion to be positive resources that strengthen an individual's quality of life (e.g. Griffith, 2010; Hintikka et al., 2001; Koenig, 2009). Faith can give an individual well-being in the form of hope and joy as well as aims and meaning in life (Koenig et al., 2012), and religion can provide believers with a positive worldview, which gives meaning even to negative experiences (Pargament et al., 2000). Faith can promote health as it is an integrated part of a

human being's life (Eriksson & Barbosa da Silva, 1991). Religious affiliation is a significant source of social support for many, as social relationships and social integration are essential in life.

Churches and congregations should be safe places for individuals, without threat or danger, as safety is deeply connected to fundamental values, such as faith, hope, and love (Evangelical Lutheran Church in Finland, 2018). According to the Safe congregation report (Evangelical Lutheran Church in Finland, 2018), the starting point for all activities within churches and congregations should be to take care of the participants' safety in all situations and on all levels: physical, mental, spiritual, social, emotional and sexual. Unfortunately, it seems that this safety is not always guaranteed, and individuals may be violated, also within religious communities.

Research shows that religion and group membership can be a burden and negatively affect an individual's health and well-being. According to Heino (1995), it depends on the character, aim and approaches of a religious community if it constitutes a resource or a threat for the individual, if it promotes or inhibits health. If the group draws strict boundaries between those who belong to the group and those who are not allowed to belong, the fellowship can begin to feel more like a prison than a safe place (Hyyppä, 2007). If the religious community has strict rules and strong family ties, it may take control over the life of an individual to the extent that what is best for the individual is neglected. Studies conducted on individuals who have disaffiliated from a religious community show that they experience decreased health and well-being (Fenelon & Danielsen, 2016; May, 2018), owing to, for instance, experiences of role and status loss (Nica, 2020) and the loss of social relationships (Knight et al., 2019; Scheitle & Adamczyk, 2010). However, previous research reveals that religious disaffiliation also can lead to positive changes in life and to individual empowerment (e.g. Rainwater, 2019; Scharp & Beck, 2017).

This thesis is grounded in a caring science perspective, where the human being is seen as an inseparable entity of body, soul and spirit (Eriksson, 2018). Health is defined as more than the absence of illness and as being whole as a human being, in body, soul and spirit. If health means wholeness, suffering means that this wholeness is disrupted. When an individual's experience of being a whole person is threatened, suffering results and affects this human being's dignity (Eriksson, 2006, 2018). Religious disaffiliation is one life situation where individuals may experience that their wholeness is disrupted, and they may need help and support in regaining health and well-being. The purpose of caring is to alleviate suffering, serve life, and support health and well-being (Eriksson, 2006). Caring relates to the innermost core of nursing and involves the willingness to be genuinely present for the suffering human being. The concept care professionals has been chosen to be used throughout this thesis, as the intent is to develop caring for individuals after religious disaffiliation, without a

distinction between different professions. A care professional is defined as any health or social care professional who provides care services (Segen's Medical Dictionary, 2022).

A review of previous research shows a lack of studies focusing on how a care professional can support and care for an individual after religious disaffiliation. Only a few studies have been conducted on how former members experience the support they have received, and these show that former members may struggle to find support and therapy after disaffiliating (Järvå, 2009; Knight et al., 2019) or have negative experiences of health care services (Järvå, 2021). They may experience that care professionals lack understanding about their situation and needs (Skoglund et al., 2008; Wallis, 2007) and need cultural knowledge about the community which they have left (Timonen, 2013). They also feel that their experiences are not taken seriously and they have to teach care professionals about their situation, as the care professionals do not have much knowledge in this area (Järvå, 2021). Individuals who experience challenges because of their religiosity may encounter, within social and health care, professionals whose religious views affect their practices and who do not have a neutral attitude towards religious matters (Nynäs et al., 2020). Additionally, there is a lack of current care guidelines in Finland and in the other Nordic countries for individuals suffering from health issues after religious disaffiliation. Therefore, research is needed to increase understanding and develop caring for human beings in this context.

Religious disaffiliation has not previously been studied from a caring science perspective. This caring science thesis has a hermeneutical approach with the aim of increasing the understanding of the implications of religious disaffiliation for a human being's life and health and what constitutes caring in this life situation. According to Ödman (2004), hermeneutics means to grasp existential dimensions which are immeasurable, such as suffering, anxiety and joy. A hermeneutical understanding is an in-depth understanding which leads to that one's life and existence are affected and changed. The results of this thesis are expected to contribute with an increased understanding of life and health after religious disaffiliation, and a theoretical model which illustrates suffering, health and caring in this life situation.

“Recovery (after leaving a religious community) is a long process ... but how long - that can be affected by professional and competent care”

(Care professional, participant in study 3)

2. Background

Religious disaffiliation is a phenomenon that includes a wide array of aspects and dimensions. Therefore, this chapter aims to present the context wherein this research has been conducted, as well as definitions of important concepts.

2.1 The context of religious disaffiliation

In most parts of the world, individuals enjoy freedom of religion, which includes freedom of thought, conscience and religion. According to the Universal Declaration of Human Rights, article 18 (United Nations, 2021):

“Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.”

Even if this freedom also includes the right to change one’s religion or belief, this right is not always respected (Enstedt et al., 2020), and the right to exit may be restricted within some religious communities (Enbuska, 2021). Religious freedom also includes the right to be non-religious, but this can be challenging, even in countries considered democracies. Even though religious freedom is considered self-evident, in many countries of the world this is more often the case in theory than in practice (Fox, 2021).

Many individuals, especially in the US and Europe, make use of their religious freedom by choosing their religious affiliation and there is a growing number of individuals who leave their religious orientations and affiliations (Streib et al., 2009). According to Thiessen and Wilkins-Laflamme (2017), religious disaffiliates or “religious nones” (having no religion) are considered the fastest growing group in Western society. In economically developed countries, where religious freedom is high, individuals are rapidly leaving organized religion. According to Scheitle and Adamcyk (2010), most individuals remain in the religious group where they were raised because of strong social bonds and identification with their religion. Particularly in countries that are dominated by religious traditions, leaving a religious group can have significant personal consequences, such as discrimination and negative effects on the social and existential aspects of life (Messick & Farias, 2020).

Religious communities in Finland

This thesis has been conducted within the context of Finland and its specific religious landscape. The Evangelical Lutheran Church (ELCF) and the Orthodox Church of Finland are the two so-called folk churches of Finland (Evangelical Lutheran Church of Finland, 2015). The ELCF is the largest religious community, with a membership of about 66.5 % of the population (Evangelical Lutheran Church in Finland, 2022). About 1 % of the population in Finland belong to the Orthodox Church and about 1 % to other registered religious communities. The largest registered religious communities are the Pentecostal Church of Finland (approximately 44.000 members), Jehovah's Witnesses (approximately 17,000 members), The Evangelical Free Church of Finland (approximately 15,000 members), the Catholic Church in Finland (approximately 14,000 members). Moreover, 30 % of the population in Finland are not members of any religious community. (Pentecostal Church in Finland, 2021; Statistics Finland, 2022). Religious communities of non-Christian origin are still rather marginal in Finland, from both a statistical and a historical perspective.

Pietist-inspired revival movements, such as Laestadianism and the Awakening movement, belong to the ELCF, and members of these movements are also members of the church. These movements have a long tradition and together with the influence of both the Pentecostal Church of Finland and the Evangelical Free Church of Finland, facilitated significant spaces for more conservative and traditionalist positions in Finland (Nynäs et al., 2020).

Increasing religious diversity and disaffiliation

Secularization is increasing globally, and so also in Finland, where this can be seen in decreasing memberships and participations in religious services (Lassander & Nynäs, 2016). Even if there is an exceptionally high rate of membership in the ELCF, this membership is constantly declining, from 95% in 1950 to only 66.5% in 2021 (Evangelical Lutheran Church in Finland, 2022). A vast majority of those leaving the church are young adults (Niemelä, 2015). In 2020 57% of those who left the ELCF were aged 20-39 (Church Statistics, 2020). Additionally, the Pentecostal Church in Finland reports that membership has decreased over the past years and is now at its lowest in 25 years (Pentecostal Church in Finland, 2021). The majority of registered religious communities in Finland do not provide statistics over membership, and therefore statistics over disaffiliation from most religious communities are not available. However, the group of individuals in Finland who do not belong to any religious community has grown dramatically since 1990, from 9% to 30% in 2021 (Statistics Finland, 2022).

At the same time as membership in larger religious communities is declining, religious diversity is increasing and there are a growing number of new religions and religious movements in Finland. This religious diversity has grown at an

increasing pace during the past five decades. (Nynäs et al., 2015). As of 2020, there are 1065 registered independent religious communities and groups with a religious background in Finland. The size of these communities varies greatly, as a large part of the communities only have a few tens or hundreds of members and the largest religious community, the ELCF, has 3.8 million members (Church Research Institute, 2021).

The trend of increasing disaffiliation and secularization is not automatically associated with negative consequences and health issues, as membership in a religious community is not necessarily socially significant to individuals and their family and friends. Yet, this trend includes life situations where disaffiliation has been challenging and the presence of certain associations is a sign of the challenges that may be connected to religious disaffiliation. Therefore, the focus of this thesis is on individuals who have left a religious community and are suffering because of this disaffiliation. They have been members of so-called high-cost religious groups, as these are groups where the challenges seem to be the most visible. Included in this thesis are participants who had left groups, that they themselves perceived as being high-cost religious groups.

High-cost religious groups

High-cost religious groups are defined as “the most demanding, high-cost, theologically and culturally exclusive religious groups” (Scheitle & Adamczyk, 2010, p. 326). High-cost groups are characterized as communities with a strong group dimension, where the group controls its members’ relationships, both with each other and with outsiders. Research shows that membership in such a community is inextricably associated with the identity of an individual, so considering leaving the group may be a difficult choice, as leaving the group entails much more than just leaving an organization (de Diego Cordero & Badanta Romero, 2017; Ronimus, 2011; Scharp & Beck, 2017). Disaffiliating from such high-cost groups can lead to poor health, both physical and psychological.

Inclusion criteria in studies 1 and 2 included participants who had been members of religious groups that have been established in Finland over a longer period of time. Excluded in these studies were participants from new or alternative religious movements and other large religious traditions. According to Frisk (2007) new religious movements are often “first generation movements”, that is, a majority of the members have converted to and have not been raised within the community. These and other high-cost alternative religious groups were excluded in this thesis as they are marginal in our country. Likewise, migrant communities from Muslim or Buddhist countries do not have long traditions in Finland. Disaffiliation from some of these religious communities is presumably associated with different kinds of dynamics and has not been included in this thesis. Exclusion and inclusion criteria were chosen

according to the researcher's knowledge and competence as well as for the results to be the most relevant for health care professionals.

2.2 Definition of concepts

As concepts can have different meanings and can be interpreted in various ways, it is essential that the important concepts of this thesis are clarified. First, general concepts concerning affiliation and disaffiliation, as well as concepts related to religious disaffiliation will be defined, followed by the concepts religion, spirituality and existential dimensions.

Affiliation and disaffiliation

Affiliation on a general level, is according to the Oxford English Dictionary (2021a), defined as a "connection with an organization or other body; *esp.* connection with a larger or more established group or organization", and "a relationship or link maintained for any of various reasons, such as accordance with the other party's political or religious views, maintained by a particular person with a political or religious body". Affiliation is also defined as the state or relation of being closely associated or affiliated with a particular person, group, party, company (Merriam-Webster Dictionary, 2021a) and a connection with a political party or religion, or with a larger organization (Cambridge Dictionary, 2021a).

Disaffiliation, in a general sense, is defined as the action or process of ending a connection between an individual and an organization, body, institution or group as well as putting an end to an important association, the act of distancing oneself from a group, lifestyle or ideology (Oxford English Dictionary, 2021b). According to the Merriam-Webster Dictionary (2021b), to disaffiliate is to terminate an affiliation.

Religious disaffiliation

A variety of terms are used when it comes to leaving a religious community or one's faith, such as *apostasy, leaving the faith/church, religious exiting, dropping out and religious disaffiliation* (Bromley, 1988, 1991; LeCount, 2017). The term *deconversion*, leaving a religion, as a contrast to the term conversion is also commonly used (Streib, 2021). First, the concept religious disaffiliation will be defined and thereafter the concepts deconversion, apostasy and leaving a religion will be elaborated on, as they are closely connected to and add to the understanding of religious disaffiliation. The concept religious disaffiliation was

chosen to be used throughout this research as the focus of this thesis is on individuals leaving a religious group, not on whether they also leave their faith or religion.

Religious disaffiliation has been defined in a number of ways. According to Bromley (1991, p. 165), it is most commonly defined as changes in either:

- “Individual role-related activity (termination of organizational membership or cessation of active involvement in organizational activity) or
- Individual symbolic connectedness (disidentification with a specific religious group or its belief system).”

Religious disaffiliation can in a similar vein be defined as disidentification with the group or its theology (Bromley, 1991) or as the act of changing from identifying as religious to identifying as nonreligious (Fenelon & Danielsen, 2016). According to Gooren (2010), religious disaffiliation is the process of detaching one’s involvement in an organized religious group, which can lead to either that an individual is an apostate who rejects the former membership, or an inactive member who still self-identifies as a believer. This means that some individuals continue to be members of the religious community but have a lack of involvement in it. Even though they have not officially ended their membership, they no longer think or feel according to the expectations of a member, they do not conform to expected attitudes and do not practice or attend events as is expected of members of the group.

Deconversion is defined by Streib (2009, p. 13) as “intellectual, experiential, emotional and moral disengagement from a religion which, in most cases, leads to the termination of membership”. There are five characteristics of the deconversion process:

1. Loss of specific religious experiences
2. Intellectual doubt, denial, or disagreement with specific beliefs
3. Moral criticism
4. Emotional suffering
5. Disaffiliation from the religious community

Initially an individual experiences a loss of specific religious experiences and is not able to find meaning and purpose in life through these experiences. After this follows a period of intellectual doubt, denial or disagreement with specific beliefs, followed by moral criticism, where one no longer considers the existing moral code as correct, but instead wants to replace it by another. Emotional suffering may follow, which is caused by the loss of social support, sense of security and stability. Last, there is a disaffiliation from the community, at first by withdrawal from participation in religious meetings, and, finally, the termination of membership (Streib et al., 2009; Streib & Keller, 2004).

Apostasy is defined as when “individuals who once held a religious identity no longer do so” (Bromley, 1988, p. 12), and according to Zuckerman (2011), there are different dimensions and levels of apostasy. *Shallow* apostasy refers to individuals rejecting their religion, but still considering themselves to be spiritual and not completely secular. *Deep* apostasy refers to a break from religion that is total and absolute, and not considering oneself religious at all anymore. Further, there is a difference between mild and transformative apostasy. An individual whose religion never was a significant part of life, or was not very religious in the first place, may go through *mild* apostasy. This leads to few personal consequences, little social disruption, and very little psychological turmoil. On the other hand, if individuals who were deeply and strongly religious reject their religion, this would be called *transformative* apostasy. This kind of apostasy is a life-altering change that involves a significant psychological reorientation and often entails the loss of close relationships, alienation from the community and sometimes even rejection from family and friends (Zuckerman, 2011).

The concept leaving religion is also used and, for instance, a recent Handbook of Leaving Religion by Enstedt et. al (2020) describes leaving many different religions, from an international and study of religions perspective. According to Barbour (1994), leaving religion generally involves a combination of four social and emotional domains: (1) Intellectual doubt or denial about the truth of a belief system, (2) Moral criticism, rejection of the entire way of life of a religious group, (3) Emotional suffering: grief, guilt, loneliness and despair and (4) Disaffiliation from the religious community.

Religion, spirituality and existential dimensions

For the purpose of this thesis, the concepts religion, spirituality and existential dimensions will here be defined, although these concepts are intertwined, and have been defined in a variety of different ways.

When defining religion, it is common to distinguish between substantive versus functional definitions, hence between what religion is and what it does (see e.g. Berger, 1974; Bruce, 2011). An example of the former that is relevant to the present thesis is Koenig’s definition of religion. According to Koenig (2009, p. 284), religion is “a system of beliefs and practices observed by a community, supported by rituals that acknowledge, worship, communicate with, or approach the Sacred, the Divine, God (in Western cultures), or Ultimate Truth, Reality, or Nirvana (in Eastern cultures).” Religion commonly relies on a set of scriptures or teachings that describe different aspects of this life and the afterlife, such as the meaning and purpose of the world, the individual’s place in it, the responsibilities of individuals to one another, and the nature of life after death. Religion also commonly presents a moral code of conduct that is agreed upon by members of the community, and members make an effort to adhere to that code. Koenig

(2009) also draws attention to that religion can be more or less organized. Organizational religiosity includes public, social or institutional religious activities such as attending religious services, group meetings or other activities, where one is involved with others. Nonorganizational religiosity involves private, personal and individual religious activities that are practiced alone and in private. This is an important distinction for understanding the notion of so-called high-cost religious groups, used in this thesis (Scheitle & Adamczyk, 2010).

When it comes to the concept spirituality, there is a lack of consensus concerning its meaning and there is an ongoing discussion in nursing regarding the relationship between spirituality and religion (Rykkje et al., 2013). Yet the concept spirituality is used to denote a source of inner strength and a potential resource for health and well-being (Eriksson & Barbosa da Silva, 1991) as well as a unity of body and soul, where these dimensions mutually influence each other (Sivonen & Kasén, 2003). These aspects, often associated with spirituality, are relevant in this thesis, as they shed light on the potential role and function of religion. Nevertheless, this thesis does not engage with spirituality as such, as spirituality is usually seen as a cultural and social sphere in its own right.

As Woodhead (2013) points out, spirituality is usually differentiated from religion in how it puts the individual's seeking, openness, and holism at the centre. In discussions of current forms of being religious and secular, spirituality is associated with an emphasis of practices and means to attain insights, as well as sustaining a connection to progressive liberal values and activism. From this it is evident that the term spirituality has many different meanings, but as Huss (2014) claims, today we need to account for spirituality as a new cultural category.

For this thesis, it is also important to address the functional way of understanding religion, that is, why and how religion matters to individuals. Religion can thus be defined as "the search for significance that occurs within the context of established institutions that are designed to facilitate spirituality" (Pargament et al., 2013, p. 15). In other words, religion in all its diversity often provides meaning and values to individuals and has an existential dimension. Existential dimensions refer to the meaning making aspects of a person's life, to questions about the foundation and meaning of life, and how to respond to suffering and pain (Arlebrink, 2012; DeMarinis, 2011; Summergrad, 2020). As has been seen here, the concepts religion, spirituality and existential dimensions are closely interrelated and are connected to a human being's health and well-being. This will also be shown further along in this thesis.

3. Theoretical perspective

The theoretical perspective of this thesis is based on the view of the human being, health and suffering that has been developed within the theory of caritative caring by Katie Eriksson and colleagues (Eriksson, 2018; Lindholm Nyström et al., 2022). In this theory, concepts such as the human being as an entity, suffering, health and caring have been defined and well researched, and therefore, the theory serves as a valuable foundation for this thesis, where the aim is to increase the understanding of the implications of religious disaffiliation for a human being's life and health and what constitutes caring in this life situation.

To define a theoretical perspective means to choose a specific way of looking at and delimiting reality, how to shape knowledge of and with what methods one studies this reality (Eriksson, 1997). Moreover, within the context of this thesis, religious disaffiliation, the theoretical perspective and chosen concepts have significance when acquiring new knowledge. Concepts are important within a science, as the concepts chosen to describe a specific aspect contribute to an understanding of the world and make it possible to convey this understanding to others (Wiklund Gustin & Asp, 2022). This chapter delineates the important starting points in this thesis; the human being as an entity, health and suffering, communion as well as caritative caring.

3.1 The human being as an entity

The ontology of this thesis is founded in human science and a holistic view of the human being. Within caritative caring theory, the human being is seen as an inseparable entity of body, soul and spirit (Eriksson, 2018) and the understanding of this entity has a given place within the theoretical foundation of this thesis, because religious disaffiliation is a life situation that can affect all dimensions of a human being, and these dimensions cannot be separated from each other when caring for a client who has experienced religious disaffiliation.

The concept entity means something that exists by itself and has an independent, separate, or self-contained existence (Merriam-Webster Dictionary, 2021b). Entity is used within caritative caring theory to express that the human being is an integrated entity that unites body, soul and spirit (Arman et al., 2015). The human being as an entity means that this entity is indivisible and consistent with integrity, harmony and unity (Sivonen & Kasén, 2003).

The human being is thus an entity made up of the biological (body), the psychological or mental (soul) and the spiritual (spirit) (Eriksson, 2018). The concepts soul and spirit are used interchangeably and overlapping, as there is a strong synonymy between them (Malm, 2017). Different cultural and religious

conceptions of the human being have over time given the notions different meaning content (Sivonen & Kasén, 2003). Within caritative caring theory, the soul is described as the human being's intellectual, emotional and purposeful life (Sivonen & Kasén, 2003), and self-awareness, ability to think, feel and make decisions (Wiklund, 2019). Spirit, in turn, has been defined as "the animating or vital principle in humans and animals; that which gives life to the body, in contrast to its purely material being; the life force, the breath of life" (Oxford English Dictionary, 2022). Within caritative caring theory, the spirit has been described as the transcendent and primary in a human being (Eriksson & Barbosa da Silva, 1991), characterized by an inner world and questions about meaning, understanding of life, sources of strength and faith (Koslander, 2011).

In this thesis, it is agreed that, in contrast to the body, the soul and spirit are non-physical, immaterial, and intangible dimensions of the human being, which for all are unique and individual. These dimensions, together with the body, form an entity and should not be isolated or viewed as separate parts. For the purpose of this thesis, a stand for exact definitions of soul and spirit is not taken. Rather, the focus is on religious and spiritual dimensions, which have been described in the previous chapter.

Seeing the human being as an entity can also be referred to as having a holistic view of the human being. The concept holism is defined as the "belief that each thing is a whole that is more important than the parts that make it up" (Cambridge Dictionary, 2021b). As Dahlberg (1992) points out, caring as well as caring research need to have a holistic view that focuses on the person as a whole.

A holistic view includes awareness that the human being is simultaneously body, soul and spirit, and that the whole unit belongs together. Likewise, a holistic view recognizes the importance of the person's life context (Fagerström, 2019) as well as takes into account spiritual and existential needs (Fagerström, 1999). Other nursing theorists also emphasize a holistic view of the human being. For example, Watson views the human being as a unity of mind, body, spirit and nature (Leone-Sheehan, 2022) and according to Swanson the human being includes many selves, such as spirituality, thoughts, feelings, intelligence, creativity and sexuality (Wojnar, 2022).

Understanding the human being holistically and as an entity is central to this thesis. Within the context of religious disaffiliation, no dimensions of a human being can or should be disconnected from each other, as they are parts of the inseparable entity that is the human being. As Arman et al. (2015) point out, having a holistic perspective means that it is inconsistent to speak about parts of a human being, and dividing or reducing the human being into one specific part leads to suffering for the client. As will be shown in this thesis, human beings may experience brokenness after religious disaffiliation and, therefore, it is important that care professionals view the human being as an entity, which, in turn, leads to seeing and caring for the whole human being, including spiritual dimensions.

3.2 Health and suffering

In this thesis, the concepts of health and suffering are studied in relation to religious disaffiliation, as this may be a life situation that affects a human being in profound ways, affecting health and leading to suffering. In this section, health and suffering will be explained, followed by a description of the connections between religion and health.

Health

Within caritative caring theory, health is defined as more than the absence of illness and as being whole as a human being, whole in body, soul and spirit. Health is something whole, an integrated state where different elements and directions are included, and which can take place at different levels (Eriksson, 2006, 2018). Health implies an individual's endeavour to experience well-being, a form of inner balance or harmony, and also both movement and integration, where one strives towards a realization of one's potential (Gullett & Koskinen, 2020; Lindholm Nyström et al., 2022).

Health can also be defined as wholeness. According to the Cambridge Dictionary (2021c), wholeness is the quality of being or feeling complete and not divided or damaged. Eriksson (2018) points out that wholeness means a person's inseparable being as body, soul and spirit, and this holistic view includes the human being's dignity and holiness. To have health means having a feeling of wholeness, integration, growth and inner freedom, to be whole and to feel whole (Bergbom et al., 2021). Wholeness can even pertain to life itself if health is considered in its entirety. Holiness refers to individuals' awareness of their own uniqueness and responsibility as fellow human beings (Bergbom et al., 2021).

Also other nursing theorists define health as wholeness. According to Swanson, to experience health and well-being is to live a subjective, meaning-filled experience of wholeness (Wojnar, 2022). Watson defines health as unity and harmony within the body, mind and soul (Leone-Sheehan, 2022) and Benner describes health as what can be assessed, whereas well-being is the human experience of health or wholeness (Brykczynski, 2022).

In the context of religious disaffiliation, the definition of health as wholeness is both relevant and essential, as this life situation can disrupt the wholeness of life and, thereby, also the health of a human being. As Koskinen (2021) points out, the driving force of health is a longing for life to constitute a higher degree of wholeness and belonging, and both of these are important concepts, when trying to understand life after religious disaffiliation.

Suffering

The concept of suffering will now be described, as health and suffering are integrated with each other and need to be understood in light of one another. Within the theory of caritative caring, suffering is seen an inseparable part of human life. Suffering and health are always present in and are two different sides of the process of life. In this movement between health and suffering, one has both the strength and the will to live one's life, with all the happiness, desire, suffering and pain it includes. (Eriksson, 2006, 2018). Suffering is an important concept in this thesis, as religious disaffiliation may affect the entire life situation of a human being and the life one is accustomed to may be changed completely (Eriksson, 2006).

If health means wholeness, suffering means that this wholeness is disrupted, and the suffering human being is not a whole and complete person. Individuals suffer when their experience of being a whole human being is threatened and this suffering affects their dignity. In each suffering something is taken away from the human being, in a concrete or symbolic sense. (Bergbom et al., 2021; Gullett & Koskinen, 2020). To be able to experience wholeness and belonging in life, also in the context of religious disaffiliation, is a movement away from suffering, towards greater health and well-being.

Three different forms of suffering can be encountered in caring: suffering of illness, suffering of care and suffering of life (Eriksson, 2006). Suffering of illness entails suffering in relation to illness and treatment and suffering of care is suffering experienced in the actual care situation. Forms of suffering related to care includes not being taken seriously, not being welcome, being blamed and being subjected to the exercise of power (Lindholm Nyström et al., 2022). The focus in this thesis is on suffering of life, as this entails suffering that encompasses a human being's total life situation, everything included in what it means to live and to be a human being among others (Eriksson, 2006). Suffering of life is experienced in relation to one's own unique life and may include insights about absolute aloneness and loneliness (Bergbom et al., 2021), which can also be seen in the context of religious disaffiliation. Suffering of life can be described as a disintegration of the human being as an entity. Disintegration can be defined as breaking into pieces, a dissolving of a system or parts within a structure (Eriksson, 2018). According to Eriksson (2006, p. 86), "a person who has experienced herself as whole may suddenly feel that her identity has been disintegrated and she feels like a collection of parts with a disintegrated inner core". In a life situation of disintegration and illness is where the human being may need care and support from caring professionals (Eriksson, 2018).

Connections between religion and health

In this research context, it is important to reflect on the connections between religion and health. It is known that religion can have both positive and negative effects on both the physical and mental health of a human being. Several studies (e.g. Griffith, 2010; Hintikka et al., 2001; Koenig, 2009; Plante & Sherman, 2001; Stenlund, 2016) show that faith and religion are positive resources that strengthen an individual's quality of life. Faith can give an individual well-being in the form of hope and joy as well as meaning and purpose in life (Koenig et al., 2012) and also promote health as it is an integrated part of a human being's life, connected to communion and a communal responsibility (Eriksson & Barbosa da Silva, 1991). Religion can provide a sense of security, answer existential questions and give individuals rites that hold groups together (Geels & Wikström, 2017) as well as provide believers with a positive worldview that gives meaning even to negative experiences (Pargament et al., 2000).

However, religion and faith may also have negative effects on an individual's health. For instance, religious struggles may negatively affect health and well-being (Exline & Rose, 2005), and lead to religious cognitive dissonance (Van Tongeren et al., 2021). These negative connotations, further described in section 4.3.1, are important to consider when attempting to understand the significance of religious disaffiliation for a human being's life and health.

3.3 Communion

Belonging to a group and experiencing communion is considered one of the basic needs of a human being, and this is of importance when studying the experiences of those who have left a religious community. Communion is a central concept within the theory of caritative caring. As Eriksson (Eriksson, 2006; Lindholm Nyström et al., 2022) emphasizes, all human beings long to be unique, and at the same time to be part of a larger context and experience that they are invited to and welcome in a communion. Communion is about a sense of belonging and an inner feeling of being connected with others, nature and God, that is, life as a whole, including the world around us (Hilli, 2007). According to Lindström (2006), as a human being one longs to feel belonging in a deep, all-inclusive communion, where one can experience freedom to be oneself in accordance with one's inner desire and to experience human dignity. Longing for belonging is one of the driving forces of health (Koskinen, 2021) and this is a leading notion that explains the universal need to belong to groups and communities, also religious ones.

Also other nursing theorists stress the importance of communion and belonging. Hagerty has developed the theory of Human Relatedness, with a focus on a Sense

of Belonging, which is defined as "the experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment" (Hagerty et al., 1992, p. 173). Rogers developed the theory of unitary human beings, where a person is defined as an open system in a continuous process with the open system that is this person's environment, and the theory describes the interaction between a human being and this environment (Gunther, 2022). Parse in turn developed the theory of Humanbecoming, which explains that human beings are never alone in any dimension of becoming, and without others would not know that they are a being (Bunkers et al., 2022). The understanding of communion and sense of belonging as a universal need is essential when studying religious disaffiliation, as this explains how deeply the life of an individual can be affected by losing the communion and a sense of belonging.

Social identity theory was used in article 1 as a structure for understanding the individual as member of a group. Groups provide us with a sense of social identity, which is defined as the knowledge that we belong to certain social groups together with the emotional and value significance that this group membership brings us. Groups form an external framework for our behaviour, and they also shape our psychology and contribute to our sense of self. (Smith et al., 2015). If a group provides stability, meaning and purpose in life, this typically has positive implications for a person's mental health (Haslam et al., 2009).

However, if a person's sense of social identity is compromised in some way, by leaving or changing groups, or if the group changes in important ways, this tends to have negative implications for mental health. If the social identity becomes unsatisfactory or negative, an individual may try to find ways of strengthening the uniqueness of the group, or then chooses to leave it (Brown, 2000), and if the social identity needs to be adjusted, this is, sometimes just temporarily, likely to lead to a loss of "psychological footing" (Haslam et al., 2009). It should be emphasized that although communion and a sense of belonging for the most part serve as positive resources in a person's life, there are circumstances when group membership is experienced as a burden and may negatively affect a person's health. These aspects will further be described in section 4.3.4.

3.4 Caritative Caring

Caritative caring is an important theoretical perspective in this thesis, as suffering after religious disaffiliation can be alleviated through caring. Caring has from the beginning been a natural human behaviour that also has developed into professional caring, such as in nursing (Bergbom et al., 2021). Therefore, caring can be seen as something primary and human, as striving to show caring towards

the other and to do good (Eriksson, 2018). Eriksson emphasizes that caring relates to the innermost core of nursing (Lindholm Nyström et al., 2022).

According to the theory of caritative caring, the purpose of caring is to alleviate human suffering and promote the patient's health and well-being (Arman et al., 2015). Caring can be seen through two different dimensions: caring and to care (Eriksson, 2018). Caring as a phenomenon is a humanistic way of being with the patient that demonstrates sincere love and concern for another human being (Eriksson, 2003), and a way of relating to the patient that is characterized by being caritative in the encounter with the patient (Fagerström, 1999). Caring is also doing, to care for the patient through care activities (Fagerström, 1999). Caring involves a deep respect for the dignity of the human being and the willingness to be genuinely present for the suffering human being (Eriksson, 2006). All of these above-mentioned dimensions of caring are essential within the context of religious disaffiliation, as they are means of alleviating the suffering that a human being may be enduring.

To alleviate suffering is to create a culture of caring where patients feel welcomed, invited and that they have a place (Eriksson, 2006). In this culture of caring patients feel loved, confirmed and understood. They are treated with dignity and are provided time and space to suffer. They receive care and treatment according to their unique individual needs and illness or life situation. To alleviate suffering involves, above all, not violating patients' dignity, not condemning or abusing power, but instead showing respect and confirming their dignity. (Eriksson, 2006). A human being who suffers after religious disaffiliation needs to have the suffering confirmed and be given time and space to become reconciled to it (cf. Lindholm Nyström et al., 2022).

When alleviating suffering, it is essential that the care professional has the courage to encounter suffering, to move straight toward it or right through it with the patient (Eriksson, 2006). The first step in this encounter involves an act where the suffering is seen and validated by another human being (Råholm et al., 2008). In encounters with others who confirm and share their suffering, the patients can be confirmed in their dignity as human beings (Eriksson, 2006). According to Wiklund (2003), when care professionals begin to understand the patient's world and act according to this understanding, they can find new possibilities to alleviate the patient's suffering. Therefore, when it comes to suffering after religious disaffiliation, the patient needs a care professional who dares to encounter the suffering, so that they can go right through it together.

Caritative caring also includes the care professional's courage to care for the client's spiritual dimensions. Caring for clients as a whole implies caring for their body, life situation, social relationships and psychological well-being (Aalto & Gothóni, 2009), as well as for their spirit and spiritual well-being, which enables them to feel like whole human beings and maintain their human dignity (Rykkje et al., 2011, 2013).

According to Fagerström (2021), faith in a higher power or God may be included in the patient's current life context, and therefore the care professional needs to assess the religious factors that may affect the patient's care. This thesis emphasizes that care professionals should be able to recognize and meet the patient's spiritual needs and demands, regardless of their own personal attitude to spirituality and religion (cf. Eriksson, 1997). Caring presumes that we understand and accept the patient's spiritual experiences without regard to the way they are expressed (Rykkje et al., 2011). In this way, nurses may help patients utilize the potential health resources that the spiritual dimension may entail (Eriksson & Barbosa da Silva, 1991).

In this thesis, the concept of caritative caring serves as a valuable perspective when studying how suffering after religious disaffiliation can be alleviated. The important theoretical starting points for this thesis have been described in this chapter, as they serve as a foundation for reaching a deeper understanding of life, health and caring after religious disaffiliation.

4. Literature review

This chapter includes a review of both non-scientific literature and previous scientific studies concerning religious disaffiliation and related subjects. Both non-scientific and scientific literature have been chosen, as the combination of them can provide a valuable overview of what has been written and studied within this research context.

4.1 Search process

Searching for both literature and previous research has been a process that has spanned over several years, from 2016 to 2022. The non-scientific literature has been found through searching general media, social media, autobiographical articles, books and podcasts.

The search for scientific studies has mostly been conducted through Åbo Akademi University's search motors Nelli (2016-2017) and Finna (2018-2022). Searches have also been conducted in the following databases: Academic Search Complete, CINAHL, PubMed, Science Direct, PsycInfo and PsycArticles. Search words that have been used are *religious disaffiliation, leaving a religious community/ group, leaving religion, health, mental health, well-being, caring, nursing and support*, in different combinations. Inclusion criteria have been articles from scientifically reviewed, international journals, written in English and whose contents refer to the purpose and subject of this thesis. The aim was to use as new articles as possible, published within the last 10 years, but since only few articles were found related to these themes, older articles were also included. Excluded were studies that explore new or alternative religious movements and other large religious traditions. The reason for these exclusion criteria has been described in section 2.1. Since the number of scientific articles on this subject is limited, doctoral and master's theses have also been included in the review.

4.2 Literature on religious disaffiliation and related subjects

Several biographies and popular scientific books have been written over the past years on religious disaffiliation and subjects related to this thematic. These books have been published since the 1980's, but a significant increase has been seen over the past ten years. This review of literature mostly includes books published in the Nordic countries, but also some from other countries. The overview is by

no means comprehensive but aims to give an illustration and examples of what has been published.

Individuals' experiences and narratives of being members of different religious communities in Finland, Sweden and Norway have been described in several biographies (e.g. Appelsin, 2010; Egedius & Torp, 2016; Frankner & Gustavsson, 2021; Gembäck & Sohlander, 2020; Hurtig & Leppänen, 2012). Other biographies describe experiences of leaving a religious community, such as the Scientology church and Jehovah's Witnesses (Dam, 2017; Engelv, 2021; Kornhall, 2010; Ruoho, 2015; Svenhard, 2004). Leaving fundamental communities in the United States, such as the Amish community, has been described in several books (e.g. Garrett & Farrant, 2003; Westover, 2018).

Popular scientific books have also been published, dealing with religious disaffiliation and related topics. The position of children in controversial religious groups has been highlighted by Essén (2008) and Frisk et al. (2018). Spiritual shame is described by Kettunen (2011) and fear and self-destruction within religious communities by (Ruoho, 2017). Religious abuse within religious communities has been explored by Hurtig (2013), Linjakumpu (2015, 2018a), Ruoho (2013), Rova (2022) and Villa (2012). Power and the abuse of power in religious communities are illustrated by Kouros (Kouros, 2011) and influence and manipulation within different kinds of groups by Järvå & Dahlgren (2013). The reasons why individuals reject religion have been described by Zuckerman (2011). Experiences of belonging to a sexual minority at the same time as being a member of a conservative community is illustrated by Jyrinki (2021), and religious abuse experienced by sexual minorities is elucidated by Iivanainen (2021).

In Finland, several books describing the conservative Laestadianism community have been published during recent years. Family life in a community where birth control is prohibited is described by Ruoho & Ilola (2014), and domestic abuse within the community is portrayed by (Lidman, 2020). Linjakumpu (2012) describes the practice of "care meetings" (hoitokokous) and financial networks within the community (Linjakumpu, 2018). Experiences of those who have left Conservative Laestadianism is illustrated by Linjama (2014) and Rova et al. (2016). Further, several novels have been written in Finland, based on experiences from within different religious communities (e.g. Ratinen, 2019; Rauhala, 2013; Törmälehto, 2017).

Self-help books for former members have also been published. Dr. Hassan in the United States is one of the world's foremost experts on cults and related subjects and has published books about mind control (1990), empowering people to think for themselves (2000) and how to help loved ones leave controlling people, cults and beliefs (2012). Winell (2006) has written a guide for former fundamentalists and others leaving their religion and Finch (2019) deals with recovering from the religious trauma of evangelical Christianity. Lalich and

Tobias (2009) offer help to those recovering from cults and abusive relationships, and Zieman (2018) provides support to those experiencing shunning and ostracism.

A few reports and books have been written on how health care professionals and counsellors can provide help to an individual who has encountered difficulties within or after a religious community. Sveinall (2000) describes religious cults and the kind of counselling former cult members need. Järvå (2009) describes the background to membership in high-cost groups and treatment for former members, as well as radicalization, and how individuals can be supported after they have left a radicalized group (Järvå, 2021). Valkila (2015) has described the challenges children may encounter within religious communities and suggestions on how social- and health care professionals better can support children in such a context.

This review of non-scientific literature shows that there is an increasing interest and desire to discuss and raise awareness of religious disaffiliation and related subjects. The scientific studies which have been conducted within this subject area will now be described.

4.3 Previous scientific studies

Religious disaffiliation has scarcely been studied from a nursing or caring science perspective. Only one article was found in relation to religious disaffiliation from a nursing perspective. Therefore, the search for previous studies was expanded to a broader human science scope. Previous studies have been carried out within various scientific disciplines, including psychology, the study of religion, theology, psychology of religion, social sciences, social work and sociology. These studies will now be presented according to their main findings.

4.3.1 Reasons for disaffiliation

As the aim of the present thesis is to increase the understanding of the implications of religious disaffiliation for a human being's life and health, it is important to understand the reasons for disaffiliation. The search for previous research showed that the reasons why individuals leave a religious community is the subject that has been studied the most in studies on religious disaffiliation. According to (Rainwater, 2019), there is a growing trend of religious disaffiliation in the United States and around the world, particularly among young adults between the ages of 23 and 38. The reasons for disaffiliation usually consist of many different factors, such as individual personality, background,

social relations and life situation. These factors also explain why some individuals find certain practices within the religious community problematic, while the same practices for others bring security and are experienced as positive (Fält, 2016). For some, the high intensity of living up to expectations, social pressures and living in the anticipation of the end times can be experienced as fulfilling and exciting, whereas others may experience this as emotionally and cognitively difficult (Mantsinen, 2020). The most common reasons for leaving a religious community are intellectual disagreements with the religion, such as religious cognitive dissonance and religious struggles, disappointment with the standpoints of the community, generational factors as well as challenges within the group.

Religious cognitive dissonance may be the reason for choosing to leave the religious community, in an effort to reduce the dissonance that arises in relation to religious beliefs, experiences and practices. Cognitive dissonance is defined as the mental conflict that occurs when a person's beliefs, attitudes or behaviours do not align or are inconsistent (Smith et al., 2015), and religious cognitive dissonance refers to dissonance in a person's religious beliefs, attitudes and experiences (Van Tongeren et al., 2021). According to Festinger, who developed the theory of cognitive dissonance, motivation to reduce the unpleasant effects of inconsistency often produces change (Smith et al., 2015). Either one tries to reduce dissonance by changing ones beliefs, actions or environments or begins to avoid situations and information that accentuate or increase the dissonance (Shain, 2018).

Reasons for leaving a religious community can also be religious and spiritual struggles. These are defined as experiences of conflict or distress that centre on religious or spiritual issues (Exline & Rose, 2013). Exline et al. (2014) identify several types of religious/spiritual struggles. *Divine struggles* include a person's beliefs, perceptions or emotions that involve God or a higher power. *Interpersonal struggles* involve negative experiences with individuals or institutions, when disagreements and offenses arise in a religious context. *Intrapersonal struggles* refer to one's own thoughts and actions of three different kinds. *Moral struggles* entail attempts to follow moral principles and feeling intense guilt over moral failures or perceived transgressions. *Doubt-related struggles* mean that individuals are troubled by doubts or questions about their religious beliefs. *Struggles around ultimate meaning* comprise experiences of meaning in life and the lack thereof. All these struggles may lead to a consideration of or disaffiliation from the religious group.

Hookway and Habibis (2015) studied young individuals who had left the Jehovah's Witnesses in Australia and found that two primary conflicts lead to disaffiliation: disagreements over with practices and doctrines of the religious group, and the lifestyle restrictions of the community against attractions of the secular world. Feelings of difference and isolation from others can occur in relation to practices such as not celebrating birthdays and Christmas, as well as

other forbidden attractions in the “outside world” that young people often find appealing. The respondents in this study described that disaffiliation entailed both freedom *from* constraint and restriction as well as freedom *to* enjoy new secular-based pleasures and assert individual identity.

Disappointment and dissatisfaction with the standpoints of the religious community are also reasons for disaffiliation. A majority of those who leave the Evangelical-Lutheran Church of Finland are 18–39 years old, and these young adults state as reasons for leaving a lack of faith, not finding the Church as meaningful and not wanting to pay church tax (Niemelä, 2007). Usually, disaffiliation among young adults requires an external impulse such as dissatisfaction with a position the Church has taken, either feeling that the Church is too tolerant or not tolerant enough. This is also shown by Rainwater (2019), who found that the inflexibility of the church towards LGBT and other minority groups were reported as a factor that affects young adults’ departure from religion. Institution-related reasons for leaving may also be criticism of the Church as an institution, such as being critical of its hierarchical structure or of the way it has handled sexual scandals, as found in a study by Berghammer et al. (2017) that studied disaffiliation from the Catholic Church.

Generational factors can also affect disaffiliation. The prevailing attitude to the national churches in the Nordic countries has often been described as “believing in belonging”. However, this is changing, and young adults have a different attitude to (the Evangelical Lutheran) Church membership than previous generations, as they do not want to belong to the church if they do not believe (Niemelä, 2015). Leaving the church is seldom a sudden decision, but deeply linked to the life course of the young adult. In Pentecostal families there can be significant generational differences in culture and habits, and younger generations do not share the intensity of religion that characterized earlier generations (Mantsinen, 2020). These differences in experiences of life and religion can lead to personal crises in an individual and possibly also to disaffiliation. What is more, in the Netherlands, younger generations are less involved in institutional religion than older generations (Groen & Vermeer, 2013).

Challenges within the group may also be a reason why individuals leave a religious group. Some religious groups maintain a strong communal exclusivity, which means that they see themselves as a chosen superior group and possibly the only one which will be saved (Linjakumpu, 2015). Some groups even experience themselves as being above the laws and norms of the outside society and group members may experience themselves as self-sufficient and have a strained relationship to the outside world. In different kinds of cultural and religious groups that are “closed communities”, characterized by an endeavour to deal with conflicts inside the community, collective violence may even result (Hong, 2020). According to Timonen (2013), problems in religious communities tend to remain unidentified, especially if the community is reluctant to engage in dialogue with the outside world. The communal atmosphere combined with a

suspicion of the outside world make the community susceptible to abuse, even violence and sexual abuse.

In some cases, the reasons behind leaving a religious community can be experiences of religious abuse. Religious abuse is the use of deliberate power or other activities that cause physical, psychological or spiritual damage to a person. Religious abuse does not respect the individual's own will, ability or possibilities to influence matters concerning their own life. It leads to violations of their interests and rights and other consequences that affect their lives and health (Villa, 2012). Religious abuse is thus psychological abuse that has a religious dimension. Religious abuse may be carried out by suppressing, intimidating, blaming, isolating, controlling or trying to convert another person, and it may also include elements of physical, sexual and financial abuse (Linjakumpu, 2015). According to the Evangelical Lutheran Church of Finland (2021), religious abuse can occur in established, traditional religious communities as well as in new religious movements, and it may be part of the community culture or it can occur in individual cases. Healthy religion supports the well-being of an individual and gives joy and hope in life. However, the effects of unhealthy and destructive religion are the opposite.

Religious abuse has been explored in various studies. Religious abuse, also called spiritual abuse, is a multi-faceted and multi-layered experience that can be both a process and an event, affecting the bio-psycho-social and spiritual domains of an individual (Ward, 2011). The risk of becoming the victim of religious abuse is usually greater within for example fundamental groups with a strong, charismatic leader (Evangelical Lutheran Church of Finland, 2021). According to Simonic et al. (2013), religious abuse shapes how the client establishes and maintains all social relationships, including the therapeutic one. Experiences of religious abuse can prevent individuals to act in a manner contrary to the doctrines of the community. Sometimes, they may want to disengage permanently from the community's grip and begin a new kind of journey, where their selves begin to form from within (Hämeenaho, 2019).

As this review has shown, a variety of reasons exist why an individual chooses to disaffiliate from a religious community. Reasons for disaffiliation usually consist of many different factors that are unique to each individual. Disaffiliation is seldom a sudden decision but constitutes a long process that will further be described in section 4.3.3.

4.3.2 High-cost religious groups

In the above discussion on the definition of religion (section 2.2), it was evident that religion commonly includes expectations on following a certain moral code. Variations in regard to the organization of religion were also addressed. These

aspects are relevant when attempting to understand that disaffiliation does not necessarily lead to difficulties for all former members of religious communities and groups. This thesis focuses on former members of so-called high-cost religious groups, as these are groups where challenges connected to disaffiliation seem to be the most visible. According to Scheitle and Adamczyk (2010), members in high-cost religious groups face demands of high levels of participation as well as restrictions on behaviour and social interactions. High-cost religious groups often explicitly encourage relationships with members and discourage those with non-members, which leads to heightened unity among the members and limited ties to non-members. Strong social bonds within the group leads to the fusion of the individual's identity with the group and, thus, the individual is less likely to leave or switch religions (Scheitle & Adamczyk, 2010).

High-cost religious groups are commonly theologically and culturally exclusive. They tend to be associated with features of religious fundamentalism, such as clear assumptions of good and bad, selectivity of certain beliefs and practices, as well as hostility towards modernization and current cultural and social developments (Lassander & Nynäs, 2016). For instance, the Jehovah's Witnesses community is described as an environment with a strong group dimension, where group membership is central and the interests of the group often override those of the individual (Ronimus, 2011). In a community with a strong formation of authority, group members adopt the prevailing values, norms and practices of the community and become members of the so-called in-group, a group that needs to be protected from external threats (Kekki, 2021).

Members who have been deeply involved in a high-cost religious group face a challenging transition when they disaffiliate. An individual considering withdrawal is faced with a difficult choice and may try to leave in a way that causes little harm to themselves and their loved ones (Ronimus, 2011). Disaffiliates experience feelings of "having feet in two worlds" or being "caught between two worlds" (Bromley, 1991; Ebaugh, 1988), as the world inside the religious group is considerably different from the outside world. According to Ebaugh (1988), this transition can be painful and traumatic for some, particularly as they strive to cope with the reactions of the group to which they formerly belonged. Problems with adjusting to the outside world, confronting doubts about leaving, and coping with a sense of personal failure, can initially lead to periods of decreased mental health (Bromley, 1991). Those who disaffiliate from high-cost religious groups report worse health than those who leave other groups, as disaffiliation may lead to strained or severed family relationships, social isolation and loss of self-identity which, in turn, lead to health problems (Scheitle & Adamczyk, 2010).

Some recent studies have been carried out on disaffiliates from Protestant fundamentalism (Cooper, 2021) and Jewish ultra-Orthodox communities (Nadan et al., 2021). Cooper's (2021) study shows that women who disaffiliate from such a group experience the disaffiliation process as mournful and traumatic. In

family situations, a parent who disaffiliates from the community might encounter harsh sanctions, such as excommunication, and the disaffiliation often results in divorce and even the loss of child custody (Nadan et al., 2021).

As this review shows, some religious communities can be considered high-cost, as they constitute a significant part of the individual's life and exert control and restrictions on the individual's behaviour, time management and social relationships. Therefore, also the costs of leaving such a community are higher, which can be seen in the results of this thesis.

4.3.3 The process of religious disaffiliation

Research on religious disaffiliation began in the 1980's. Interest in this topic was raised particularly in the USA where there was a dramatic growth in religious communities that attracted a great number of new members. At the same time, there was a rapidly increasing number of individuals who disaffiliated from these communities and those who reported no religious preference (Bromley, 1988). Research on religious disaffiliation began with studies on cults and the post-cult movement and for years the perspective on disaffiliation was founded on cult and post-cult research in the USA. However, over the years this perspective has been broadened to include also other kinds of religious communities within an international context.

According to Bromley (1991) disaffiliation largely depends on the kind of membership in which an individual has been involved, as well as on the type and intensity of involvement and commitment. The disaffiliation process may be complex and extended, if the membership is within a high demand group, and understanding of this process requires understanding of both the social context and individual behaviour. Fisher (2017) has developed a model to illustrate the process which an individual may experience while moving from religion to forming a new identity or affiliation regarding religion or nonreligion (see Figure 1).

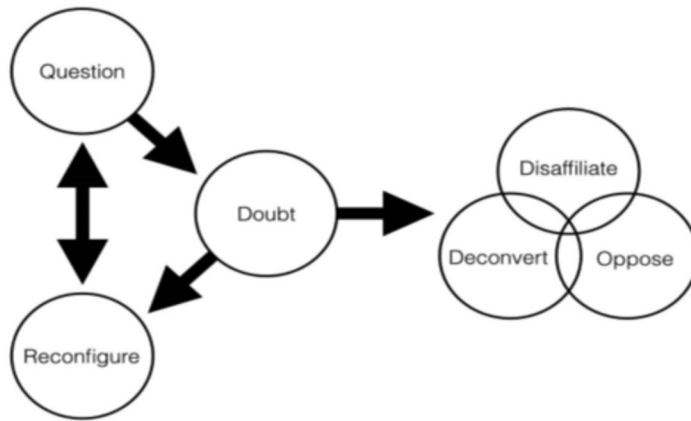


Figure 1. Visual representation of the processes involved in transitions toward irreligion (Fisher, 2017, p. 359).²

Involved in this process are first periods of questioning, doubting and reconfiguration of faith. For some individuals, these experiences become so intense that they choose to change to an irreligious identity (deconvert), disaffiliate from the group or oppose. Deconversion and disaffiliation have been described in section 2.2. Opposing refers to opposition to the former organization and resentment toward the religion or its beliefs. An individual may experience one, two or all three phenomena on the right in the figure (Fisher, 2017).

Research shows that disaffiliation often is a complex and long process (Albrecht et al., 1988; Nica, 2019; Zuckerman, 2011). Individuals who are born into a religious community incorporate its worldview into their own and after disaffiliation remain in two different value systems and have to consider and evaluate different views of the world during the time of transition (Enstedt et al., 2020). The way in which an individual leaves a religious group is another factor that affects the disaffiliation process (McGuire, 2002). Winell (2006) likens disaffiliation to the death of a previous life because of the significant cognitive and emotional experiences.

Studies show that religious affiliation and disaffiliation are closely associated with an individual's identity. According to Scharp & Beck (2017), membership in certain religious communities is completely connected to individual identity. Therefore, exiting this community is much more than leaving another kind of organization. Constructing a new identity is part of the process of building a new

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life after religious disaffiliation. When forming a new identity and role, one inevitably incorporates one's previous role and identity into the new one (Ebaugh, 1988).

According to Timonen (2013) as religion may be deeply internalized in an individual and constitute that individual's entire life, disaffiliation may represent a complicated and inconsistent process, even if the moment of leaving may be short. The disaffiliate may remain in two different value systems and has to ponder the credibility of different understandings simultaneously. Eventually, this individual needs to build a new identity, which includes a novel worldview, ways of viewing self and ways of relating to the past. A study which examined entering and leaving the Jehovah's Witnesses in Sweden (Liedgren Dobronravoff, 2007) found that both the entrance and exit processes of the Jehovah's Witness movement are slow and associated with anguish and doubt. The exit process consists of seven phases: different levels of doubt, testing of doubts, turning points, different kinds of decisions, different steps in executing the decisions, floating (a period of emotional and cognitive consideration of membership and its experiences) and, finally, relative neutrality.

These studies show that religious disaffiliation can be a multi-faceted and complicated process that may lead to serious consequences in an individual's life. These consequences, including effects on health and well-being, will be explored in the following section.

4.3.4 Religious disaffiliation and health

Religious disaffiliation may affect a person's health, both in a positive and negative manner. Not all who disaffiliate from a religious community experience hardship and many positive aspects of disaffiliation have also been found. For some, religious disaffiliation can be experienced as an easy transition, leading to feelings of happiness, independence, truth and honesty (Ronimus, 2011). Studies show that changes in religious affiliation is related to improved health, quality of life and well-being (Fenelon & Danielsen, 2016; Scheitle & Adamczyk, 2010). Disaffiliation can be a solution to experienced stress and emotional exhaustion of being a member (Coates, 2013), and it can be a liberating experience that leads to feelings of relief and happiness (Fazzino, 2014). The process of disaffiliation can also be one of self-discovery (Ledrew, 2013), a possibility to connect with one's authentic self (Rainwater, 2019) and be a more genuine version of oneself (Scharp & Beck, 2017).

However, several studies show that religious disaffiliation may have significant negative effects on health and well-being, especially if the group was a big part of a person's social life and identity. Bromley (1988, 1991) was one of the first to study religious disaffiliation and the challenges this may represent for the

individual. These difficulties mostly depend on how long individuals have been members and how much they have invested in the group. An individual who has been a member for a long time and has been intensely involved may experience the disaffiliation as difficult on many levels.

Disaffiliation can be complicated as membership in certain religious groups is inextricably connected to individual identity (Scharp & Beck, 2017). Scheitle & Adamczyk's (2010) study shows that leaving a strict religious environment may have harmful effects on identity and well-being. Research on experiences of those who have left a Jewish Ultra-orthodox faith (Berger, 2015) and the Mormon faith (Joseph & Cranney, 2017) highlights that disaffiliation leads to a threatened self-identity and difficulties in merging different identities. Leaving the Catholic Church can for some be a long process accompanied by guilt and negative feelings (Berghammer et al., 2017). Coate's (2010) study shows that experiences of former members of charismatic groups can be compared to others who have experienced extreme transitions and adjustments or relationships where power differentials exist.

Religious disaffiliation may also negatively affect an individual's social relationships. Sociological studies show that it is common for individuals to lose social relationships and social support when they leave a religious community (Knight et al., 2019), and this lack of social support leads to periods of social isolation which negatively affects an individual's health (Scheitle & Adamczyk, 2010). The social support that individuals experience within a religious community is important for health, which may suffer if relationships are broken. As a result of the lack of social relationships, disaffiliates experience poor health and lower subjective well-being than those who remain in the group (Fenelon & Danielsen, 2016).

Religious disaffiliation can significantly impact family systems; families can experience relational distress such as lack of communication and painful emotional responses (Knight et al., 2019). According to Ransom et al. (2021) leaving the Jehovah's Witnesses can be described as a social death, characterized by ostracism and loss of social relationships. Individuals who voluntarily have left the group report more ostracism than those who have been forced to leave. Ostracism is defined as being ignored and excluded by one or more others (Williams & Nida, 2011). Despite the absence of verbal and physical abuse, ostracism is a threat to one's fundamental needs: belonging, self-esteem, control and a meaningful existence. Being ostracised can be very painful and lead to a variety of physiological, affective, cognitive, and behavioural reactions (Williams & Nida, 2011).

A study by Engelman et al. (2020) shows that disaffiliation from Orthodox Jewish communities can be associated with shaming and abuse from within the community, which can lead to increased loneliness as well as decreased emotional health. De Diego Cordero & Badanta Romero (2017) found that being a member of

the Mormon church has many health benefits and members report good health overall. One of the most important factors that affect health is the acceptance of the religious community. If an individual moves away from or does not follow the mandates of the Church, acceptance is lost, which, in turn, often leads to poor health both physically and psychologically. The loss of social relationships and a sense of belonging can lead to experiences of outsidership. According to Björkmark & Koskinen (2016) outsidership in this context may indicate a suffering that is deep and difficult to endure, as one loses one's basic security in life, friends and family members, and one's basic foundation of life is shaken.

All of the above-mentioned consequences of religious disaffiliation may lead to mental health problems, as they are experiences that deeply affect the individual's life. Disaffiliates may experience grief, emotional distress and even posttraumatic stress disorder (PTSD) symptoms (Winell, 2011). Disaffiliation can lead to high stress levels and cognitive challenges when disaffiliates try to find a new identity in a new reality, and this can lead to depression, anxiety attacks and even psychosis (Mantsinen, 2020). Former members have described the disaffiliation as being comparable to a mourning process, which leads to high levels of distress and even death anxiety, alcoholism, panic attacks and depression (Testoni, 2019). Mental health problems can also arise from previous experiences of physical and emotional abuse (Johansson, 2017). In situations where former gay/lesbian members have difficulties in merging their previous religious identity with their sexuality, this may lead to suicidality and self-destructive behaviours (Lalich & McLaren, 2010).

Under certain circumstances, the experiences of an individual within or after leaving a religious community can be so traumatic that they lead to more severe reactions. Religious trauma syndrome (RTS) is a relatively new concept that has been developed to describe the effects that religious trauma can have on mental health. According to Winell (2011) RTS is a condition experienced by persons who are struggling to leave an authoritarian religion and coping with the damages of restrictive religion. The symptoms of RTS are compared with those of PTSD and include can be anxiety, depression, dissociation, difficulty making decisions, guilt, sleep and eating disorders, nightmares as well as interpersonal dysfunction. RTS has also been compared to complex PTSD (Winell, 2011). In Finland there have been discussions about the need for a specific diagnosis and more understanding for mental problems related to religion and religious communities (Valkila, 2014).

Despite the negative experiences that religious disaffiliation can entail, there are studies that show that over time individuals can turn the difficult experiences into a resource in life (Karjalainen, 2011). After the initial periods of identity loss and uncertainty follow periods of active learning about personal emotions, thoughts, and beliefs that lead to the active construction of a stronger personal self and the development of different aspects of life (Coates, 2013). The feelings of newfound freedom, accompanied with alternative ways of reasoning and

personal growth, affect health in a positive manner (Winell, 2016). Developing a new identity and an intact personhood gives room for own feelings, desires and abilities (Timonen, 2013) and improved self-esteem and self-worth that contribute to a greater well-being (Nica, 2020). Resilience during the disaffiliation process is described as strengthening one's own identity as well as the ability to adjust and be renewed, despite the initial challenges (Marin, 2016). New social relationships and supportive nonreligious networks can also promote greater health and well-being (Nica, 2019).

The above-mentioned studies show that religious disaffiliation can lead to both positive and negative outcomes in an individual's life. Within nursing, care professionals come in contact with clients who are dealing with the negative effects and possible mental health problems. Therefore, studies that describe the support a client needs in this life situation will now be outlined.

4.3.5 Support needed after religious disaffiliation

Only a few studies were found on what supports an individual needs after leaving a religious group. These studies are mostly from a psychological and post-cult perspective, and only one article was found from a nursing perspective. These studies will now be described, according to their main findings.

According to Jenkinson (2019), former members of religious groups are an under-researched group, especially from a clinical and therapeutic perspective. Several studies show that many who have left a religious group have difficulties in receiving support and treatment for their crises (Knight et al., 2019; Timonen, 2013) and feel that health care professionals do not have sufficient understanding about their situation (Skoglund et al., 2008). Former members have to begin therapy by introducing the community's beliefs and worldview to the care professional or therapist, as these lack cultural knowledge about different religious communities and how they may use strong control over their members (Timonen, 2013). For instance, former Jehovah's Witnesses experience that they do not encounter understanding within social and health care, as there is a lack of knowledge about this community and its mechanisms, values and rules, as well as of the effects of shunning after leaving the community (Johansson, 2017).

According to Järvå (2009), there are clients who after leaving a religious community, are sent around between different health care facilities and receive different psychiatric diagnoses. When they encounter a care professional who understands and confirms what they have experienced, significant progress can occur even in a short time. According to Jenkinson (2019), there are four phases of recovery and growth after leaving a controlling community: 1) The need to leave physically and psychologically 2) Cognitive understanding: aspects of building a sense of self, 3) Emotional healing: aspects of building a sense of self

and 4) The freed self and posttraumatic growth. Understanding these phases is essential when supporting a client who is recovering from such experiences. An empathetic, supportive and knowledgeable therapeutic relationship enables the client to begin making sense of what happened inside the group and process the emotional impact of the experiences (Jenkinson, 2019).

Individuals may initially experience an array of emotions such as fear, shame and guilt and need help in dealing with these emotions. They also need to be met with understanding, so that they feel that they are taken seriously and believed, and confirmation for what they have experienced. Former members need tools to reclaim their lives and build a “new life” as well as support in learning new social skills, building new relationships and navigating in a new life (Järvå, 2021; Winell, 2016). Wallis (2007) points out former members’ needs to feel understood, safe, trusted and free. In a therapeutic relationship where there is empathy, unconditional love and support, one can begin to feel respected, accepted and worthwhile.

Social support is crucial during the disaffiliation process and after leaving a religious community (Mantsinen, 2020). Disaffiliates respond to losses of social support by seeking out and joining other nonreligious groups as well as forming new social relationships through educational, professional, and voluntary activities (Nica, 2019). Establishing new social connections can help alleviate the negative effects of the disaffiliation (Ransom et al., 2021a; Ransom et al., 2021b). Several studies emphasize that peer-support, the support of other individuals who have been through similar experiences, is particularly important for individuals who leave a religious affiliation, and some point out that is a necessity during the process (Berger, 2015; Rissanen, 2018; Timonen, 2013; Winell, 2016). Seeking out support from other former members, such as in a support group, can ease the transition between past and future lives (Bromley, 1991).

The Internet provides important on-line communities both for those who are questioning a faith and former members of religious communities (Avance, 2013). The anonymity that online communities offer makes it possible for those who have not shared their doubts or dissatisfaction to publicly share with others who are questioning or who have disaffiliated. On-line communities can become a sanctuary for those who have disaffiliated, giving them a community where they can share and experience a sense of belonging (Avance, 2013).

According to a Norwegian study by Skoglund et al. (2008) professionals and therapists need more knowledge about religion and exit-related issues. The report recommends setting up a multi-disciplinary centre to gather information on religious groups, monitor members’ rights and provide counselling for individuals and families experiencing processes of disaffiliation. Also Dybing (2014) recommends competence centres as well as resource professionals who through their special competence, are able to support individuals who suffer because of religious disaffiliation.

As this review shows, only a limited number of studies have explored what support and help an individual needs after religious disaffiliation, and it is alarming that this subject has not been studied from a caring science perspective. This lack of research justifies the need for this thesis, which will be illustrated further in the following section.

4.4 Summary of literature review and research gap

The review of previous studies and literature pertaining to religious disaffiliation shows that this is an unexplored area of research, particularly from a caring science perspective. Only one article from the field of nursing science was found. However, the review does show that there is a growing general awareness about religious disaffiliation and how under certain circumstances this may have a negative effect on a human being's health and well-being. Leaving a religious group may be a complex and complicated process which requires special knowledge and understanding from care professionals. Religious disaffiliation has mostly been studied from the perspectives of psychology, the study of religion, theology, the psychology of religion, social sciences, social work and sociology.

The reasons why an individual chooses to leave a religious community has been studied the most, and they were shown to be multi-faceted and have often accumulated during a longer period of time. Disaffiliation from a high-cost religious group seems to be the context where challenges are the most visible and this process has been shown to be both complicated and burdensome. These difficult experiences may lead to suffering that may be difficult to endure and to negative effects on the health and well-being of the individual.

The review also shows that there is a lack of studies focusing on what help and support an individual needs and how a care professional can support and care for an individual after religious disaffiliation. Only a few studies have been conducted on how former members experience the support they have received. These studies show that individuals in this life situation do not receive the help and support they would need, as care professionals do not have the needed knowledge and understanding of their life situation. Moreover, social- and health care professionals themselves have expressed a lack understanding for clients in this life situation and a need for more professional knowledge about how religious disaffiliation affects the client. There is currently a lack of care guidelines in Finland and in the other Nordic countries for individuals suffering from health issues in this context.

The review of previous research and literature shows the novelty of this research topic, as there is a knowledge and research gap pertaining to religious disaffiliation from a caring science perspective. Therefore, research is needed to increase the understanding of religious disaffiliation and develop caring in this context.

5. Aim and research questions

This dissertation is a qualitative compilation thesis consisting of three studies. The overall aim of the thesis is to increase the understanding of the implications of religious disaffiliation for a human being's life and health and what constitutes caring in this life situation. The ambition is to develop knowledge that is also applicable in practice.

The following research questions were addressed in relation to the overall aim of the thesis:

- What kinds of experiences do individuals have after religious disaffiliation, pertaining to the disaffiliation? (study 1)
- How have these experiences affected their lives, with specific regard to their health and well-being? (study 1)
- What kind of suffering may individuals endure after religious disaffiliation? (study 2)
- What is caring for a client after religious disaffiliation, from the perspective of care professionals? (study 3)

6. Hermeneutical methodological approach

The methodology in this thesis is hermeneutical, as the aim of this thesis is to increase the understanding of the implications of religious disaffiliation for a human being's life and health and what constitutes caring in this life situation. This research approach was chosen, as the research questions are of an existential character (cf. Nyström, 2012) and hermeneutics seeks to grasp existential dimensions, such as suffering, anxiety and joy, which in practice are immeasurable (cf. Ödman, 2004), through a process of interpretation and understanding. Ontological and epistemological questions are important, as the view of the core and of knowledge affect the choice of methodology. This chapter describes the methodology of the thesis as well as explains the methods that have been chosen to gain understanding.

6.1 Hermeneutics as overall approach

Hermeneutics is described as an art of understanding, as it searches for new knowledge, through a process of interpretation and understanding (Ödman, 2004). Consequently, the aim of this thesis is to increase the understanding of the implications of religious disaffiliation, through a hermeneutical process of interpreting and understanding the experience of the human being in this life situation.

The methodological approach in this thesis is hermeneutical and based on Ödman (2004). According to Ödman (2004), the hermeneutical process consists of four main elements: interpretation, understanding, pre-understanding and explanation. Originally the word interpretation simply meant "translation". Hermeneutical interpretation involves a transmission of meaning and significance and entails the presentation and explanation of one's understanding to others (Ödman, 2004). In this thesis, the text interpreted acquires its meaning through the relationship with the interpreter's experience, theoretical perspectives and knowledge, and also through the interpretations that emerge. Interpretation is a way of keeping texts alive, by clarifying their meaning and function, in a particular community of interpretation or tradition (Vikström, 2005). Understanding is about gaining insight and can consist exist of different kinds and at different levels. A superficial form of understanding consists of grasping something, while a more in-depth understanding touches and changes one's existence and lifestyle. This level is called hermeneutical understanding (Ödman, 2004).

As a researcher, it is important that I am aware of and reflect over my own history and pre-understanding. According to Ödman (2004) pre-understanding is the very foundation and prerequisite for being able to understand. Pre-

understanding includes previous learning, experiences and emotions. According to Vikström (2005) the lasting contribution of hermeneutics to the theory of science is the emphasis that no interpretation can take place completely unconditionally. Without some kind of knowledge of the subject we want to understand, we cannot possibly to understand it. Pre-understanding makes it possible for us to ask the text meaningful questions and allows the text to come into its own. Pre-understanding is thus an indispensable condition for understanding to be achieved at all. But pre-understanding can also be challenging if it controls and angles the interpretation process. Pre-understanding always has a direction, it is never neutral, and can therefore constitute both an obstacle and an asset for the researcher (Nyström, 2012).

My pre-understanding of the research subject in this thesis is based on my own experiences of leaving a religious community. My aspiration has been that this pre-understanding is an asset for the thesis, not an impediment. My pre-understanding strengthens the thesis through my deep understanding of the experiences one can have in this life situation, as well as through the literature I have studied during many years. Additionally, my pre-understanding has been a driving force through the entire research process, as I know, based on my own experiences, that there is a lack of knowledge regarding religious disaffiliation within social and health care, and I have encountered the need for more knowledge and understanding. The desire to develop caring for individuals in this life situation is therefore based on my own pre-understanding and experiences.

The fourth element in the hermeneutical process is explanation. According to Ödman (2004), interpretations often contain or are built on explanations. We need to explain in order to understand, and also vice versa; in order to explain something, we must first understand it. The hermeneutical process is a movement between closeness and distance, between explanation and understanding. This process is founded upon pre-understanding, and the interpretation becomes a synthesis between explanation and understanding (Ödman, 2004).

During this research process the intent throughout has been to be in a constant dynamical movement between the main elements in this hermeneutical process, the results of the different studies. The hermeneutical process entails a movement of going back and forth between parts and the whole, letting the whole illuminate the parts and the parts elucidate the whole (Ödman, 2004). The three different studies in this thesis can be seen as three different “rounds” within the interpretation process. The first round consisted of study 1 and the desire to learn more about individuals’ experiences after religious disaffiliation. The new understanding that emerged from study 1 led to the interpretation that the experiences that an individual encounters after leaving a religious community constitute suffering. Therefore, the aim of study 2 was to gain a deeper understanding of the suffering these participants had experienced, and

this represented the second round in the hermeneutical process. The results of study 2 showed that life after religious disaffiliation involves different forms of suffering of life and violations of human dignity. This knowledge and understanding resulted in a desire to learn more about what is caring for a client after religious disaffiliation. The third round consisted of exploring caring from the perspective of care professionals in study 3. The perspective of care professionals was deemed as important, as many have experience in working with clients within this life context, and their perspective has not previously been studied. The process of rounds describes the alternating movement between the different parts in the hermeneutical process.

Finally, after all studies were completed, a fourth round of the hermeneutical process was conducted, where the results were woven together and new understanding emerged. This fourth round in the interpretation movement gave rise to the development of a tentative theoretical model. The new interpretations and understanding are described in the Discussion (chapter 8). Through the hermeneutical process, my perspective has changed and thereby also my pre-understanding. Gradually, I have been able to present my understanding in a new interpretation with the new starting points I have acquired.

Vikström (2005) highlights the concept interpretation competence and implies that a thesis is a confirmation that one has achieved an interpretation competence within one's own subject area. One part of the interpretation competence implies that the interpretation is put in relation to the social context wherein the interpreter is. For me as a researcher, this thesis does not have any greater value, if it is not possible to set it in relation to the care reality where care professionals work and can be used so that the results benefit individuals in this context. According to Eriksson (Eriksson & Lindström, 2009), the purpose of caring is to alleviate suffering and serve the suffering human being. New knowledge generated from this thesis will hopefully serve as a foundation for understanding human beings and how caring can be expressed in this life situation.

6.2 Implementation of studies

This thesis is a compilation of three studies, all of which have a hermeneutical approach. Two different qualitative methods have been employed to analyze the material. An overview of the aims, material, methods and analyses of the studies is presented below in Table 1. In the following sections, the studies will be described in more detail.

Table 1: Overview of the included studies.

Study	Aim	Sample	Design/ Methods	Analysis
1	To gain a comprehensive understanding of individuals' subjective experiences after leaving a high-cost religious group and how these experiences have affected their lives.	18 participants who had left different religious communities in Finland	Qualitative study. In-depth interviews, conducted during April-August 2018	Material was analyzed through an inductive thematic analysis according to method by Braun & Clarke (2006, 2017).
2	To gain a deeper understanding of the suffering that human beings may endure after religious disaffiliation.	18 participants who had left different religious communities in Finland	Qualitative study. In-depth interviews, conducted during April-August 2018	Material was analyzed through an inductive thematic analysis according to method by Braun & Clarke (2006, 2017).
3	To gain a deeper understanding of what is caring for a client after religious disaffiliation, from the perspective of care professionals.	Nine care professionals, both psychiatric nurses and psychologists working within psychiatric care unit.	Qualitative study. Semi-structured interviews, conducted during November and December 2020	Material was analyzed through a qualitative content analysis, according to Graneheim & Lundman (2004)

6.2.1 Study 1

In study 1, individuals who had left a religious community were recruited as participants. Recruitment was mainly done through the organization Support for Victims of Religions (2022) in Finland, by posting research requests on their webpages and in closed Facebook peer support groups. First, research permission was obtained from the organization to recruit participants. The organization Support for Victims of Religions (2022) offers support to persons, and their family members, who have encountered different challenges within religious groups. They provide information and peer support in the form of support groups all over Finland, as well as peer support by telephone helplines, group chats and social media support groups.

Recruitment of participants was also done by using snowball sampling, whereby participants would recommend other persons for the study, or known disaffiliates were contacted directly by the researcher. Inclusion criteria involved participants who had left groups which they perceived were so-called high-cost religious groups, as well as larger, well-established, religious communities in Finland. Exclusion criteria were former members of new or alternative religious movements. These criteria were chosen in order for the study to be the most relevant for health care professionals, as these are the former members that care professionals will most likely encounter.

The participants consisted of 18 individuals who had left different religious communities, 13 women and 5 men, ranging in ages from 26 to 65. The majority of them (14) had been members of the religious community since birth, while four persons had affiliated as adults. Of the 18 participants, 14 had disaffiliated voluntarily, while four had been excommunicated by the community (involuntarily). The participant's disaffiliation had occurred from 1 to 35 years ago. The geographical spread of the participants was wide, as they came from all different areas of Finland. The participants were ex-members of the following communities: Jehovah's Witnesses (7), Laestadianism (5), New charismatic movements (3), Pentecostal congregation (2), and Free churches (1).

The participants in studies 1 and 2 are the same, and they are presented in Table 2. The participants' information is presented in a form that protects their anonymity.

Table 2: Overview of the participants in studies 1 and 2 (table from article 1, reproduced with permission from Springer Nature)

Gender	Age	Former religious community	Years since disaffiliation
Woman	40-45	New charismatic movement	7
Woman	50-55	Pentecostalism	9
Woman	55-60	Jehovah's Witnesses	8
Woman	40-45	Jehovah's Witnesses	19
Man	45-50	Pentecostalism	13
Woman	35-40	Laestadianism	5
Woman	45-50	Jehovah's Witnesses	3
Man	45-50	Laestadianism	1
Woman	60-65	Laestadianism	35
Woman	30-35	Jehovah's Witnesses	16
Man	30-35	Jehovah's Witnesses	9
Woman	40-45	Laestadianism	4
Man	25-30	Free Church	11
Woman	45-50	Jehovah's Witnesses	16
Man	40-45	Jehovah's Witnesses	15
Woman	50-55	Laestadianism	7
Woman	35-40	New charismatic movement	3
Woman	35-40	New charismatic movement	3

Data collection for study 1 was conducted through in-depth interviews. The goal of in-depth interviews is to gain rich and deep information and knowledge from a person's perspective on the topic being studied. In-depth interviews, the main data source within hermeneutics, are used to search for great depth of information and knowledge from the participants and to seek to gain entrance into the participants' world (Polit & Beck, 2017). The interview situations were planned well in advance, as this study can be considered being so-called sensitive research with vulnerable participants (Liamputtong, 2007).

An interview guide was created in advance, with open-ended questions and supporting questions to be used if needed. These questions were developed based on earlier research and in accordance with the aim of the study. The interview guide was piloted with one individual and revised before the data collection began. The interview guide consisted of three themes, that were essential in order to obtain answers to the research questions. The first theme covered the participant's background and included questions about when they had joined the community, how long-ago disaffiliation had occurred, and what factors had led up to the disaffiliation. Examples of open-ended questions were: What significance did the community have in your life? What led up to the decision to leave the community? What was required of you to make that decision?

The second theme covered the participants experiences of life after disaffiliation. Examples of questions were: Tell me about life after the disaffiliation. How did this affect your health and well-being? How did you feel as a human being? The third theme was related to what kind of help and support they had needed during that period of life. Examples of questions were: Did you seek help from health care services or a therapist? Did you experience that you received the care and support you needed? What helped you the most? What helped you move on in life?

The interviews were conducted during April – August 2018. The participants were informed about the study in advance, and about their right to withdraw from it at any time and their right to anonymity throughout the entire study. The interviews began by informing the participants about the study and obtaining their written consent. The interviews were conducted either in Finnish or Swedish, depending on the participant's mother tongue. A majority of the interviews (16) were conducted face-to-face, while two interviews were executed on-line, according to the wish of the participant. The interviews were carried out in a calm place, where the researcher was able to provide privacy and integrity for the participants. Some of the participants chose the interview place themselves, while others were offered the possibility to do the interview in a room at the city library. Some of the interviews were conducted at the facilities of Sjuksköterskeföreningen i Finland (Association of Swedish-speaking Nurses in Finland) in Helsinki. Two interviews were conducted outdoors and two in the

participant's home, according to their wishes. The interviews lasted from 60 to 125 minutes with each participant.

The interviews focused on the participants' own narratives, and they were encouraged to freely talk about their own experiences. Support questions were used in order to obtain answers to the research questions. Some participants were able to openly tell their life story and describe their experiences at length, while others needed more guidance and support questions. After the interviews, the participants were asked about their experiences of the interview and needs for further discussion and support were considered. Information was given about where to find support (peer support and helplines) if needed. All participants were encouraged to contact the researcher if further comments or questions would arise after the interview. The interviews were recorded (a total of 26 hours) and transcribed into written form. The data material consists of 328 pages transcribed text (Times New Roman, 12 p, single space).

During the hermeneutical process, an in-depth understanding of patterns of meaning and themes in the research material was sought. Therefore, thematic analysis (TA) according to Braun & Clarke (Braun & Clarke, 2006; Clarke & Braun, 2017) was chosen as analysis method. Thematic analysis is a method for identifying, analyzing, and interpreting patterns of meaning and themes within qualitative data and can provide a qualitative, detailed and nuanced description of the material (Vaismoradi et al., 2013). Themes are the major building blocks of thematic analysis, and they can be defined as "an observable pattern of meaning across a dataset which is shaped by an interrogation of what the data are telling us in relation to the original research question(s)" (Jaspal, 2021, p. 8).

Thematic analysis according to Braun & Clarke (Braun & Clarke, 2006; Clarke & Braun, 2017) was chosen as the analysis method, since it is a method for identifying, analysing and interpreting patterns of meaning and themes within qualitative data. An inductive analysis was conducted, a data-driven analysis where the themes are strongly linked to the data without fitting them into a pre-existing theoretical frame (Braun & Clarke, 2006). The six phases of the TA process were followed: Familiarization with the data, Coding, Searching for themes, Reviewing themes, Defining and naming themes and, finally, Writing-up.

The first phase, familiarization with the data, was done by listening to the recordings and checking the accuracy of the transcribed texts and reading through the interviews many times. This gave a general impression of and a thorough familiarization with the entire material. The next phase, coding the material, was done by creating labels for important features of the data with regard to the research question. Both semantic and conceptual coding was done throughout the material.

Coding was done with the help of the qualitative data analysis program Nvivo. Computer-assisted qualitative data analysis software (CAQDAS) was developed to manage qualitative data and allow a researcher to enter the entire data file

into the program, code each section of the narrative and then display text for specific codes for analysis (Polit & Beck, 2017). The use of Nvivo was of considerable help in the coding process, since the material is so large, 328 pages of transcribed text. An initial 61 codes were created and in the following phase, searching for themes, these were categorized to find similarities and variations. Several different mind-maps were constructed, including codes and initial themes, and finally one mind-map was chosen with which to continue.

In the reviewing themes phase, a new reading of the material was conducted and themes in relation to the whole data, were checked. Some themes were merged, while others were rejected and several thematic maps were created, to assist in understanding relationships between codes and themes. The process continued by defining and naming themes, and five themes were chosen to portray the answers to the research question. This phase included trying to identify the core idea of the themes and writing central organizing concepts of each theme in text. In the last phase, producing the report, the themes were presented in sections, where they were described in the text. The reliability of the themes were confirmed by quotes. All steps of the analysis process were discussed and reviewed with the supervisors of the thesis in an attempt to strengthen the reliability and quality of the interpretations.

6.2.2 Study 2

In study 2, the same sample was used as in study 1. Data collection was conducted through in-depth interviews, a process which has been described above. Thematic analysis was chosen as analysis method as the aim was to reach a deep understanding of the research question, and themes are an expression of the latent content (Graneheim & Lundman, 2004). A further inductive thematic analysis was conducted on the codes that broadly described suffering in the material. The beginning phases of the analysis, familiarization of the data and coding, were already conducted during analysis 1, so now the analysis resumed from phase three, searching for themes. A total of 38 codes were selected and categorized to find similarities and variations between the codes. During the fourth phase, a new reading of the material was conducted and themes in relation to the whole material were checked. The analysis resulted in 18 subthemes and several thematic maps were created to support the understanding of relationships between codes and subthemes. The fifth phase was done by organizing and identifying the core ideas of the themes. Four themes were chosen to portray the answers to the research question. Through this analysis process, the subthemes and themes were also verified by the supervisors. In the final phase, the results of the analysis were written down.

6.2.3 Study 3

Recruitment of participants for study 3 was done by contacting the head nurses of psychiatric units at two different health care organizations in Western Finland. First, research permission was applied for and obtained from both organizations. Invitations to interview, both in Finnish and Swedish, were sent to the head nurses, who distributed them to their staff at the psychiatric units. Nine health care professionals expressed their willingness to participate in the study, six women and three men, ranging in ages from 38 to 59. These health care professionals were made up of registered nurses, specialized in psychiatric nursing, as well as psychologists. Their work experience was both from outpatient and inpatient psychiatric services, in settings where they had come in contact with clients who had disaffiliated from a religious community. All participants had encountered clients who had disaffiliated. However, they worked with clients within general psychiatric care and were not specialized in this subject matter. The participants had an average length of 16 years of work experience. An overview of the participants in study 3 is presented in Table 3.

Table 3: Overview of the participants in study 3. (Table from article 3)

Gender	Age	Current work department	Years of work experience
Man	49	Outpatient psychiatric services	10
Woman	59	Inpatient psychiatric services	More than 20
Woman	45	Outpatient psychiatric services	More than 5
Woman	38	Outpatient psychiatric services	13
Man	52	Inpatient psychiatric services	25
Man	49	Inpatient psychiatric services	21
Woman	55	Outpatient psychiatric services	15
Woman	45	Inpatient psychiatric services	18
Woman	43	Inpatient psychiatric services	20

The data-collection was conducted by semi-structured interviews with these nine health care professionals. With semi-structured interviews the researcher attempts to understand themes of the informant' daily world, as well as descriptions of their lived world with respect to interpretation of the meaning of the described phenomena (Kvale, 2007), and the aim of semi-structured interviews is to encourage the participants to talk freely about their experiences, in their own words (Polit & Beck, 2017).

An interview guide was created in advance to support the researcher during the interviews. The guide consisted of three themes with questions related to the research questions. The first theme concerned the participant's background, such as title, work experience and work experience settings as well as questions about how the participant has experienced meeting a client in this life situation. The second theme concerned clients' needs and included questions about how the participants had seen disaffiliation affect a client's life, possible mental health problems and needs for mental health care services. The third theme covered what had been caring for the clients and what had helped them towards greater health and well-being. Included in this theme were questions about how a health care professional can provide care and support and what is important to consider in the encounter with a client in this context.

The interviews were conducted during November and December 2020 and due to the prevailing Covid-19 pandemic, the participants could choose if they wanted to be interviewed in person or on-line. Five interviews were conducted in person at the workplace of the participant, four on-line and the interviews were carried out, depending on the participant's mother tongue, either in Finnish or in Swedish. The interviews began by giving information about the study, including information about protecting the informants' anonymity and the right to discontinue participation at any time, and by obtaining written consent from all participants. The participants were encouraged to freely talk about their experiences in a narrative manner. The interviews, which lasted from between 34 and 65 minutes with each participant (a total of about 7 hours) were recorded and transcribed into written text. The data material consists of a total of 115 pages transcribed text (Times New Roman, 12 p, single space).

The material was analyzed through a qualitative content analysis. This method was chosen as the aim of the study was to gain a hermeneutical understanding, a deeper understanding of the participants' experiences. According to Kyngäs & Vanhanen (1999) content analysis is a process used when analyzing material systematically and objectively. The analysis process is characterized by the data being classified and organized, in order to identify patterns and categories and with the aim of obtaining a description of the phenomenon that is being studied. In this study, the topic is sensitive, and the material consists of large volumes of textual data, so content analysis is well-suited to analyze this multifaceted phenomenon (Kyngäs & Vanhanen, 1999).

An inductive content analysis was conducted, which is a method that focuses on looking for similarities and differences in the text and describing these in categories and themes on different levels of abstraction and interpretation (Graneheim et al., 2017). This inductive method was chosen as there is not much former knowledge about this research subject (Elo & Kyngäs, 2008) and the intent was to conduct an analysis close to the participants' lived experiences (Graneheim et al., 2017). An inductive approach means an unprejudiced analysis of texts (Lundman & Hällgren Graneheim, 2012) and the aim during this analysis was to read the material without prejudice and with openness to the experiences in the texts.

The data analysis was conducted according to Graneheim & Lundman's (2004) method of qualitative content analysis. First, the texts were read through several times to get a feeling for the whole, after which the texts were divided into meaning units, which were condensed and labelled with codes. The coding process was done with the help of the qualitative data analysis program NVivo (version 1.3). The coding process resulted in an initial 69 codes which were then compared based on similarities and differences. These codes were subsequently sorted into 11 sub-categories and five categories which constitute the manifest content. The process went back and forth between parts and the whole, and sub-categories and categories were checked in relation to the texts. Finally, through

a latent analysis, the underlying meaning of the categories was formulated into an overarching theme. The analysis process was conducted together with the thesis supervisor and sub-categories and themes were confirmed in the research group.

6.3 Ethical considerations

The studies in this thesis have been carried out in accordance with the ethical principles of research in Finland (Finnish National Board on Research Integrity, 2019) and the responsible conduct of research published by The Finnish Advisory Board on Research (2012). An ethical approval for the entire thesis was granted from the Board for Research Ethics at Åbo Akademi University on May 30, 2018.

Ethical considerations have been of utmost importance during the entire research process, as this can be considered sensitive research with vulnerable participants. According to Eriksson (Bournes et al., 2018) ethics precedes ontology; in other words, ethics is always the most important. The research context in this thesis is complex and contains many ethical aspects that need to be taken into consideration. Even the broader subject of religion is a subject that is considered sensitive in our society, since religion is viewed as an individual and private matter. Moreover, the connections between religion and health or religious disaffiliation and health are not commonly discussed.

However, it is our duty as responsible researchers to carry out research also on sensitive topics with vulnerable groups in society, as some research questions can only be answered by vulnerable individuals or groups (Liamputtong, 2007). The participants in studies 1 and 2 were vulnerable and exposed because of their experiences of disaffiliating from a religious community. Throughout the research process it was important to be aware of the risk that sensitive research may pose for the well-being of the participants and make sure that they were not subjected to unnecessary suffering or painful experiences through the study. Religious disaffiliation may be a sensitive and complex subject which may bring difficult memories and emotions to the surface. Therefore, all contacts were created in a tactful and dignified manner, and special attention was given to planning the interviews. The interviews were carried out with sensitivity to the participants' vulnerability and well-being, to assure that they received all the information and support they needed. Afterwards, the participants were asked about their experiences of the interview, and if needed, they were given information about where to find support, such as peer support and helplines. Also in study 3, the topic could be considered a possibly complex and challenging topic for the participants. Therefore, these interviews were also carried out with sensitivity and in a dignified manner.

Special attention was paid to protecting the participants' integrity and anonymity throughout the entire study. Concealing the identity of the participants is essential in research with vulnerable groups (Liamputtong, 2007). Anonymizing the participants was done by numbering all interviews and only the first author knows the identity of all participants. The material has been handled, stored and protected in accordance with the University's guidelines for data management.

Throughout the research process the aim has been to ensure that the participants who have left a religious community would feel they are unique individuals who are sharing their story, a story which is important for this research. The researcher paid special attention to forming a relationship with all participants, with the aim of building trust. According to Liamputtong (2007), qualitative research can provide opportunities for researchers to form relationships with participants and gradually build trust and rapport. The researcher's intent was also to provide a caring encounter while interviewing the participants. The caring encounter is an encounter between two equal persons, characterized by mutuality, true presence and a situation where both have allowed themselves to be the individuals they are (Holopainen et al., 2019). In the interview situations, the researcher sought to provide an encounter that was formed by equality, respect and true presence.

7. Results

In this chapter, the results of the three studies will be expounded, followed by a presentation of a theoretical model of suffering, health and caring after religious disaffiliation.

An overview of the results of all included studies is presented in Table 4.

Table 4: Overview of the results of the included studies

Study	Article	Journal	Results
1	“Living Between Two Different Worlds” – Experiences of Leaving a High-Cost Religious Group	Journal of Religion & Health, 2021 14(1), 1-7.	<ul style="list-style-type: none"> • Religious disaffiliation is a life change that may greatly affect the life of an individual. • After disaffiliating from a high-cost religious group an individual may experience fear, guilt, sorrow, pain, loss and even suffering on an existential level. • However, life may also include several positive aspects, such as experiences of joy, freedom, relief, and gratitude. • These experiences may have consequences for the individual’s well-being and health.
2	Suffering of Life after Religious Disaffiliation: A Caring Science Study	International Journal of Caring Sciences, 2021.	<ul style="list-style-type: none"> • Life after religious disaffiliation entails different forms of suffering of life, such as: • Pain and sorrow over being rejected • Overwhelmed by guilt and shame • Living in constant fear of both life and death • Humiliated as a human being.
3	What is Caring for a Client after Religious Disaffiliation,	International Journal for Human Caring, Accepted 2022.	<ul style="list-style-type: none"> • What is caring for a client after religious disaffiliation can be described as Having someone who walks beside, part of the way:

	from the Perspective of Care Professionals		<ul style="list-style-type: none"> • To be part of a relationship based on trust and safety • To receive confirmation of one's experiences • To encounter understanding of how disaffiliation has affected one's life • To be supported as a broken human being • To receive guidance in finding a new direction in life
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7.1 Experiences of leaving a high-cost religious group

The aim of study 1 was to gain a comprehensive understanding of individuals' subjective experiences of leaving a high-cost religious group and how these experiences had affected their lives. The results show that religious disaffiliation is a life change that may affect an individual's life in profound ways and the experiences can be described as "Living between two different worlds". The themes and subthemes found through the qualitative thematic analysis are presented in Table 5.

Table 5: Themes and subthemes, study 1 (table from article 1, reproduced with permission from Springer Nature)

Theme	Subtheme
<i>Living with fear and guilt</i>	<ul style="list-style-type: none"> • Living with different kinds of fears • Fear of rejection and difficulties trusting others • Deep feelings of guilt • Feelings of self-blame and shame
<i>Sorrow and pain over what one has lost</i>	<ul style="list-style-type: none"> • Losing family and friends • Rejection, loneliness and isolation • Void and emptiness in life • Sorrow over the sacrifices made
<i>Broken as a human being</i>	<ul style="list-style-type: none"> • Mental health problems and mental illness • Psychosomatic symptoms and physical illness • Experiences of trauma and violence • Substance abuse and suicidal thoughts
<i>Lifelong process of building a new identity</i>	<ul style="list-style-type: none"> • Living between two different worlds • Identity confusion and identity crises • Finding one's true self and new ways of looking at the world • Building a new life is a lifelong process
<i>A life of freedom and joy</i>	<ul style="list-style-type: none"> • Experiences of joy, happiness and well-being • Living with a sense of freedom and relief • Feelings of empowerment, strength and courage • A new world opened up

The results of this study show that life after religious disaffiliation may entail living with fear and guilt. The participants portrayed different kinds of fears, not only related to this present life, but also to death and eternity. These were also related to others, such as fear of rejection and of losing close ones and led to difficulties trusting others. Leaving a religious community may also lead to deep feelings of guilt. Having lived many years with the feeling of being a sinner and an unworthy person, it is difficult to get rid of the guilt. Guilt is connected to feelings of self-blame and shame, for instance blaming oneself for joining the community, for wasting so many years there, and shame over what one's children had to endure.

Leaving a high-cost religious group may also lead to sorrow and pain over what one has lost. Some participants had lost their whole family and all their friends when they disaffiliated. They described a total rejection and a sense of "ceasing to exist" in the eyes of those who were still members. Others described more unofficial and unspoken forms of exclusion, but all participants spoke about condemnation and feelings of being an outcast. Sorrow comes from missing one's children, parents and friends, or from feelings of loneliness and social isolation. In the long run, disaffiliation leads to sacrifices, that for some are more and for others less, but that lead to sorrow and pain.

This life situation may also include mental health problems and feelings of being "broken as a human being". Common mental health problems are feelings of anxiety, stress, fatigue, burnout, panic attacks and mood swings, as well as psychosomatic symptoms, such as sleep disturbances, digestive problems and headaches. For some, experiences of trauma and abuse inside the community triggered mental health symptoms. Some participants were diagnosed with mental illnesses, such as severe depression, anxiety disorders and psychosis, and others had gone through periods in life when they had suicidal thoughts, as they felt their pain was bottomless.

Life after religious disaffiliation is described by the participants as initially living between two different worlds. A strong border between one's own community and the outside world create a sense of two different worlds and feelings that one does not belong to either. Identity confusion and identity crises result from a previous identity that had largely been intertwined with that of the community. Part of building a new identity is described as finding one's own true self, finding one's own ways of thinking, listening to one's own wishes and choices, and eventually creating one's own opinions and new ways of looking at the world. The participants expressed that building a new identity may be a lifelong process and their religious background may affect them the rest of their lives.

Life after disaffiliation can also be a life of freedom and joy. The participants described many positive aspects of disaffiliation such as joy, happiness, relief, freedom and well-being. The decision to disaffiliate required courage, strength and gave feelings of empowerment. The participants expressed a deep gratitude

and appreciation for their new life and newfound freedom, as they experienced that a new world with novel possibilities had been opened up before them.

7.2 Suffering of life after religious disaffiliation

In study 2, the aim was to gain a deeper understanding of the suffering that human beings may endure after religious disaffiliation. The results show that life after religious disaffiliation entails different forms of suffering of life, and these were expressed as Pain and sorrow over being rejected, Overwhelmed by guilt and shame, Living in constant fear of both life and death and Humiliated as a human being. The themes and subthemes found through the qualitative thematic analysis are presented in Table 6.

Table 6: Themes and subthemes, study 2.

Theme	Subtheme
<i>Pain and sorrow over being rejected</i>	<ul style="list-style-type: none"> • Losing important social relationships • Feeling rejected and excluded • Not being welcome • Loneliness and outsidership
<i>Overwhelmed by guilt and shame</i>	<ul style="list-style-type: none"> • Constant feelings of guilt • Unworthy in the eyes of God • Living with self-blame • Causing family pain and sorrow • Shame and condemnation
<i>Living in constant fear of both life and death</i>	<ul style="list-style-type: none"> • Living with fear as ever-present part of life • Life is frightening • Fear of God and punishment • Physical health is affected by fear • Suicidal thoughts
<i>Humiliated as a human being</i>	<ul style="list-style-type: none"> • Violated as a human being • Difficulties making own choices • Feeling lost and empty • A human being without value

Suffering after religious disaffiliation may entail pain and sorrow over having been rejected. Some lose all their family members and friends as a result of the disaffiliation and end up in total social isolation. The loss of important social relationships is the most difficult loss to endure and loneliness can be painful

when one no longer is welcome in one's family or group. Pain and sorrow also come from experiencing outsidership, a feeling of not belonging anywhere. Outsidership is described as being on the outside of both worlds, feeling like an outsider in relation to the community one has left, and at the same time feeling like an outsider in relation to the new world in which one now lives.

The results of this study also reveal that suffering is about living with overwhelming feelings of guilt and shame. Living with feelings of guilt may have been going on for many years, and this leads to experiences of being unworthy in the eyes of God and other people. Living with guilt is also about blaming oneself, for wrong choices in life and for causing other people pain and sorrow. Part of suffering is also about feeling shame, a shame that is mainly a result of disapproval and condemnation from others. Living with these feelings of guilt and shame is a suffering that affects a human being's life and well-being in profound ways.

Living in constant fear of both life and death means living with fear as an ever-present part of life. Living in fear of life is about being afraid of having all important things in life taken away, fear of losing friends and family members, and fear of ending up lonely or being completely alone. Fear of death is fear related to God and life after death, as one is afraid of being punished by God for leaving the community, ending up perishing and going to hell. Life, with all the freedom and responsibility that it entails feels frightening. Living in fear and apprehension deeply affects the well-being and health of a human being and can manifest in both physical and mental symptoms.

Part of the suffering described is being humiliated as a human being. Some participants who were treated poorly in the community feel pain and agony over having been controlled and manipulated. Those who had left the community involuntarily expressed experiences of life as being broken, as the choice to disaffiliate was not their own. Feelings of inadequacy and worthlessness, both in one's own and in the eyes of others, are common and affect one's dignity as a human being. Leaving the community leads to difficulties in making one's own choices and knowing what direction in life to take, as one is insecure about and not used to expressing one's own wishes or needs. Humiliation also comes from no longer being accepted as the same individual and not having the same value after leaving the group. Humiliation leads to feelings of self-doubt and difficulties in seeing one's own worth and dignity, and the process to restore human dignity is painful and lonely.

7.3 Caring for a client after religious disaffiliation

The aim of study 3 was to gain a deeper understanding of what is caring for a client after religious disaffiliation, from the perspective of care professionals. The results are illustrated in an overarching theme, Having someone who walks beside, part of the way. The categories and subcategories found through the qualitative content analysis are presented in Table 7.

Table 7: Categories and subcategories, study 3 (Table from article 3)

Category	Subcategories
<i>To be part of a relationship based on trust and safety</i>	<ul style="list-style-type: none"> • Being in a trusting relationship • Feeling a sense of security
<i>To receive confirmation of one's experiences</i>	<ul style="list-style-type: none"> • Reflecting over past experiences • Processing feelings of shame and guilt • Becoming confirmed as a unique human being
<i>To encounter understanding of how disaffiliation has affected one's life</i>	<ul style="list-style-type: none"> • Discussing questions related to faith and religion • Finding understanding for one's life situation
<i>To be supported as a broken human being</i>	<ul style="list-style-type: none"> • Regaining foothold in life • Receiving support from different professions
<i>To receive guidance in finding a new direction in life</i>	<ul style="list-style-type: none"> • Strengthening own needs, will and decisions • Building a new life

Having someone who walks beside, part of the way, means that clients after religious disaffiliation, have someone who walks besides them and cares for them. The results of the study are illustrated in Figure 2, where the overarching theme is in the middle surrounded by the categories.

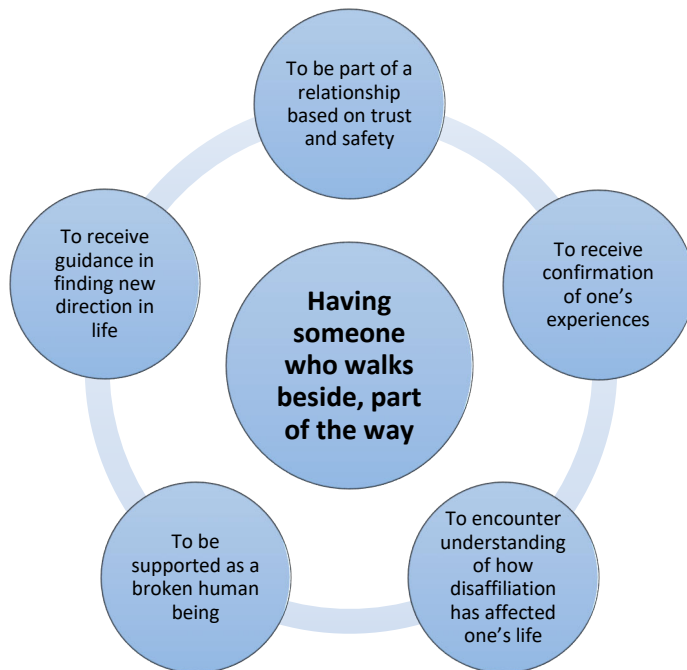


Figure 2: The results of study 3

The care professionals conveyed that a client, after religious disaffiliation, first of all needs to be part of a relationship based on trust and safety. Many clients had never previously told anyone about their difficulties related to the religious community and the care professional may be the first person they tell. In the care relationship, the participants emphasized the importance of listening, as the clients need a place where they can freely talk about, share and process their own thoughts and feelings. Being in a trusting relationship is essential, as the client needs to dare communicate private and difficult matters. One way the care professional can build trust is by having the courage to ask the clients questions pertaining to religion, faith and their former community. However, building trust in the care relationship can sometimes be challenging as some clients may have been taught not to trust care professionals, and so this doubt and mistrust need to be overcome. The care professionals emphasized that clients also need to have

a sense of security in the care relationship, both psychologically and physically. Psychological safety refers to the clients feeling safe and respected, and their experiences being believed and taken seriously. For clients in outpatient care, physical safety refers to knowing that there is help available and where to turn in case a sudden need for support arises. For clients requiring inpatient care, the care professional makes sure they feel physically safe and know that they are in a place where no one can intrude.

From the perspective of care professionals, clients in this life situation also need to receive confirmation of their experiences. The participants described how the client needs support when reflecting over past experiences, both within and after leaving the religious community. Through processing these, the clients' understanding of and insight into their own situation increases simultaneously as the care professional progressively understands the clients' situation. The client also needs help in processing feelings of shame and guilt. The care professional gives clients permission to express all emotions and encourages them to vent also negative ones, emotions they may have been taught to suppress. Those clients who experience sorrow and losses, and those who have experienced trauma or abuse, need to encounter understanding and support in processing these experiences. The participants described that clients in this life situation need to be confirmed as unique human beings. They call for confirmation of their own thoughts, feelings and experiences, as they may be insecure and lack self-confidence. The care professional may be the only person they can confide in and, therefore, it is important that they feel seen, confirmed and accepted for the human beings they are.

Clients after religious disaffiliation also need to encounter understanding of how disaffiliation has affected their lives. According to care professionals, clients need to feel that the care professional has the courage to discuss questions related to faith and religion, and through this they can find understanding for their life situation. The participants described how they had been taught during their basic education not to talk about religion with clients and many care professionals avoid the subject as they experience it difficult. Other participants expressed that they have an interest in religious matters, so discussing these issues comes naturally and is not difficult. The care professional's own personal experiences and understanding of religion are of benefit in understanding the client. Some participants expressed that special knowledge about religion and religious disaffiliation is a prerequisite in order to care for a client in this context, while others indicated that care professionals possess the competence to support clients, regardless of the reasons for their difficulties.

Having someone who walks beside is also about being supported as a broken human being, according to care professionals. After religious disaffiliation, a client may be experiencing mental health problems, such as anxiety, depression, sleep disturbances, post-traumatic stress, suicidality, substance abuse or even psychosis. The participants described how different treatment and support

measures, both within outpatient and inpatient mental health services, can reduce clients' symptoms and support them back to positive mental health. Regaining foothold in life may be a long process and clients therefore require long-term support. Clients need to receive holistic care and support from different professions. Care can be provided by a multi-professional team, where various professions, such as medical doctors, psychiatrists, crisis workers, hospital chaplains and psychotherapists, work together for the benefit of the client. Clients may also need the support of family therapists, social workers and occupational health in their process towards health. The co-operation between different professions supports clients' health comprehensively and helps them regain foothold in life.

The results of the study also show that from the perspective of care professionals, a client who has disaffiliated needs to receive guidance in finding a new direction in life. Clients often have difficulties knowing who they are, after years of conforming to the demands and requirements of the group. They need support in strengthening their own needs, will and decisions as well as in building self-confidence and faith in their own abilities. The participants conveyed that building a new life includes many different aspects for the client, such as finding new routines in everyday life, building new social relationships, and filling the void that disaffiliation created. Clients need help in learning how to function in life and in society and may need help with practical matters, such as living conditions, education, work and new hobbies. The care professionals can encourage the existing positive resources in the client's life, as well as new social relationships, as these lead to greater health and well-being. To find peer support from others who have left a religious community, either from an individual, a peer support group or on-line support, can be of great importance for the client in this life situation. Building a new life may require a great deal of time and in some cases may be a life-long process. A care professional needs to be aware of this and allow the process to take time, as well as walk beside the client and provide guidance.

7.4 Theoretical model of suffering, health and caring after religious disaffiliation

The overall results of this thesis have been developed into a tentative theoretical model that illuminates suffering, health and caring after religious disaffiliation. The model compiles the comprehensive understanding from the included studies and shows how the theoretical concepts used in the thesis relate to each other. The contribution of new understanding and knowledge is summarized in this theoretical model.

The thesis consists of three sub-studies, which can be seen as three different rounds in the hermeneutical process. These rounds have been described in section 6.1. The first round brought about the first interpretation and results (see 7.1), which led to study 2 and the second round (see 7.2). The third round of the process consisted of study 3 and its findings (see 7.3). The fourth round of the hermeneutical movement involved a further interweaving and abstraction of the understanding attained in the three sub-studies; to obtain a more comprehensive understanding of life after religious disaffiliation. When understanding from the three sub-studies are woven together into a whole, a holistic understanding of suffering, health and caring in this life situation, is created. Further abstraction takes place when the new understanding is illuminated by caring science ontology.

The theoretical model is shown below, in Figure 3.

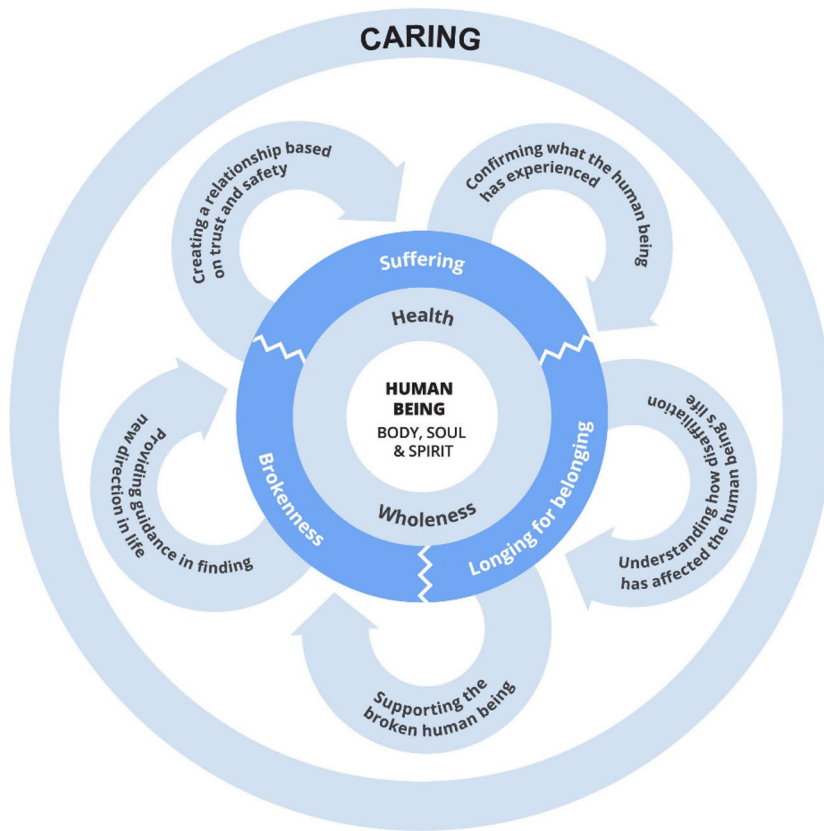


Figure 3: A theoretical model of suffering, health and caring after religious disaffiliation.

In this model, the human being who has disaffiliated from a religious community is found in the centre. The human being is an entity of body, soul and spirit, and this core can be seen in the middle of the model. Health in this thesis is described as wholeness, both as a human being and in life itself. Health means experiencing wholeness in body, soul and spirit. The results of studies 1 and 2 show that the human being, after religious disaffiliation may experience suffering and being “broken as a human being”. The broken human being is illustrated with “zigzag lines” in the third circle.

When the wholeness of a human being is disrupted, experiences of suffering, brokenness and longing for belonging follow. According to Eriksson (2006), a human being suffers when the experience of being a whole person is threatened. The results of studies 1 and 2 describe suffering and brokenness within different aspects of life. Study 2 shows that life after religious disaffiliation entails different forms of suffering of life, such as pain, sorrow, guilt, shame, fear and

humiliation. The studies also reveal human beings' experiences of brokenness, in relation to relationships with others, in relation to faith and God as well as in relation to health and well-being. Losses in life, such as the loss of relationships with people who once were important and loss of a sense of communion, may lead to longing for belonging. These losses constitute suffering, as the human being no longer feels welcome.

The experiences of the broken human being may lead to significant changes and challenges in the individual's life and may result in consequences for health that give rise to a need to seek help and support from care professionals. The results of study 3 indicate that, the human being who seeks help within social and health care needs to be encircled by caring, seen in the outermost circle of Figure 3. The five arrows illustrate different expressions of caring in this context, which have been described in section 7.3. Through these expressions of caring, the client's healing and the road towards wholeness and health can begin. The human being needs to be in the centre of all caring, regardless of health problems and life situations. Life after religious disaffiliation takes on a new form and social relationships may have to be recreated. Therefore, this process may be both long and challenging.

According to the theory of caritative caring, the purpose of caring is to alleviate human suffering and promote health and well-being (Eriksson, 2018). This aim of caring can also be seen in this model. Having experienced brokenness and suffering after religious disaffiliation, the human being may need to encounter caring to regain health. Health means wholeness in body, soul and spirit, and this can be achieved for instance through the different expressions of caring. Wholeness in the core of the human being can lead to renewed health and well-being.

The theoretical model seeks to illustrate a comprehensive understanding of suffering, health and caring after religious disaffiliation. The model was developed during the fourth round of the hermeneutical process, where the new understanding from the three sub-studies was further woven together and abstracted. According to Meleis (2000), theories provide structures for understanding complex situations such as vulnerable clients' processes and responses to transitions. The theoretical model developed in this thesis is seen as a mapping of concepts that were found essential in the context of religious disaffiliation. The theoretical model was developed in an ongoing movement between deduction and induction and is based on the ontology and epistemology of the theory of caritative caring. The knowledge found in the theoretical core can form the starting point for further development of the theory, for instance by collecting stories from patients (Bergbom, 2012), as in this thesis. The first version of the model has since been developed during the process. This model can possibly contribute to the development of the theory of caritative caring. However, the theoretical model is tentative and needs to be confirmed through further studies.

8. Discussion

The aim of the present thesis has been to increase the understanding of the implications of religious disaffiliation for a human being's life and health and what constitutes caring in this life situation. To gain understanding of these, interviews were conducted with individuals who had left a religious community about their experiences as well as with care professionals about caring in this life situation, from their perspective. The theory of caritative caring contributed to gaining an in-depth understanding of how religious disaffiliation may affect a human being's life and health and how caring can be developed in this context.

The results of this thesis show that religious disaffiliation can be a life change that may affect a human being's life in profound ways and lead to serious implications for life and health. After religious disaffiliation, a human being may experience brokenness and disrupted wholeness, which lead to suffering. As health means longing for wholeness and belonging, when these are disrupted, the human being can experience health problems and decreased well-being. However, the human being can be supported towards wholeness through caring. A theoretical model of suffering, health and caring after religious disaffiliation has been developed (Figure 3) and highlights the present thesis's contribution of new knowledge. In this section, different aspects of the results will be discussed in relation to the theoretical perspectives and literature review. Last, methodological considerations will be discussed.

8.1 Brokenness and disrupted wholeness

Life after religious disaffiliation is first depicted as living between two different worlds. The participants described themselves, at least initially after they had left the community, as being outsiders in a new world and feeling like living in an in-between space, not belonging anywhere. This corresponds to the results of (Bromley, 1991, p. 175) and Ebaugh (1988, p. 113) who highlight how members who have been deeply involved in religious groups experience feelings of "having their feet in two worlds" and being "caught between two worlds". The participants also compared their life situation to that of immigrants who move to a new culture where everything at first is foreign and unknown. The same was found in Berger's (2015) study, where disaffiliates conveyed an idea of themselves as aliens thrown into a strange land, without knowledge of the rules and language, and without a script to guide them or anyone to support them. These experiences of living between two different worlds need to be understood by care professionals.

The results show that experiences of life after leaving a high-cost religious group may even include suffering of life, such as living with pain, sorrow and constant fear, as well as feeling humiliated as a human being. Eriksson's (2006) concept suffering of life is valuable in understanding the results of these studies. Suffering of life affects a human being's whole life and how one relates to oneself and one's own reality, as it is associated with one's whole existence. The findings reveal that in this suffering of life, existential questions are born, such as questions about life and death (Wiklund, 2019). Suffering of life is also expressed as living with overwhelming feelings of guilt and shame. The results show that constant feelings of guilt come from experiences of having done wrong in the eyes of God, and others condemning and making one feel guilty. The shame that emerged in this study was mainly a result of the accusations and condemnation of others. As Wiklund (2000) points out, the experience of shame is fundamental in the suffering human being. Feelings of shame are the consequences of one's dignity being violated and is a threat to the "true" human being, as it prevents one from being whom and what one was meant to be. The participants described how their human dignity had been violated and how difficult it was for them to regain feelings of dignity.

The suffering that was found in these studies correspond with previous research that highlight that religious disaffiliation may lead to major changes in life, be emotionally and relationally challenging and cause significant disruptions in identity, self-concept, social relationships and well-being (Fenelon & Danielsen, 2016; Knight et al., 2019; Nica, 2019, 2020; Scheitle & Adamczyk, 2010; Timonen, 2013). The results suggest, in accordance with Bromley (1991), that the severity of the disaffiliation process seems to depend on factors such as duration of membership, group involvement and manner of leaving the group.

The brokenness that a human being experiences after religious disaffiliation may manifest in mental health problems. Anxiety is common, as are psychosomatic symptoms, such as sleep disturbances, digestive problems and other physical illnesses. Experiences of depression, fatigue, burnout and mood swings were also described by the participants, symptoms that they associated with their disaffiliation. Some described how they had had suicidal thoughts when life felt too difficult to endure, and some were even diagnosed with quite serious mental illnesses, including severe depression, anxiety disorders, and psychosis. These symptoms and illnesses lead to the need for professional care and support from social and health care. The client may need both inpatient and outpatient psychiatric services, as well as psychotherapy and other forms of therapy.

The results reveal that the participants in studies 1 and 2 not only experienced suffering of life, but also suffering of care. According to Eriksson (2006), suffering of care is suffering caused by care or the absence of caring. Suffering of care can include not being taken seriously, not being welcome or being blamed and is always a violation of the client's dignity (Lindholm Nyström et al., 2022). Although their experiences of the care they had received were not explicitly

studied in studies 1 and 2, the participants described encounters they had had within social and health care. They experienced a lack of knowledge and understanding from care professionals and therapists and expressed how difficult it was to find someone who understood their life situation. They described how they had not been heard, not been taken seriously and/or been blamed for their predicament. Additionally, they felt that care professionals avoided talking about religion and faith and that they were unwilling to discuss religious questions.

For clients to experience that they receive support from care professionals, they need to encounter holistic understanding and caring. The results of this thesis show that if a client does not receive holistic care, that is, care for all dimensions of the human being, it can lead to an even greater brokenness and suffering. Caring for a client after religious disaffiliation is about supporting the broken human being back to wholeness, as will be further described in section 8.3.

8.2 Longing for belonging

As has been pointed out in this thesis, human beings long for both wholeness and belonging and longing for belonging is one of the driving forces of health (Koskinen, 2021). Belonging to a group and experiencing communion is a basic need of the human being and longing for belonging can clearly be seen in the results of this thesis, as losing communion and important relationships can be painful. As Lindström (2006) points out, longing for belonging entails longing for a place where one is able to experience freedom to be oneself in accordance with one's inner desire and experience human dignity. The findings reveal that in case one is not able to encounter freedom and dignity within the communion, one may choose to leave it, regardless of the suffering and pain that this may entail. Longing for freedom and dignity can thus under certain circumstances be stronger than the longing for belonging.

The results of study 1 and study 2 show that being outside a communion or fellowship is among the most difficult experiences to endure. The participants related how losing social relationships with people who once were important leads to pain and sorrow, as they feel forsaken and not welcome among them anymore. Many participants described how they experienced total rejection from people with whom they were once close. They suffered more from feelings of rejection and outsidership than they struggled with the doctrines and teachings of the religion/community. For example, fear can be highly present in a human being's life after religious disaffiliation and leave emotional scars, but even more destructive are the experiences of losing relationships with family, friends and others who remain in the community.

According to Eriksson (2006, p. 36), "to not feel welcome, regardless if the situation is an individual, concrete one or if it is life in its entirety, deprives the person of hope and the joy of living". This deprivation can clearly be seen in the

results of this thesis. Losing important relationships and experiences of rejection lead to feelings of brokenness in one's social well-being. These findings are consistent with previous research, which shows that religious disaffiliation may lead to social challenges and pain (Berger, 2015; Knight et al., 2019) and even social death (Ransom et al., 2021a, b). Additionally, other studies show that loneliness, outsidership and a lack of social support negatively affect a human being's health (Björkmark & Koskinen, 2016; Scheitle & Adamczyk, 2010) and can lead to PTSD symptoms (Knight et al., 2019).

Religious disaffiliation is thus a life situation that can disrupt the wholeness and health of a human being. However, life after leaving a religious community may also include positive aspects, such as experiences of joy, freedom, relief, gratitude and empowerment. The decision to leave was described by the participants as difficult, but on the whole as a satisfying decision that brought about freedom and joy. Leaving requires strength and courage, but also gives a human being these same positive experiences, feelings of strength and courage. Important in this process was finding new social contexts or new social relationships. Finding new relationships, outside of the previous community, seems to play a vital role in forming a new life of independence and a new self-understanding. These findings are confirmed by previous research that shows that by exiting a religious community, individuals feel that they can reconstruct their identity around what they value most and be a more genuine version of themselves (Scharp & Beck, 2017), and after reconstructing supportive social relationships, well-being can be reinforced (Nica, 2019). The results of this thesis show that life after leaving a religious community over time leads to feelings of inner freedom and growth, which in turn promotes health and wholeness of the human being.

8.3 From brokenness to wholeness through caring

Caring for the human being after religious disaffiliation is about supporting the human being back to wholeness, as can be seen in the theoretical model (Figure 3). As has been described earlier, the ontological aspect of health is where the human being is seen as an inseparable being of body, soul and spirit (Eriksson, 2018). "To be healthy is to be whole and to feel whole, where wholeness means life itself" (Bergbom et al., 2021, p. 1). Therefore, a holistic and comprehensive approach is needed in caring. When the wholeness has been disrupted, and a client experiences brokenness in several areas of life, a care professional can step in and support the client back to wholeness. As Arman et al. (2015) suggest, to have a holistic perspective means that it is inconsistent to speak about parts of a human being, as a human being always is an indivisible entity. Dividing or reducing the human being into one specific part leads to brokenness and suffering. To have a holistic view of the human being as a care professional implies seeing and caring for the whole human being, including spiritual dimensions as well.

The brokenness and suffering that a human being may experience after religious disaffiliation is total and affects body, soul and spirit. For instance, fear is an experience that affects the human being in an all-encompassing way. Fear may be founded in a spiritual fear of God and punishment, but it also affects a human being emotionally through nightmares, and the body through physical symptoms. A holistic approach means caring for the client's spirit and spiritual well-being, which enables the client to feel like a whole human being. According to Rykkje et al. (2011, 2013) caring for the patient's spirit is important in maintaining human dignity and, as such, is an ethical obligation for care professionals. If the client and care professional are able to relate to one another on an existential level, this enables an encounter with the whole human being and the client's participation in the health process (Eriksson, 2018). The results of this thesis correspond with previous research that points out that the role of care professionals becomes vital when clients encounter spiritual suffering (Rykkje et al., 2011). In addition, if the clients' spiritual dimensions are ignored, their dignity is violated, because they are not treated as whole human beings (Råholm & Eriksson, 2001). A human being who is suffering after religious disaffiliation needs to be encountered holistically, so that all dimensions are taken into consideration.

Religion and a sense of belonging in a religious community is for many an important resource in life and a source of joy, security and strength. These factors can contribute to the experiences of wholeness and holiness in a human being's life. However, religious affiliation can also be a burden and negatively affect health and well-being, which can also be seen in the results of this thesis. When a client is experiencing difficulties specifically because of religion and/or faith, these are core issues that need to be addressed and care professionals need to have the courage to discuss religious and spiritual matters. Still, the findings of this thesis show that care professionals experience that discussing religious matters is difficult and, therefore, many avoid these subjects. Having courage means addressing these issues, even if they are difficult, with the client.

As Eriksson (Gullett & Koskinen, 2020) indicates, health is a dynamic movement towards integration and presupposes that human beings dare to ask spiritual and existential questions about life and health choices. Even if care professionals lack knowledge about this specific context, most important is that they are interested, curious and want to learn more. The results of study 3 show that discussions about religious matters can be opened up by asking clients whether they experience their religion/religious community as a resource or a burden in life. This is supported by Wallis (2007), who highlights that a basic question care professionals should ask their clients is what role religion plays in their life. Depending on the will and needs of the client, these questions can open up for discussions on further religious and existential questions. Having the courage to discuss spiritual and religious matters pertains to all clients, not only with those who have disaffiliated.

Even if a holistic view of the patient/client has been emphasized within nursing and caring for decades, in these studies, patients/clients experience that they are not treated as whole human beings, where all dimensions of life are acknowledged. As Eriksson (2018) suggests, a holistic view of the human being should principally be embraced by all who work in health care, but the question is how this principle is implemented within nursing. Even though care professionals express that they are caring for a client holistically, this may not truly be the case within clinical practice. As the results of this thesis demonstrate, care professionals may still be cautious to encounter the spiritual dimensions of the client. This leads to that the clients suffer when they experience a lack of understanding and willingness to discuss spiritual questions. Understanding the suffering and health of a human being, also within the context of religious disaffiliation, presupposes a holistic view and caring for the whole human being.

This thesis has shown that religious disaffiliation may lead to that a human being loses many aspects of life, such as relationships, respect and dignity in the eyes of others. There are clients who after leaving a religious community are sent around between health care facilities and receive different psychiatric diagnoses. Care professionals who understand and confirm what their clients have experienced can support significant progress, even in a short time (Järvå, 2009). The theoretical model that has been developed (Figure 3), illustrates different expressions of caring in caring for a client in this context. In a caring and holistic relationship, the care professional provides guidance so that the clients can find a new direction in life, create their own worldview and build new social relationships. In order for the client to again experience wholeness, they need to encounter acceptance instead of rejection. In a caring relationship, the care professional offers listening, confirmation, trust, safety and respect, and in that way supports the client in the process from brokenness to wholeness. To be able to experience wholeness and belonging in life is a movement away from suffering towards greater health and well-being.

The aim of this thesis has been to increase the understanding of the implications of religious disaffiliation for a human being's life and health and what constitutes caring in this life situation. The aim with the new knowledge is also to raise awareness of this research subject, not only within caring but also on a societal level. The task of human sciences is to improve the existential conditions of human beings and alleviate human suffering (Eriksson, 2001). The results of this thesis contribute to an increased knowledge and in-depth understanding of this context, so that the suffering of human beings in this life situation can be alleviated.

The results of this thesis contribute to caring science through new knowledge about an unexplored area of research. The results have shown how suffering is manifested in the context of religious disaffiliation and have contributed with an understanding of suffering on an ontological as well as on an existential level. Therefore, this new knowledge can be considered a theory addition that further

contributes to the understanding of suffering, health and caring from a caring science perspective.

8.4. Methodological considerations and limitations

Research results should be as trustworthy as possible, and therefore all studies within this thesis have been reviewed regarding the methods used to generate the results. The researcher has been responsible for reviewing and actively reflecting throughout the research process. In this section, the trustworthiness of the included studies is reviewed according to the criteria for credibility, validity and transferability (Cope, 2014; Graneheim et al., 2017; Graneheim & Lundman, 2004; Näsman & Nyholm, 2015; Polit & Beck, 2017). Standards for reporting qualitative research (SRQR) (O'Brien et al., 2014) have also been followed in this review. Strengths and weaknesses of each individual study have been reflected on in the articles, which are included in the appendices.

Credibility is about assuring the truth of the data and interpretations of the data, and throughout this thesis the intent has been to show assurance in the truth of the findings of the participants and contexts involved. This has been done in two ways, first by conducting the studies in a way that enhances the believability of the results, and secondly by taking steps to demonstrate credibility in the reports of the studies (Polit & Beck, 2017).

Recruitment of participants for studies 1 and 2 was mainly done through the organization Support for Victims of Religions, as the intent was to interview individuals who had experienced difficulties owing to their disaffiliation. It can be considered a limitation that the participants were mainly recruited through this organization, since these individuals have sought support because of explicit negative experiences within the religious community and after their disaffiliation, and these experiences may have affected the results of the studies. However, recruitment of participants from this organization, as well as by means of other methods, was considered relevant and appropriate, as the aim was to increase the understanding of the implications of religious disaffiliation for a human being's life and health. The co-operation with the organization Support for Victims of Religions has been essential and valuable throughout the research process and recruitment would have been challenging without their support. The recruited participants consisted of individuals with various religious backgrounds, from different age groups and with a wide geographical spread. This contributed to the study's ability to shed light on the research questions from a variety of different aspects.

Having the same material in both studies 1 and 2 can be considered a weakness. The results of study 1 showed that individuals after religious disaffiliation are vulnerable and may suffer. As the material was considered to have potential for

in-depth interpretation, the same material was chosen for study 2, as it was seen as important to further study this suffering. The aim of study 2 was to gain a deeper understanding of suffering in this life situation. Even if the material overlaps, this was part of the hermeneutical process with the aim of obtaining a new interpretation and new understanding. Also, the results of these studies can possibly be considered overlapping. However, important differences in substance are seen in the results of studies 1 and 2.

Additionally, the heterogeneity of the participants in these studies can be discussed, regarding length of time since disaffiliation. Some of the participants had disaffiliated a long time ago, even up to 35 years prior to the interview. The findings of the studies can have been influenced by this aspect, as the memory of such events may be affected by the passing of time, either in a positive or negative way.

The participants in study 3 were recruited from two different health care organizations in Western Finland. Limitations in this study include a limited sample and geographical spread of the participants, as well as that only one psychologist participated in the study. These aspects can have affected the findings, and with a different sample and geographical context the results would have been different.

The care professionals' perspective of what is caring for clients can be considered a "second-order perspective" (cf. Marton, 1981). Seen from a hermeneutical point of view, this can be seen as a shortcoming in the thesis. One of the central principles within hermeneutics is to understand individuals' existence and world from their own perspective. Asking care professionals about what is caring for clients may impose a risk for bias, in case the participants have perceptions of caring that are incorrect, or they miss something essential. These risks have been discussed several times during the research process. However, the choice to conduct study 3 with care professionals as participants was made to enable the inclusion of different perspectives in the thesis. As care professionals are experts on providing support and care to clients in many different life situations, their experiences and perspectives were considered important in this thesis.

Another possible weakness of the thesis is that the participants in study 3 had somewhat limited experience of clients who had disaffiliated from a religious community. Additionally, none of the participants were specialized in the subject. Such a specialization on matters of spiritual care or religious disaffiliation does not exist in Finland. These aspects have affected the results of study 3 and the entire thesis. The research question, about what is caring after religious disaffiliation, needs to be asked of those who have left a religious community. Such a study could have been part of this thesis and would have added to the depth of the results. However, this subject was chosen to be the content of future research.

The methods of in-depth interviews and semi-structured interviews were chosen as data collection methods. In-depth interviews were conducted in studies 1 and 2, as this form of interviews is the main data source within hermeneutics and the aim was to reach great depth of information and knowledge from the participants (Polit & Beck, 2017). Semi-structured interviews were used in study 3, as the intent was to understand themes of the participants' daily world in regard to the described phenomena (Kvale, 2007). Other methods of data collection could have been used, such as narrative or focus group interviews, and these would likely have affected the results. As the aim of this thesis was to increase the understanding of the implications of religious disaffiliation for the participants, the methods chosen are deemed relevant and appropriate, as they gave an extensive material and in-depth answers to the research questions.

Thematic analysis according to Braun and Clarke (Braun & Clarke, 2006; Clarke & Braun, 2017) was chosen as analysis method in studies 1 and 2. Clarke and Braun (2017) do not attach their method to any specific methodology, which can be seen as a weakness when the approach in this thesis is distinctly hermeneutical. The intent in studies 1 and 2 was to gain a deeper understanding through a hermeneutical process, as has been described above. This issue has been addressed by having a clear theoretical perspective and allowing the research questions to guide the analysis. This analysis method was therefore considered suitable for the material.

In study 3, qualitative content analysis according to Graneheim & Lundman (2004) was chosen as analysis method. As Graneheim et al. (2017) suggest, it can be challenging to keep the levels of abstraction and degrees of interpretation logical throughout both the analysis process and in the presentation of the results. In order to maintain trustworthiness and credibility, all steps of the analysis process were discussed and reviewed with the studies' co-authors. Included in this process was reviewing what codes, themes and categories corresponded to the content of the text, and what chosen concepts and labels seemed reasonable. Dialogue between the co-authors has been essential and valuable in the attempt to strengthen the reliability of the interpretations. These methods of analysis have been deemed appropriate, as they led to results which represent the information that the participants provided. When the results have been presented, for instance, at conferences, they have evoked responses and recognition among the audience. Listeners have come up to the researcher after presentations, expressed the similarities of their own experiences, and thus the results have been perceived as meaningful.

The main methodology of this thesis was a hermeneutical approach, that is, searching for new knowledge through a process of interpretation and understanding (Ödman, 2004). This approach was implemented through the entire research process, through the included studies as well as in this compilation. The hermeneutical process of interpretation throughout the thesis

has been explained in more detail in section 6.1. However, due to limited space, this process is not explicit in the included articles. Consequently, the hermeneutical approach remains somewhat implicit in the three studies, but section 6.1 explains the progression.

The studies have been conducted systematically and conscientiously, and the intent has been to present the results in an honest and diligent manner, in such a way that the content and structure of the findings have been clear and understandable. The results of the data analyses are presented as themes and categories, which are confirmed with authentic quotes from the participants. Rich, vivid quotes by the participants need to be included so that the reader can personally evaluate the credibility of the analysis and confirm the interpretations (Cope, 2014). One challenge in the presentation of the studies has been the translation of quotes, as the interviews were conducted in Finnish and Swedish, and quotes have been translated into English. As the original meaning of quotes can be lost in translation, the translations have been checked by a professional translator. Some nuances and depth of individual experiences may also have been lost, when the larger variety of themes was presented.

Moreover, a reflection on the results in relation to other scientific perspectives, such as the psychology of religion or theology, would have added to the understanding of the findings in this thesis. Nevertheless, the choice was made to keep to the perspective of caring science as the author lacks competence and knowledge of other scientific fields that would have been needed in such a reflection. In addition, section 4.3 reviews earlier research on the context of religious disaffiliation from a variety of different scientific approaches.

Confirmability is also part of credibility, that is, the congruence between different interpreters' view of accuracy, relevance and meaning of the data (Polit & Beck, 2017) as well as how well the results represent the participants' responses and not the researcher's viewpoints. The integrity of the researcher is the key to ensuring that reliability is established. As has been described, all steps of the analysis process have been discussed and reviewed within the group of authors, in an attempt to examine the accuracy of the interpretations. All manuscripts have also been peer-reviewed and revised according to peer reviewers' comments before publication. The methods used in the data collection and analysis have been carefully described, including how interpretations and conclusions were established.

Validity in a hermeneutical study can be evaluated by reviewing different aspects of the research process, such as pre-understanding, aim of the studies in relation to the theoretical perspective, and how the data collection has been conducted and described.

In the hermeneutical research process, it is necessary to identify and clarify one's own pre-understanding, as it is the basis for deepened understanding (Näsman

& Nyholm, 2015). According to Graneheim & Lundman (2004), a text always involves multiple meanings, and the interpretation is influenced by the researcher's own history. I am aware of the fact that my pre-understanding may have affected the research process, as I myself also have disaffiliated from a religious community. In the beginning of the research process, I have described this pre-understanding (section 6.1). My endeavour has been that this pre-understanding would constitute an asset, and not an obstacle, for the thesis. I have been aware of the movement between closeness and distance to the research material, which occurs during the hermeneutical analysis process. At times it has been challenging to maintain a distance to the material, because of my own experiences. The interviews with participants who had disaffiliated contained pain and suffering that came close to my own experiences. However, as the research process has progressed, the distance to the material has become less challenging to maintain.

Another possible challenge that my pre-understanding may represent is in relation to caring science ontology and the view of every human being as unique, as has been described in section 3.1. It is not a given that I understand others better because of my own experiences, and there is also a risk that I have become blind to that which is different from what I have been through (cf. Vikström, 2005). Through a sufficient temporal distance to my own disaffiliation and open conversations with my thesis supervisors and colleagues, I have become more aware of my own possible biases. Together with them, I have attempted to remain open to my own pre-understanding and avoid associated pitfalls during the research process.

On the other hand, my own pre-understanding has also been an asset during the research process. My interest in and curiosity regarding the research topic was sparked by my own experiences and this pre-understanding has continually changed throughout the research process. Also, several aspects of the disaffiliation process can only be understood by someone who has had similar experiences. An example of this was seen when conducting the interviews with participants who had left a religious community. Several participants expressed during or after the interview how they sensed that the researcher understood what they were talking about, and therefore it was easier to describe their experiences and inner feelings. Even though our religious backgrounds were different, they expressed that we had a "common language". My experience of working as a nurse within psychiatric services, combined with my experiences of disaffiliation, was also a benefit when conducting the interviews with care professionals in study 3.

The research process is a constantly changing one and, according to Graneheim & Lundman (2004), when data is extensive, and the collection extends over time, there is a risk of inconsistency during the data collection. In studies 1 and 2, the data material in the included studies is extensive and data collection extended over a period of five months. Interviewing is an evolving process where

interviewers acquire new insights into the study phenomena (Graneheim & Lundman, 2004). However, this was taken into consideration during the data collection process, by attempting to cover the same themes and questions with all participants and by maintaining an open dialogue within the research team. The amount of material in studies 1 and 2 enables rich and versatile descriptions of the phenomena and allows for further studies on this same material.

Transferability, how the results of these studies can be transferred to or have applicability in other settings or groups needs to be discussed. To our knowledge, the studies in this thesis are the first to explore religious disaffiliation from a caring science perspective. The intent has been to provide a clear and comprehensive description of the selection and context of the participants as well as the processes of data collection and analysis in order to promote transferability. However, because of the novel nature of the research and the explorative design of the studies, transferability to other groups and contexts may be challenging. What is more, since the aim of these qualitative studies has not been to make generalizations about the research subject (Cope, 2014) the criteria for transferability can be difficult to achieve. Nonetheless, according to Graneheim & Lundman (2004), it is up to the reader's judgment whether or not the results are transferable to another context. Some external readers with experience of religious disaffiliation have read the published articles and expressed to the researcher that they can associate the findings with their own experiences. This can be seen as a measure of some transferability in the results of this thesis. Naturally, the findings of the studies could have been different with participants from other contexts in terms of age, geographical and religious contexts.

Transferability also refers to whether the results have meaning to individuals who are not involved in the studies (Cope, 2014). As the topic of religious disaffiliation is relatively unresearched and one aim of this thesis is to increase awareness of this topic, the results of this thesis can be considered meaningful and beneficial. The studies are empirically grounded and have external value, as the findings are significant and can be used in further research.

Trustworthiness is also displayed by taking ethical considerations into account throughout the research process. This has been particularly important within the context of religious disaffiliation where the studies have been considered so-called sensitive research with vulnerable participants (Liamputtong, 2007). Some of the ethical questions that were raised throughout this research process were questions of trust and the ethics and quality of care.

Trust involves the willingness to place oneself in a situation of risk, that is, a situation in which the outcome may not be what is expected (Hupcey et al., 2001). Throughout the process of data collection, it was important to reflect over the elements of trust, and trust needed to be developed already ahead of the interview situations. The researcher can promote a process of building trust and

rapport during the data collection by allowing adequate time and obtaining an understanding of the people and phenomenon of the study (Cope, 2014). The researcher found it fascinating that participants can come to an interview situation, with a totally unknown researcher, and open up about their lives as well as share difficult life experiences. Even though the subject is sensitive, most of the participants in studies 1 and 2 had a great need to tell their story and openly and willingly share their experiences. Also in study 3 the participants showed trust in the researcher and a willingness to talk about a topic which they previously had not been able to discuss.

According to Dierckx de Casterle et al., (2011), qualitative research is useful in bringing to light the lived experiences of individuals, and by studying these experiences one can contribute to developing the ethics of care. With this thesis, the intent is to develop the ethics and quality of care in the context of religious disaffiliation. Eriksson's theory of caritative caring (Eriksson, 2018) has been a valuable theoretical foundation in understanding the results of the studies. Concepts within this theory such as suffering, health and wholeness have deepened the understanding of a human being's life and health after religious disaffiliation. Additionally, this theory has provided a framework that enabled the development of different expressions of caring in this research context. The new knowledge that this thesis offers can lead to an increased understanding of clients who are suffering after religious disaffiliation, so that the quality of care can be further developed. Consequently, this thesis can contribute to a further development of the theory of caritative caring by displaying the clinical implications of caring in this context. The theoretical model of this thesis can possibly be applied in other contexts as well; however, this needs to be explored through further research.

9. Clinical implications and suggestions for further research

The results of this thesis show that both general knowledge about religiosity and spirituality and more specific knowledge about religious disaffiliation are needed within health care. In order to clinically apply the results of this thesis several suggestions have been voiced. First of all, the need for training and education for care professionals is highlighted, as knowledge and information increase understanding and competence. The participants in studies 1 and 2 emphasized the need for care professionals to receive more education and knowledge in order for them to understand a client in this life situation. In study 3, the participants expressed their own need and interest in courses and training and gave many valuable suggestions for the contents of such training.

Topics suggested for training of care professionals are presented in three areas. Training and courses could include the following topics:

1. Knowledge and access to information
 - a) Clients with different religious backgrounds and affiliations in health care
 - b) Information about common religious communities, their central doctrines, values and practices
 - c) Understanding of how communities differ in requirements and expectations of members
 - d) How the communities relate to outgroups and those who disaffiliate
2. Information on how to bring up and deal with religious questions
 - a) How to inquire about religious background and affiliation
 - b) How to discuss religious questions
 - c) How to identify and bring up issues of abuse
3. Reflection over one's own position in regard to religious matters
 - a) Understanding the relevance of one's own religious position
 - b) Preconceived conceptions and biases related to religious communities and religious questions
 - c) Caring for the client holistically, including spiritual dimensions

The participants expressed that the above-mentioned elements of training would give them confidence in their work with a client in this life situation and

take away fear that might be connected to these subjects. They also emphasized that if these topics would be included in the basic education of care professionals, this would contribute to a lower threshold for the care professional to be able to help and support the client. Training and more knowledge are needed to decrease the prejudice towards certain religious communities and fear to discuss religious matters that some care professionals may have. The participants also voiced that they need tools and practical advice that they can use in their work with clients.

The results show that there is a need for care professionals who are specialized in these subjects and have special competence when it comes to encountering clients who experience challenges because of their religion or religious community. This could be done, for instance, through special competence teams, a team of professionals with special training, which could be consulted or to which the client could be referred.

The need for specific recommendations or current care guidelines for caring for clients who are experiencing challenges in relation to their religion or religious community or who have disaffiliated was highlighted. For instance, in Finland, the Finnish Institute for Health and Welfare (2022) and Mentalhub (2022) offer information and guidelines on a variety of different life situations and health conditions. The organization Support for victims of religions has begun co-operation with Mentalhub with the aim of publishing information for those who have experienced challenges in regard to their religious community, as well as guidelines for health care professionals, on how to support and help these clients. Additionally, in Finland the Nursing Research Foundation (2022) develops and publishes evidence-based practices and nursing recommendations, for various health problems and life situations. Co-operation with these and other agencies needs to be further explored and developed.

The Finnish Institute for Health and Welfare (2020) has launched an Action Plan for the Prevention of Violence against Children 2020–2025. Included in this plan is also a section that highlights violence against children in religious communities and how to ensure that children also within religious communities can have a safe childhood and adolescence. This plan is an important tool for social and health care professionals and can raise awareness in society of the challenges children can encounter also within religious communities. Specific recommendations and actions are conveyed, for instance, so that the religious community itself can take measures to protect children from all forms of violence, including sexual violence.

Experts by experience are already widely used within social- and health care in Finland, and should also be used in this context, to raise awareness about different religious communities as well as the experiences of those who have disaffiliated. These experts would be valuable in providing information and training for care professionals about their experiences and what kind of support

they would have needed. The organization Support for victims of religions already trains experts by experience, so this training could further be explored and developed.

Peer-support, support from others who have been through a similar life situation, has been emphasized throughout this thesis. This support is essential through the disaffiliation process, so essential that some disaffiliates even considered this a requirement, in order to regain foothold in life. Care professionals need to refer the client to peer-support and the availability of peer-support needs to be developed. For the purpose of the above-mentioned development areas, increased co-operation between different organizations, within education, research and clinical practice is also needed.

In accordance with the nature of hermeneutics, research is never “done” and there are always opportunities to ask new questions and walk new pathways (Näsman, 2015). To my knowledge, this is the first study to explore religious disaffiliation from a caring science perspective. Therefore, many topics within this context need to be further studied. First, research is needed on the experiences of individuals who have left a religious community on what was caring and what kind of support they would need. The results of such a study, together with the findings of study 3 of this thesis, would serve as a valuable foundation for developing training for care professionals. The contents of such training, including the above-mentioned suggestions, need to be further studied and expanded.

Interventions and practical tools for encountering a client in this life situation also need to be researched and developed. As the participants expressed, training in religious matters and caring for the client’s spiritual dimensions should be included in the basic education of health care professionals. Such education could include developing spiritually competent practice among new nurses (Rogers, 2021) and how to include knowledge about disaffiliation in this competence. The theoretical model developed in this thesis is tentative and further research should also include the additional advancement and confirmation of this model.

10. Conclusions

Religious disaffiliation is a life situation that may lead to significant changes and challenges in the life of a human being. The studies in this thesis have been exploratory, as this subject has not previously been studied within caring science. The aim of the thesis has been to increase the understanding of the implications of religious disaffiliation for a human being's life and health and what constitutes caring in this life situation. Although the foundation of this thesis is within the field of caring science, the intent is to raise awareness and initiate discussion on this thematic also on a societal level.

Religious affiliation, belonging to a religious community, serves as a considerable source of social support for many as social relationships and social integration are important for well-being. However, religion and group membership can also be a burden and negatively affect health and well-being. Religious communities need to be safe places for individuals, but unfortunately, this is not always the case as individuals can be violated, also within religious communities (Evangelical Lutheran Church in Finland, 2018). This thesis has highlighted some life situations when religion and a religious community may have negative consequences in the life of a human being. The key issue seems to be that when religion and religious belonging constitutes a major part of life, especially if the community is a high-cost religious group, leaving this religion or group may lead to major challenges and suffering. The human being may then experience brokenness in several or all aspects of life, which can affect all dimensions of a human being, body, soul and spirit. If we say that we are caring for a client holistically, as an entity, these different dimensions cannot be separated.

Two important areas of application can be seen in regard to the results of this thesis. First, the new knowledge can raise awareness of this research context and open up for a discussion on religious disaffiliation and its aftermath. Awareness needs to be increased within caring, but also within other fields and in society at large. The intent has been to contribute new knowledge to fill the research gap that has been identified. Clients who disaffiliate from a religious community experience that care professionals, both within social and health care, do not understand the seriousness of their predicament and their suffering. Usually, when a client experiences a crisis in life, family members, friends and other social networks provide invaluable support and help through the challenging times. However, through disaffiliation from a religious community, one may lose all social support and end up all alone. This leads to brokenness in life, suffering and even mental health problems, for which one needs help and support from care professionals. This leads us to the second area where these results can clinically be applied, namely in training and education.

Training and education for care professionals are essential when striving to increase knowledge about religious disaffiliation and related subjects. Knowledge increases understanding, and understanding can lead to changes in

the encounter and support the clients receive. Care professionals need skills and tools, as well as increased competence, in order to alleviate the clients' suffering and help them to regain wholeness. The results of this thesis show that religion and religious belonging are still taboo subjects within nursing. Many care professionals have been taught within their basic education to not speak about religion with their clients, and even if they acknowledge that this no longer is the recommendation, they experience the subject as difficult to approach and discuss. Asking clients about their religious belonging and whether they experience this community as a resource or a burden is one way to open up for discussion, on the clients' terms. Being able to discuss questions related to religion and religious belonging is essential for the client, as this may be the core issue from where symptoms may arise. Not only clients who are thinking about disaffiliation, or who have already disaffiliated, need to have this opportunity, but all clients within health care. Discussing these questions can lead to corrective and healing experiences for the client.

Leaving a religious community can be an isolating and lonely process, and those who disaffiliate long for a way to share their story (LeCount, 2017), which can also be seen in the results of this thesis. The participants' stories contained a great deal of suffering and pain, but also confidence and hope for the future. Their journey had required a great deal of courage. After the interviews, many participants expressed that it was a liberating and therapeutic experience to be able to talk about what they had been through and to feel heard. For some, this was the first time they had ever told anyone about their experiences. They expressed gratitude for the chosen research subject and the opportunity to participate in the study, as well as a wish to help others by telling their story. Their comments can be seen as an expression for the previous lack of understanding and confirmation they had encountered. My intent through this thesis has been to make their voices heard.

“Thank you very much for choosing such a topic for your research. The more knowledge there is, the more people like me can be helped”
(participant 5)

11. Sammanfattning

Introduktion och bakgrund

Religion och tro diskuteras alltmer i vårt samhälle. Ökad uppmärksamhet ägnas också faktorer relaterade till hälsa, vilket har lett till en bredare förståelse för sambanden mellan hälsa, religion och tro (Rosmarin & Koenig, 2020). Religion kan ge styrka och vara en positiv resurs när det gäller hälsa och välbefinnande, men under vissa omständigheter kan religiösa samfund också ha en negativ effekt på hälsa och välbefinnande. På samma sätt kan det att en människa lämnar ett religiöst samfund leda till en livskris som är svår att uthärda.

Att lämna ett religiöst samfund har fått stor uppmärksamhet under de senaste åren. I de nordiska länderna har människor berättat i media om hur medlemskap i ett religiöst samfund, och att lämna detta samfund, har påverkat deras liv och hälsa (t.ex. Svenska yle, 2019; Yle, 2020). Många biografiska böcker har också skrivits om ämnet (t.ex. Egedius & Torp, 2016; Frankner & Gustavsson, 2021; Gembäck & Sohlander, 2020; Hurtig & Leppänen, 2012). Nya dokumentärer och tv-serier i Finland och Sverige om livet inom exklusiva religiösa samfund, och upplevelser av barn som har vuxit upp i sådana samfund, har publicerats (Kapetanovic, 2021; Lindman, 2021). Denna uppmärksamhet visar att det nu finns utrymme att diskutera dessa frågor, som kan vara känsliga och komplexa.

Att lämna ett religiöst samfund kan definieras som den process genom vilken människor inte längre knyter sin identitet till en organisation, antingen genom att identifiera sig med en annan organisation eller inte längre tillhöra någon religiös grupp (Albrecht et al., 1988). Tidigare forskning visar att den som lämnar ett religiöst samfund kan bli tvungen att lämna en gemenskap som har omfattat allt det som varit viktigt i ens liv. Att lämna denna gemenskap kan leda till ensamhet och förlusten av samhörighet med människor som är viktiga i ens liv (t.ex. Knight et al., 2019; Scheitle & Adamczyk, 2010). Att lämna ett religiöst samfund kan också innefatta att människan förlorar andra väsentliga aspekter av sitt liv, såsom identitet, världsbild och mening med livet (t.ex. Fenelon & Danielsen, 2016; May, 2018; Nica, 2020). Mitt intresse för detta ämne väcktes av mina egna erfarenheter av att lämna ett religiöst samfund. Dessutom har jag i mitt arbete som sjukskötare inom den psykiatriska vården sett hur religiös tillhörighet kan antingen utgöra en resurs eller en börda i en klients liv. Denna förståelse har varit en drivande kraft genom hela avhandlingsarbetet.

Religion och religiös tillhörighet kan bidra till flera positiva aspekter i en människas liv, såsom hälsa, välbefinnande och mening med livet. Tidigare studier har funnit att tro och religion är positiva resurser som stärker livskvaliteten (t.ex. Griffith, 2010; Hintikka et al., 2001; Koenig, 2009). Tro kan

ge en människa välbefinnande i form av hopp och glädje samt mål och mening med livet (Koenig et al., 2012), och religion kan ge en positiv världsbild, som ger mening åt även negativa upplevelser (Pargament et al., 2000). Tro kan främja hälsan eftersom den är en integrerad del av en människas liv (Eriksson & Barbosa da Silva, 1991). Religiös tillhörighet är en betydande källa till socialt stöd för många, eftersom sociala relationer och social integration är en viktig del av livet.

Kyrkor och församlingar bör vara trygga platser för människor, utan hot eller fara, eftersom trygghet är kopplat till grundläggande värderingar, såsom tro, hopp och kärlek (Evangelisk-lutherska kyrkan i Finland, 2018). Enligt publikationen Trygg församling (Evangelisk-lutherska kyrkan i Finland, 2018) bör utgångspunkten för all verksamhet inom kyrkor och församlingar vara att värna om deltagarnas trygghet i alla situationer och på alla områden: fysiskt, psykiskt, andligt, socialt, känslomässigt och sexuellt. Det verkar som om denna trygghet inte alltid kan garanteras, och människor kan kränkas, även inom religiösa samfund.

Forskning visar att religion och grupptillhörighet ibland kan vara en börda och inverka negativt på människors hälsa och välbefinnande. Enligt Heino (1995) beror det på ett religiöst samfunds karaktär, syfte och förhållningssätt, om samfundet främjar eller hindrar en människas hälsa samt om det utgör en resurs eller ett hot för människan. Om gruppen drar strikta gränser mellan de som tillhör och inte tillhör gruppen, kan gemenskapen börja kännas mer som ett fängelse än en säker plats (Hyypä, 2007). Om det religiösa samfundet har strikta regler och starka familjeband, kan samfundet ta kontroll över medlemmens liv. Studier som gjorts på personer som lämnat ett religiöst samfund visar att de upplever försämrad hälsa och välbefinnande (Fenelon & Danielsen, 2016; maj, 2018), till exempel på grund av förlusten av roller och status (Nica, 2020) samt förlusten av sociala relationer (Knight et al., 2019; Scheitle & Adamczyk, 2010). Däremot visar tidigare forskning att den som lämnat ett religiöst samfund också kan uppleva positiva förändringar i livet och egenmakt (empowerment) (t.ex. Rainwater, 2019; Scharp & Beck, 2017).

En genomgång av tidigare forskning visar en brist på studier som fokuserar på hur vårdpersonal kan stöda och vårda en person efter att hen lämnat ett religiöst samfund. Endast ett fåtal studier har gjorts om hur tidigare medlemmar upplever det stöd de har fått. Dessa visar att tidigare medlemmar kan ha svårt att hitta stöd efter att de lämnat (Järvå, 2009; Knight et al., 2019) och att de har negativa upplevelser av hälso- och sjukvården (Järvå, 2021). De upplever att vårdpersonal saknar förståelse för deras situation och behov (Skoglund et al., 2008; Wallis, 2007) samt att vårdpersonal behöver mera kunskap om religiösa samfund (Timonen, 2013). Tidigare medlemmar erfar också att deras erfarenheter inte tas på allvar och de måste undervisa vårdpersonalen om sin situation, eftersom kunskap saknas inom detta område (Järvå, 2021). Klienter som upplever utmaningar på grund av sin religiositet kan också inom social- och hälsovården

stöta på vårdpersonal vars religiösa åsikter påverkar deras hållning och som inte har en neutral inställning till religiösa frågor (Nynäs et al., 2020). Dessutom saknas vårdrekommendationer och -riktlinjer i Finland, och i de övriga nordiska länderna, för klienter som lider av hälsoproblem efter att ha lämnat ett religiöst samfund. Således behövs forskning för att öka förståelsen för och utveckla vårdandet av människor i denna kontext.

Teoretiskt perspektiv

Det teoretiska perspektivet i denna avhandling bygger på den caritativa vårdteorin och synen på människan, hälsa och lidande som har utvecklats av professor Katie Eriksson och kollegor (Eriksson, 2018; Lindholm Nyström et al., 2022). Inom denna teori har begrepp som människan som helhet, lidande, hälsa och vårdande studerats och definierats, och därför fungerar teorin som en värdefull grund för avhandlingen.

Utgångspunkten är ett vårdvetenskapligt perspektiv, där människan ses som en oskiljaktig enhet av kropp, själ och ande (Eriksson, 2018). Hälsa definieras som mer än frånvaro av sjukdom och som att vara hel som människa, i kropp, själ och ande. Om hälsa betyder helhet, betyder lidande att denna helhet rubbas. När en människas upplevelse av att vara en hel människa rubbas, leder detta till lidande och att människans värdighet kränks (Eriksson, 2006, 2018). Det grundläggande syftet med vårdandet är att lindra lidande, tjäna liv och stödja hälsa och välbefinnande (Eriksson, 2018). Vårdande relaterar till vårdandets innersta kärna och innebär viljan att vara genuint närvarande för den lidande människan.

Begreppet vårdpersonal används genomgående i avhandlingen, eftersom avsikten är att utveckla vårdandet av personer efter att de lämnat ett religiöst samfund, utan att göra åtskillnad mellan olika professioner.

Syfte

Att lämna ett religiöst samfund kan under vissa omständigheter leda till betydande förändringar i en människas liv. Det övergripande syftet med denna vårdvetenskapliga avhandling var att öka förståelsen för implikationerna av att lämna ett religiöst samfund för en människas liv och hälsa och vad som är vårdande i denna livssituation.

Metoder

Denna kontext, det vill säga kontexten att lämna ett religiöst samfund, har inte tidigare studerats ur ett vårdvetenskapligt perspektiv. Denna avhandling är en sammanställning av tre delstudier där hela avhandlingen, inklusive de tre delstudierna, har ett hermeneutiskt förhållningssätt. Hermeneutik innebär att greppa existentiella dimensioner som är omätbara, såsom lidande, ångest och

glädje. Enligt Ödman (2004) består den hermeneutiska processen av fyra huvudelement: tolkning, förståelse, förförståelse och förklaring. Hermeneutisk tolkning innebär en överföring av mening och betydelse och innefattar presentation och förklaring av sin förståelse för andra. En översikt av delstudiernas syfte, material, metoder och analyser presenteras i tabell 8.

Tabell 8: Översikt av de inkluderade studierna

Studie	Syfte	Material	Metoder	Analys
1	Att få en övergripande förståelse för individens subjektiva upplevelser efter att ha lämnat en religiös grupp som ställer höga krav på och villkor för sina medlemmar (en s.k. high-cost religious group) och hur dessa upplevelser hade påverkat deras liv.	18 deltagare som lämnat olika religiösa samfund i Finland	Kvalitativ studie. Djupintervjuer som genomfördes under april-augusti 2018	Materialet analyserades genom en induktiv tematisk analys enligt Braun & Clarke (2006, 2017).
2	Att få en djupare förståelse för det lidande som människor kan erfara efter att ha lämnat ett religiöst samfund.	18 deltagare som lämnat olika religiösa samfund i Finland	Kvalitativ studie. Djupintervjuer som genomfördes under april-augusti 2018	Materialet analyserades genom en induktiv tematisk analys enligt Braun & Clarke (2006, 2017).

3	Att få en djupare förståelse för vad som är vårdande för en klient efter att hen lämnat ett religiöst samfund, ur vårdpersonalens perspektiv.	Vårdpersonal, både psykiatriska sjukskötare och psykologer, som arbetade inom psykiatrisk öppenvård och avdelningsvård. 9 deltagare.	Kvalitativ studie. Semistrukturerade intervjuer som genomfördes under november och december 2020	Materialet analyserades genom en kvalitativ innehållsanalys enligt Graneheim & Lundman (2004)
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Resultat

Resultaten av studie 1 visar att en livsförändring som att lämna ett religiöst samfund i hög grad kan påverka en människas liv. Efter att ha lämnat ett religiöst samfund kan en människa uppleva rädsla, skuld, sorg, smärta, förlust och till och med lidande på en existentiell nivå. Livet kan emellertid också innehålla flera positiva aspekter, såsom upplevelser av glädje, frihet, lättnad, tacksamhet och styrka. Dessa upplevelser kan få konsekvenser för människans välbefinnande och hälsa. Resultaten av studie 2 påvisar att livet efter att ha lämnat ett religiöst samfund kan innefatta olika former av livslidande. Ytterst innebär livslidande en kränkning av människans värdighet. Resultaten av studie 3 visar att vårdande, ur vårdpersonalens perspektiv, beskrivs som att klienterna har någon som går bredvid dem, en del av vägen. Delstudiernas resultat presenteras i tabell 9. Relationen mellan klient och vårdare kan vara den enda relationen där klienten kan känna sig sedd, lyssnad till och accepterad som en unik människa. Att vårda en klient i denna livssituation kräver vårdarens helhetssyn och att hen vårdar hela människan, inklusive andliga dimensioner.

En översikt av resultaten från de inkluderade studierna presenteras i tabell 9.

Tabell 9: Översikt av resultaten från de inkluderade studierna

Studie	Artikel	Tidskrift	Resultat
1	“Living Between Two Different Worlds” – Experiences of Leaving a High-Cost Religious Group	Journal of Religion & Health, 2021 14(1), 1-7.	<ul style="list-style-type: none"> • Att lämna ett religiöst samfund är en livsförändring som i hög grad kan påverka en människas liv. • Efter att ha lämnat en religiös grupp som ställer höga krav på och villkor för sina medlemmar kan en person uppleva rädsla, skuld, sorg, smärta, förlust och till och med lidande på en existentiell nivå. • Däremot kan detta leda till också flera positiva aspekter, såsom upplevelser av glädje, frihet, lättnad och tacksamhet. • Dessa upplevelser kan få konsekvenser för individens välbefinnande och hälsa.
2	Suffering of Life after Religious Disaffiliation: A Caring Science Study	International Journal of Caring Sciences, 2021.	<ul style="list-style-type: none"> • Livet efter att ha lämnat ett religiöst samfund kan innefatta olika former av livslidande, såsom: • Smärta och sorg över att bli förkastad • Överväldigad av skuld och skam • Att leva i ständig rädsla för både liv och död • Förnedrad som människa.
3	What is Caring for a Client after Religious Disaffiliation, from the Perspective	International Journal for Human Caring. Accepted 2022.	<ul style="list-style-type: none"> • Vad som är vårdande för en klient efter att ha lämnat ett religiöst samfund, ur vårdpersonalens perspektiv, beskrivs som att klienterna har någon som går bredvid dem, en del av vägen: • Att ingå i en relation som bygger på tillit och trygghet

	of Care Professionals		<ul style="list-style-type: none"> • Att få bekräftelse för sina upplevelser • Att möta förståelse för hur lämnandet har påverkat ens liv • Att få stöd som splittrad människa • Att få vägledning i att hitta en ny riktning i livet.
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Resultaten av avhandlingen har utvecklats till en preliminär teoretisk modell (figur 3, sid 77) som belyser lidande, hälsa och vårdande för den som lämnat ett religiöst samfund. Modellen sammanställer den övergripande förståelsen från de inkluderade studierna och visar hur de teoretiska begrepp som används i avhandlingen förhåller sig till varandra. Bidraget av ny förståelse och kunskap sammanfattas i denna teoretiska modell.

I denna modell finns människan som har lämnat ett religiöst samfund i centrum. Människan är en enhet av kropp, själ och ande, och denna kärna kan ses i mitten av modellen. Hälsa i denna avhandling beskrivs som helhet, både som människa och i själva livet. Hälsa innebär att uppleva helhet i kropp, själ och ande. Resultaten av studierna 1 och 2 visar att människan efter att ha lämnat ett religiöst samfund kan erfara lidande och uppleva sig var "splittrad som människa". Den splittrade människan illustreras med "sicksacklinjer" i den tredje cirkeln.

När människans helhet rubbas följer upplevelser av lidande, splittring och längtan efter tillhörighet. Enligt Eriksson (2006) lider en människa när upplevelsen av att vara en hel människa rubbas. Resultaten av studier 1 och 2 beskriver lidande och splittring inom olika aspekter av livet. Studie 2 visar att livet efter att ha lämnat ett religiöst samfund innebär olika former av livslidande, såsom smärta, sorg, skuld, skam, rädsla och förödmjukelse. Studierna visar också människors upplevelser av splittring, i förhållande till andra, i förhållande till tro och Gud samt i förhållande till hälsa och välbefinnande. Förluster i livet, såsom förlusten av relationer med människor som en gång var viktiga och förlusten av gemenskap, kan leda till en längtan efter tillhörighet. Dessa förluster utgör ett lidande, eftersom människan inte längre känner sig som en del av en gemenskap.

Den splittrade människans upplevelser kan leda till betydande förändringar och utmaningar i livet och leda till konsekvenser för hälsan som ger upphov till behov av att söka hjälp och stöd hos vårdpersonal. Resultaten av studie 3 indikerar att människan som söker hjälp inom social- och hälsovården behöver omslutas av vårdande, sett i den yttersta cirkeln i figur 3. De fem pilarna illustrerar olika uttryck för omsorg i detta sammanhang. Dessa uttryck för vårdande är:

- Att skapa en relation som bygger på tillit och trygghet
- Att bekräfta vad klienten har upplevt
- Att förstå hur uppbrottet har påverkat klientens liv
- Att stöda den splittrade människan
- Att ge vägledning i att hitta en ny riktning i livet.

Genom dessa uttryck för vårdandet kan klientens väg mot helande, helhet och hälsa börja. Människan bör stå i mittpunkten för allt vårdande, oavsett hälsoproblem och livssituation. Livet efter att ha lämnat ett religiöst samfund tar en ny skepnad och nya sociala relationer behöver skapas. Därför kan denna process vara både lång och utmanande. Den teoretiska modellen har utvecklats genom en hermeneutisk tolkningsprocess. Modellen kan förhoppningsvis bidra till utvecklingen av den caritativa vårdteorin, men den är dock preliminär och behöver bekräftas genom ytterligare studier.

Slutsatser

Denna avhandling behandlar ett relativt outforskat forskningsområde. Den består av explorativa studier, eftersom att lämna ett religiöst samfund inte tidigare har studerats ur ett vårdvetenskapligt perspektiv. Den som lämnat ett religiöst samfund kan till först uppleva sig leva mellan två olika världar, uppleva utanförskap i en ny värld och att inte höra hemma någonstans. Men att lämna samfundet kan också innebära flera positiva aspekter i livet och leda till positiva förändringar och hälsa. Livet efter att ha lämnat samfundet kan beskrivas som att leva i en rörelse fram och tillbaka mellan svårigheter och välbefinnande. Resultaten visar att det helt klart behövs styrka och mod för att lämna samfundet. Så småningom, när människan återfår "fotfäste", tar livet en ny, positiv riktning.

Resultaten i denna avhandling visar två viktiga tillämpningsområden. För det första kan den nya kunskapen öka medvetenheten om och bidra till diskussionen om vad det innebär att lämna ett religiöst samfund och dess följder. En ökad medvetenhet behövs inom vården, men även inom andra områden och samhället i stort. Avsikten har varit att bidra med ny kunskap för att fylla den forskningslucka som identifierats. Klienter som lämnar ett religiöst samfund upplever att vårdpersonal, både inom social- och hälsovården, inte förstår allvaret i deras situation och deras lidande. Vanligtvis, när en klient upplever en kris i livet, ger familjemedlemmar, vänner och andra sociala nätverk ovärderligt stöd i en svår situation. Men genom att lämna ett religiöst samfund kan klienten förlora allt detta sociala stöd och bli helt ensam. Detta leder till lidande och eventuellt mentala problem, för vilka hen behöver hjälp och stöd från vårdpersonal.

I en strävan att öka kunskapen om att lämna ett religiöst samfund och därtill relaterade ämnen är utbildning av vårdpersonal väsentligt och nödvändigt.

Kunskap ökar förståelsen och förståelse kan leda till förändringar i det bemötande och stöd klienterna får. Vårdpersonal behöver ökad kompetens samt verktyg för att lindra klienternas lidande och stöda till hälsa och helhet. Resultaten i denna avhandling visar att religion och religiös tillhörighet fortfarande är ämnen som är tabu inom vården. Vårdpersonal har ofta inom sin grundutbildning fått lära sig att inte prata om religion med sina klienter och även om de inser att det inte längre är rekommendationen, upplever de ämnet som svårt att närma sig och diskutera. Att fråga klienter om deras religiösa tillhörighet och om de upplever denna gemenskap som en resurs eller en börda är ett sätt att öppna upp för en diskussion på klientens villkor. Att kunna diskutera frågor som rör religion och religiös tillhörighet är väsentligt för klienten, eftersom detta kan vara en kärnfråga som leder till problem. Alla klienter inom vården behöver få denna möjlighet att diskutera, inte endast klienter som funderar på att lämna eller redan har lämnat ett religiöst samfund.

Att lämna ett religiöst samfund kan vara en isolerande och ensam process, och människor kan längta efter att dela sin berättelse med någon (LeCount, 2017), vilket också kan ses i resultaten av denna avhandling. Deltagarnas berättelser innehöll mycket lidande och smärta, men också tillförsikt och hopp inför framtiden. Deras resa hade krävt ett stort mod. Efter intervjuerna uttryckte många deltagare att det var en befriande och terapeutisk upplevelse att få prata om vad de varit med om och känna sig hörda. För vissa var detta första gången de någonsin berättade för någon om sina upplevelser. De uttryckte tacksamhet för det valda forskningsämnet och möjligheten att delta i studien, samt en önskan att hjälpa andra genom att berätta sin historia. Deras kommentarer kan ses som ett uttryck för den bristande förståelse och bekräftelse de tidigare hade upplevt. Min avsikt med denna avhandling har varit att göra deras röster hörda.

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“Living Between Two Different Worlds”: Experiences of Leaving a High-Cost Religious Group

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Abstract

The aim of this interdisciplinary study is to gain a comprehensive understanding of individuals' subjective experiences after leaving a high-cost religious group and how these experiences have affected their lives. In-depth interviews were done with 18 participants who had left different religious communities in Finland. The interviews were analysed through a thematic analysis. The results show that religious disaffiliation is a life change that may affect an individual's life in profound ways. Life after being a member of a high-cost group may involve experiences of fear, guilt, sorrow, pain, loss and even suffering on an existential level. These experiences can have serious implications for one's well-being and health. However, life after religious disaffiliation also includes many positive aspects, such as experiences of joy, freedom, relief, gratitude and empowerment.

Keywords Religious disaffiliation · High-cost religious group · Experiences · In-depth interviews · Thematic analysis

Introduction and Aim

Religious disaffiliation has become more common in recent years (Fenelon & Daniels, 2016; Fisher, 2017). Finland is considered a secular country, and secularization is increasing in terms of decreasing memberships and participations in religious services. Even if there is an exceptionally high rate of membership in the state church, the Evangelical Lutheran Church of Finland, this membership is constantly declining, from 95% in 1950 to only 68.6% in 2020. At the same time, religious

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diversity is increasing, and there are a growing number of new religions and religious movements in Finland (Evangelical Lutheran Church of Finland, 2021; Lassander & Nynäs, 2016; Nynäs et al., 2015). There is no reason to believe that the trend of leaving religion always results in difficulties for an individual. However, in this study, we explore the circumstances where religious disaffiliation can be expected to lead to challenges in an individual's life.

Researchers have previously found faith and religion to be positive resources that strengthen an individual's quality of life (Griffith, 2010; Hintikka et al., 2001; Koenig, 2009). Faith can give an individual well-being in the form of hope and joy as well as aims and meaning in life (Koenig et al., 2012), and religion can provide believers with a positive worldview, which gives meaning even to negative experiences (Pargament et al., 2000). Religious affiliation serves as a considerable source of social support for many as social relationships and social integration are important. However, research shows that religion and group membership can also be a burden and negatively affect an individual's health and well-being. According to Heino (1995), it depends on the character, aim and approaches of a religious community if the community constitutes a resource or a threat for the individual, if it promotes or inhibits health.

Leaving a religious community or one's faith has been conceptualized with a variety of terms including *dropping out*, *exiting*, *defecting*, *apostasy*, *disaffiliation* and *disengagement* (Bromley, 1988). The term *deconversion*, leaving a religion, as a contrast to the term conversion, is also commonly used (Streib, 2021). Studies on conversion have been conducted for decades (Rambo, 1999; Taylor, 2021), but according to Gooren (2007) this research lacks attention to disaffiliation. According to Streib and Keller (2004), the process of deconversion involves intellectual doubt, emotional uneasiness or distress, and moral criticism culminating in disaffiliation from a religious organization. Deconversion is a multidimensional process that leads to changes in key constructs such as values, well-being and spiritual self-identification (Streib, 2021).

The concept religious disaffiliation was chosen in this study because the focus is on individuals leaving a religious group, not on whether they also leave their faith or religion. Religious disaffiliation is most commonly defined as changes in either "Individual role-related activity", no longer being a member of or involved in the activities of an organization, or "Individual symbolic connectedness", no longer identifying oneself with a specific religious group or its belief system (Bromley, 1991, p. 165). Bromley (1988, 1991) was one of the first to study religious disaffiliation and the challenges that individuals experience. These difficulties depend mostly on the religious group, how much individuals have invested in the group and how long they have been members (Bromley, 1991). In this study, we explore individuals' subjective experiences of leaving a religious affiliation in a Finnish context.

Not all who leave a religious community experience hardships and serious implications. Therefore, the participants in our study have been members of what they experienced as being so-called high-cost religious groups, because that is where the challenges seem to be the most visible. High-cost groups are defined as "the most demanding, high-cost, theologically and culturally exclusive religious groups" (Scheitle & Adamczyk, 2010, p. 326). In these groups, members face high levels of

participation as well as restrictions on behaviour and social interactions. The Church of Jesus Christ of Latter-day Saints (commonly called Mormons) and Jehovah's Witnesses are typically considered being among such high-cost groups (Scheitle & Adamczyk, 2010). High-cost groups are described as environments with a strong group dimension, where the group controls its members' relationships, both with each other and with outsiders. Membership is inseparably connected to an individual's identity, so an individual considering leaving the group is faced with a difficult choice, because leaving the group entails much more than just leaving an organization. Studies show that leaving these high-cost groups can lead to poor health both physically and psychologically (Coates, 2010; Ransom et al., 2021; Scharp & Beck, 2017).

Previous studies show that leaving a religious group can be experienced as difficult, mostly due to the resulting losses, including that of family and community (Coates, 2010). Religious disaffiliation can significantly impact family systems and lead to the loss and diminishment of social relationships and social support (Knight et al., 2019) as well as experiences of ostracism and social shunning (Ransom et al., 2021). Disaffiliates may have difficulties fitting into society and can feel "out of place" (Coates, 2010) as well as needing to develop a new identity and new self-concepts after leaving the group (Nica, 2020). Life after leaving a religious community can even entail suffering of life, such as living with sorrow, fear, guilt and shame, which can be difficult to endure (Björkmark et al., 2021).

Many popular science and biographical books have been written during the past years, describing religious disaffiliation and related topics, including spiritual abuse, fear and children in controversial groups (Dam, 2017; Egedius & Torp, 2017; Essen, 2008; Finch, 2019; Frisk et al., 2018; Hassan, 2013; Hurtig, 2013; Järvå, 2009, 2021; Linjakumpu, 2015; Linjama, 2014; Rova, 2016; Ruoho, 2017; Villa, 2013). Recently, the topic has also been presented in a handbook from a variety of perspectives (Enstedt et al., 2020). However, few studies have comprehensively explored individuals' experiences of how disaffiliation affects their lives (Fenelon & Daniels, 2016; Fisher, 2017), and this motivates the present study as well as further research.

Religious disaffiliation may lead to such profound changes in life that it affects individuals' health and well-being, and they need to seek help from health care professionals. On the other hand, individuals have their own resources, which promote health and give them strength in such a situation (Nica, 2019; Ronimus, 2011). Religious disaffiliation has been studied from the perspectives of sociology, theology, psychology and the psychology of religion. However, there is a lack of studies in this context from a caring science perspective. In comparison with other disciplines caring science can pay specific attention to an individual's well-being, health and positive resources.

The aim of this study is to gain a comprehensive understanding of individuals' subjective experiences after leaving a high-cost religious group and how these experiences have affected their lives.

The study is thus explorative, which is a methodological approach specifically suitable for research where a given phenomenon is not clearly defined and there is only little systematic knowledge about it. This broad-ranging and purposive

qualitative methodological approach leads to a description and an understanding of a given topic. Exploration is primarily carried out through inductive methods of research with the goal of generating new ideas and forming theory that emerges directly from data (Stebbins, 2001). Consequently, the study is not driven by a specific hypothesis, even though it is informed by theoretical observations. The study is not comparative in regard to how or when the disaffiliation took place or in regard to experiences of mental health problems and emotional experiences before and after the disaffiliation. Nor is the aim of the study to examine the background to or reasons why the participants disaffiliated.

Interdisciplinary Theoretical Framework

This study is interdisciplinary and combines the perspectives of both caring science and the study of religions, as they converge and complement each other. The study's theoretical framework consists of a theory about communion from a caring science perspective and of social identity theory from a study of religions perspective. These theories can shed light on and promote understanding of individuals' experiences after religious disaffiliation.

The study is grounded in caring science, a human science that adds to the understanding of the human being, with the ultimate goal of alleviating suffering and serving life and health (Eriksson, 2006). A central concept in caring science (Eriksson, 2006; Lindström et al., 2018) is communion, which is used as a positive qualitative aspect of belonging to a community. Belonging to a group is considered one of the basic needs of a human being, and fellowship, or communion, is important for health and well-being. Human beings long to be unique, and simultaneously to be part of a larger communion, to exist as a person in a context and find meaning in life through communion. A caring communion is a place where a person feels invited, welcome and can experience love, joy and freedom. To not feel welcome deprives a person of hope and joy in life, regardless if in a single, concrete situation or life as a whole.

Social identity theory has also been chosen as a theoretical framework as it serves as a structure for understanding the individual as member of a group. Social groups are the most important expression of humans as social beings with a need to live in social groups. The social identity theory was developed by Tajfel and Turner in the 1970s. Groups provide us with a sense of *social identity*, which is defined as the knowledge that we belong to certain social groups together with the emotional and value significance that this group membership brings us. Groups form an external framework for our behaviour, and they also shape our psychology and contribute to our sense of self. An individual's sense of self is enhanced not only by belonging to certain groups, but also by being different from members of other groups. These distinctions between "us" versus "them" help us understand ourselves and also affect our self-evaluation and sense of worth (Haslam et al., 2009).

Method, Data and Analysis

Recruitment of participants was carried out among persons who had left a religious community and had experienced difficulties due to this disaffiliation. Recruitment was mainly done through the organization Support for Victims of Religions (2021), by posting research requests on their web-pages and in closed Facebook peer support groups. This is a national organization in Finland, whose goal is to support and give peer support to people who have experienced difficulties in religious communities. Inclusion criteria involved participants who had left groups, which they themselves perceived as being high-cost religious groups, as well as groups that have been established in Finland over a longer period of time.

In-depth interviews were conducted with 18 participants who had left different religious communities in Finland. The participants are presented in Table 1. The information gathered about the participants was gender, age, place of residence, religious community they disaffiliated from and years since disaffiliation. Other information, such as education and mental and physical health status, was deemed as not relevant for this study. As Finland is a small country, the participant's anonymity has to be protected and all of their information cannot be disclosed.

The majority of the participants (14) had been members of the religious community since birth, while 4 had affiliated as adults. Also, 14 participants had disaffiliated

Table 1 Participants

Former religious community disaffiliation	Gender	Age	Years since disaffiliation
Free Church	Man	25–30	11
Jehovah's Witnesses	Woman	45–50	3
Jehovah's Witnesses	Woman	55–60	8
Jehovah's Witnesses	Woman	40–45	19
Jehovah's Witnesses	Woman	30–35	16
Jehovah's Witnesses	Man	30–35	9
Jehovah's Witnesses	Woman	45–50	16
Jehovah's Witnesses	Man	40–45	15
Laestadianism	Woman	35–40	5
Laestadianism	Woman	40–45	4
Laestadianism	Man	45–50	1
Laestadianism	Woman	60–65	35
Laestadianism	Woman	50–55	7
New charismatic movement	Woman	35–40	3
New charismatic movement	Woman	35–40	3
New charismatic movement	Woman	40–45	7
Pentecostalism	Woman	50–55	9
Pentecostalism	Man	45–50	13

Participants' information is presented in a form that protects their anonymity

voluntarily, while 4 had been excommunicated by the community (involuntarily). The religious communities that the participants had left were: Jehovah's Witnesses, Laestadianism (a pietist revival movement, part of the ELCF church), New charismatic movements, Pentecostal congregations and one Free Church (part of the Evangelical Free Church of Finland). All of these communities can be considered high-cost religious groups.

The in-depth interviews were conducted by the first researcher. A semi-structured interview guide was made in advance, including questions about life after the disaffiliation, how their health and well-being had been affected, and what they had experienced as particularly positive and especially difficult after the disaffiliation. The interview began by giving information about the study, and written consent was obtained from all participants. The interviews lasted from 1 to 2 h with each participant and were mostly conducted in person; however, two interviews were conducted via Skype, according to the wish of the participants. After the interview, the participants were asked about their experiences of it, and if needed, information was given about where to find support (peer support and helplines). The interviews were recorded (a total of 26.08 h) and transcribed, and the data material consists of 328 pages transcribed text (Times New Roman, 12 p, single space). Anonymization was done through numbering the interviews, and only the first researcher knows the identity of the participants.

The thematic analysis (TA) method by Braun and Clarke (2006) was chosen. TA is "a method for identifying, analysing, and interpreting patterns of meaning (themes) within qualitative data" (Clarke & Braun, 2017, p. 297). An inductive analysis was conducted. This is a data-driven analysis, where the themes are strongly linked to the data without fitting them into a pre-existing theoretical frame (Braun & Clarke, 2006). The phases of the TA process were followed: familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming 20 sub- and five main themes and finally producing the report (Braun & Clarke, 2006). The coding phase was done with the help of NVivo, a computer-assisted qualitative data analysis software (CAQDAS).

Ethical Considerations

Ethical aspects become especially important as this study can be considered "sensitive research" with vulnerable participants (Liamputtong, 2007). An ethical approval was received from the Board for Research Ethics at Åbo Akademi University on 30 May 2018. The study has been carried out in accordance with the ethical principles of Research Integrity in Finland (Finnish Advisory Board on Research Integrity, 2012; Finnish National Board on Research Integrity, 2019). It has been crucial through the entire research process to be attentive to the fact that religious disaffiliation may be a sensitive and complex subject, which may bring difficult memories and emotions to the surface. Permission was obtained to recruit participants in Facebook groups and on web-pages, and contacts were created in a tactful and dignified manner. It was important to not harm the participants or cause unnecessary difficulties. All participants were informed about the purpose and procedure of the study,

and participation was voluntary and could be interrupted at any time. Special attention was paid to protecting the informants' integrity and anonymity throughout the entire study.

Results

Five themes were found through the qualitative thematic analysis: living with fear and guilt, sorrow and pain over what one has lost, broken as a human being, lifelong process of building a new identity, and a life of freedom and joy. The themes and subthemes are presented in Table 2. The reliability of the themes is confirmed by quotes, and numbers after the quotes refer to which interview the quote is taken from.

Living with Fear and Guilt

The participants described how they had lived all their lives with different kinds of fears, and these fears continued, even after disaffiliation. One participant used the metaphor of having been marinated in shame and fear, all through her childhood. She said: *When you have been marinated in it as a child... in shame and fear... You can't get rid of it.... you have to learn to live with it... (18).*

Table 2 Themes and subthemes

Theme	Subtheme
Living with fear and guilt	Living with different kinds of fears Fear of rejection and difficulties trusting others Deep feelings of guilt Feelings of self-blame and shame
Sorrow and pain over what one has lost	Losing family and friends Rejection, loneliness and isolation Void and emptiness in life Sorrow over the sacrifices made
Broken as a human being	Mental health problems and mental illness Psycho-somatic symptoms and physical illness Experiences of trauma and violence Substance abuse and suicidal thoughts
Lifelong process of building a new identity	Living between two different worlds Identity confusion and identity crises Finding one's true self and new ways of looking at the world Building a new life is a lifelong process
A life of freedom and joy	Experiences of joy, happiness and well-being Living with a sense of freedom and relief Feelings of empowerment, strength and courage A new world opened up

The participants expressed how they not only had to deal with fears related to this present life, but also fears related to death and eternity, such as fears that they had sinned, fear of punishment and fear of going to hell. *Overall, I think this is such a difficult topic... because it is not only about things of this life, but there is this eternity perspective... that if I leave this congregation... and end up in hell for eternity... then how do I dare leave...if this is the alternative... (3).*

Freedom was described as wonderful, but in the beginning, also as frightening. The participants described being afraid of having gone astray and doing wrong. Also fears related to other people, including fear of rejection and being afraid of losing people close to them. This led to having difficulties trusting anyone or anything. One participant said: *I don't let people come close... I believe it is because some kind of fear... fear of losing them... (14).*

Religious disaffiliation also leads to deep feelings of guilt. Having lived many years with the feeling of being a sinner and an unworthy person, it is difficult to get rid of the guilt. Guilt over being the one who is wrong, and that the others were right after all, or feeling a sense of being punished by God with illness or other difficulties. Some described that their earlier conception of God was that God was the same as this group, and now they felt as they were eternally lost. The participants who had joined the community as adults felt guilty over having joined and that they now deserved the hardships. *I still have those guilty thoughts. Or I think that if things go a certain way it is because God is punishing me... Or that they are right and I am lost and wrong... (4).*

Self-blame and shame are connected to feelings of guilt, blaming oneself for joining the community, for wasting so many years there, and for the feeling of being manipulated. Feeling shame over what one's children have had to endure and wanting to honour one's parents, but now causing them pain. Feelings of having been manipulated and cheated can lead to anger and bitterness. *Something that has bothered me many times since I left, is that I wasted so many years...and I blame myself... I think about it often...that why did I stay there so long, why did I give my whole youth and all my years away...and why did I do as I was told... this is really difficult for me from time to time. (10).*

Sorrow and Pain Over What One Has Lost

Religious disaffiliation can lead to great changes and losses in life. For some it may entail losing one's whole family and all friends at once. *All my friends were in that congregation, and at the point when I was excommunicated, I lost everything, absolutely everything... (11). All the people around you disappear and all your friends leave....and all the familiar, safe things in life disappear, all at the same time. (7).*

Some participants described a total rejection and a sense of "ceasing to exist" in the eyes of those who are still members, as their former community practices official exclusion. Others described more unofficial and unspoken forms of exclusion. All participants spoke about condemnation and feelings of being an outcast. *How total the loss is... when you practically lose all the people around you... who you have been in contact with on a daily basis...you don't have anyone you can call.... (11).*

Sorrow comes from missing one's children, parents and friends. Pain also comes from knowing that one's choices have caused one's own family to suffer. Some experienced a lost youth, and having to relive that now as an adult. *Mother's Day is a day, when I see that my adult friends are for instance with their parents or doing things with their mom...or if I see someone travelling with their mom...or just spending time with their mom...that's when I feel sorrow... because I lost that... I have been really close to my mom.... we had a real close relationship... (14).*

Some participants had suffered from great loneliness and social isolation. Others missed the unique fellowship of the community and felt an emptiness and a spiritual longing. Disappointment arises from understanding that love, respect, acceptance and support, within the community, were conditional. Feeling disappointed with former friends and also with leaders in the community. In the long run, all participants had to sacrifice something, some more and some less, in order to receive freedom and a good life.

Broken as a Human Being

The participants described their experiences of mental health problems, or being "broken and cracked as a human being". Almost all participants spoke about feelings of anxiety and they also mentioned stress, fatigue, burnout, panic attacks and mood swings. Psycho-somatic symptoms, such as sleep disturbances, digestive problems and headaches, were common and associated by the participants with their disaffiliation. Some even described how the stress after disaffiliation triggered physical illnesses that in some cases became chronic. *Chronic stomach problems have remained since then, I have had lots of stomach and bowel problems. Migraines were activated around the same time... they were really regular and chronic. I believe they were connected... things were so difficult at the time... (12).*

Right after the disaffiliation there were experiences of emotional numbness, of feeling empty and incapable of showing or expressing feelings. Some mentioned that they had tried to suppress their pain with alcohol and ended up drinking excessively, for a period of time. *There the gap between me and the congregation started ...and it grew... and I started using more alcohol... (15).*

According to the participants, some of their mental health problems were induced by fear. Some experienced fear and nightmares about perishing and the afterlife, such as fear of Harmageddon and hell. Some experienced frightening thoughts and voices, while others experienced social fears, which lead to social anxiety and isolation from others. *I had tons of anxiety... it felt like this town is such a small place, I can't go anywhere... (4).*

Several participants spoke about feelings of being traumatized inside the community. Some were victims of abuse, as they had experienced violence during childhood, and others had witnessed sexual abuse. *I started having very violent flashbacks from my childhood.... I come from a violent family....and suddenly this started showing up, as very strong flashbacks (8).*

Some were diagnosed with mental illnesses, such as severe depression, anxiety disorders and psychosis, which required sick leaves of different lengths, and even

in-patient psychiatric care. *I suffered from severe depression.... It was life threatening; I was dangerous to myself and to those around me... (13). I had strong anxiety... and before the speed and mania turned to psychosis... I had very strong anxiety that then triggered the psychosis... (1).*

Some participants had gone through periods in life when their pain was bottomless, when they felt fragile and were not able to cope with life. Some had suicidal thoughts, since death felt easier than living with the anxiety and pain. *At that point it would have been easier to commit suicide... than living with the agony....it would have been possible if I would have had an appropriate way to do it... (6). I totally lost my sense of security, when I hit rock bottom.... I was so full of anxiety and pain, that death would have been easier than the anxiety and pain.... (6).*

Lifelong Process of Building a New Identity

Life after religious disaffiliation is described as living between two different worlds. A strong border between one's own community and the outside world, and also the distinction between "us and they" create a sense of two different worlds. In the beginning, there were feelings of "floating in emptiness" and feelings of outsider-ship, feeling that one does not belong to either world. Many participants described a complete lack of knowledge about the outside world. Building a new life involved learning many new things about this world. Some described how everything had to be relearned and built from the ground up. *I have a feeling that my whole identity was founded on that (religion), and at that point when I left...or I was in the process of leaving... I realized that I didn't know anything about this world. (7) Like you are an immigrant and have to abandon all your ways of doing things and learn a new way of living in this society. (8).*

The participants described that their former identity had largely been connected to the community identity. Life in the community was about life as a whole, not just one small part. After disaffiliation, they experienced feelings of identity confusion and identity crises. Since their personal and community identities were so intertwined, in the beginning it was difficult to distinguish one's own identity. Some participants described coming out as a homosexual, which led to even greater challenges in life.

Part of building a new identity as a disaffiliate is described as finding one's own true self, finding own ways of thinking and listening to own wishes and choices. One's former life, within the community, was experienced as easier in a way, because there one was told how to think and how to act. Making own choices and starting to think for oneself was at first both liberating and difficult. Eventually one needs to create own opinions and new ways of looking at the world. *When you seriously start thinking about your own identity at 50...what am I, who am I, what do I believe in, do I approve of this, do I approve of that.... what is my opinion. (7).*

To become free from a previous identity means that in the beginning one's direction in life may be completely lost and beginning to look at the world in a completely new way is a long process. While the physical level of disaffiliation (ending physical attendance) can be a short process, separation on mental, emotional and

spiritual levels is described as a very long process. One participant described how she had left the community 35 years ago, and still the process was on-going. *Breaking free on a physical level can be quite a quick process... but breaking free mentally can last many years... (15).*

The participants described how building a new identity is a lifelong process and how their background might affect them for the rest of their lives. Some described how their background had left them with such emotional scars that they doubted if they ever would find balance in life. Others experienced that they already had reached a point of a balanced and good life. *Maybe on the same level as when you say that "once an alcoholic—always an alcoholic" ... I believe that when you have been under strong mind control since childhood, it is the same way...I can't even say that it is a part of me, but that I am still a part of it in some way. You could even say that you need treatment all your life, at least at some level. (1).*

A Life of Freedom and Joy

The participants also described many positive aspects of disaffiliation such as joy, happiness and a sense of freedom. The decision to leave is described as one of the biggest and most satisfying decisions in life. *I felt free, like being cut loose from a ball and chain... It was an amazing feeling (5). It was the greatest and most satisfying thing... when I left everything behind... I was so happy... it just felt so unreal... I felt like I was floating several feet up in the air, all the time... (13).*

Freedom is partly about feeling a sense of relief over having left that chapter of life behind, and not having to go back. Some even described it as getting out of prison. Freedom is also about finally being able to be oneself, and be able to live a life one never has dared dream of.

I remember those first feelings of freedom...when I suddenly realized that I am no longer tied down by chains in any direction. I can do whatever I want and listen to whatever I want... (2).

The decision to disaffiliate required courage and strength. Some participants described there being a certain "turning point" that had led to their decision, but most described their disaffiliation as a result of a very long process. Many came to a point where there were no other alternatives, and they felt that their decision was certain and final. *I knew that the day I dropped.*

out...no one could persuade me to come back...I was absolutely sure. (18) I didn't leave until I had tried everything... when I didn't have anything left... Then I was totally sure about my decision. (10)

The decision to leave gave feelings of strength, security and courage, as well as an empowering feeling of having dared to leave and being able to take responsibility over one's own life. The decision was expressed as being a difficult one, but liberating at the same time. *The decision...when I decided to take responsibility for my own life and do things that are important to me, that was so empowering...it gave me a sense of security, that I had a possibility to try and do my own things. (15).*

The positive experiences and feelings came with a price and were mixed with negative feelings and difficult experiences. Life, at least in the beginning, was

described as a movement back and forth between well-being and difficulties, for instance, as going back and forth between feelings of freedom and fear. Yet, the participants expressed a deep gratitude and appreciation for their new life and newfound freedom. They experienced that a new world had opened up, a new world with novel possibilities.

Discussion

The results of our study show that leaving a high-cost religious group is described as an experience of living between two different worlds. At first, the participants describe themselves as being outsiders in a new world and feeling like living in an “in-between” space, not belonging anywhere. This corresponds to the results of Bromley (1991, p. 175) and Ebaugh (1988, p. 113) who describe how members who have been deeply involved in religious groups experience feelings of “having their feet in two worlds” and being “caught between two worlds”. As our study shows, participants felt like they were immigrants who knew nothing about the new culture and had to learn everything from the beginning. Gradually, they found more and more elements of the new world that helped them in building a new life with new content.

The results of our study correspond with previous research that suggests that religious disaffiliation may lead to major adjustments in life, be emotionally and relationally challenging and may cause significant disruptions in social relationships. Religious disaffiliation may result in significant changes in a person’s identity and life course and also affect quality of life and well-being (Fenelon & Danielsen, 2016; Knight et al., 2019; Scheitle & Adameczyk, 2010), which our study also shows. Our results suggest, in accordance with Bromley (1991), that the severity of the disaffiliation process seems to depend on factors such as duration of membership, group involvement and manner of leaving the group. However, as we have not conducted a comparative study, this is an area that still needs to be explored.

The results can be understood in the light of social identity theory and how social groups contribute to a sense of social identity. The participants put into words how they had lost their social context, and through this also their social identity. Especially if one has been born into a group, and one’s social identity is entirely connected to being a member of this group, losing this identity and rebuilding a new identity can be a very long process. Loss of social identity is known and is also shown in this study, to cause health problems, namely mental health problems. In our study, we found that all participants experienced a social identity crisis, caused by doubt and negative experiences in the group. Extensive emotional effort is required in order to create a new social identity.

In our study, we also found how important communion, fellowship or social context is in a person’s life. Most participants described how they had been members of communions, which they once experienced as loving and caring and where they had been invited and welcome. For various reasons, that were not explored in this study, the participants had gradually begun to experience that the communion no longer held the same attributes that it once had held for them.

Many described how there was a growing conflict between striving to be a unique person, on the one hand, and measuring up to the demands and the teachings of the group, on the other. The previous communion could no longer provide love, joy, freedom or meaning in life. The realization of not being welcome anymore or of being rejected was very painful for the participants. For some, the feeling of not being welcome was limited to certain situations and certain people, while for many this feeling encompassed all areas of life, all relationships and life as a whole. This process was described by many as “losing oneself”, while adjusting to a new kind of life and a new identity.

The results of this study show that experiences differ depending on when a person has joined the religious group and how the disaffiliation occurred. The study reveals a significant difference between disaffiliates who were born into the community and those who affiliated as adults. Disaffiliation for someone who has joined as an adult often means that connections with the “outside world” have remained. What is more, family and friends are significant sources of support after the disaffiliation. On the other hand, a person who has been born into the community may lose all social support as a result of the disaffiliation and end up isolated. Additionally, experiences differ between those who had involuntarily been disaffiliated from the group and those who had made a voluntarily decision. The process of leaving involuntarily may be an unexpected event, and the individual does not go through doubts and negative feelings until after the disaffiliation. Moreover, being officially excommunicated from the group may lead to a deeper suffering than if leaving voluntarily, resulting in, feelings of rejection, guilt and shame.

It is important to emphasize that life after disaffiliation also includes many positive aspects, such as experiences of joy, freedom, relief, gratitude and empowerment. The decision to leave was described as difficult, but as a whole, as a very satisfying decision that brought about freedom and joy. Leaving requires strength and courage, but also gives a person these same positive experiences, feelings of strength and courage. Depending on how much time has passed since the disaffiliation and the kind of process one has to go through, eventually the positive aspects become clearer and more evident in life. All participants drew strength from their own health resources or support that was provided in the process of rebuilding their life. Important in this process was finding new social contexts or new social relationships. Finding new relationships, outside of the previous community, seems to play a vital role in forming a new life, of independence and a new self-understanding.

The results demonstrate that disaffiliation from a high-cost religious group may affect a person’s life in profound ways and may involve suffering, even on an existential level. These experiences can have serious implications for an individual’s well-being and health. The theme being broken as a human being shows how an individual can experience health problems related to both physical and mental health. Even quite serious symptoms of health problems and mental illness were described in this study. The participants expressed that during the process they had needed nursing care, both in-patient and out-patient services. Many had also sought and benefitted from psychotherapy and other forms of therapy.

Limitations

By describing the methods used in this study, we have strived to maintain credibility. All steps of the analysis process were discussed and reviewed with all co-authors of the study in an attempt to strengthen the reliability and quality of the interpretations. We have presented the findings as themes and confirmed the themes with rich, vivid quotes from the participants. Findings have been described in an honest and careful manner, without shying away from the difficulties that religious disaffiliation entails. The study is empirically grounded and has external value, since the results are significant and can be used in further research.

One challenge in this study has been the translation of quotes, as the interviews were conducted in Finnish and Swedish. We are aware that the original meaning of quotes can be lost in translation, so the translations have been checked by an official translator. We may also have lost some nuances and depth of individual experiences as our priority has been to present the larger variety of themes. That the participants were mainly recruited through the organization support for victims of religions can be considered a limitation in this study, since these persons have sought support because of explicit negative experiences before and after their disaffiliation. However, we chose to recruit persons from this organization, as well as by means of other methods, as our aim was to interview persons who had experienced difficulties due to their disaffiliation. Because of the sampling method and the qualitative and explorative design of the study, generalization is not possible to other groups and contexts.

Conclusion

Leaving a high-cost religious group may mean significant changes and challenges in one's life and experiences of living in between two different worlds. At first, one may experience being an outsider in a new world and not belonging anywhere. However, disaffiliation also leads to many beneficial aspects, such as positive feelings, experiences and life changes. Life after leaving a religious affiliation can be described as living in a movement back and forth between difficulties and well-being. Eventually, when one gains one's "foothold" again, life takes on a new, positive direction.

This research consists of several steps as this first explorative study shows and affirms a need for further studies on many topics relevant for nurses and other health care professionals in regard to religious disaffiliation. Further studies are needed on what kind of coping, care and support a person needs in order to regain balance and health in life. This new knowledge will be important for health care professionals and therapists working with individuals who are experiencing difficulties after religious disaffiliation and is needed to develop the nursing care and support that they need.

Author Contributions All authors participated in drafting the research design and planning of data collection. Material preparation, data collection and analysis were performed by MB. The first draft of the manuscript was written by MB. PN and CK have supervised the completion of the article. All authors read and approved the final manuscript.

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Declarations

Conflict of interest The authors declare that they have no conflict of interest.

Research Involving Human Participants This research involved human participants. All procedures involving human participants were in accordance with the ethical standards of the institutional research committee (Board for Research Ethics at Åbo Akademi University) and with the 1964 Declaration of Helsinki and its later amendments and comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

Ethical considerations

Ethical considerations have been important during the entire implementation of this study. The study has been carried out in accordance with the ethical principles of Research Integrity in Finland (Finnish Advisory Board on Research Integrity, 2012; Finnish National Board on Research Integrity, 2019). Permission was granted for the study from the Board for Research Ethics at Åbo Akademi University on 30 May 2018.

Data Protection, Confidentiality and Privacy Special attention was paid to protecting the informants' integrity and anonymity throughout the entire study, as concealing the identity of the participants is essentially important in sensitive research with vulnerable groups. The data are stored according to the data protection regulations at Åbo Akademi University.

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Original Article

Suffering of Life after Religious Disaffiliation: A Caring Science Study

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Abstract

Background and aim: There are many circumstances where an individual, either voluntarily or involuntarily, may leave part of their life behind. Religious disaffiliation, the focus in this study, has become increasingly common and may under certain circumstances have a profound impact on a human being's life, health and well-being. The aim of this caring science study was to gain a deeper understanding of the suffering that human beings may endure after religious disaffiliation.

Participants and methods: In-depth interviews were conducted with 18 participants who had left various religious communities in Finland. The data material was analyzed through a qualitative thematic analysis according to Clarke and Braun.

Results and conclusion: The results show that life after religious disaffiliation entails different forms of suffering of life. Suffering of life was expressed as: Pain and sorrow over being rejected, Overwhelmed by guilt and shame, Living in constant fear of both life and death and Humiliated as a human being. Eriksson's concept suffering of life is relevant and valuable in understanding the results of this study. Ultimately, suffering of life refers to the violation of a human being's dignity. Further research is needed on what constitutes caring and how suffering can be alleviated in this context.

Keywords: religious disaffiliation, caring science, suffering of life, in-depth interviews, qualitative thematic analysis

Introduction

There are many circumstances in life where individuals, either voluntarily or involuntarily, may leave part of their life behind. Migration, marital separation, domestic violence and religious disaffiliation are just a few examples of situations where one faces transition and significant changes in life. Life changes often make it possible for an individual to find a new context and understanding in life (cf. Eriksson, 2006; Råholm, Arman & Rehnsfeldt, 2008), but life changes may also affect health and well-

being negatively. Life changes may lead to stress, health problems and suffering, due to separation from family and/or traumatic events (Bhugra & Jones, 2001; Anderson, Renner & Danis, 2012; Sbarra, Hasselmo & Bourassa, 2015).

The focus in this study is on the life change religious disaffiliation, where disaffiliation is defined as "the process by which individuals lose or change their organizational identification" (Albrecht, Cornwall & Cunningham, 1988, p. 70). Religious disaffiliation has become

increasingly common and may under certain circumstances lead to significant changes in an individual's life, in terms of identity, social networks, health and well-being (Scheitle & Adamczyk, 2010). Not all who leave a religious community encounter hardships or difficult life changes. Some disaffiliates describe experiences of happiness, independence, truth and honesty (Ronimus, 2011) as well as newfound freedom and greater well-being (Winell, 2007).

Religious disaffiliation has mostly been studied from the perspectives of sociology and the study of religions. Religious studies show that disaffiliation often is a complex and long process (Albrecht, Cornwall & Cunningham, 1988; Zuckerman, 2012; Nica, 2019). Individuals who are born into a religious community incorporate its worldview into their own (Fenelon & Danielsen, 2016) and the religion may become deeply internalized and constitute their entire life (Timonen, 2013). Reasons why individuals leave their religion are, for instance, intellectual disagreements with the religion (Thiessen & Wilkins-Laflamme, 2017), lifestyle restrictions of the community in conflict with attractions of the secular world (Hookway & Habibis, 2015) as well as generational differences in culture and habits (Mantsinen, 2020). Individuals considering disaffiliation are faced with a difficult choice and may try to leave in a way that causes little harm to themselves and their loved ones (Ronimus, 2011). Sociological studies show that it is common to lose social relationships and social support when one leaves a religious community (Fenelon & Danielsen, 2016; Knight et al., 2019) and this often leads to negative effects on health (Scheitle & Adamczyk, 2010). Individuals can experience feelings of anxiety, frustration, loneliness, sadness and anger, as creating a new intellectual framework of personal responsibility, critical thinking and decision making may be challenging (Berger, 2015). Individuals may also experience grief, emotional distress and even symptoms of posttraumatic stress disorder (Winell, 2016). Religious disaffiliation is still an unexplored area of research from a caring science perspective.

Aim: The aim of this caring science study was to gain a deeper understanding of the suffering that human beings may endure after religious disaffiliation.

Theoretical framework: This study is based on caring science and Eriksson's theory of caritative caring (Lindström, Lindholm Nyström & Zetterlund, 2018), where suffering is described as suffering of illness, suffering of care and suffering of life. The theoretical framework in our study focuses on suffering of life, which means suffering that encompasses a human being's total life situation, everything included in what it means to live and to be a human being among others (Eriksson, 2006). A person's total life situation can be changed in many ways and life one is accustomed to can be disturbed and suddenly more or less taken away. According to Eriksson (2006), suffering of life can include everything from an existential threat to the lack of love, which is one of the deepest forms of suffering.

Participants and method: Recruitment of participants was done with individuals who had left a religious community, mainly through the organisation Support for Victims of Religions (2020) in Finland. The data collection was conducted through in-depth interviews with 18 participants, 13 women and 5 men, ranging in ages from 26 to 65. 14 participants had been members of the religious community since birth, while four participants had affiliated as adults. The participants' disaffiliation had been voluntary (14 participants) or involuntary (4 participants) and had occurred during a wide time span, from 1 to 35 years ago. The in-depth interviews, which were conducted by the first author, lasted 1-2 hours with each participant. The interviews were recorded and transcribed into written form.

Thematic analysis according to Clarke & Braun (2013 & 2017) was chosen as the analysis method, since it is a method for identifying, analysing and interpreting patterns of meaning and themes within qualitative data. An inductive analysis was conducted through the six phases of this method. The first phase was carried out by listening to the recordings and reading through the interviews several times. During the next phase, codes for important features of the data in relation to the research question were created. The material was coded both semantically and conceptually with the help of the qualitative data analysis program Nvivo (version 12). An initial 61 codes were created and then categorized to find similarities and variations. During the fourth

phase, a new reading of the material was conducted and themes in relation to the whole material were checked. Several thematic maps were created to assist in understanding relationships between codes and themes. The fifth phase was done by organizing and identifying the core ideas of the themes. Four themes were chosen to portray the answers to the research question, and these themes were verified by the group of co-authors. In the final phase, the results of the analysis were written down.

A limitation in this study is the recruitment of participants through the organization Support for Victims of Religions, which may be reflected in the results. All steps of the analysis process were therefore discussed and reviewed with the group of authors in an attempt to strengthen the reliability and quality of the interpretations.

Ethical considerations: This study received approval from the Board for Research Ethics at Åbo Akademi University on May 30, 2018, and has been carried out in accordance with the Finnish National Board on Research Integrity (2019). The study can be considered sensitive research with vulnerable participants (Liampputtong, 2007), so the interviews were carried out with sensitivity to the participants' vulnerability and well-being. Concealing the identity of the participants is essential in research with vulnerable groups (King, Horrocks & Brooks, 2019), so special attention was paid to protecting the participants' integrity and anonymity. The participants were informed about the study in advance, about their right to anonymity and to withdraw from the study at any time. Written consent was obtained from all participants and after the interviews, they were provided with information about where to find support (peer support and helplines). Anonymizing the participants was done by numbering the interviews and only the first author knows their identity.

Results

Four themes, which were found through the analysis, are presented below. The reliability of the themes is confirmed by quotes from the participants. The quotes are followed by a number which refers to the interview from which the quote is taken.

Pain and sorrow over being rejected

Suffering that appears in the interviews is pain and sorrow over having been rejected. For some,

leaving the community means losing all of one's family members and friends and ending up in total social isolation. The loss of important social relationships is experienced as the most difficult loss to endure. The participants share their pain and agony over feeling rejected and excluded in terms of living with a feeling of no longer existing in the eyes of people who once were important. When meeting family members, they look away and walk down the other side of the street. Other people change in their way of relating, which makes one feel less worthy and unwelcome.

A person who has been close to you, a friend and all your loved ones, all of a sudden that person changes, and shows a different face (2).

Living in a strange situation, where one cannot stay in touch with people, even if they are alive. The loneliness is painful when one is not welcome in the family, no longer belongs to a group or has a place to go. Even if able to stay in touch with family and friends, there is now an invisible wall in between. Pain and sorrow also come from experiencing outsidership, a feeling of not belonging anywhere. Outsidership is described as feeling like being on the outside of both worlds. Feeling like an outsider in relation to the community that has been left, and at the same time feeling like an outsider in relation to the new world in which one now lives.

Overwhelmed by guilt and shame

The suffering that emerges is about living with overwhelming feelings of guilt and shame. Life within the community was experienced by many as revolving around making a person feel guilty. Many had lived with feelings of guilt and being sinful through their entire upbringing or for many years, and these feelings are difficult to part with. Religious disaffiliation may lead to experiences of being unworthy in the eyes of God. One participant described that in her world, God was the same as the group, so when she left the group she felt all alone, for now God was no longer on her side. Disaffiliates feel guilty for many things, including not being active anymore and for leaving the community. At the same time, they struggle with insecurity over who is right and who is wrong.

I felt terribly sinful and unworthy... like a really bad person, who has chosen, specifically chosen, this way of life... and

that choice is completely wrong (5)

Living with guilt is also about blaming oneself and feeling that everything that happens is one's own fault.

I blamed myself a lot, that I was a bad person... and my self-confidence started getting really bad and I thought that everything was my fault, after all... And how could I do something so awful to my parents (14).

Experiences of not measuring up or being good enough continue after leaving the community. Blaming oneself for wrong choices in life and experiencing self-blame is also about the consequences one's choices have for family members. Parents feel pain over what their children had to go through, as they experience that the environment was not safe and sound to grow up in. Others want to respect their parents and their faith, but still want to live their own life of freedom. By leaving the community, they have caused their family pain and sorrow.

The participants express shame as part of their suffering, a shame that mainly is a result of disapproval and condemnation from others. Either the entire religious community or individual members express their condemnation and disapproval of the individual as a person and the choices this person has made. Living with these feelings of guilt and shame is suffering that affects a human being's life and well-being.

Living in constant fear of both life and death

Living in constant fear of both life and death is about living with fear as an ever-present part of life. Fear is described as being felt in one's body and in some cases, it never leaves the body.

To live with that fear for so many years, fear of losing everything... not just family, relatives and friends, but a God who wanted me dead.... led to that many years after I had left... I noticed that I didn't know how it felt to not be afraid, because I was afraid all the time... (18).

Living in fear of life is about being afraid of having all important things in life taken away, fear of losing friends and family members, and fear of ending up lonely or being completely alone. Living in fear of having to meet and be confronted by those who still are members, or being pressured by them to return. Life, with all

the freedom and responsibility that it entails, feels frightening.

The fears are not only in relation to this life, but extend to life after death. The participants describe a fear of God and of being punished by God for many different things. Being punished for by leaving the community one has made the wrong decision, and therefore is going to perish and go to hell. Living in fear and apprehension deeply affects the well-being and health of a human being. The participants describe how their physical health is affected, for instance experiencing sleeping difficulties, pain and physical illness, which in some cases became chronic. Some participants had suicidal thoughts, during periods when they experienced a bottomless pain and life felt too difficult to endure.

Humiliated as a human being

Being humiliated as a human being is also a form of suffering that the participants describe. They experienced that they were treated poorly in the community and feel pain and agony over having been controlled and manipulated. Leaving the community, in some cases involuntarily, leads to experiences of life as being broken.

I trusted that organization so totally, it was my entire life....and then suddenly it was like the rug was pulled out from underneath me....and my whole life was shattered... (11).

Feelings of inadequacy and worthlessness continue after disaffiliation and affect one's dignity as a human being. One feels violated as a human being and worthless, both in one's own and others' eyes.

The participants experienced earlier, that most decisions had been made for them and they had few possibilities to make their own choices. Life was described as being easy in a way, when all choices were made through faith or by the community. After leaving the community, they experience it difficult to make their own choices and know what direction to take in life. Independent decisions are difficult to make, when one is insecure about and not used to expressing own wishes or needs.

The participants describe how they felt lost and empty as a human being in the beginning. Feeling an emotional numbness, where one is unable to cry, despite suffering and pain.

Humiliation also comes from no longer being accepted as the same person after leaving the group. From once being accepted and valuable in others' eyes, one is now transformed into a human being without value. The humiliation leads to feelings of self-doubt and difficulties in seeing one's own worth and dignity. The struggle to try to defend oneself and restore human dignity is painful and lonely.

Discussion

The results of our study show that life after religious disaffiliation may entail different forms of suffering of life, such as living with pain, sorrow, guilt and shame, as well as living with constant fear and humiliation as a human being. Eriksson's (2006) concept suffering of life is relevant and valuable in understanding the results of this study. Suffering of life that emerges is about living with pain and agony. Life has changed in a profound way and no longer exists in the form one was accustomed to. Losing one's social relationships, one's family members and friends leads to pain that is the most difficult to endure. Feeling forsaken and abandoned by important people who used to be close, and not welcome among them anymore. During periods when life is experienced as too difficult to endure and is threatened by being destroyed, one may experience suicidal thoughts. These results are consistent with previous research, which show that religious disaffiliation may lead to the lack of social support which negatively affects an individual's health (Scheitle & Adamczyk, 2010) and leads to sorrow, anxiety, loneliness and anger (Berger, 2015; Knight et al., 2019). According to Eriksson (Lindström, Lindholm Nyström & Zetterlund, 2018), communion is fundamental for all human life. For many human beings, fellowship or a sense of community with others, is a source of strength and is important for health and well-being (Björkmark & Koskinen, 2016). The experience of not being welcome either in regards to an individual situation or a communion produces suffering and deprives a human being of hope and the joy of living. To not being taken seriously or being seen can cause unendurable suffering as it gives a feeling that one does not exist for others (Eriksson, 2006).

Suffering of life is also expressed by living with overwhelming feelings of guilt and shame. To have lived with guilt for many years as well as feelings of being unworthy and sinful have long-

term effects on a human being. This study shows that constant feelings of guilt come from experiences of having done wrong in the eyes of God, as well as others condemning and making one feel guilty. Individuals who become accused and condemned begin to doubt themselves and are not able to see their own value. According to Eriksson (2006), to condemn is to declare the other invalidated and to obliterate her as a human being.

On the other hand, a person experiences shame, dishonour and disgrace, something that needs to be hidden from others and is experienced deep inside (Werkander et al., 2012). The shame that emerged in this study was mainly a result of the accusations and condemnation of others. Wiklund (2000) points out that the experience of shame is fundamental in the suffering human being. Suffering in the form of violated dignity and a pervasive experience of shame is a threat to the "true" human being, as it prevents the human being from being whom and what this human being was meant to be. Feelings of shame are the consequences of one's dignity being violated, and can be caused by both oneself and fellow human beings.

Suffering of life, specific for this context, is expressed as living with fear. These fears concern both this life and life after death. For instance, one may become so paralyzed by fear that one avoids going out and meeting other people. Fears related to death entail being afraid of God's punishment, of life after death and going to hell. These fears are manifested in the body through symptoms such as physical pain and sleep difficulties. According to Lindström (1994), fear is one of a human being's defences as it protects the self-esteem from feelings of inferiority and shame. Fear may nourish illusions and drive the human being farther away from her true self. Fear in this study is part of the suffering of life, and it makes life difficult to endure.

Living in a religious community, especially from childhood, may lead to that a person's whole identity is made up of the identity of being a member. Losing this identity leads to feelings of losing one's "self" and feeling totally lost. At first life is about living in uncertainty and insecurity, not knowing who one is and where one belongs. These results are in line with previous research, which show that religious disaffiliation may lead to profound changes in life, such as changes in identity (Timonen, 2013),

self-concept and well-being (Nica, 2019 & 2020). According to Eriksson (2006), a person who has experienced herself as whole may suddenly feel that her identity has dissolved and her inner core has crumbled into many small parts. When a person experiences hopelessness, sorrow, guilt, loneliness and humiliation, it is difficult to experience wholeness.

Suffering of life is also about humiliation and being violated as a human being. Wiklund (2003) maintains that human beings' experience of dignity is threatened when they do not receive confirmation of who they are and their thoughts and feelings are not validated. This leads to feelings of shame and an existence characterized by chaos. The participants in this study described how feelings of humiliation led to chaos and a sense of life being meaningless. Ultimately, suffering of life in this study refers to the violation of a human being's dignity. The participants expressed how their feelings of inadequacy and worthlessness continued long after their disaffiliation and affected their dignity as human beings. They felt worthless, both in their own as well as others' eyes, and violated as human beings. Eriksson (2006) points out that it always involves a violation of dignity when something is experienced as suffering. A person can endure loneliness, lack of love and guilt, as long as it does not violate her as a human being.

Conclusion: Through caring science, especially the comprehensibility of Eriksson's concepts, we are able to identify and contribute to the understanding of suffering in the context of religious disaffiliation. The strength and courage that the participants needed to make the choices they had made clearly emerged in the interviews. Other studies have shown that there is a lack of support specifically designed for individuals who have disaffiliated (Zuckerman, 2012) and therapeutic strategies for helping individuals recover from religious groups (Jenkinson, 2016). Further research is needed on what constitutes caring and how suffering can be alleviated in this context.

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What is Caring for a Client after Religious Disaffiliation, from the Perspective of Care Professionals

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Leaving a religious community may under certain circumstances lead to significant changes in an individual's life. The aim of this caring science study was to gain a deeper understanding of what is caring for a client after religious disaffiliation, from the perspective of care professionals. Semi-structured interviews were conducted with nine care professionals working within psychiatric care, and were analyzed through a qualitative content analysis. Caring for a client after religious disaffiliation is described as Having someone who walks beside, part of the way, and the results are presented in five categories. Having a holistic view as a care professional implies seeing and caring for the whole human being, including spiritual dimensions.

Keywords: caring, religious disaffiliation, care professionals, qualitative content analysis

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Introduction

Leaving a religious community may under certain circumstances lead to significant changes in an individual's life. Religious disaffiliation can be defined as the process by which individuals change their organizational identification, either by adopting another organizational identification or no longer affiliating with any religious group (Albrecht et al., 1988). Religious disaffiliation may lead to the need for help and support from care professionals to regain health and well-being. However, there are only few studies conducted on how care professionals can care for and support an individual who has left a religious community.

Previous research shows that the process of religious disaffiliation may be complicated because membership in certain religious groups is inextricably connected to individual identity (Scharp & Beck, 2017) and involves high levels of commitment for a long period of time (Bromley, 1991). After leaving a religious community, individuals may experience loss and diminishment of social relationships and social support, which can lead to loneliness, grief and emotional distress (Berger, 2015; Knight et al., 2019; Winell, 2016). Suffering after religious disaffiliation can have serious implications for an individual's well-being and health, and manifest in mental health problems such as anxiety, depression and psychosomatic symptoms (Björkmark et al., 2021), and even posttraumatic stress disorder (Winell, 2016).

Only few studies explore the support an individual needs after leaving a religious group, from the client's perspective. Individuals initially need help dealing with emotions such as fear, shame and guilt, as well as confirmation of what they have experienced (Järvå, 2009; 2021). An empathetic, supportive and knowledgeable therapeutic relationship enables clients to feel respected, accepted and worthwhile (Wallis, 2007), and to begin making sense of what happened inside the group as well as process the emotional impact of their experiences (Jenkinson, 2019). Former members need tools to build a "new life", learn new social skills, build new relationships and navigate in a new life, which is made up of personal responsibility and freedom (Järvå, 2021; Winell, 2016).

No studies from the perspective of care professionals have been found on what is caring for a client after religious disaffiliation. However, research has been conducted on spiritual care and its role within caring. Spiritual care and religious support have been shown to be essential, especially within holistic caring (Hawthorne & Gordon, 2020; Rykkje et al., 2013). According to a holistic view, the human being is simultaneously body, soul and spirit belonging together as a whole unit (Eriksson, 2018). Caring for clients as whole human beings includes spiritual care, caring for their spiritual well-being, and this is essential in preserving human dignity (Rykkje et al., 2013).

A few studies have explored how former members experience the support they have received, and these show that former members struggle to find support and understanding after disaffiliating (Järvå, 2009; 2021; Knight et al., 2019). Furthermore, Finland and other Nordic countries lack current guidelines for individuals suffering from health issues after religious

disaffiliation. Therefore, research is needed to increase understanding and develop caring for individuals in such a life situation.

Theoretical framework

The theoretical foundation of this study is Eriksson’s caritative caring theory where the human being is seen as an inseparable entity of body, soul and spirit (Eriksson, 2018). According to Eriksson (Arman et al., 2015), the purpose of caring is to alleviate human suffering and to support health and well-being through the relationship between the care professional and the patient. Caring is healing and sharing, and promotes the health of human beings, their sense of wholeness, integration, growth and inner freedom (Bergbom et al., 2021).

Aim

The aim of this study was to gain a deeper understanding of what is caring for a client after religious disaffiliation, from the perspective of care professionals.

Method and data analysis

The data collection was conducted through interviews with nine care professionals at two health care organizations in Western Finland, during November and December 2020. The participants are described in more detail in Table 1. The semi-structured interviews, with the aim of encouraging the participants to talk freely about their experiences, were recorded and transcribed into written form.

Table 1: Overview of the participants in the study.

Gender	Age	Profession	Current work department	Years of work experience
Man	49	Psychiatric nurse	Outpatient psychiatric services	10
Woman	59	Psychiatric nurse	Inpatient psychiatric services	More than 20
Woman	45	Psychiatric nurse	Outpatient psychiatric services	More than 5
Woman	38	Psychologist	Outpatient psychiatric services	13
Man	52	Psychiatric nurse	Inpatient psychiatric services	25
Man	49	Psychiatric nurse	Inpatient psychiatric services	21

Woman	55	Psychiatric nurse	Outpatient psychiatric services	15
Woman	45	Psychiatric nurse	Inpatient psychiatric services	18
Woman	43	Psychiatric nurse	Inpatient psychiatric services	20

The material was analyzed through a qualitative content analysis, according to Graneheim & Lundman (2004). An inductive analysis was conducted, as there is not much former knowledge about the topic, and the intent was to conduct an analysis close to the participants' lived experiences, with an openness to the experiences in the texts (Graneheim et al., 2017). The coding process, carried out with the help of the qualitative data analysis program NVivo (version 1.3), resulted in 69 codes, which were then sorted into 13 sub-categories and five categories. These categories constitute the manifest content of the material. After this, a process of interpretation and deeper analysis followed, whereby the movement between the parts and the whole of the material led to an overarching theme, which formulates the latent content of the categories.

Ethical Considerations

The study has been carried out in accordance with the ethical principles of Research Integrity in Finland (Finnish National Board on Research Integrity, 2019). An ethical approval for the study was received from the University's Board for Research Ethics and research permission to conduct interviews with members of their staff was obtained from both health care organizations. All participants were informed about the purpose and procedure of the study, including that participation was voluntary and could be interrupted at any time. The interviews began by obtaining written consent from all participants. Special attention was paid to protecting the informants' integrity and anonymity throughout the entire study. Numbering the interviews was done to anonymize the participants and only the first author knows their identity.

Results

The analysis resulted in an overarching theme, Having someone who walks beside, part of the way. What is caring for a client after religious disaffiliation, from the perspective of care professionals, is presented in five categories, where each category has two or three subcategories, highlighted in bold. The categories are confirmed by quotes that contain meaning-bearing essence from the participants. The categories and sub-categories are presented in Table 2.

Category	Subcategories
<i>To be part of a relationship based on trust and safety</i>	<ul style="list-style-type: none"> • Being in a trusting relationship • Feeling a sense of security
<i>To receive confirmation of one's experiences</i>	<ul style="list-style-type: none"> • Reflecting over past experiences • Processing feelings of shame and guilt • Being confirmed as a unique human being
<i>To encounter understanding of how disaffiliation has affected one's life</i>	<ul style="list-style-type: none"> • Discussing questions related to faith and religion • Finding understanding for one's life situation
<i>To be supported as a broken human being</i>	<ul style="list-style-type: none"> • Regaining foothold in life • Receiving support from different professions
<i>To receive guidance in finding a new direction in life</i>	<ul style="list-style-type: none"> • Strengthening own needs, will and decisions • Building a new life

Table 2: Categories and sub-categories

To be part of a relationship based on trust and safety

After having experienced religious disaffiliation, clients need the care professional to walk beside them, part of the way. According to the participants, it is caring for a client in this life situation to be part of a relationship based on trust and safety. Clients may harbour distrust and feel insecure due to their experiences after disaffiliation. Many clients have never before told anyone about their difficulties related to the religious community and the care professional may be the first person they tell.

The participants perceived that **being in a trusting relationship** is essential for clients who have difficult experiences within the religious community as they may have difficulties trusting and building relationships with others. Trust is also necessary as the client needs to talk about matters that are of a delicate and private nature. The participants emphasized the importance of listening, through which they can be there for the client and show true presence. When a care professional is a good listener, clients have a place where they can freely share and process their own thoughts and feelings. The client's burden can be eased by being able to share in a trusting relationship.

We listen... no matter what they tell us, without condemning... That is probably the most important thing we can give them. To be by their side... (26)

According to the participants, trust can be built in the relationship by showing empathy and interest in the clients' life situation. Many clients have been left alone or feel lonely, as the disaffiliation may have led to that they have lost their family, friends and a sense of belonging, and the care relationship can be a place where they can feel that they are not alone. Trust can also be developed by the care professional having the courage to ask clients questions pertaining to religion, faith and their former community.

However, the participants stressed that some clients have been taught in the religious community not to trust care professionals, so doubt and mistrust may need to be overcome in the care relationship. The client may also have been warned against various treatment methods, such as psychiatric medications, and may show skepticism regarding these. As a result, the participants recounted that building trust in care relationships can sometimes be challenging.

The participants expressed the importance of the client **feeling a sense of security**, both psychologically and physically. Clients may be experiencing fears and insecurities after the disaffiliation and therefore need to feel a sense of psychological security by feeling safe and respected in the care relationship. The care professional needs to believe clients and take their experiences seriously, not invalidate or diminish their fears and distress. The clients' suffering is multiplied if others do not believe or belittle what they have experienced. The participants communicated that the clients also need to feel a sense of physical safety. For clients receiving out-patient care, knowing there is help available gives a sense of security during a difficult life situation. The client needs information about whom to contact and where to turn should a sudden need for support arise. According to the participants, some clients have such poor mental health that they require hospitalization in a closed psychiatric ward, where the care professional makes sure they feel physically safe and know that they are in a place where no one can intrude.

To receive confirmation of one's experiences

The participants conveyed how clients, after religious disaffiliation, also need to receive confirmation of their experiences and what they have gone through. The client may have had difficult experiences, both within and after leaving the religious community, and these need to be confirmed. The participants explained that this can be done by the client **reflecting over past experiences** together with the care professional. Clients who have experienced outsidership and rejection, and in some cases even abuse and trauma, need confirmation and understanding for the distress and grief that these experiences have created. Through processing and reflecting together, the care professional's understanding of the clients' situation increases, and the clients' understanding of and insight into their own situation grows.

The participants detailed how clients often have a background where shame and guilt had a prominent role, both within the religious community and after leaving. Clients need help in **processing feelings of shame and guilt**, as these feelings may affect their health and well-being in profound ways. Clients also need support in processing other emotions because

while still members of the community, they were taught to suppress some of them as only certain emotions were allowed. The care professional gives the clients permission to express all kinds of emotions and encourages them to also vent negative ones such as anger, frustration, fear and sorrow.

According to the participants, leaving a religious community may lead to periods of insecurity for the clients, and many go through a process of trying to find their authentic self. They ask questions such as: Who am I? What are my own thoughts and opinions? What is right and what is wrong? This insecurity can lead to anxiety and despair. What the client needs during this process is **being confirmed as a unique human being**.

This can be achieved by the care professional confirming and recognizing the clients' own thoughts, feelings and experiences. Some clients have the support and acceptance of others in their life, while others struggle with feelings of being rejected and alone. They may not have anyone except for the care professional who they can confide in and, therefore, it is important that they feel seen, confirmed and accepted for the human beings they are.

To be alongside.... there isn't much else you can do. In a way to walk beside.... And strengthen the person's own thoughts, because many times they are pretty insecure... (27)

To encounter understanding of how disaffiliation has affected one's life

According to the participants, clients who have left a religious community need to encounter understanding of how the disaffiliation has affected their lives. **Discussing questions related to faith and religion** is of utmost importance for the client. Additionally, for the care professional to be able to understand how the client's life has been affected, these questions need to be discussed. The participants emphasized that the client needs to feel that the care professional has the courage to discuss and does not shy away from these questions.

However, from the perspective of care professionals, discussing issues related to faith and religion is experienced as controversial and raised different opinions among the participants. They described how they had been taught during their basic education not to talk about religion with clients and some care professionals avoid the subject as they experience it difficult. Especially those who do not have enough knowledge about religious matters prefer not to speak about them.

For sure it's quite a difficult subject (religious matters) ... also in a patient-nurse relationship, because the nurse should be quite a neutral person.... And relate in such a way that her own convictions are not visible in the care relationship. This is quite the taboo subject, that is really hard to start talking about.... (26)

On the contrary, other participants expressed that they have an interest in religious matters, so they experience discussing religious matters as natural and not difficult. Some participants described how their own personal experiences and understanding of religion are of benefit and help them understand the client.

The participants underscored the importance of the client **finding understanding for one's life situation**. This encompasses the care professional's understanding of how leaving a religious community may comprehensively affect clients' lives, and the distress and anguish that they may be experiencing. Whether a care professional needs special knowledge in order to understand and support the client in this life situation raised different opinions. Most participants expressed that special knowledge about religion and religious disaffiliation is a prerequisite in order to care for a client in this context. Many were adamant that without some understanding of religious disaffiliation and the client's background they are not able to help a client in this context.

In contrast, other participants stated that no special knowledge is needed. They described that care professionals possess the competence to support clients, regardless of the reasons for their difficulties. One participant expressed that it is impossible to fully understand the background of every client and added that:

Someone who is a good listener doesn't necessarily need special knowledge... I think you still can be there as support and listen, be empathetic, present and genuinely interested... Even though you don't know so much about the issue.... (23)

To be supported as a broken human being

Several participants used the metaphor of clients being broken when they come to get help, illustrating how they suffer and experience mental health problems in this life situation. When clients are experiencing mental health issues, such as anxiety, depression, sleep disturbances, post-traumatic stress, suicidality, substance abuse or even psychosis, as a result of religious disaffiliation, they need help in **regaining foothold in life**. The participants related how a client in this life situation may also experience other kinds of difficulties, such as fears, loneliness and outsidership. Care professionals can provide different care and support measures with the aim of reducing symptoms, and thus support the client back to positive mental health. Clients mainly receive care in outpatient mental health services, but those who experience severe mental health problems or are suicidal may need acute care and treatment in a closed psychiatric ward. However, in-patient care periods are often short, and clients need continued care and follow-up out-patient services. The participants illustrated that regaining foothold in life after religious disaffiliation may be a long process and clients therefore need long-term support.

The participants perceived that **receiving support from different professions** is important for the client. After religious disaffiliation, the client who is broken as a human being needs to be helped comprehensively and care can be provided by a multi-professional team, where various professions work together for the benefit of the client. Clients experiencing mental or other health issues need medical care from psychiatrists and doctors, and clients going through crises need crisis support and crisis interventions from trained professionals. Participants working in in-patient services emphasized the role of the hospital chaplain, who is important in situations where the client wants to discuss specific religious or theological questions. Many clients are granted, and benefit from, long-term, intensive psychotherapy.

Clients may also need the support of family therapists, social workers and occupational health in their process towards health. The participants reported how they refer the client to these and other social and health care professionals, when needed. The co-operation between different professions supports clients' health as a whole and helps them regain foothold in life.

I think it's such a great thing, that we have a multi-professional team, that together we can help the client get their basic needs in order, and together process these things... and I don't have to do everything alone... (25)

To receive guidance in finding a new direction in life

After religious disaffiliation, a client needs to receive guidance in finding a new direction in life, as life may be changed in several different ways. In this process of finding a new direction, the client first needs help **in strengthening own needs, will and decisions**. The participants clarified how clients, after years of conforming to the demands and requirements of the group or religion, often need considerable support in finding what they truly want and need, for their own wishes and goals in life. They need to be supported and confirmed in their own opinions, choices and decision-making. They also need tools to begin building self-confidence and faith in their own abilities. The participants emphasized that their role is to confirm the client's own decisions, not to direct their choices. The care professional supports the client's decisions and gives permission, without giving advice or directing what they should do. With support the clients can eventually experience freedom in their own identity and ways of thinking.

The client also needs support in **building a new life** after religious disaffiliation. The participants gave accounts of how some clients had lived a life that was quite different from mainstream society, and they need help in living an "ordinary life". This new life includes many different aspects, such as finding new routines in everyday life, filling the void that disaffiliation created and building new social relationships. Clients need support in putting their lives in order and learning how to function in life and in society. They may need concrete help in dealing with practical matters, such as finding a new apartment or information about where to apply for assistance. Having meaningful things to do leads to greater health and well-being, so the care professional can, for instance, encourage the positive resources in a client's life, such as an education, work opportunities and new hobbies. Together they can ponder different alternatives and opportunities, to enable clients to create and develop their own positive areas in life.

This (religious disaffiliation) has put people in such challenging situations... when your familiar support network disappears... and you have to start creating a whole new life and new relationships... (23)

The participants specified that new social relationships are crucial for the clients, as many who have left a religious community have lost their social networks. Some clients feel rejected and lonely, as they have lost all important relationships. Finding peer support from

others who have left a religious community, or have similar experiences, can be of great importance in such a life situation. The care professional can encourage the client to seek this kind of support, either from an individual or a peer support group. The participants portrayed how building a new life takes a great deal of time and in many cases can be a life-long journey. A care professional needs to be aware of this and allow the process of finding new direction in life to take time.

Discussion

The core of what is caring for a client after religious disaffiliation is described as having someone who walks beside, part of the way. Within Eriksson's theory of caritative caring, the human being is seen as an inseparable entity of body, soul and spirit, and health means feeling a sense of wholeness, integration, growth and inner freedom (Bergbom et al., 2021). It is evident that care professionals in this study realize that the human being is a holistic entity and caring should be realized accordingly. The results of the study are illustrated in Figure 1.

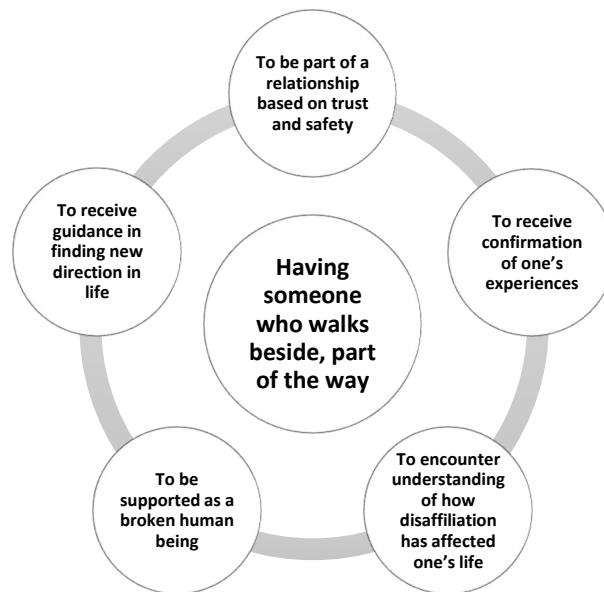


Figure 1. Results of the study

The participants conveyed that caring for a client after religious disaffiliation is to be part of a relationship based on trust and safety. Such a relationship is important for all clients, regardless of context. The results of our study correspond with previous research that suggests that individuals who have left a religious community may experience significant challenges in their social relationships, as well as in other areas of life (Berger, 2015;

Björkmark et al., 2021; Knight et al., 2019), and that this may lead to suffering and poor health (Björkmark et al., 2021; Winell, 2016). Clients in this life situation may experience being rejected and mistreated, and therefore, a trusting relationship and a sense of security become even more essential.

Caring after religious disaffiliation also entails that clients receive confirmation of their experiences. According to Nåden & Eriksson (2000), confirmation means being seen and understood, confirmation is healing and can be described as an anchor during a difficult period in life. On the contrary, not being confirmed implies not being recognized or taken seriously, and this causes despair (Nåden & Eriksson, 2000). Clients also need to be supported as broken human beings after leaving a religious community. If health means wholeness, suffering means that this wholeness is disrupted and a human being suffers when the experience of being a whole person is threatened (Eriksson, 2006). Clients who seek help for their brokenness need to be met by care professionals who are willing to go through this suffering with them and help them regain foothold in life. According to Eriksson (2018), a holistic view of the human being should be embraced by all who work in health care, but this may still not be the case within clinical practice.

The participants in this study are concerned that clients do not receive holistic care, especially in terms of their spiritual dimensions. These results are in line with previous research which shows that even though many care professionals claim to provide holistic care, they either do not feel comfortable or are not adequately trained to address the spiritual dimensions of their clients (Drury & Hunter, 2016); thus, spirituality is one frequently overlooked aspect (Rogers & Wattis, 2015). According to Råholm & Eriksson (2001), if clients' spiritual dimensions are ignored, their dignity is violated, because they are not treated as whole human beings. Our study implies that care professionals today are still cautious to discuss religious matters with their clients.

Caring for a client after religious disaffiliation requires both knowledge and courage from the care professional. Spiritual care, assessing and responding to the patient's spiritual wishes and needs, is part of quality care and the preservation of human dignity (Hawthorne & Gordon, 2020; Rykkje et al., 2013). The care professional needs to ask the client about religious matters, as religion and the religious community may constitute a significant part of the client's life. Having the courage to talk about religious and spiritual issues as a care professional is important, not only when caring for clients after religious disaffiliation, but when caring for all clients. This corresponds with the results of Wallis (2007), which highlight that care professionals should ask their clients the basic question of what role religion plays in their life. This question can open up for discussions on further religious and existential questions, depending on the will and needs of the client.

Holistic care can also be implemented by providing the client with support from different professions. The participants emphasized the need for multi-professional teams where care professionals with different expertise give support to the client. According to Järvå (2009), there are clients who after leaving a religious community are sent around between different health care facilities and receive various psychiatric diagnoses. A care professional who understands and confirms the client in this life situation can significantly alleviate the client's

suffering, and this can lead to significant progress in the client's life, even in a short time (Järvå, 2009).

Limitations

In order to maintain trustworthiness and credibility, all steps of the analysis process were discussed and reviewed with the study's co-authors in an attempt to strengthen the reliability of the interpretations. Authentic quotes have been added to increase the trustworthiness of the study. Limitations include a limited sample and limited geographical spread of the participants, as well as that only one psychologist participated in the study. Because of the qualitative and explorative design of the study, transferability to other groups and contexts is not possible.

Conclusion

From the perspective of care professionals, caring for a client after religious disaffiliation is having someone who walks beside, part of the way. The relationship between client and care professional may be the only one where the client can feel seen, listened to and accepted as a unique human being. Having a holistic view as a care professional implies seeing and caring for the whole human being, including spiritual dimensions.

The results of this study show that care professionals need more knowledge and awareness of religious issues in order to raise knowledgeable questions about religion. Furthermore, they need courage to talk about these issues with their clients. Knowledge and courage can be increased through training and education for care professionals, which could give added confidence when approaching these subjects and tools to support the client. The participants also called for specific recommendations or current care guidelines for caring for a client in this context.

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