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Impact of Atheist Identity Disclosure on Experience of Microaggressions in Therapy

Kimaya Khanolkar
Minnesota State University, Mankato

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By

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A thesis submitted in partial fulfillment of the requirements for the degree of

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Kimaya Khanolkar

This thesis has been examined and approved by the following members of the student's committee.

Eric Sprankle, PsyD, Advisor

Angelica Aguirre, PhD, Committee Member

Kari Much, Psy.D. Committee Member

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Abstract

The present research studies the impact of disclosing atheist identity on the experience of microaggressions in therapy. It explores whether atheists (n=416) face subtle discrimination within a therapeutic setting potentially undermining the therapeutic relationship and affect future help-seeking behavior. Findings reveal a significant correlation between the concealment of atheist identity and microaggressions, suggesting that nondisclosure does not protect against such experiences. Additionally, negative experiences in therapy were linked to less favorable views on psychological services. This underscores the importance of addressing microaggressions in therapy to create inclusive environments for all clients.

Introduction

Theoretical Foundations of Stigma and Discrimination

The concept of stigma, first articulated in depth by Goffman (1963), refers to an attribute that discredits an individual, reducing them from a whole person to a tainted one. While Goffman initiated this discourse, the nuances have evolved, incorporating complex layers of social interactions and self-perception. Prejudice, as defined by Allport (1954), is characterized as an irrational antipathy based on generalizations that is either felt or expressed. Both stigma and prejudice involve a negative stereotype or attitude towards certain groups or people. Discrimination differs from prejudice and stigma in that it involves actions. It involves acting on the negative which is overt prejudicial treatment of certain groups. Lastly, microaggressions are subtle, often unintentional, forms of discrimination that can be verbal, behavioral, or environmental. Sue et al. (2007) identified these as brief indignities that communicate hostile or negative slights, often unrecognized by the perpetrators.

Goffman (1963) further categorized stigmas into visible and concealable types, with the latter referring to attributes that are socially devalued but not immediately apparent to others. The concept of concealable stigmatized identities plays a pivotal role in understanding how individuals navigate societal norms and manage their identities in the face of social devaluation (Goffman, 1963). These concealable stigmatized identities (CSIs) require active identity management strategies, including "passing," "covering," and "disclosure."

Goffman's (1963) framework laid the foundation for comprehending how individuals with CSIs strategically navigate their social environments. "Passing," or concealing one's stigmatized attribute entirely, represents an identity management strategy employed to avoid any possibility of being associated with the stigma. "Covering," on the other hand, involves

downplaying the stigma, allowing individuals to navigate interactions while still acknowledging their concealable stigmatized identity. "Disclosure," a more complex decision, involves revealing the concealed stigma to others, carrying both potential relief and risk.

Building upon Goffman's (1963) groundwork, Jones et al. (1984) further dissected the concept of stigma, unraveling different dimensions that influence its psychological impact. They identified factors such as concealability, course, disruptiveness, aesthetic qualities and peril. The dimension of concealability refers to whether a stigma is visible or can be hidden. The degree to which a stigma is concealable affects how individuals experience social interactions and the extent to which they can control others' perceptions of them. Course considers how the stigma changes over time and what the expected outcome is. It involves the progression or development of the stigma and may include whether it is viewed as stable, can improve, or might deteriorate. Disruptiveness measures the extent to which a stigma interferes with social interactions and communication. The construct of aesthetic qualities refers to how the physical manifestation of a stigma affects others' perceptions based on aesthetic norms. The dimension of peril considers the perceived danger or threat that the stigma poses to others (Harper, 1997). This intricate categorization allows for a more nuanced understanding of how stigmatized identities shape individuals' experiences, interactions, and psychological well-being.

Concealable Stigmatized Identities

Quinn (2006) expanded the exploration of stigmatized identities by classifying them into two distinct categories: concealable and conspicuous. Within this framework, concealable stigmatized identities encompass attributes that society devalues, yet they remain hidden from immediate view. This classification prompts an investigation into how individuals with such identities navigate the intricate decision of whether, and when, to reveal their stigmatized

attributes to others. The psychological toll inherent in concealable stigmatized identities (CSIs) emerges from the continuous assessment of the advantages and drawbacks linked to disclosure. In contrast, conspicuous stigmatized identities present unique dynamics due to the immediate visibility of these attributes.

The degree of identity disclosure, often referred to as "outness," varies from person to person. Those with CSIs tend to exercise more control over whom they choose to disclose their identity to. This discretion is informed by their concerns about the potential consequences of such disclosures.

Managing a CSI entails dealing with heightened levels of stress, anxiety, and psychological distress. Concealing stigmatized attributes is frequently associated with intense negative emotional states. Furthermore, individuals with CSIs undergo an intricate internal process to determine whether, when, and how to reveal their stigmatized identity to the world. They might weigh against the potential repercussions of such disclosure. The ongoing negotiation regarding the when and how to reveal one's concealed identity inflicts substantial psychological strain. This emotional toll is the result of anticipating the consequence of revealing one's identity which can lead to encompassing adverse judgments, evaluations, and potential harm to one's self-esteem. Thus, disclosure-related outcomes can be an important factor that shapes psychological well-being. Individuals systematically evaluate the possible advantages and drawbacks of disclosing their concealed identity, ultimately adding to the cognitive strain that individuals with CSIs bear (Chaudior & Fisher, 2010; Quinn, 2006; Quinn & Earnshaw, 2013).

Sexual and religious minorities are often classified as CSIs because their identity might be hidden from public view. Pachankis (2007) introduced a cognitive-affective-behavioral model to describe the psychological implications of concealing a stigmatized identity, providing a

context within which sexual and religious minorities frequently assess the pros and cons of disclosure. Therefore, the decision to conceal is often motivated by fears of discrimination, prejudice, and social backlash, prevalent in many societies. The degree of disclosure is a critical concern, as it is directly linked to the levels of discrimination and psychological stress experienced (Chaudior & Quinn, 2010).

Among sexual minorities, the act of disclosure has been linked to verbal and physical aggression, as well as discrimination in various life domains (D'Augelli & Grossman, 2001; Friskopp & Silverstein, 1996; Pilkington & D'Augelli, 1995). The exposure of one's identity not only increases the risk of hate crimes but also leads to greater ostracization by family and social stigma (Herek, 2009). Sexual minorities who are open about their identities have faced discrimination at work, with men who openly identified as gay more likely to suffer workplace harassment and miss promotion opportunities (Day & Schoenrade, 2000). They encounter covert discrimination as well, which erects invisible barriers to professional advancement (Anteby & Anderson, 2014; Colgan & McKearney, 2012). Such social stressors, including prejudice and discrimination, negatively impact the mental health of LGBTQ+ individuals (Hatzenbuehler, 2009; Meyer, 2003).

Like sexual minorities, religious minorities face the challenging decision of whether to disclose or conceal their identities. The choice to reveal one's religious identity varies among religious minorities, as some possess visible cultural markers, such as specific attire or dietary practices, making concealment more challenging. Religious minorities may resort to hiding their identity as a strategy to shield themselves from discrimination across various settings, including workplaces, educational environments, and healthcare. This discrimination can manifest as hate crimes, bullying, and substandard treatment (Dupper et al., 2014). Beyond these institutional

contexts, everyday discrimination such as verbal abuse, social isolation, and microaggressions can also arise following the disclosure of religious identity (Sue et al., 2007).

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Discrimination and Microaggressions against Atheists

While the literature on religious discrimination predominantly focuses on traditional religious minorities such as Muslims, Jews, and Sikhs, atheists—individuals who do not believe in God or any gods—represent a non-religious group encountering significant social and institutional discrimination, especially within the United States. In a nation where the majority identifies as religious, atheists often experience marginalization and stigmatization, both in subtle and overt forms (Edgell et al., 2006). Studies have indicated that atheists are among the least trusted groups in America, with societal trust levels comparable to those accorded to rapists (Gervais et al., 2011). This profound mistrust fosters a climate in which atheists are disinclined to reveal their beliefs, positioning them as a minority with a concealable stigmatized identity (CSI).

Social avoidance by mainstream society is also a common experience for atheists since non-religious individuals, including atheists, frequently report facing discrimination in social and family contexts. (Cragun et al., 2012; Hammer et al., 2012; Wald & Calhoun-Brown, 2014). They experience a broad spectrum of discrimination from everyday microaggressions to more severe forms like hate crimes. Specific forms of discrimination that Atheists face include slander, coercion, social ostracism, denial of opportunities and hate crimes. Although more prevalent in social and familial context, the discrimination faced by atheists does extend beyond social

prejudice to encompass practical and institutional aspects of life as well. The workplace represents another sphere where atheists may encounter prejudice. Discrimination in employment against atheists can vary from biases during the hiring process to disparities in promotional opportunities. In extreme instances, atheists may find themselves in hostile work environments where their beliefs are routinely trivialized or subjected to outright ridicule (Hammer et al., 2012). For example, there is a reluctance to accommodate Atheists' public expression of their non-religious beliefs (Rios et al., 2022). Discrimination may also appear in educational environments as a denial of opportunities for learning (Hammer et al., 2012).

While the more overt forms of discrimination against atheists have received considerable attention, the subtler expressions of prejudice, such as microaggressions, can be just as detrimental. Although the literature specifically addressing microaggressions against atheists is not as comprehensive as for other minority groups, the available studies reveal a troubling pattern of discrimination. Research by Cheng et al. (2018) highlights that atheists face greater levels of discrimination in work and educational environments compared to those who simply identify as non-religious. However, in family and social contexts, both atheists and other non-religious groups experience similarly high frequencies of discrimination. This discrimination against non-religious individuals often manifests as a range of subtle prejudices known as microaggressions, which significantly impact their social and mental well-being. These include the Assumption of Inferiority, where non-religious people are seen as morally inferior, leading to mistrust and devaluation of their social and professional contributions. There is also the Denial of Non-religious Prejudice, where the existence of discrimination against non-religious individuals is often dismissed, invalidating their experiences. Additionally, the Assumption of Religiosity imposes societal expectations to conform to religious norms, often alienating those

without religious beliefs. Non-religious individuals may also face Endorsing Non-religious Stereotypes, such as being perceived as cynical or antisocial, which skews interactions. Lastly, the Pathologizing of the Non-religious Identity, where non-religiosity is viewed as a problem needing correction, can lead to social exclusion and heightened mental health challenges (Cheng et al., 2018). Crucially, the wider body of research on microaggressions indicates that these subtle forms of discrimination can lead to tangible adverse effects on mental health. Specifically, microaggressions have been linked to negative health outcomes, including heightened rates of depression, chronic stress, anxiety, and diminished self-esteem (Nadal et al., 2010; Sue et al., 2007).

Microaggressions in Therapeutic Settings

The concept of microaggressions in therapeutic settings has garnered significant attention from researchers, primarily due to the subtle yet profound impact these seemingly minor expressions of bias can have on the effectiveness of therapy for individuals from diverse groups. Notably, research has focused on understanding the consequences of such microaggressions for racial, ethnic, and sexual minorities. These microaggressions, though often unintentional, can profoundly influence the therapeutic relationship, fostering feelings of misunderstanding, reducing clients' willingness to engage in therapy, and undermining the overall effectiveness of the treatment.

In examining the effects on racial and ethnic minorities, studies have consistently shown that microaggressions can erode the therapeutic alliance, a cornerstone of effective therapy. Microaggressions are subtle slights that place the client-therapist relationship under strain, making it difficult for clients to feel fully understood and supported (Owen et al., 2014). Perceived microaggressions have been further linked to diminished views of the therapists'

competence and the strength of the therapeutic alliance (Constantine, 2007).

The experience of microaggressions can result in clinical errors in therapy, adversely affecting not only racial and ethnic minorities but also sexual minorities. Such mistakes compromise the therapeutic process by diminishing the effectiveness of treatment, reducing the likelihood that clients will continue therapy, and provoking negative emotions like shame and anger. These microaggressions also impair the therapeutic relationship, leading clients to withhold information, question the competence of the therapist, and, in some cases, disengage from therapy altogether. (Spengler et al., 2016; Shelton & Delgado-Romero, 2013). This pattern of impact underscores the similar negative consequences these errors have across different populations.

Despite the considerable focus on the effects of microaggressions against racial, ethnic, and sexual minorities, there is a conspicuous lack of understanding regarding their impact on other demographics, notably atheists. Preliminary evidence also indicates that atheists encounter microaggressions outside of therapeutic contexts that detrimentally impact their well-being, highlighting the significance of probing into these effects within therapeutic contexts. This gap in the literature on atheists' experiences with microaggressions in therapy points to a pressing need for research in this area, of diverse client populations.

This study aims to understand if disclosure of atheist identity is associated with experience of microaggressions in therapy settings. It aims to delve into whether openly atheist individuals face subtle forms of discrimination in the form of microaggressions during psychological treatment. These microaggressions may manifest as dismissive remarks, implicit assumptions, or other nuanced behaviors that can undermine the therapeutic relationship and process. Additionally, this study also aims to understand how negative experiences in therapy

would impact future help seeking behaviors among atheist clients.

Research Questions

The current research focuses on understanding the following research questions:

- Is the disclosure of atheist identity associated with the experience of microaggressions in a therapy setting?
- Do experiences of microaggressions affect future help-seeking behavior among atheist clients?

These questions aim to explore the nuances of therapeutic environments as they pertain to non-religious individuals and to understand the broader implications of these experiences on the mental health-seeking behavior of atheist clients.

Method

Participants

For the study in question, the inclusion criteria were established to focus on a particular demographic group. The criteria specified that participants had to identify themselves as atheists and needed to have previous experience with therapy, although they should not have been enrolled in any therapeutic program at the time of the study. Moreover, these individuals were required to be living in the United States and to be 18 years of age or older. The purpose of setting these criteria was to ensure that the study's outcomes would be pertinent and applicable to the research questions being explored, particularly regarding atheist identity and therapy experiences.

The study's sample consisted of 416 participants, with the majority (91.3%) identifying as White. In terms of gender identity, most were Women (72.1%), followed by Men (19.2%). Regarding sexual orientation, the largest group identified as Heterosexual (49.21%), with a

significant portion identifying as Gay/Lesbian (23.58%). The predominant religious affiliation at birth was Christianity, accounting for 49.92% of the sample. This demographic breakdown showcases a sample with varied gender and sexual orientations but less diversity in racial and religious backgrounds.

Table 1

Demographics

Variable	*N*	*%*
Race		
White	380	91.3
Black or African American	8	1.9
Hispanic or Latinx	11	2.6
Asian or Asian Indian	11	2.6
American Indian, Alaskan Native, First Nation or other Indigenous North American	2	0.5
Middle Eastern or North African	3	0.7
Other	1	0.2
Gender Identity		
Men	80	19.2
Women	300	72.1
Gender Queer, Gender Fluid, or Non-Binary	23	5.5
Questioning or Unsure	3	0.7
Transgender	2	0.5
Agender	8	1.9
Sexual Orientation		
Heterosexual	154	49.21
Gay/Lesbian	32	23.58
Bisexual/Pansexual	206	9.98
Asexual	10	7.55
Other	8	9.67
Questioning or Unsure	6	3.89
Religious Affiliation at Birth		
Christianity	330	49.92
Judaism	5	3.22
Hinduism	4	3.93

Islam	2	4.01
Buddhism	2	38.99
Other	73	22.12

Measures

Microaggressions Against Non-religious Individuals Scale

The Microaggressions Against Non-Religious Individuals Scale (Cheng et al., 2018) has 31 items assessing the frequency of prejudice experienced by non-religious individuals in terms of microaggressions. Items from this scale were selected and modified to measure microaggressions experienced by atheists in a therapy setting. Participants responded to a 5-point Likert scale ranging from 1 = *Never* and 5 = *10 or more times*. Questions included "My therapist has dismissed my experiences as an atheist to be an overreaction", "My therapist has denied that atheists face extra obstacles when compared to others" and "My therapist has suggested that I should not complain about discrimination towards atheists." See Appendix A for all items.

Beliefs About Psychological Services Scale measure

Beliefs About Psychological Services Scale (Ægisdottir & Gerstein, 2009) is used to measure participants' attitudes towards seeking therapy. The BAPS has 11 positively worded items and 7 negatively worded items. The participants rated on a point Likert scale that ranges from 1 (*strongly disagree*) to 6 (*strongly agree*). Items included "If a good friend asked my advice about a serious problem, I would recommend that he/she see a psychologist", "I would be willing to confide my intimate concerns to a psychologist" and "At some future time, I might want to see a psychologist". See Appendix B for all items.

Cultural Concealment Scale

The Cultural Concealment Scale (Drinane et al., 2018) is a 5-item measure that was originally designed to assess clients' concealment of their cultural identities with their therapists.

The items from this scale were modified to measure outness in a therapy setting among clients who identified as atheists. Items were rated on a 5-point Likert scale where 1 is *strongly disagree*, 3 is *neutral*, and 5 is *strongly agree*. Questions included "I toned down the way I expressed my atheist identity in front of my therapist", "I dodged questions my therapist asked about my atheist identity" and "I did not talk about parts of my atheist identity". See Appendix C for all items.

Procedures

Social media was utilized to recruit participants on Instagram and Twitter. Participants were redirected to Qualtrics to complete the survey form. Before starting the survey, participants were required to read an informed consent form (see Appendix D) and answer screening questions to confirm they met the inclusion criteria. If they did meet the inclusion requirements, the survey continued to demographic questions and measures.

Results

To test the research questions, two Pearson's correlations as indicated in Table 2 were performed to determine association between atheist identity, experience of microaggressions in therapy, and beliefs of psychological services. A mediation analysis was conducted to determine whether the relationship between concealment of atheist identity and beliefs about psychological services was influenced by experience of microaggressions in therapy.

A positive and significant Pearson's correlation was found between concealment of atheist identity and experience of microaggressions in therapy ($r = .41$, $p < .01$). This correlation suggests a moderate relationship between the two variables. This means that as the tendency for the experience of microaggressions in therapy increases, so does the concealment of atheist identity. Additionally, a significant negative relationship was found between experience of

microaggressions in therapy and beliefs about psychological services (r = -0.21, p < .01). The weak negative correlation indicates that as scores on the Microaggressions Against Non-religious Individuals Scale increase (i.e., as individuals report experiencing more microaggressions due to being non-religious), scores on the Beliefs About Psychological Services tend to decrease. This could mean that individuals who experience more microaggressions are likely to have fewer positive beliefs or attitudes towards psychological services.

Table 2

Correlations of Variables

Variable	1	2
1. Concealment of atheist identity	-	-
2. Microaggressions in therapy	0.41*	-
3. Beliefs about psychological services	-	-0.21*

*p < 0.05. ** p < 0.001

Mediation analysis was conducted to investigate the relationship between concealing an atheist identity and beliefs about psychological services, with microaggressions experienced in therapy as a mediator. Significant findings were observed. Microaggressions in therapy was found to significantly mediate the relationship between concealing an atheist identity and beliefs about psychological services (β= -0.59, p < .05). Concealing identity also had a significant direct impact on microaggressions experienced in therapy (β= 0.42, p < .01) as well as beliefs about psychological services independent of the mediator (β= -0.23, p < .01). Experience of microaggressions in therapy was also found to have a direct effect on beliefs about psychological services (β= -0.14, p < .05).

Discussion

The current study uncovers a noteworthy phenomenon: a significant positive correlation

exists between atheists concealing their identity and experiencing microaggressions during therapy sessions. This finding is critical as it reveals that atheists, even when attempting to protect themselves by hiding their beliefs, are not shielded from subtle discriminatory behaviors in what are meant to be supportive therapeutic environments. This outcome not only highlights a specific challenge faced by atheists but also prompts a deeper exploration of the broader issue of identity concealment and its consequences within therapy settings.

Further elucidating this dynamic, the mediation analysis conducted in this study demonstrates that microaggressions in therapy significantly mediate the relationship between concealing an atheist identity and beliefs about psychological services. This suggests that while the direct impact of concealing one's identity on beliefs about psychological services is substantial, a significant portion of this effect is also transmitted through the experience of microaggressions. This indicates that when atheists conceal their identity, they might inadvertently expose themselves to behaviors from therapists that are perceived as microaggressions, which subsequently influence their overall beliefs about the effectiveness of psychological services.

This finding can be understood through the framework of the Minority Stress Theory (Meyer, 2003), which suggests that marginalized groups, including atheists, encounter distinct stressors beyond the usual challenges faced by the general population. These unique stressors comprise experiences of stigma, prejudice, and microaggressions, all stemming from their marginalized status. The Minority Stress expands on the idea that individuals from stigmatized groups utilize concealment as a way to protect themselves from expected discrimination and negative judgments from society. This theory posits that members of minority groups, anticipating stigma, often choose to hide aspects of their identity. This anticipation not only

makes them more vigilant to potential signs of stigma in their interactions but also increases their sensitivity to discrimination. As a result, remarks or actions that might otherwise seem benign can be perceived as microaggressions. This heightened state of vigilance and sensitivity offers insight into the observed positive correlation between the experience of microaggressions and the act of concealing one's identity.

An additional interpretation of these findings suggests that the stigma against atheists is so extensive and ingrained that individual identifying as atheists face microaggressions even in environments intended to be safe and supportive. As Cheng et al. (2018) has shown, atheists report experiencing these subtle forms of prejudice more frequently than members of other non-religious groups. This observation of the ubiquitous prevalence of microaggressions is consistent with their reports. Thus, it would appear that hiding one's identity as an atheist does not protect athiests from experiences like these. Supporting this, previous research, including a study by Abbott et al. (2020), has established a correlation between greater concealment of atheistic identity and increased encounters with discrimination. This pattern underscores the pervasive challenge atheists face, where attempts to avoid stigma through concealment may inadvertently heighten their exposure to discriminatory behaviors, even in supposedly safe environments.

Our study further uncovered a negative correlation between the experience of microaggressions and the perception of psychological services among atheists. When atheists face microaggressions in therapy—a setting where they expect understanding and support—they may start to question the effectiveness of therapy and grow skeptical of psychological services. This erosion of trust can weaken therapeutic alliance, significantly diminish their trust in therapy, increase dropout rates, reduce help seeking help in the future and other negative treatment outcomes. This trend towards skepticism is understandable, as encountering microaggressions

within therapy has been shown to negatively impact therapy outcomes. While there is a notable gap in research specifically examining the impact of microaggressions on the therapeutic process for atheists, evidence from other demographics indicates a similar pattern.

Across various identities, studies have demonstrated that microaggressions within therapeutic contexts can severely compromise the therapeutic alliance. This breakdown in the client-therapist relationship has been linked to increased likelihood of clients dropping out of therapy, as highlighted by Carone et al. (2023). Moreover, experiences of microaggressions have been associated with decreased satisfaction with treatment (Delucia & Smith, 2021; Morris et al., 2020), further reducing the likelihood of individuals seeking future psychological help. Additionally, Owen et al. (2011) have documented a correlation between encountering microaggressions and diminished psychological well-being among clients, underscoring the pervasive impact of these experiences.

While the specific impact of microaggressions within therapeutic settings on atheists has not been extensively studied, research has consistently shown that discrimination and microaggressions contribute to adverse mental health outcomes and increased psychological distress across various groups (Abbott et al., 2021; Cheng et al., 2018). Given this evidence, it is reasonable to infer that encountering microaggressions in therapy could similarly foster negative perceptions of psychological services among atheists.

The findings of this study bring attention to the unique challenges faced by atheists, a group often underrepresented in psychological research. By delving into the experiences of non-religious individuals in therapeutic settings, this research adds valuable insights to a relatively sparse area of study, highlighting specific difficulties atheists may encounter, such as dealing with biases and misconceptions in a setting intended for support and healing.

Additionally, the study has significant implications for clinical practice. It serves as an important reminder to mental health professionals about the impact of microaggressions within therapy sessions. These subtle forms of discrimination can significantly hinder the development of a trusting therapist-client relationship, which is crucial for effective therapy. Recognizing and understanding these dynamics can help therapists avoid potential pitfalls that could compromise the therapeutic alliance.

Furthermore, the study underscores the importance of integrating content that addresses issues of religious and non-religious identity, stigma, and microaggressions into training programs for therapists. By doing so, training programs can better prepare future therapists to create more inclusive and supportive environments for all clients, regardless of their religious beliefs. This approach not only enhances the sensitivity and effectiveness of therapeutic engagements but also promotes a broader cultural competence within the mental health field, leading to better outcomes for a diverse client population.

Limitations

The research highlights several key limitations that point to the need for a deeper exploration into atheists' therapy experiences. A notable limitation is the study's sample composition, which is largely White (91.3%). This lack of diversity may limit the applicability of the findings to broader populations, as it may not adequately reflect the range of experiences and viewpoints of individuals from underrepresented racial groups. Additionally, the sample included a higher percentage of women, further skewing the data by underrepresenting men. The underrepresentation of racial minorities and men may mean that the study overlooks unique experiences and viewpoints of atheists from these groups, potentially skewing the understanding

of how atheism intersects with different racial identities in therapy settings.

Additionally, the study did not thoroughly examine the intricate ways in which various social identities, such as race, gender, sexuality, and atheism, intersect. Acknowledging this intersectionality is crucial for a more nuanced understanding of the discrimination and microaggressions atheists may face, particularly where these identities overlap.

The reliability and validity of the measures used in the study are also a concern. An alternative measurement was employed, and questions were modified to assess concealment, with items selected based on their perceived relevance. This approach raises questions about the robustness of the findings and highlights the necessity for validated measures to ensure the accuracy and reliability of the results.

An additional limitation of the study concerns the use of the term "psychologist" within the Beliefs About Psychological Services scale. It is plausible that respondents may have misinterpreted this phrase as "psychiatrist," which could have had an impact on how they answered the survey questions.

Future Directions

Further research should delve into the discrepancy between expected and experienced microaggressions in therapeutic settings to shed light on the levels of anxiety and stigma faced by atheist clients, and how these expectations affect their therapy results. Understanding how the anticipation of microaggressions influences atheists' decisions to seek and persist with therapy can offer valuable insights into improving therapeutic approaches and client retention.

Moreover, in-depth study on the experiences of atheists who have received therapeutic services can be uncovered through qualitative research methods like focus groups and

interviews. Qualitative studies can help us understand the characteristics and consequences of microaggressions in therapy, providing more complex insights into the difficulties faced by atheists and directing more compassionate and productive therapeutic approaches.

Research on creating recommendations for therapists to identify and deal with their own possible microaggressions against atheists is also crucial. Therapists may create a more accepting and nonjudgmental environment for all of their clients—especially those who identify as atheists or secular—by recognizing and minimizing these implicit prejudices. This approach not only enhances the therapeutic relationship but also contributes to the broader goal of promoting mental health inclusivity and respect for diversity.

This study addresses a relatively underexplored area concerning the experiences of atheists in therapy settings. By focusing on atheists, a group often overlooked in discussions about religious and spiritual identities in psychotherapy, this research sheds light on unique challenges and discrimination they face, even in supposed safe spaces. The results of this study have direct implications for improving therapeutic practices. They highlight the need for therapists to be aware of and responsive to the specific experiences of atheist clients, including the potential for microaggressions, this study calls for enhanced cultural competency and sensitivity in therapeutic settings.

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Appendix A

Atheist Identity Concealment Scale

In this section, rate how strongly you identify with the following questions about your experience as an atheist in therapy.

Q1. I toned down the way I expressed my atheist identity in front of my therapist.

Q2. I hid parts of my atheist identity from my therapist.

Q3. I dodged questions my therapist asked about my atheist identity.

Q4. I did not feel comfortable bringing up topics related to my atheist identity.

Q5. I did not talk about parts of my atheist identity.

Appendix B

MANRIS

In this section, indicate how often these scenarios happened to you while you were in therapy.

Q1. A therapist has assumed I have no morals because of my lack of religion.

Q2. A therapist has suggested that I should not complain about non-religious discrimination.

Q3. A therapist has denied that atheists face extra obstacles when compared to others.

Q4. A therapist has dismissed my experiences as an atheist individual to be an overreaction.

Q5. A therapist has suggested that I am too sensitive about discrimination against atheists.

Q6. A therapist has told me to not complain about my experiences as an atheist.

Q7. A therapist has suggested that atheists do not experience discrimination anymore.

Q8. A therapist has suggested that my negative experiences as an atheist do not compare to the negative experiences of religious individuals.

Q9. A therapist has assumed I am religious.

Q10. A therapist has assumed I attend places of worship without first asking if I am religious.

Q11. A therapist has told me to express thanks to God or Gods for something.

Q12. A therapist has acted surprised that I do not believe in God or Gods.

Q13. A therapist has assumed that all people in my non-religious group are all the same.

Q14. A therapist has acted as if all non-religious people are alike.

Q15. A therapist has suggested that atheists are self-centered

Appendix C

Beliefs about Psychological Services

Please rate the following statements using the scale provided. Place your ratings to the left of each statement by recording the number that most accurately reflects your attitudes and beliefs about seeking psychological services. There are no "wrong" answers, just rate the statements as you honestly feel or believe. It is important that you answer every item.

Q1. If a good friend asked my advice about a serious problem, I would recommend that he/she see a psychologist.

Q2. I would be willing to confide my intimate concerns to a psychologist.

Q3. Seeing a psychologist is helpful when you are going through a difficult time in your life.

Q4. At some future time, I might want to see a psychologist.

Q5. I would feel uneasy going to a psychologist because of what some people might think.

Q6. If I believed I were having a serious problem, my first inclination would be to see a psychologist.

Q7. Because of their training, psychologists can help you find solutions to your problems.

Q8. Going to a psychologist means that I am a weak person.

Q9. Psychologists are good to talk to because they do not blame you for the mistakes you have made.

Q10. Having received help from a psychologist stigmatizes a person's life.

Q11. Having received help from a psychologist stigmatizes a person's life.

Q12. Psychologists make people feel that they cannot deal with their problem.

Q13. It is good to talk to someone like a psychologist because everything you say is confidential.

Q14. Talking about problems with a psychologist strikes me as a poor way to get rid of

emotional conflicts.

Q15. Psychologists provide valuable advice because of their knowledge about human behavior.

Q16. It is difficult to talk about personal issues with highly educated people such as psychologists.

Q17. If I thought I needed psychological help, I would get this help no matter who knew I was receiving assistance.