

Psychotherapy With Nonreligious Clients: A Relational-Cultural Approach

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In extant literature related to the integration of religion/spirituality (R/S) in psychotherapy, nonreligious clients are often excluded or briefly mentioned. Further, few theoretical frameworks supporting recommendations for intervention with or for conceptualization of nonreligious clients' unique experiences and presenting concerns are offered. The present article summarizes psychotherapy-relevant scholarship related to nonreligious people in the United States and offers recommendations for intervention using a Relational-Cultural Therapy approach. In addition to increasing awareness of systemic oppression, resilience, and potential clinical needs of nonreligious clients, the article proposes concrete strategies for addressing structural inequity that disadvantages nonreligious people through conceptualization of such experiences as relevant to clients' presenting concerns, interventions that honor clients' nonreligious identities, and use of the therapeutic relationship to decrease nonreligious clients' distress by fostering connection.

Public Significance Statement

This article provides a theoretical framework, Relational-Cultural Therapy (RCT), with which to conceptualize and treat nonreligious clients in psychotherapy. In particular, it makes suggestions for application of RCT theory and interventions to address potential psychological strengths and challenges associated with the marginalization of nonreligious people in the United States.

Keywords: nonreligion, relational-cultural therapy, psychotherapy

The number of religiously unaffiliated people in the United States (U.S.) is growing as the number of Christians declines (Pew Research Center, 2019), but scholarship related to the experiences and needs of nonreligious people in the U.S. remains sparse (Brewster et al., 2014). Despite calls for attention to religion and spirituality (R/S), broadly (Hage, 2006; Plante, 2014), and nonreligion and nonspirituality, specifically (Bishop, 2018; D'Andrea & Sprenger, 2007; Sahker, 2016), relatively few publications related to clinical training and practice focus on providing psychotherapy to nonreligious individuals or offer a theoretical lens through which to conceptualize the possible unique strengths possessed and challenges encountered by nonreligious clients in the U.S. Relational-cultural therapy (RCT) centralizes the role of "privilege, marginalization, and cultural forces" in psychological development (Jordan, 2018, p. 23) and posits personal and sociopolitical disconnection creates, maintains, and/or exacerbates mental health concerns. At the same time, people possess

relational strengths and resilience born out of relationships with affirming others and navigating conflict within important relationships (Jordan, 2004). Given the ubiquity of Christianity in the U.S. (Pew Research Center, 2015) and pervasive stigma associated with the absence of faith (Edgell et al., 2016; Grove et al., 2019), relational-cultural therapeutic interventions are a cogent choice for psychotherapists engaging with nonreligious clients in their practice.

Nonreligious U.S. Americans

Religiously unaffiliated U.S. Americans comprise approximately 22.8% of the population and include atheists, agnostics, and people who do not believe in anything in particular (Pew Research Center, 2015). In a new typology of religion, 29% of U.S. Americans were nonreligious, nonspiritual, or believed in a spiritual force but rejected organized religion (Pew Research Center, 2018). Though generally few religiously unaffiliated people identify as atheist (4%; Pew Research Center, 2019), Gervais and Najle (2018) suggested disbelief in god(s) may constitute as many as 26% of U.S. Americans, and posited anti-atheist stigma-related concealment may contribute to low levels of atheism in surveys to date. Thus, it is very likely that U.S.-based psychotherapists regularly encounter nonreligious clientele in their practice.

Nonreligious Identities and Stigma

Nonreligious people are commonly believed to be immoral (Gervais, 2014) and untrustworthy (Grove et al., 2019; Swan & Heesacker, 2012). When presented with hypothetical scenarios of people engaged in immoral acts (e.g., serial murder, incest),

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U.S. American participants were more likely to intuitively ascribe the behavior to an atheist than a member of another religious group (Gervais, 2014). This distrust and the perceived tie between U.S. national identity and Christianity underpins widespread and persistent stigma associated with nonreligious identities in the U.S., including atheists and those who are spiritual but not religious (Edgell et al., 2016). Further, mere association with people of no faith may create distrust. Religiously-affiliated participants were less likely to support and trust Christian political candidates who were implicitly or explicitly perceived to be sympathetic to atheists' rights (Franks et al., 2019). In a study of over 700 self-identified atheists, average participants reported experiencing 10 of 29 measured forms of anti-atheist discrimination, the most common of which were slander, reported by 96% of participants, and coercion (92.5%), followed by other forms of anti-atheist discrimination (83.7%), social ostracism (56.4%), denial of opportunities or services (15.8%), and hate crimes (13.7%). Specific examples of this discrimination were witnessing anti-atheist messages in media, reported by 94.7% of participants, being told their atheism was immoral or sinful (75.2%), and being treated differently due to their atheism (67.5%; Hammer et al., 2012). Qualitatively, atheists of color reported similar experiences of discrimination, some related to the intersection of their race or ethnicity and atheism (Abbott et al., 2020).

Emerging research suggests discrimination, microaggressions, and minority stress experienced by nonreligious people are associated with lower psychological and physical well-being (Abbott & Mollen, 2018) and higher psychological distress (Brewster et al., 2016; Doane & Elliott, 2015). Among atheists, the anticipation of stigma was associated with lower psychological and physical well-being, as were lower rates of disclosure and higher levels of concealment of atheist identity (Abbott & Mollen, 2018). Cheng et al. (2018) found microaggressions experienced by nonreligious people predicted higher levels of depression, even when controlling for overt nonreligious discrimination, and this relationship was strongest among atheists as compared to other nonreligious identities. Therefore, consistent with minority stress theory, nonreligious people experience stress associated with their nonreligious identity that has implications for their psychological health (Brewster et al., 2016; Meyer, 2003).

Psychotherapist Competence With Nonreligious Clients

Psychotherapists, too, may have negative perceptions of nonreligious clients. In a small pilot study of implicit associations about religious/spiritual and nonreligious/nonspiritual clients, clinical psychology trainees were more likely to associate positive client attributes with religious and spiritual clients as compared to nonreligious/nonspiritual clients, even among those who identified as nonreligious themselves (Winkeljohn Black & Gold, 2019). Religious and nonreligious psychotherapists acknowledged the impact of their personal complex faith/nonfaith identities on the therapy process and identified challenges in therapy when their faith/nonfaith identity diverged from those of clients (Magaldi-Dopman et al., 2011). In a survey of applied psychologists, though participants were more likely than the general population to be nonreligious, over 80% perceived religion and spirituality to be beneficial to mental health (Delaney et al., 2013). Given the abundance of literature demonstrating a positive association between

religiousness and psychological health (Paloutzian & Park, 2013), clinicians may falsely infer low levels of religiousness are associated with poor well-being. In fact, Speed and Hwang (2019) found no differences between the health outcomes or happiness of believers and nonbelievers. Thus, psychotherapists are not immune from the influence of widespread negative bias about nonreligious people.

Religion and nonreligion are important components of clients' cultural experience. Competence in religious and spiritual diversity involves engaging in training and development to avoid biases and inappropriate practice and to draw upon client's related resources, when possible (Vieten et al., 2013). Generally, such openness to cultural difference and others' perspectives, termed cultural humility, facilitates a strong working alliance in psychotherapy (Hook et al., 2013), one of the best predictors of psychotherapy outcomes (Horvath et al., 2011). Therefore, though psychotherapy is most often a secular endeavor, clients' religious and nonreligious worldviews can improve psychological outcomes and spiritual well-being (Captari et al., 2018), perhaps particularly when such worldviews are salient to clients.

However, R/S is rarely addressed in clinical training or psychotherapy practice (Brown et al., 2013; Vieten et al., 2013) and clinical supervision literature has primarily focused on supervisees' competence working with religious clients (Aten & Hernandez, 2004; Gilliam & Armstrong, 2012). Further, extant literature calling for inclusion of R/S in training and practice focuses primarily on the integration of R/S into clinical practice and increasing competence with religious and/or spiritual clients (Sahker, 2016); nonreligious experiences are often excluded or only briefly mentioned as an element of R/S diversity. Religious and nonreligious identities and belief systems, or the absence of such, are often important to clients' lives and relationships. Psychotherapists and trainees are likely to experience internal conflict and therapeutic challenges related to working with R/S, generally, and nonreligious clients, specifically, and appear often underprepared to do so. Relational-cultural therapy offers a framework for psychotherapy that specifically attends to the systems of power that position nonreligious people at the margins in U.S. society.

Relational-Cultural Therapy

Relational-cultural theory (RCT) grew from Jean Baker Miller's (1976) work challenging psychology to acknowledge the role of power in shaping human development, conceptualize traditionally feminine characteristics, including vulnerability, access to emotional experience, relationship, and cooperation, as strengths, and centralize relationship rather than self. Miller, joined by psychologists Irene Stiver, Judith Jordan, and Janet Surrey of the Stone Center for Developmental Studies and Services at Wellesley College, and others, advanced a self-in-relation model of therapy adapted from psychodynamic theories that explicitly addressed the role of power in relationships and society. RCT positions growth-fostering relationships as essential to psychological health and disconnection resulting from disempowerment in relationships and/or systemic oppressions, particularly when chronic in nature, at the core of human suffering (Jordan, 2018).

Growth-fostering relationships, including between therapist and client, are necessary for change and marked by the presence of energy or zest, an increased understanding of self, others, and

relationships, a sense of personal worth, enhanced productivity and agency, and a desire for more connection (Jordan, 2018). The therapist and client collaboratively counter damage inflicted by a patriarchal society that inequitably distributes power through movement with and toward one another (Miller et al., 2004). In a systematic review of RCT literature, Lenz (2016) found support for RCT's theoretical framework, the measurement of RCT constructs including mutuality, growth-fostering connection, and relational connection/disconnection, and implementation of RCT interventions. Developments in brain research, too, provide support for RCT. For example, neuroplasticity research has demonstrated the ways in which human brains are reshaped by relationship, or the lack thereof, and mirror neurons offer a neurological explanation for humans' capacity for and engagement in empathy and connection (Jordan, 2018).

As a concealable stigmatized identity, a marginalized group membership with the potential to be hidden (Quinn & Earnshaw, 2011), relational dynamics are particularly salient for clients with nonreligious identities and their sense of themselves in relationship to others and the world. Nonreligious people often find themselves in contention with family members of faith (Zimmerman et al., 2015), navigating the benefits and risks of outness, the disclosure and concealment of identity, across multiple contexts (Meidlinger & Hope, 2014), and creating new support systems consisting of like-minded people (Smith, 2013). Therefore, RCT is a fitting theoretical framework for work with nonreligious clients in therapy. Recommendations for RCT-guided intervention with nonreligious clients are outlined in subsequent sections.

RCT With Nonreligious Clients

During the assessment phase, RCT begins attending to identifying significant and formative relationships and, as a strengths-based therapy, coping mechanisms, support systems, and examples of resilience of a relational nature in clients' lives. Of particular note are the nature of clients' relationships and the authenticity they are able to bring to those relationships (Jordan, 2018). Nonreligious people who deconvert from faith often experience rupture in relationships with family, friends, and other members of their former faith communities (Cragun et al., 2012; Zimmerman et al., 2015). It is common for atheists to describe the absence of a sense of belonging (Hammer et al., 2012), either among atheists or other cultural groups to which they belong, and this may be exacerbated by the intersection of their cultural identities (Abbott et al., 2020). From an RCT perspective, such experiences may form the basis of a relational style in which nonreligious people create emotional and relational distance from others, or *disconnection*, in an attempt to avoid similar experiences and maintain safety in relationships (Jordan, 2018). Of note, this type of disconnection may be more likely to occur among nonreligious people who leave the faith with which they were raised, as they potentially experience more relational conflict related to their nonreligious identity as compared to people who were raised without religion.

In early sessions, psychotherapists may not inquire about their clients' worldviews or R/S orientation or neglect to attend to their (non)religious identity if it is only indicated in the demographics section of an intake. As clients' presenting concerns are not always explicitly associated with or obviously related to their identities, an opportunity to explore the relationship between a nonreligious client's distress and systemic oppression may be missed.

Specifically, the psychotherapist may fail to attribute the disconnection present in a nonreligious client's relationships, and any related sense of isolation, in part, to their deconversion process, the ubiquity of Christianity in the U.S., and/or stigma about nonreligious people. Thus, attending to nonreligious identity in therapy may provide fruitful data and discussion elucidating some of the possible origins of disconnection in the client's life and relationships.

Conversely, nonreligious individuals, especially those who are strongly identified as nonreligious, often find connection they may lack or lose among family with other nonreligious people in local secular groups, organizations dedicated to secular activism, or, often, in digital communities comprised of nonreligious participants (McCaffree, 2019). Such group involvement is associated with benefits to self-esteem (Brewster et al., 2020) and may be particularly important for nonreligious people in geographic locations that are very religious and/or rural. Galen (2015) suggested theists and atheists alike benefited from social engagement and organized non-belief was equivalent to organized religion (e.g., church, prayer groups) in promotion of well-being and prosociality. Therefore, relationship with like-minded individuals is important for nonbelievers and, as advocates, psychotherapists may assist nonreligious clients with engaging meaningfully with other nonreligious people via organizations like Sunday Assembly (sundayassembly.online), a secular group offering regular, in-person fellowship, American Atheists (atheists.org), a national organization focused on promoting freedom of thought and inquiry via public policy, or online communities of atheists on social media platforms like Reddit and Facebook.

Connection, Disconnection, and Relational Images

The experiences people have in relationships throughout their lives and the ways in which they interpret those experiences form representations, *relational images*, of how they expect others will respond to their attempts for connection. These relational images subsequently guide behavior such that, when relationships fail to be mutually empathic and empowering, people engage in actions, *strategies of disconnection*, that keep them out of connection with others (Miller & Stiver, 1995). This is the *central relational paradox*—humans desire to be in connection with others, but often fear the vulnerability necessary for meaningful connection and, therefore, do not bring all of themselves to their relationships (Jordan, 2018).

In the context of enduring stigma in the U.S. associated with nonreligion (Edgell et al., 2016), nonreligious people are often met with unwelcome feedback, loss of trust, attempts at conversion to faith (Abbott et al., 2020), and microaggressions (Cheng et al., 2018) when they share their absence of belief in god(s) with others. In a sample of atheists, Hammer et al. (2012) found the vast majority experienced anti-atheist rhetoric in media and pressure to engage in religious activities and over half experienced some form of social ostracism. As a result, nonreligious people may conceal their worldview, no matter how central and salient to their identity, to avoid such experiences (Mackey et al., 2020; Orme, 2011). In this way, nonreligious people may not bring themselves fully to relationships, resulting in *chronic disconnection*, dissatisfaction, and distress. Indeed, concealment does not appear to be effective in reducing experiences of discrimination among nonreligious people and, in fact, appears more predictive of psychological distress than disclosure (Camacho et al., 2020).

Therefore, first, psychotherapists can create an environment in which clients can disclose their nonreligious identity and be

affirmed. Given the ubiquity of theism, predominantly Christianity, in the U.S. (Pew Research Center, 2015), nonreligious clients may assume the psychotherapist is religious and intentionally conceal their identity as historically people of faith may not have welcomed their disclosure or affirmed their nonreligious identity. Though RCT would welcome the therapist's disclosure of their personal (non) faith orientation in insomuch as it was intentional in facilitating growth in the relationship (Miller et al., 2004), self-disclosure is not imperative. Rather, the therapist may simply inquire about the client's worldview, not only in initial sessions, but continuously as it becomes relevant throughout treatment. Further, the RCT therapist might inquire specifically about the ways in which the client's nonreligious identity has impacted relationships in their life.

If a client describes relational difficulties and disconnection related to their nonreligious identity (e.g., estrangement from family, discrimination in the workplace), it may be useful to explore possible exceptions—relationships in which the client felt affirmed and accepted. But, perhaps more important is identifying examples of times when a relational conflict occurred due to others' negative or invalidating reactions to their nonreligious identity and the client responded with *relational resilience*, moving into connection after disconnecting experiences, and *relational courage* or *confidence*, seeking connection in the midst of fear (Jordan, 2018). For example, the client may be able to recall a time they shared the pain and invalidation they experienced when a friend repeatedly attempted to convert them to faith, the friend was receptive to the client's feedback and owned their harm, and the two worked through the rupture ultimately strengthening their relationship. Or, when rejected on the basis of their nonreligious identity, the client may have reached out to affirming others for support or disclosed their nonfaith identity in a different relationship despite the risk and previous experience of harm. These exceptions offer strengths on which to build.

When nonreligious clients have strong, connected relationships with other nonreligious people or have successfully communicated through relationship ruptures related to their nonreligion and, subsequently, strengthened the connection in those relationships, these may serve as *discrepant relational images*. If the primary source of disconnection is unrelated to their nonreligious worldview, their nonfaith may offer unique strengths and exceptions with regard to how they may foster connection with others in their lives. Nonreligious clients may draw on mutuality, respect, and empowerment they experience with other nonreligious people to generate expectations and desires for healthy connection in other areas of their lives, including with people of faith.

Therapist Authenticity

RCT conceptualizes the therapeutic relationship as healing in nature and another opportunity to create a discrepant relational image in which clients are able to bring their whole being (Jordan, 2018) and ruptures are repaired through mutual empowerment, accountability for harm, and letting go of power-over social arrangements (Walker, 2002). Therefore, when disconnection is related to a client's nonreligious identity, there is an opportunity for a corrective experience in therapy wherein the therapist makes space for the client's conceptualization of the world through the lens of nonreligion without judgment and affirms their nonfaith. The mutual respect and empathy inherent in growth-fostering relationships, if fostered in the therapeutic relationship, offer a relatively

emotionally safe space in which to experiment with relational courage in the interest of building relational resilience.

Ideally, an alliance between therapist and client would exist such that nonreligious clients also felt empowered to share with the clinician when or if the therapist replicated painful interactions from the client's past. When conflict occurs in therapy due to inequalities between the clinician's and client's respective (non)faith orientations, this, too, should be discussed with therapist humility and honesty. In RCT, the psychotherapist's authenticity is a powerful tool that demonstrates to the client their ability to move, or evoke feeling in, another human (Miller et al., 2004), as in the following example:

Client: *Yeah, I've felt better. I'm less anxious and my mom's health is improving.*

Therapist: *What a blessing.*

Client: *[shifts uncomfortably] Yeah.*

Therapist: *I'm noticing you hesitated and seem a bit uncomfortable. What happened just now?*

Client: *Well, I just don't think of my mom's health that way . . . as a blessing. I just think her medical team found a treatment that's working.*

Therapist: *I hear you. What were you thinking about our relationship when I said "blessing"?*

Client: *I think it just reminded me how differently we see the world because you're religious and I'm not.*

Therapist: *That could be. What does that mean about our relationship if we see the world very differently?*

Client: *Well, it's just hard to believe you can understand me. I felt a little disappointed because we've been working so well together.*

Therapist: *Yes. I'm so sorry for disappointing you. I, too, think we are working well together and I really want to continue getting to know you and be helpful, if I can.*

Client: *Thanks for saying that.*

Therapist: *I'm sensing we're further away from one another than we were when you first arrived today. I can see you're hurting and I'd like to support you, but I feel a distance between us. I realize my words created that distance.*

Client: *Yeah, I've definitely put up a wall.*

Therapist: *I sense that. I'm feeling a little fearful that I won't be able to see you through that wall.*

Client: *I suppose that's the point. I put up these walls so that people can't hurt me.*

Therapist: *That makes sense to me and I hope you'll take the time you need behind that wall. I'm also curious what you would need from me to be able to lower that wall a small amount today.*

The therapist utilizes her authenticity and therapeutic immediacy to share regret, fear, and her genuine desire for connection with the client. Following the session, she may also wish to explore the experience, individually or in consultation with a supervisor or colleague. Such an exploration may evaluate, among other possibilities, whether her use of the term “blessing” constituted the infusion of her own religious values into therapy or the use of a common phrase without thought for its religious meaning. If the nonreligious orientation of the client was unknown, she may wish to adjust future assessment and intake procedures in order to be aware of clients’ worldviews prior to the onset of psychotherapy.

In this brief example, the therapeutic relationship is intentionally used to explore relational dynamics in the moment that are likely to play out in the client’s other relationships. Ideally, the client takes note of their ability to evoke feeling in another person. If the therapist and client are able to work through this rupture together, thus strengthening their relationship, and the client is willing to take risks with this therapist who holds a different worldview, the experience could also serve as a powerful example of the client’s relational resilience and courage. Importantly, the intention is not to convey that the client should or is able to have relationships with people of faith and across other differences; the therapist cannot guarantee the emotional safety of any relationship and all humans are capable of emotionally harming one another. Rather, this interaction may encourage the client to avoid closing themselves off to potential connection that may occur across difference or in the face of challenge.

Controlling Images

Controlling images, rooted in Black feminist thought, are representations of groups of people that serve to normalize social hierarchies at the societal level. In contrast to stereotypes which are driven by prejudice and result in discriminatory behavior, controlling images and the meaning derived influence how people construct their social lives and, in turn, structure power itself (Collins, 2020). In RCT, controlling images can facilitate internalized oppression, shame, and unworthiness which leads to greater disconnection and isolation. In this way, RCT attends to not only relational images created at the interpersonal level, but those generated and maintained at the systemic level (Jordan, 2018). It is the manner by which systemic oppression stratifies people, rather than mere differences between people, that facilitates disconnection (Walker, 2004).

For nonreligious clients, controlling images may include the Satanist, a person actively seeking to coerce people of faith to sin, or the Hedonist, a person seeking only pleasure with little concern for the welfare of others. In U.S. context, these false representations work with anti-atheism to marginalize nonbelievers and maintain their subordinate social position to people of faith, particularly Christians (Collins, 2020). The prevalence of these controlling images may lead clients to internalize anti-atheism, experience shame, and engage in strategies of disconnection. Thus, it is imperative that psychotherapists remain attuned to the role of oppression perpetuated against nonreligious people in nonreligious clients’ psychological suffering (Jordan, 2018). Further, it is essential to avoid perpetuating Christian dominance in the therapy relationship. For example, as illustrated in the example provided above, clinicians may wish to avoid language rooted in belief systems such as saying, “Bless you,” when a client sneezes, or

references to blessings, higher powers (*Thank God!*), life after death (*They’re in a better place*, when a client experiences a death), or other common phrases that assume belief in god(s) (*Everything happens for a reason*).

Dominant groups position nondominant group members as other, framing difference as deficiency (Jordan, 2018); theist dominance in the U.S. positions the nonreligious person as other, possibly resulting in shame and isolation for nonreligious clients. Therefore, psychotherapists’ self-awareness about their own spiritual and/or religious beliefs and values in the context of working with nonreligious clients is essential (Bishop, 2018). For example, discomfort with a client’s nonreligious identity may result in clinicians ignoring or invalidating clients’ stories, thus perpetuating similar silencing and disempowerment in therapy as occurs by the Christian majority.

Notably, although nonreligious people often describe attaining connection within groups of nontheists (Smith, 2013; Smith & Cimino, 2012), atheists, in general, and members of atheist organizations are overwhelmingly White, male, and class privileged (Smith, 2013; Pew Research Center, 2015). As a result, nonreligious people with other nondominant culture identities (e.g., BIPOC, womxn) may experience similar isolation and “power-over” dynamics when attempting to connect with other nonreligious people. Nonreligious clients may, therefore, sometimes feel out of place among their other central and salient groups due to their identity as a nonbeliever and out of connection with other nonbelievers as a result of their marginalized social statuses (Abbott et al., 2020). Psychotherapists must, then, be ready to examine the complex intersections of identity and experience among nonreligious people and how the resulting power and marginalization present in unique ways in therapy, among other nonreligious people, and in the world broadly.

Limitations

The studies of nonreligious people on which this application of RCT is based were primarily conducted with people who deconverted from faith, or *religious dones*. Emerging research suggests dones may be more similar to theists than *religious nones*, or those who are consistently unaffiliated or never affiliated with religion, with regard to values (Schwadel et al., 2021). Thus, affiliation with faith at some point in one’s life may result in different experiences as compared to those never affiliated with faith. Future studies would benefit from exploring these potential differences, including the extent to which and how nones and dones experience nonreligious discrimination and associated relational conflict. Related data would be useful in determining the utility of RCT in psychotherapy with religious nones.

Additionally, although brain science has demonstrated the “fundamental relationality of human beings” (Jordan, 2018, p. 20) and studies have provided initial support for RCT constructs (e.g., connection, mutuality) and use of RCT for understanding the experiences of clients, empirical support for RCT is limited (Lenz, 2016). Additionally, congruent with the feminist roots of RCT, most existing studies of RCT were conducted with girls and women (Lenz, 2016). Though this does not preclude the use of RCT with clients of other genders, gender-diverse empirical studies of RCT are needed. Similarly, no studies have examined the effectiveness of RCT with nonreligious clients. Therefore, RCT is likely beneficial in that it is culturally adaptive (Wampold, 2015) and provides a framework for exploration of the role of a nonreligious worldview in clients’ distress; however, future process and outcome research

associated with RCT is warranted, generally and with nonreligious clients specifically.

Summary

RCT offers a framework particularly well-suited to psychotherapists' work with nonreligious clients. Previous scholarship related to competence highlighted nonreligious clients' rights to have their worldview honored and affirmed by their psychotherapist and called for clinicians to increase self-awareness, seek education and training, and advocate on behalf of nonreligious clients (Bishop, 2018; Sahker, 2016). RCT addresses each of these important ingredients for competence and offers a theoretical lens through which to conceptualize nonreligious clients' concerns in the context of systemic oppression and power dynamics. Further, consistent with the movement toward integrative psychotherapy (Castonguay et al., 2015), elements of RCT can be used in conjunction with other modalities to strengthen the working alliance (Horvath et al., 2011) and provide multiculturally competent treatment.

The author, for example, integrates Emotion-Focused Therapy (EFT; Greenberg, 2010) with RCT in the interest of bringing clients' awareness to emotions, and associated sensations in the body, related to their sense of connection or disconnection. EFT, too, views the therapeutic relationship as central to change and, in particular, the experience of interpersonal affect regulation and development of self-soothing skills (Greenberg, 2014). Thus, the therapeutic alliance and emotion awareness and regulation lay the groundwork for nonreligious clients to process experienced oppression, for example, in a healthy, safe-enough manner, experience corrective emotional experiences, make meaning of past and current relationships, and foster fulfilling connection.

To summarize, clients' nonreligious worldviews should certainly be acknowledged and affirmed in psychotherapy; however, like other cultural identities and experiences that are central and salient to clients (e.g., race/ethnicity, gender), nonreligious identities should also be considered in relation to clients' relationships to self, others, and the world. Particular attention should be paid to relational strengths and resilience and/or relational disconnection and marginalization associated with living as a nonreligious person in the U.S. From an RCT perspective, the most effective and collaborative way to explore such variables is through psychotherapist authenticity and responsible use of the therapeutic relationship, in particular creating a growth-fostering relationship between therapist and client.

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