Meaning and Purpose
Meaning and Purpose

• Non-religious clients tend to believe they alone are responsible for creating meaning and defining their purpose in life.

• Meaning and purpose emerge from how they experience and interpret the physical and emotional events in their lives.
  • These values are often extremely personal and not understandable to others.

• Negative events that happen may be viewed as simply having bad luck.
  • Non-believers still suffer negative consequences.
  • The difference is what they attribute to the events in terms of what they mean and why they occurred.

(D'Andrea & Sprenger, 2007)
Meaning and Purpose

• Atheists and non-spiritual clients appear to be good candidates for therapeutic approaches that stress empowerment, personal responsibility, and self-understanding.

• Therapists should not assume lack of connectedness to others to be a mental health problem
  • Preferences for solitude might come from the difficulty of being different from others in an intolerant environment.

(D'Andrea & Sprenger, 2007)
Meaning and Purpose

• Activities that help foster meaning and purpose
  • Active listening
  • Journal writing and other guided self-exploration activities

• Help **align actions and behaviors** with inner values

• Focus on the clients **taking responsibility** for reexamining their current belief system and for making decisions and choosing behaviors that are **aligned** with what they believe is their purpose and meaning in life.

(D’Andrea & Sprenger, 2007)
Helping with Moral Dilemmas
Helping with Moral Dilemmas

• Non-religious clients who face moral dilemmas or other problems that arise out of moral conflict share the same moral crises as anyone else.

• Solution Focused Therapy
  • Focus of the solution, not in the source of the problem

• Solutions should focus on the personal value system of the client, not on extrinsic “should” and “ought” solutions.

• Clients who are free to explore their belief systems with the therapist are better able to identify solutions to problems that respect and honor moral belief systems

(D'Andrea & Sprenger, 2007)
Minority Stress
Minority Stress

• *Minority Stress Theory* (Meyer, 2003) offers a useful lens for discussing the mental health and well-being of atheists in the United States.

• Physical and psychological consequences are linked with identifying as a member of a socially marginalized group.
  • Experiences of *discrimination and stigma* lead to increased psychological distress and physical health problems

• Marginalization associated with higher levels of identity-related stress

(Brewster et al., 2012)
End-of-Life Issues
End-of-Life Issues

• Help clients achieve a “good death”
  • Pain and symptom management
  • Clear decision making
  • Preparation for death
  • Completion
  • Affirmation of the whole person
  • Donate organs to science or medicine as a means of contributing to other

May be most appropriate for team members in discussing care, rather than with the patient and family, unless an effort is made to clarify the contextual meaning of the term.

(Smith-Stoner, 2007)
End-of-Life Issues, cont.

• Help with Clear Decision Making
  • Understand scientific basis for actions
  • No wish to be kept alive when cure is not probable

• Help Ease Suffering
  • Pain free, distress free
  • Significant Support for Physician-Assisted Suicide
    • 95% from study

(Smith-Stoner, 2007)
End-of-Life Issues, cont.

• Respect Nonbelief
  • Avoid **proselytizing**
    • "Personally, the single most important thing I would want is protection from those who might use my health situation as a lever to extort some kind of conversion to a belief in a magical being and the ultimate product of everlasting life."

• Check-In about Language and Terminology
  • What does “Spirituality” mean to them?

(Smith-Stoner, 2007)