

# Advocating for Atheist Clients in the Counseling Profession

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Atheism is a controversial topic, with individuals who identify as atheist reporting high rates of discrimination. Despite increasing literature discussing religious/spiritual views and beliefs, few scholarly discussions of atheism in the counseling field can be found. Counselors need to be made aware of the issues facing atheist clients and educated on the best interventions to use in collaborative work with clients. Counselors should also be prepared to advocate for atheist clients in multiple domains. This article aims to explore the relevant literature around atheism, identify implications for counselors, and provide a path to advocacy for counselors in their work with atheist clients.

*Keywords:* atheism, counseling, advocacy, multicultural, ethics

**A**theists in the United States face high amounts of marginalization and discrimination (D'Andrea & Sprenger, 2007; Day, 2007; Goodman & Mueller, 2009; Smith, 2013). Eighty-nine percent of Americans believe in God (Gallup, 2016), making the United States one of the most religious industrialized countries in the world. According to research by Edgell, Hartmann, Stewart, and Gerteis (2016), antiatheist sentiment in the United States remains “strong” and “persistent” (p. 607), partly because of moral concerns about atheists. Furthermore, whereas the literature on religion and spirituality is ever increasing and encompassing, in the counseling profession, researchers are virtually silent on topics concerning atheism and nonbelief. Nevertheless, counselors must be prepared to address client concerns surrounding atheism with objectivity and empathy. Just as with other minority groups (e.g., racial/ethnic minorities; individuals identifying as lesbian, gay, bisexual, or transgender [LGBT]), it is an ethical and social justice obligation (American Counseling Association [ACA], 2014). In this article, I explore the relevant literature that discusses atheist concerns, implications for counselors, and advocacy models to educate both counselors and the general public about the needs and identities of nonbelievers.

## Review of the Relevant Literature

There is a robust and vast amount of research regarding religion and spirituality in the field of counseling. On the topic of atheism, however, the body of literature is small, even though atheists represent a substantial minority group. Approximately 4% to 15% of individuals in the United States identify as atheist (Brewster, Robinson, Sandil, Esposito, & Geiger, 2014; Day, 2007; Goodman & Mueller, 2009). This means that between 10 million and 47 million Americans identify as atheist, agnostic, or secular—a number that has been steadily increasing over the past decade (Zuckerman, 2009). Zuckerman (2009) also reported that there are approximately

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500 million to 750 million nonbelievers worldwide. These estimates may be low, given that many atheists may be reluctant to identify as part of a marginalized group (Day, 2007), a topic that will be explored in detail later in this article. (For example, using Bayesian estimation, Gervais & Najle, 2017, indirectly estimated that 26% of the U.S. population was atheist.) Thus, atheists are comparable in size with other U.S. minority groups that are well researched and considered diversity groups important to multiculturalism—specifically, Asian Americans (3% to 5% of the U.S. population), sexual minorities (4% to 10%), and African Americans (13%; Brewster et al., 2014; Day, 2007; Miller & House, 2001).

Demographically, atheists tend to be male, younger in age, and European American, as well as have higher levels of education, identify as lesbian or gay, consider themselves as politically liberal or independent, and live in the Northeast or West (Brewster et al., 2014; Zuckerman, 2009). Brewster et al. (2014) also identified atheists as being more open, nondogmatic, feminist, body positive, and introverted when compared with religious individuals. In the following sections, I discuss the definitions of atheism, the marginalization of atheist groups and individuals, the prevalence and shortcomings of atheist topics in the literature, and findings from studies investigating the mental well-being of individuals identifying as atheist.

### *Defining Atheism*

Atheism is a highly debated term. Not only do researchers argue over how to define atheism in their studies, but the atheist community itself struggles to define what this system of belief (or lack thereof) encompasses (Smith, 2013). Essentially, atheism means a lack of belief in God/gods (D'Andrea & Sprenger, 2007; Goodman & Mueller, 2009). However, similar to theists, atheists tend to fall on a spectrum regarding their beliefs about the supernatural (Brewster, Hammer, Sawyer, Eklund, & Palamar, 2016). *Weak atheists*, also known as *negative* or *null-hypothesis atheists*, are characterized by their lack of belief in God/gods and the supernatural; however, they do not assert that no God/gods exist (Baggini, 2003; Whitley, 2010). These individuals typically argue that theists have not met their burden of proof for the existence of God/gods and belief should be withheld until such time that proper evidence is provided. They are agnostic individuals in that they do not claim to know that no God/gods exist, but they lack the belief that supernatural beings run the universe.

*Strong* or *positive atheists* are more committed to the assertion that no God/gods or supernatural forces exist (D'Andrea & Sprenger, 2007; Goodman & Mueller, 2009; Whitley, 2010), also known as *antitheism*. These individuals may be more gnostic in their arguments; that is, they may claim to know that there is no God/gods. However, strong atheists, or theists for that matter, are not defined by gnostic beliefs, given that knowledge (or claims to knowledge) is simply a subset of beliefs. Many atheists, because they tend to accept science as a good way of gathering evidence and understanding the world (Gervais, 2013; Whitley, 2010), are flexible in their beliefs about the existence of the supernatural, provided the burden of proof is met. If science can show that God/gods exist, atheists often maintain that they will begin to believe with theists.

*New atheists* engage in a militant form of atheism designed to pull atheism and discourse on religious beliefs into the mainstream (Brewster et al., 2014). New atheism diverges from traditional atheism in that it is closely tied to the belief that humanity should orient toward a naturalistic–material worldview, turning to science for

answers about the world and its operations, and that religion should be criticized as a dangerous institution that can compromise well-being and prosperity, not only for those who prescribe to it but also for society at large (Torres, 2016; Whitley, 2010). By contrast, *secular* individuals are individuals who are nonreligious or are generally uninterested in religious beliefs or activities. Approximately 16% of the U.S. population identifies as secular when surveyed (Zuckerman, 2009).

Regardless of how atheists define their belief system surrounding God/gods, it is important to note that nonbelief in supernatural forces does not mean that atheists believe that there is no good, morality, or meaning to life (D'Andrea & Sprenger, 2007). Instead, atheists focus on the natural world and tend to believe that beauty, emotions, values, and meaning can be found or created from their experiences with physical, natural materials. In addition, atheists are more likely than religious individuals to ascribe their experiences to personal effort (D'Andrea & Sprenger, 2007). When personal effort does not explain these experiences, atheists will often attribute them to chance or luck. In contrast, those with religious or spiritual beliefs will often attribute experiences, good and bad, to the work of a higher power.

Overall, atheism can be widely defined, with individuals identifying as atheist having considerably different understandings of the meaning of this descriptor. When working with atheist clients, counselors should take the time to explore what being an atheist means to the individual (Association for Spiritual, Ethical, and Religious Values in Counseling [ASERVIC], 2009). This exploration will help counselors determine what language, interventions, and techniques may be appropriate. Issues related to working with atheist clients will be discussed later in this article.

### *Marginalization of the Atheist Population*

There is a long history of negative attitudes and stigma surrounding atheists and atheism. Compared with other historically marginalized populations, such as African Americans, Jews, Muslims, and sexual minorities, atheists have consistently been regarded as “more troubling” (Brewster et al., 2014, p. 632). For example, in studies asking individuals to rank characteristics of others based on demographics, atheists are consistently ranked lower than other minority groups on favorable qualities such as trustworthiness and morality (Brewster et al., 2014).

The stereotypes regarding atheists are many and often paint atheists as immoral, self-indulgent, undeserving, evil, and god-hating individuals who disregard others and should not be trusted (D'Andrea & Sprenger, 2007; Day, 2007; Gervais, Shariff, & Norenzayan, 2011; Goodman & Mueller, 2009; Smith, 2013). Atheists are also perceived as narcissistic (Dubendorff & Luchner, 2017), angry (Meier, Fetterman, Robinson, & Lappas, 2015), morally repulsive (Ritter & Preston, 2011), and threatening (Pickel, 2013). Specifically, Cook and colleagues (Cook, Cohen, & Solomon, 2015; Cook, Cottrell, & Webster, 2015) argued that, because atheists lack belief in God/gods, they posed an existential threat to religious individuals' worldviews and values.

Given the extent to which atheophobia (i.e., fear or hatred of atheism or atheists) permeates American culture (Goodman & Mueller, 2009), prejudice and discrimination against atheists are unsurprising. In one study, nearly 50% of atheists indicated that they had experienced prejudice (Gervais, 2013). Antiatheist prejudice is reflected in numerous national opinion polls, which consistently show Americans to be wary, fearful, and even disgusted by atheists, with around 54% of Americans reporting unfavorable opinions of atheists (Zuckerman, 2009). Around 40% of surveyed individuals

indicated that they did not believe that atheists shared their vision of America, making atheists the least accepted group (Gervais, 2013). Gervais (2013) also cited a 2002 Pew poll in which 60% of respondents said that they felt that a religious upbringing planted the seeds for a moral life and 50% said that belief in God was necessary for morality. In a 2006 Gallup poll, nearly 50% of respondents said that they would disapprove of their child wanting to marry an atheist (Brewster et al., 2014).

Atheists are also distrusted in terms of politics, with 84% of surveyed individuals indicating that the United States was not ready for an atheist president (Brewster et al., 2014). In addition, a 2007 Gallup poll found that atheists were the only group not to secure a majority vote (45%) for a political candidate who identified as atheist (Gervais, 2013). In line with these survey results, Franks and Scherr (2014) found that Christian participants in their study were more politically biased against atheists than against African Americans and gay men.

This social and political distrust of atheists is reflected in the laws of seven states, whose constitutions contain language that bans atheists from public office (Goodstein, 2014). Because of this stigmatization, many atheists hide the nonbelief aspect of their identities, making atheists in the general population virtually invisible (Goodman & Mueller, 2009; Smith, 2013). Those who do share their atheist identities have reported experiencing discrimination in schools, at work, and in the legal system, among other areas (e.g., the military; Brewster et al., 2014; Goodman & Mueller, 2009; Smith, 2013).

Overall, there is a lack of discussion about counseling atheist clients (e.g., Sahker, 2016), and little attention has been given to the importance of addressing atheism or nonbelief as a diversity issue (e.g., D'Andrea & Sprenger, 2007). As a marginalized and stigmatized group (Day, 2007; Gervais, 2013; Goodman & Mueller, 2009; Smith, 2013), atheists certainly fit the definition of an oppressed minority and should be discussed in diversity issues to encourage multiculturalism (D'Andrea & Sprenger, 2007). Although the field of counseling is typically aligned on the side of social justice, the dearth of literature on atheism and nonbelief hinders the profession's ability to provide evidence-based, ethical treatment to atheist clients (Brewster et al., 2014).

### *Prevalence of Atheism in Literature and Research*

The sparse amount of literature exploring atheism and atheist client concerns is especially apparent when compared with the vast amount of research regarding spirituality and religious beliefs in counseling (Brewster et al., 2014; D'Andrea & Sprenger, 2007). In a database search using atheist and nonbeliever keywords, Brewster et al. (2014) identified only 1,444 studies that were published between 2001 and 2012. After the studies were pared down for relevance, only 100 were left. In contrast, when Brewster et al. conducted a search in the same database for religious and theist keywords, more than 130,000 articles were found. As discussed previously, atheists as a minority group are comparable with sexual and racial/ethnic minorities, yet the literature on those subgroups is growing rapidly, whereas atheism remains a largely unexplored topic by researchers (Brewster et al., 2014). The paucity of literature on atheism may be due to a desire on the part of researchers to focus on noncontroversial topics, especially in the hope of achieving publication. Controversial topics, as atheism is in the United States' majority religious culture, may cause researchers to fear additional roadblocks to publication (Weinrach & Thomas, 1996).

## *Atheism and Mental Health*

It is important for the counseling profession that more research on atheism and its pertinence to the mental well-being of clients be published. Most counselors would agree that a client's beliefs about life, morality, and life after death influence the counseling process (D'Andrea & Sprenger, 2007). Nevertheless, the few studies that do address nonbelief focus on the compatibility between counselor and client beliefs, the effects (usually negative) of nonbelief on the mental well-being of clients, or the importance of respecting a client's religion (but not expressly a client's lack of religion) during counseling (Brewster et al., 2014). One concern that arises from this limited research is the implication that if religiosity is linked to mental well-being, then atheism must be linked to poor mental health. However, recent literature has challenged this idea by questioning the validity and analysis of these issues, especially given the lack of atheist control groups (Brewster et al., 2014).

In studies comparing atheist and religious participants, no differences were found on depressive symptoms, well-being, life satisfaction, locus of control, empathy, or ability to abstain from alcohol (Brewster et al., 2014). These findings indicate that the model of more religion equaling more psychological well-being and less religion equaling less psychological well-being is not as straight a line as suggested. Rather, a curvilinear relationship was found between individuals' strength of beliefs and mental health (Brewster et al., 2014). Those who were more committed to their religious beliefs, along with those who were more committed to their nonbelief, were found to have higher levels of well-being compared with those who were uncertain about their faith or identified as agnostic (Brewster et al., 2014).

The assumption that atheism is linked to mental health problems may result in the unethical treatment of clients. For example, Jahangir (1995) argued that a firm commitment to a belief in God was necessary for mental well-being. Using a counseling approach called *third force therapy*, the author described counseling three atheist young men. Jahangir asserted that their mental anguish was due to two factors: (a) conflict between a fundamental belief in God and the intellectualizing of insoluble metaphysical questions and (b) the constant struggle that results from a belief that one must always be in control because there is no one else to rely on. According to Jahangir, mental anguish will subside when individuals submit to God's will; however, without belief in God's power and mercy, no hope of recovery exists.

In third force therapy, atheist clients are urged to renew their connection with God. Thus, the counselor's role is to help clients by clearing the path to a relationship with God. Once the client is reconnected to this belief, Jahangir (1995) argued, the third force (i.e., God) will cure psychological pain. Although the author described this to have been a gradual, undemanding process, this type of therapy raises several ethical concerns, such as questions about how undemanding the process actually was considering the counselor's strong beliefs, the acceptability of imposing beliefs on a client in a state of vulnerability (ACA, 2014; ASERVIC, 2009), and the justification for this type of therapy given recent findings regarding religiosity (or the lack thereof) and mental health (Brewster et al., 2014). Overall, this study raises several important ethical questions and demonstrates the type of thinking that must be monitored so that clients do not find themselves having a counselor's beliefs imposed on them. Ethical considerations regarding spirituality and counseling will be explored further later in this article.

Despite findings indicating that atheism is not necessarily linked to poor mental health, the fact that atheists are a highly marginalized minority group is concerning. According to minority stress theory, there are both psychological and physical consequences from identifying with a socially marginalized group (Brewster et al., 2016). Research conducted with varied oppressed groups has shown that discrimination and stigma lead to increased health problems (Brewster et al., 2014). Although the link between marginalization and identity-related stress has not been tested with atheists, Doane and Elliott (2015) found that atheists' psychological and physical well-being were negatively affected by perceptions of discrimination. However, they also noted that "strengthened identification as an atheist may . . . protect atheists from the harmful effects of social rejection" (p. 130).

In addition, some parallels have been made between sexual minorities and atheists. "Closeting," or concealing one's identity as a member of a stigmatized group, is a common experience to both atheists and sexual minorities. Because "coming out" as an atheist involves claiming an identity that comes with stigma, atheists often choose not to. Consequently, atheists have few opportunities for modeling their coming-out process (Brewster et al., 2014). In response, some "out" atheists have organized atheist communities to help bring more nonbelievers out of invisibility and into their communities. According to the spoiled identity thesis, when one's personal identity is stigmatized, individuals will seek out and participate in social groups that challenge widely accepted, negative views of the group (Smith, 2013). These social groups become an important source of validation for an individual's identity and a supportive structure. For individuals who identify as atheist, these communities (both physical and virtual) provide validation and a supportive environment.

### Implications for Counselors: Working Within the ASERVIC Competencies

Counselors need to be able to work with a diverse group of clients, whether the values of those clients align with the counselor's personal values or not (ACA, 2014). Counselors should strive to work within the ASERVIC (2009) Competencies to appropriately and professionally address the religious and spiritual beliefs of both theist and atheist clients in counseling. These competencies focus on issues related to (a) culture and worldview, (b) counselor self-awareness, (c) human and spiritual development, (d) communication, (e) assessment, and (f) diagnosis and treatment. The culture and worldview competencies, which call for counselors to be able to describe the basic belief systems of major world religions, agnosticism, and atheism, as well as understand how clients' beliefs can influence psychosocial functioning, have been addressed in the extant literature on atheism. In addition, the human and spiritual development competency, which calls for counselors to be capable of applying and describing how religious and spiritual development relates to human development, has been addressed by research examining atheist identity development (e.g., LeDrew, 2013; Smith, 2011), as well as research examining minority stress and its impact on the identity and wellness of oppressed groups (Brewster et al., 2014, 2016).

Nevertheless, more research on atheist identity development is needed to facilitate counselors' competency in this area. Although identity development models exist for many different minority and majority groups, there appears to be only one leading model describing the identity development of atheists.

On the basis of qualitative findings, Smith (2011) presented a four-stage model of atheist identity development (i.e., the starting point/the ubiquity of theism, questioning theism, rejecting theism, and coming out atheist). Having a specific understanding of how an identity of nonbelief develops may give counselors a more comprehensive understanding of how this form of spiritual development relates to, affects, and is affected by human development. Professional counselors should also remain up-to-date on current definitions of atheism and the factors atheist clients may be facing that could affect their worldviews.

### *Counselor Self-Awareness*

One topic of concern in the relevant literature has been the compatibility of counselors' beliefs with those of their clients. According to Walker, Gorsuch, and Tan (2004), a majority of practitioners from 18 studies were Protestant (34.5%), Jewish (19.6%), or Catholic (13.9%). Compared with marriage and family therapists, clinical and counseling psychologists were more likely to identify as agnostic or atheist and equally as likely to identify as such when compared with social workers. In addition, around 44% of counselors reported being active in organized religion or church activities. Explicitly religious therapists (82.5%) and marriage and family therapists (59.6%) reported the highest levels of active involvement.

According to the ASERVIC (2009) Competencies, professional counselors should actively explore their own beliefs and values about spirituality, continuously evaluate the impact of these values on the client and counseling process, and be able to identify the limits of their understanding of the client's spiritual perspective. However, given that theists are a majority group in the United States, it may be easy for counselors to overlook the need to self-assess their religious beliefs.

The *ACA Code of Ethics* (ACA, 2014) encourages the same exploration of personal values and states that professional counselors should avoid imposing their own beliefs and values on clients. Just as counselors are called not to withhold services from LGBT clients on the basis of religious beliefs, counselors are also required to make service opportunities available to atheist clients. Therefore, it is imperative that counselors who have concerns about working with atheist clients find appropriate training and literature to improve their competence. Weinrach and Thomas (1996) found that openness toward exploring and increased education about opposing belief systems typically lead to lower levels of prejudice and discrimination. Counselors may find that attending events sponsored by atheist organizations or reading literature published by atheist groups may lead to greater insight and understanding about nonbelief, as well as provide resources helpful to atheist clients.

### *Communication*

Just as clients who identify as religious or spiritual have the right to have their views listened to, so too do atheist and nonreligious clients. The *ACA Code of Ethics* (ACA, 2014) maintains that spiritual expressions are real, significant, and meaningful; a client's interpretation of spirituality and meaning should be accepted by the counselor (D'Andrea & Sprenger, 2007). Therefore, counselors should be prepared to work with clients with a wide range of religious or spiritual beliefs, including clients who lack a belief in a higher power. D'Andrea and Sprenger (2007) also pointed out that counselors are ethically obligated to accept atheist

beliefs as equally valid, real, and significant. Although the *ACA Code of Ethics* only specifically references religion/spirituality under nondiscrimination and diversity issues, it is important that counselors understand this to also include the nondiscrimination of individuals who lack spiritual or religious beliefs. In addition, the ASERVIC (2009) communication competencies state that counselors should respond to client communications about religion with acceptance and sensitivity, use spiritual concepts consistent with client beliefs, and be able to recognize and address religious and spiritual themes in client communication when therapeutically relevant.

When selecting therapeutic interventions, counselors should focus on personal responsibility, given that atheists often view events as a product of individual effort (D'Andrea & Sprenger, 2007). Likewise, counselors should avoid using language common in religious reassurances (e.g., "Things happen for a reason," "Everything is a part of a larger plan"); these assertions deviate from atheist beliefs that meaning and purpose are created by individuals, not a higher power (Brewster et al., 2014). These phrases, and others, are mainstream expressions that counselors may use without thinking about their implications. It is important for counselors to be aware of the language they typically use and to monitor their use of language when working with clients to avoid unintentionally making clients feel uncomfortable over differences in beliefs.

This emphasis on communicating without the use of religious overtones may be more important to some clients who identify as atheist than to others, especially because many atheist clients are used to hearing these phrases in everyday life and are not bothered by them. The best strategy for counselors is to ask clients what they are comfortable with, pay attention to the language they use, and invite openness by encouraging clients to share if something makes them uncomfortable. In addition, counselors should be aware that clients who identify as atheist will often place an emphasis on scientific study and evidence; therefore, being able to communicate the research behind the use of a therapeutic intervention may help build rapport and confidence with some clients (Baggini, 2003).

### *Assessment*

The ASERVIC (2009) Competencies indicate that counselors should strive to understand a client's religious or spiritual perspective during intake and assessment procedures. Similarly, the *ACA Code of Ethics* (ACA, 2014) states that counselors should carefully choose assessment techniques and recognize the effects that religious and spiritual beliefs can have on test administration and interpretation. As discussed previously, although nonbelief is not explicitly mentioned in these ethical guidelines, counselors are encouraged to interpret references to religion and spirituality as the presence or absence of religious or spiritual beliefs. It is hoped that nonbelief will be formally addressed in future revisions of the *ACA Code of Ethics* and ASERVIC Competencies.

An assessment that counselors may find useful when working with atheist clients is the Measure of Atheist Discrimination Experiences (MADE; Brewster et al., 2016). This measure may be used to examine atheist clients' levels of experienced discrimination, as well as personal and interpersonal struggles. Cragun, Hammer, and Nielsen (2015) also developed the Nonreligious–Nonspiritual Scale (NRNSS), which may be used to assess clients' religiousness/nonreligiousness and spirituality/nonspirituality. However, more assessments like the MADE and the NRNSS are needed. Such assessments may

lead to a stronger therapeutic alliance and a greater ability to communicate with and support atheist clients (Brewster et al., 2016).

It is important that atheist clients be able to openly discuss their issues and concerns with well-trained mental health professionals (Brewster et al., 2014). For example, some atheist clients may want to discuss previous counseling experiences, especially if they received counseling from an untrained practitioner who attempted to impose his or her personal beliefs on the client.

Another concern specific to nonbelievers may be the feeling of isolation. Surrounded by religious and spiritual individuals, atheist clients may find it difficult to feel understood or part of a group. To assess for feelings of loneliness and social isolation, counselors may use measures such as the UCLA Loneliness Scale (Version 3; Russell, 1996). Counselors should also educate themselves about the atheist community and familiarize themselves with atheist resources. Because of social media, more atheist communities are beginning to flourish and become vibrant organizations aimed at connecting atheist individuals (Smith, 2013).

As mentioned earlier, however, not all concerns that atheist clients identify will be intricately linked to their identity as a nonbeliever. Like their religious counterparts, some atheists may want to discuss relationship problems, grief, substance abuse, depression, career counseling, or a whole host of other issues. Thus, although counselors should be prepared to incorporate a client's beliefs (or lack thereof) into counseling, they should also be prepared to discuss these issues through a lens that does not necessarily tie a client's nonspiritual identity to the counseling process.

### *Diagnosis and Treatment*

According to the ASERVIC (2009) Competencies, professional counselors should recognize when diagnosing that a client's spiritual perspectives can enhance well-being, contribute to problems, or exacerbate symptoms; set goals with the client that are consistent with the client's spiritual beliefs; modify therapeutic techniques to include the client's religious perspectives; and be able to apply current theory and research in therapeutic techniques. On the basis of these guidelines, counselors should first make sure that they are not endorsing the stereotype that atheist clients are immoral because they do not hold religious or spiritual beliefs (Brewster et al., 2014). Instead, counselors should recognize that morality can come from a wide array of sources, not just religious teachings. Counselors should also recognize and validate experiences of oppression for atheist clients without making assumptions for how atheists view the world (Brewster et al., 2014; D'Andrea & Sprenger, 2007). Additional approaches that may be helpful include empowering clients, engaging in active listening, using guided self-exploration (e.g., journal writing), asking about celebrations and events important to clients, respecting the privacy of clients who may not want to discuss their beliefs, and being sincere (D'Andrea & Sprenger, 2007).

When working with atheist clients, counselors should take care to communicate the therapeutic goals for counseling and, with the client, explore ways to deepen understanding of the values and meaning the client has created in his or her worldview. Counselors should remember that nonreligious individuals tend to think more analytically (Pennycook, Ross, Koehler, & Fugelsang, 2016); thus, existential-humanistic or rational emotive behavior therapy frameworks may be beneficial in working with atheist clients (Brewster et al., 2014). Finally, counselors should recognize that, for atheist clients, moral conflict originates

from the same crises as anyone else. Problems arise when actions and behaviors are out of alignment with inner values. Counselors should focus on the solution and personal value system of the client and urge clients to take responsibility for reexamining their belief systems and choosing new behaviors that align with their created meaning and purpose in life (D'Andrea & Sprenger, 2007).

## Advocacy

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A specific responsibility of professional counselors is advocating on the behalf of their clients (ACA, 2014). In the following sections, I discuss some of the ways in which counselors can *act with* and *act on the behalf of* atheist clients at the micro-, meso-, and macrolevels. Specifically, I address advocacy within the client/student, school/community, and public arena domains (Lewis, Arnold, House, & Toporek, 2002).

### Client/Student

The client/student domain consists of client/student empowerment and client/student advocacy (Lewis et al., 2002). To empower clients, counselors need to be knowledgeable and empathic when communicating with clients (Erford, 2014). Through empowerment, clients learn to self-advocate and assess problems. In problem assessment, the etiology of the problem should be identified and recognition should be made that clients' behaviors are responses to systematic oppression. To act with clients and engage in advocacy at the microlevel, counselors should encourage clients to explore their own belief systems and the journey taken to form that belief system. Atheist clients should be acknowledged for the strengths they have, and the resources available to them should be defined.

Identifying resources is especially important so that clients know where to turn if they are facing identity conflict. Possible resources may include nonreligious literature, atheist communities and groups, and close friends who either also identify as atheist or are empathic and understanding of atheist worldviews. The more clients self-advocate through acknowledging and understanding their own beliefs, including where they fall on the spectrum of atheism, and share with others what those beliefs mean to them, the more others are likely to gain an understanding and acceptance of this divergent belief system. In atheist community groups, stigmatized identities can be reworked into a more stable and concrete self-concept (Smith, 2013). It is through these groups that individuals may solidify their identities as atheists and, in doing so, improve their psychological well-being (Brewster et al., 2014).

Counselors should acknowledge, however, that oppression of atheists is a systemic issue that comes from a lack of understanding by others. Clients and counselors should work together to identify the social, political, economic, and cultural factors that may make it difficult for clients to self-advocate or that may engender negative feelings toward the oppressing group. Living in a community in which members are actively religious and who strongly oppose religious dissent may be a strong social or cultural barrier to a client's well-being. Similarly, atheist clients may feel politically oppressed if individuals from the majority religious group in positions of power make policy decisions based on religious doctrine.

Clients should work with counselors to recognize how this oppression influences their behavior. For example, atheist clients may become actively hostile toward others' religious beliefs (a characteristic of new atheism) or isolate themselves because they feel that it is unsafe to express their own beliefs. As part of the

empowerment process, clients should become educated about why this oppression exists; clients will then have the appropriate knowledge and information to decrease the negative attitudes and stereotypes that others may have about atheists. Atheists may also develop self-advocacy plans that involve engaging in further self-exploration of beliefs, obtaining more education on oppression, joining a community of atheists, or beginning to explain their beliefs and attitudes to others. Clients living in highly religious areas may find it beneficial to relocate to a more secular area (e.g., the Northeast, the West) if possible.

After determining the external factors that serve as barriers to atheist clients' development, counselors may engage in client/student advocacy, whereby they act on their clients' behalf. In this role, counselors may need to negotiate the provision of services and education or other resources on the behalf of clients. For example, counselors may need to advocate for atheist clients with substance abuse problems so that they have access to nonspiritual programs or nonbiased, factual information. Likewise, counselors may act as advocates for atheist students receiving abstinence-only sexual education, which is rooted in religious beliefs but not supported by research to be effective (Duffy, Lynch, & Santinelli, 2008).

Counselors may also need to identify barriers that act against individuals or groups and develop plans for confronting these barriers. In the case of atheist clients, a barrier may be a place of employment that discriminates against employees who are atheist. An atheist client may not want to self-advocate in this situation out of fear of losing his or her job. However, a counselor could approach the client's company about providing diversity training, as well as ally with other tolerant groups or organizations to raise general awareness of multicultural issues in the workplace.

### *School/Community*

The school/community domain consists of community collaboration and systems advocacy (Lewis et al., 2002). Given the nature of their work, counselors may encounter recurring themes, often making them the first to be aware of specific difficulties for certain populations. When these difficulties are identified, counselors may engage in community collaboration and act as allies to organizations that are already working toward change. In the case of atheist clients, environmental factors that work against client development may include groups that speak openly against nonbelievers, workplaces that discriminate on the basis of nonbelief, lack of community programs that make atheists feel welcome or exclude religious/spiritual overtones, and judges or court systems that are harsher on known atheists. Counselors should try to ally with a local atheist community and work to understand the mission of that particular group.

When collaborating with atheist groups, counselors should communicate their respect for nonreligious beliefs and share their knowledge about atheism and their experience with working with atheist clients. One way of reducing bias at the community level is to promote science. Research has shown that reading scientific arguments and literature about evolution decreases both implicit and explicit religiosity and prejudice against atheists (Gervais, 2013). Similarly, reading salient, nonreligious literature about meaning and purpose in life may decrease prejudicial attitudes toward individuals who do not believe meaning is derived from a higher power. Finally, counselors should assess the effectiveness of their interaction in the collaboration and make changes accordingly.

In systems advocacy, counselors address systemic barriers to client development by creating the process by which change is made (Erford, 2014). Counselors should first identify factors that impinge on client development, such as the lack of nonreligious grief counseling provided by a client's school. Next, counselors should compile data that show how atheists are negatively affected by being offered only grief counseling interventions that are religiously oriented and do not align with the client's values. Counselors should seek out allies who recognize these data and change as relevant and important and create a vision for change. Social and political factors, such as the lack of counselors trained to provide nonreligious counseling or a hiring manager biased toward employing counselors who are religious, may exist and should be acknowledged.

Counselors should also develop a step-by-step plan for implementing change and for dealing with responses and resistance to change. In the preceding example, a counselor could present data to the administrators at the client's school to demonstrate why providing nonreligious counseling would be beneficial to students. Next, the counselor could help with locating counselors who are able to provide nonreligious counseling or work with the current school counselors to educate them on nonreligious interventions. If needed, new school counselors should be hired and trained, and their availability should be advertised as an alternative. Given that religious groups may protest the change, counselors should be prepared to openly discuss why the change is important for atheist students' well-being.

### *Public Arena*

In the public arena, counselors may engage in either public information or social/political advocacy (Lewis et al., 2002). Because of their knowledge of human development, professional counselors are well positioned to educate the general public. In advocating in the public information domain with atheists, counselors should first identify the impact that oppression plays on healthy development. Next, counselors should identify environmental factors that are protective of healthy development, such as belonging to an atheist community and having a strong commitment to atheist beliefs (Brewster et al., 2014). In addition, counselors should prepare or locate written and multimedia materials (e.g., research papers, brochures, YouTube videos, Facebook pages) that provide and ethically communicate clear explanations of the role of specific environmental factors in human development.

Given the prevalence of antiatheist bias and misperceptions about atheists and atheism, it is important that counselors provide clear definitions of atheism and morality, as well as dispel common myths that perpetuate atheist oppression. Counselors should also work with atheist groups that have a strong media presence, such as American Atheists, the Freedom From Religion Foundation, the American Humanist Association, and the Center for Inquiry, to disseminate information. Two additional resources are the Secular Therapy Project, a network that connects clients with mental health practitioners who use nonreligious methods, and *The Atheist Experience*, a weekly webcast. Finally, counselors should assess the influence of their advocacy efforts and make changes accordingly.

In social/political advocacy, counselors act as change agents in the systems that affect their clients. While advocating for their clients, counselors may recognize that some of their clients' concerns have also affected others in a much larger arena (Erford, 2014). Counselors should first distinguish problems that can be best resolved

through social/political action, such as changing policies that discriminate against atheists or enforcing the separation of church and state. Appropriate avenues for addressing these problems may include writing to members of Congress, hosting peaceful protests, joining prominent atheist groups as an ally, or helping raise funds to lobby for change. In addition, counselors can help allies identify convincing data for lobbying, such as arguments that religious freedom should also include freedom from religion and polls or petitions demonstrating public support for maintaining the separation between church and state. Finally, counselors should have an ongoing dialogue with clients and communities to ensure that social/political advocacy efforts are consistent with the clients' and communities' initial objectives. In doing so, counselors can avoid contributing to the cycle of oppression that atheist clients may have experienced.

## Conclusion

Atheists are a minority population with a history of stigma and marginalization. Although many definitions of atheism exist, at its core, atheism refers to a lack of belief in God/gods. Despite the various definitions, however, the literature on atheism and atheists is sparse. Counselors need to be aware of the stigma and stereotypes that surround atheist clients and the lack of attention paid to this group. Counselors should recognize their own biases and be prepared to work ethically and effectively with atheist clients on a wide range of issues. Not only should counselors be prepared to work in session with clients, but they should be advocates for change both with and on the behalf of atheist clients at the client/student, school/community, and public arena levels. More research is needed to develop an atheist identity development model, to determine which theories and interventions are most effective in working with atheist clients, and to understand the needs of the atheist community so that counselors can help advocate for this group. By understanding atheism as a multicultural issue and advocating for this population, counselors can positively affect the lives of atheists and decrease the negative attitudes that lead to prejudice and discrimination.

## References

- American Counseling Association. (2014). *ACA code of ethics*. Alexandria, VA: Author.
- Association for Spiritual, Ethical, and Religious Values in Counseling. (2009). *Competencies for addressing spiritual and religious issues in counseling*. Retrieved from <http://www.aservic.org/resources/spiritual-competencies/>
- Baggini, J. (2003). *Atheism: A very short introduction*. New York, NY: Oxford University Press.
- Brewster, M. E., Hammer, J., Sawyer, J. S., Eklund, A., & Palamar, J. (2016). Perceived experiences of atheist discrimination: Instrument development and evaluation. *Journal of Counseling Psychology, 63*, 557–570. doi:10.1037/cou0000156
- Brewster, M. E., Robinson, M. A., Sandil, R., Esposito, J., & Geiger, E. (2014). Arrantly absent: Atheism in psychological science from 2001 to 2012. *The Counseling Psychologist, 42*, 628–663. doi:10.1177/0011000014528051
- Cook, C. L., Cohen, F., & Solomon, S. (2015). What if they're right about the afterlife? Evidence of the role of existential threat on anti-atheist prejudice. *Social Psychological and Personality Science, 6*, 840–846. doi:10.1177/1948550615584200
- Cook, C. L., Cottrell, C. A., & Webster, G. D. (2015). No good without God: Antiatheist prejudice as a function of threats to morals and values. *Psychology of Religion and Spirituality, 7*, 217–226. doi:10.1037/rel0000013
- Cragun, R. T., Hammer, J. H., & Nielsen, M. (2015). The Nonreligious–Nonspiritual Scale (NRNSS): Measuring everyone from atheists to Zionists. *Science, Religion and Culture, 2*, 36–53. doi:10.17582/journal.src/2015/2.3.36.53
- D'Andrea, L. M., & Sprenger, J. (2007). Atheism and nonspirituality as diversity issues in counseling. *Counseling and Values, 51*, 149–158. doi:10.1002/j.2161-007X.2007.tb00072.x

- Day, S. X. (2007, March). Is God really on your side? *Counseling Today*, pp. 19, 47.
- Doane, M. J., & Elliott, M. (2015). Perceptions of discrimination among atheists: Consequences for atheist identification, psychological and physical well-being. *Psychology of Religion and Spirituality*, 7, 130–141. doi:10.1037/rel0000015
- Dubendorff, S. J., & Luchner, A. F. (2017). The perception of atheists as narcissistic. *Psychology of Religion and Spirituality*, 9, 368–376. doi:10.1037/rel0000093
- Duffy, K., Lynch, D. A., & Santinelli, J. (2008). Government support for abstinence-only-until-marriage education. *Clinical Pharmacology & Therapeutics*, 84, 746–748. doi:10.1038/clpt.2008.188
- Edgell, P., Hartmann, D., Stewart, E., & Gerteis, J. (2016). Atheists and other cultural outsiders: Moral boundaries and the non-religious in the United States. *Social Forces*, 95, 607–638. doi:10.1093/sf/sow063
- Erford, B. T. (2014). *Orientation to the counseling profession: Advocacy, ethics, and essential professional foundations*. Upper Saddle River, NJ: Pearson.
- Franks, A. S., & Scherr, K. C. (2014). A sociofunctional approach to prejudice at the polls: Are atheists more politically disadvantaged than gays and Blacks? *Journal of Applied Social Psychology*, 44, 681–691. doi:10.1111/jasp.12259
- Gallup. (2016). *Most Americans still believe in God*. Retrieved from <http://news.gallup.com/poll/193271/americans-believe-god.aspx>
- Gervais, W. M. (2013). In godlessness we distrust: Using social psychology to solve the puzzle of anti-atheist prejudice. *Social & Personality Psychology Compass*, 7, 366–377. doi:10.1111/spc3.12035
- Gervais, W. M., & Najle, M. B. (2017). How many atheists are there? *Social Psychological and Personality Science*. Advance online publication. doi:10.1177/1948550617707015
- Gervais, W. M., Shariff, A. F., & Norenzayan, A. (2011). Do you believe in atheists? Distrust is central to anti-atheist prejudice. *Journal of Personality and Social Psychology*, 101, 1189–1206. doi:10.1037/a0025882
- Goodman, K. M., & Mueller, J. A. (2009). Invisible, marginalized, and stigmatized: Understanding and addressing the needs of atheist students. *New Directions for Student Services*, 2009, 55–63. doi:10.1002/ss.308
- Goodstein, L. (2014, December 6). In seven states, atheists push to end largely forgotten ban. *The New York Times*. Retrieved from <https://www.nytimes.com/>
- Jahangir, S. F. (1995). Third force therapy and its impact on treatment outcome. *The International Journal for the Psychology of Religion*, 5, 125–129. doi:10.1207/s15327582ijpr0502\_7
- LeDrew, S. (2013). Discovering atheism: Heterogeneity in trajectories to atheist identity and activism. *Sociology of Religion*, 74, 431–453. doi:10.1093/socrel/srt014
- Lewis, J. A., Arnold, M. S., House, R., & Toporek, R. L. (2002). *ACA advocacy competencies*. Retrieved from [http://www.counseling.org/Resources/Competencies/Advocacy\\_Competencies.pdf](http://www.counseling.org/Resources/Competencies/Advocacy_Competencies.pdf)
- Meier, B. P., Fetterman, A. K., Robinson, M. D., & Lappas, C. M. (2015). The myth of the angry atheist. *The Journal of Psychology*, 149, 219–238. doi:10.1080/00223980.2013.866929
- Miller, J. L., & House, R. M. (2001). Counseling gay, lesbian, and bisexual clients. In D. Capuzzi & D. R. Gross (Eds.), *Introduction to the counseling profession* (pp. 386–414). Boston, MA: Allyn & Bacon.
- Pennycook, G., Ross, R. M., Koehler, D. J., & Fugelsang, J. A. (2016). Atheists and agnostics are more reflective than religious believers: Four empirical studies and a meta-analysis. *PLoS ONE*, 11, 1–18. doi:10.1371/journal.pone.0153039
- Pickel, G. (2013). *Religion monitor: Understanding common ground. An international comparison of religious belief*. Retrieved from <https://www.bertelsmann-stiftung.de/en/home/>
- Ritter, R. S., & Preston, J. L. (2011). Gross gods and icky atheism: Disgust responses to rejected religious beliefs. *Journal of Experimental Social Psychology*, 47, 1225–1230. doi:10.1016/j.jesp.2011.05.006
- Russell, D. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*, 66, 20–40. doi:10.1207/s15327752jpa6601\_2
- Sahker, E. (2016). Therapy with the nonreligious: Ethical and clinical considerations. *Professional Psychology: Research and Practice*, 47, 295–302. doi:10.1037/pro0000087
- Smith, J. M. (2011). Becoming an atheist in America: Constructing identity and meaning from the rejection of theism. *Sociology of Religion*, 72, 215–237. doi:10.1093/socrel/srq082
- Smith, J. M. (2013). Creating a godless community: The collective identity work of contemporary American atheists. *Journal for the Scientific Study of Religion*, 52, 80–99. doi:10.1111/jssr.12009
- Torres, P. (2016). New atheism, meet existential risk studies. *The Humanist*, 76, 18–21.
- Walker, D. F., Gorsuch, R. L., & Tan, S.-Y. (2004). Therapists' integration of religion and spirituality in counseling: A meta-analysis. *Counseling and Values*, 49, 69–80. doi:10.1002/j.2161-007X.2004.tb00254.x
- Weinrach, S. G., & Thomas, K. R. (1996). The counseling profession's commitment to diversity-sensitive counseling: A critical reassessment. *Journal of Counseling & Development*, 74, 472–477. doi:10.1002/j.1556-6676.1996.tb01895.x
- Whitley, R. (2010). Atheism and mental health. *Harvard Review of Psychiatry*, 18, 190–194. doi:10.3109/10673221003747674
- Zuckerman, P. (2009). Atheism, secularity, and well-being: How the findings of social science counter negative stereotypes and assumptions. *Sociology Compass*, 3, 949–971. doi:10.1111/j.1751-9020.2009.00247.x