

Spirituality and its Role in Mediating the Trauma of Social Work Internships

Rick Csiernik, MSW, PhD, RSW

rcsiernik@uwo.ca

266 Epworth Avenue, London, Ontario N6A 2M3

519-433-3491

King's University College at The University of Western Ontario

Presented at The **Fifth North American Conference on Spirituality and Social Work** held from June 17-19, 2010, in Calgary, Alberta, at the University of Calgary.

Spirituality and its Role in Mediating the Trauma of Social Work Internships

Abstract

An integral component of every social worker's education is the practicum. However, this internship experience can exacerbate issues arising from previous personal trauma or inflict its own upon new practitioners. Issues students reported arising from their field experience include verbal and sexual harassment to having been stalked. These in turn led to changes in sleeping, eating, concentration, psychoactive substance use, confidence, and academic performance. It is known that spirituality can be a mediating factor in resolving or coping with traumatic events and thus Schools of Social Work are encouraged to directly address the issues of trauma that their students experience as a direct result of the educational process and to include spirituality as one of the support mechanisms to assist students.

Key words: trauma, practicum, social work students, spirituality

Biography

Rick Csiernik Professor, School of Social Work, King's University College at The University of Western Ontario has written and edited eight books, authored over 100 peer reviewed articles and book chapters and has been an invited presenter to over 150 national and international conferences and workshops. He has been on the King's University College Honor Role of teaching eleven consecutive times and is past recipient of the McMaster University Instructor Appreciation award.

A vital aspect of all social work education is the internship or practicum. The practicum is typically the first opportunity for a student to experience a professional practice role and to begin to integrate social work knowledge and theory in an actual social work environment. The importance of understanding the complex needs and dilemmas of social work students in their placements, including the role of various forms of trauma and exposure to trauma has been discussed by several authors (Furman, Benson, Grimwood, & Canda, 2004; Miller, 2001; Rey, 1996). Secondary trauma is the emotional duress experienced by people after having close contact with a trauma survivor (Figley & Kleber, 1995; Geller, Madson, & Ohrenstein, 2004; Hesse, 2002). Vicarious trauma is defined as the permanent transformation in the inner experience of the counselor that occurs as a result of empathic engagement with clients' trauma experiences and responses. Signs include disturbances in one's cognitive frame of reference, identity, world view and spirituality (Hyman, 2004; Pearlman & Saakvitne, 1995). The main differences between the two are a focus on symptomatology versus theory, the nature of symptoms, observable reactions versus more covert changes in thinking, relevant populations, and a critical amount of exposure to trauma survivors (Figley, 1995). Whereas secondary trauma may be experienced by having contact with a client, vicarious trauma results from cumulative exposure to traumatized clients over time (McCann & Pearlman, 1990) though the length of time varies from counsellor to counsellor. Other variables of vicarious trauma include age, sex, amount of interaction with exposed clients, length of time providing treatment and the clinician's own history including their personal experiences of trauma (Cunningham, 2003; 2004; Dane, 2002; Way, Vandeusen, Martin, Applegate, & Jandle, 2004). There is also the comparatively new idea of compassion fatigue, a process that happens over time and is not the result of a onetime event as with secondary traumatic stress (Thompson, 2004). Compassion

fatigue reflects a physical, emotional and spiritual exhaustion that takes over all helpers not only social work interns and causes a decline in their ability to feel and care for others (Figley, 1995). It can occur to anyone as a result of serving in a helping capacity (Rothschild, 2006). These forms of trauma can bring about significant change in one's life. Fundamental assumptions regarding life that can be shattered by trauma include a belief in personal invulnerability, the perception of the world as meaningful and comprehensible and the ability to view ourselves in a positive light (Janoff-Bulman, & McPherson Frantz, 1996).

Along with the emotional affects of practice also come issues emanating from exposure to and experiences of physical trauma, encompassing both real and perceived harm, including threats of harm (Rey, 1996; Smith, McMahon & Nursten, 2003). There are inherent physical risks associated with social work practice, such as visiting clients in the home, working with high risk clients who have committed violent acts and interaction with agitated clients who are in a crisis state. Newhill (1996) indicated that up to 20 per cent of BSW students had been verbally or physically assaulted during their practicum experience. Physical trauma is an ongoing concern and social workers who have been threatened or abused by clients report higher levels of irritability, depression, anxiety and burnout compared to workers who have not experienced threats or abuse (Jayaratne, Vinokur-Kaplan, Nagda, & Chess, 1996).

It has been acknowledged that many social worker candidates enter schools of social work having already been exposed to substantive personal trauma (Furman, et al 2004; Russel, Gill, Coyne,& Woody, 1993). A study of the trauma experiences of a group of undergraduate

and graduate students at King's University College found that prior to beginning their studies over one half reported being verbally harassed, 40percent had been verbally threatened, one quarter had been sexually harassed with over ten percent having been previously stalked. However, only one quarter of respondents had themselves sought out counseling for these issues and other related traumatic events that had previously occurred prior to being accepted to the school of social work (Didham, Dromgole, Csiernik, Karley & Hurley, 2010).

The same study found that virtually every respondent had experienced a personally upsetting or disturbing incident during their practicum. While the majority were deemed as having minimal negative impact, these can still had the potential to become the foundation for the development of secondary and/or vicarious trauma, if not compassion fatigue especially if students do not have the opportunity to deal with the issues in a timely manner. In reviewing the written comments made by students regarding the impact of their practicum upon them, there was little difference than when reviewing the journals of other trauma survivors. There were significant changes in sleeping, eating, concentration, psychoactive substance use, confidence, and academic performance. The most unexpected outcome, however, was that the most significant critical events were not the result of worker-client interactions. Rather, the greatest negative impacts came from the few incidents involving field instructors and faculty consultants. Feeling yelled at or feeling verbally intimidated by a supervisor or co-worker, either in private or in a group setting, and feeling threatened or harassed in the practicum setting by a colleague or field instructor, produced the greatest negative impacts. Likewise, in the instances where faculty

consultants were perceived to be unsupportive or unresponsive regarding the internship, some students stated feeling oppressed and helpless. As well, due to the lack of power students have in the academic and field environments, they may purposefully choose the path of least resistance to avoid conflict with those who hold their future in their hands (Didham, Dromgole, Csiernik, Karley & Hurley, 2010).

The Challenges of Social Work Internships

Adams and Csiernik (2002) discussed seven distinct challenges of work that can be readily applied to social work internships and the duality of being a full-time student and a beginning social work practitioner:

- i) the practical - dealing with a social work caseload and multiple tasks that require distinct skills and knowledge, some of which are being taught while interns are completing their initial practicum and some of which are not taught until near the end of the second practicum
- ii) the physical - coping with the fatigue of a full time course load and the equivalent of a new part-time job for which one is not fully prepared or yet trained including for some attending an evening course after spending an entire day in their practicum and then going home to complete both homework and case recordings after the completion of class

- iii) the behavioural - learning to develop a sense of professional practice and decorum while continually returning to the student role within the university setting
- iv) the emotional - responding to client issues while managing one's own anxiety about competency and ability while constantly battling the imposter syndrome that is common among interns. As well, students who have not fully resolved their own trauma may be required to work with clients with similar issues leading to both countertransference and ethical dilemmas
- v) the cognitive - balancing the demands of the academic institution and the social work practicum and the need to learn text book material and respond to lectures while also learning about agency policy and practice and new community resources and programs.
- vi) the social - developing a sense of professional self and fitting into a new social work team or agency while still maintaining ties to academic roommates, school friends, colleagues, professors and related academic service commitments such as student council or social justice committee

vii) the spiritual - maintaining one's spiritual wellness when faced with the duality of developing a professional identity as a beginning social work practitioner while still meeting the high academic standards to obtain a professional degree.

These seven areas are challenges faced by all social work interns as they live in two worlds. However, they are not only the source of stress and frustration but also forces that can involve and motivate. These challenges are simultaneously obstacles that prevent students from acquiring and maintaining a level of wellness while also being the foundations of wellness that provides them with a sense of achievement and feelings of success, wholeness and empowerment (Csiernik, 2005). However, one dynamic that can complicate this transition from learner to professional that has been insufficiently examined is the unresolved trauma issues many social work interns carry. These incidents have the potential to be further intensified by the trauma created through the completion of multiple internships over the course of completing a social work degree.

Mediating Trauma: Wellness, Spirituality, and Social Work

The relative minimization of education on spirituality and social work in Canadian Schools of Social Work negates the importance of spirituality as one of the foundations of both client and student wellness. The origins for the contemporary definition of wellness are credited to Halbert Dunn, whose book *High-Level Wellness* (1961) was initially premised upon the World Health Organization's (1946: 1) definition of health:

"Health is a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity."

For Dunn a complete state of well-being involved wellness of the mind, the body and the environment, family, community life and a compatible work interest. Wellness also included a way of living that maximized one's potential, adaptation to the challenges of a changing environment, and a sense of social responsibility. Dunn postulated that being well does not merely constitute a state where one is not ill, or "unsick", a position that was echoed later by Donald Ardell (1976).

Wellness consists of five core components: physical, psychological, intellectual, social, and spiritual health. Physical health includes physical fitness, nutrition, control of substance abuse, adequate rest and sleep, and medical self-care including the absence of disease. Emotional or psychological health involves one's subjective sense of well-being and the capacity to cope and maintain relative control over emotional states in response to life events. This includes the effective management of stress and emotional crises. Intellectual health encompasses the realms of education, achievement, role-fulfilment, and career development. It also includes proficiency in thinking clearly, independently, and critically. Social health entails the ability to interact effectively with others including the development of appropriate relationships among friends, families, co-workers, and the general community. It also entails the ideas of role-fulfilment, caring for others, and being open to the caring action of others. These three components have been also associated with spiritual health and well-being in addition to other factors such as love, charity, purpose, positive sense of self, motivation, a longing for transcendence and meditation (Drouin, 2002; Perry & Jessor, 1985;

Schafer, 1992; Sefton, Wankel, Quinney, Webber, Marshall, & Horne, 1992). Morgan (1993) suggested that spirituality includes a person's ability to transcend the physical limits of time and space, the ability to reason, to will, be creative and to seek meaning. For him, spirituality also entailed self-awareness, adherence to values, being ethical, being connected with others and maintaining a belief system that includes a religious dimension. Anderson and Worthen (1997) further suggested that our spirituality hinges on three critical assumptions:

- i) an awareness of the existence of a supreme power or force;
- ii) the innate yearning of people for connection with this supreme entity; and,
- iii) the belief that this power is interested in humans and acts upon this relationship in order to promote changes that benefit humans.

As components of wellness, physical, psychological, intellectual and social health, tend to have more empirical credibility than does the idea of spirituality. Spirituality has been viewed by some professional practitioners as too ethereal, esoteric and removed from practical concerns to merit systematic study or inclusion in clinical practice and the idea itself remains somewhat ambiguous (Adams & Csiernik, 2002). However, in current social work practice we are aware that when conducting a comprehensive psychosocial assessment that incorporates recognition of the importance of client diversity and strength, spirituality must be considered. Neglecting the spiritual dimension would be contrary to our commitment to holistic practice. Positively or negatively, spirituality can be a fundamental contributor to:

personality formulation and cognition;

the development of personal meaning and purpose;

the creation and maintenance of interpersonal relationships within the family and community; and,

the acceptance of, or the will to change a wide range of life, death, and bereavement related concerns.

Within social work practice, spirituality can be an energizing and empowering principle in problem solving with both individuals and groups as well as a major factor in the formulation of health and social policies. In recent years spirituality has gained increasing importance in medical social work, addiction, mental health, geriatrics, and palliative care and has always been an integral component of First Nations social work practice (Boucher & Timpson, 1999; Brownbill, 2005; Brownbill & Etienned, 2010; Lederman, 1998; Stevenson 1998).

Historically, a key function of a strong spiritual self has been to enable us to effectively face, cope with, and overcome our personal and collective suffering (Maes, 1990). Our spirituality is essential to our belief that our suffering will be removed or that we will be rewarded or compensated in some tangible manner for the suffering that we have endured (Epstein, 1994; Frankl, 1984; Maes, 1990). Our spirituality provides us with hope, connects us with forces beyond the present, gives us inner strength to cope, encourages us to look for meaning in our tribulations, and aids us in managing our lives and transcending our suffering (Eaton, 1988; Highfield, 1992). Percy's (1997) concept of "shuddering", the process of living through the pain and experience of our suffering, of past and current trauma, is a critical concept to consider when examining

spirituality in the social work internship environment. Shuddering occurs when we succumb temporarily to our suffering as we are caught up in the rapids of change in our daily and working lives and react to the cumulative stress, overload and trauma. While the process of shuddering draws upon and may deplete our spiritual strength it may alternatively, enhance our spiritual energy and motivate us to regain control, find new hope and new purpose in our lives. By shuddering we learn that we can and will use our renewed energy to move forward and can overcome the trauma that has enveloped our lives.

Spirituality is essential in being able to find faith in ourselves, in our beliefs, and our connections to others. It is also vital in aiding us to find faith in an uncertain future. Within this context shudderings can be viewed as transitional points. They provide us with unique insights and even enlightenment concerning our states of being. In a trauma related or induced shuddering, interns can find the motivation, strength, and courage to face past traumas that may hinder their future practice and face them particularly if a supervisor or professor is attuned to the spiritual needs of students who are transitioning from being students to professionals. Shuddering enable us to take risks that demonstrate initiative, creativity, and innovation as we challenge stagnation or unhealthy or unreasonable changes. At the same time shuddering may provide us with the impetus to reorder our academic, work and family priorities, deal with personal life-cycle crises, or take action against unresponsive systems with, or on behalf of, clients as well as for ourselves.

Spirituality in not merely one of the seven challenges of both academic and working life discussed earlier, rather it can be viewed as the integral component that binds and helps to resolve

all of the other challenges (Figure 1). Spirituality may provide the calm for a student to find the tools for success to deal with the practical challenges of the internship. It may assist us in coping with the physical challenges through encouraging self-care and the ability to balance the demands placed upon our physical selves. Spirituality may also contribute to meeting intellectual challenges by allowing room for humour and mutual support particularly when we must manage demands emanating from a multitude of academic and placement stressors. Behaviorally, spirituality may motivate us to care for and respect each other and perhaps move towards shared responsibility or ownership of the academic and applied environments as the student learns to become a professional social worker. Respite, positive social interaction, and diversion may be further contributions spirituality provides in order to assist deal with the social challenges of the dual environments social work students must successfully manage. In summary, spirituality can bring serenity, energy, direction, creativity, connectedness, goal attainment, and perhaps, most importantly, hope for the future. Spirituality has the power to assist students to move beyond past traumas as well as through those that have occurred as part of their academic and applied education. Spirituality within a social work academic context can be an essential force that serves as the overriding factor that allows students to successfully meet all the challenges they encounter.

However, the obstacles to applying spiritual principles to most academic environments and internship settings are many and formidable. Along with the discomfort of publicly discussing this topic for many come a range of issues. These include fixed beliefs, chronic inaction, tolerance of employee abuse and neglect of clients and of each other, lack of status being a student on practicum,

culture dicta, economic deficiencies, emotional overload, social isolation, third party forces, the unrelenting flow of often trivial information and demands created by the continually enhanced ability provided by technology to transmit information. Ironically for the social work profession there is also often a lack of access to counsellors for themselves that can limit spiritual growth and development and thus impede wellness. If a social worker does find her or his way to another social worker counsellor for assistance there remains the concern of how comfortable the social worker in the counselling role is in discussing spirituality as part of the helping process.

Each school of social work faces its own unique challenges in educating, supporting and developing a new group of hopeful social work candidates each year. Many of these candidates come to the profession because of issues they have overcome though others enter with unresolved issues that the academic process, particular the practicum, can exacerbate. Spirituality is a critical and readily accessible tool that is available to assist with resolving these issues, these sufferings, though one that has been historically underutilized. This no longer need be the case.

References:

- Anderson, D.A. & Wortham, D. (1997). Exploring a fourth dimension: Spirituality as a resource for the couple therapist. *Journal of Marital and Family Therapy*, 23(1), 2-12.
- Ardell, D. (1977). *High level wellness*. Emmaus, Pennsylvania: Rodale Press.
- Boucher, R. & Timpson, J. (1999). Confronting HIV and AIDS: A personal account. *Native Social Work Journal*. 3(1), 39-53.
- Brownbill, K. (2005). A first nations' perspective on work, the workplace and wellness. In R. Csiernik (Ed.). *Wellness and work: Employee Assistance Programming in Canada*. Toronto: Canadian Scholars Press.
- Brownbill, K. & Etienne, M. (2010). Understanding the ultimate oppression: Alcohol and drug addiction in Native Land. In R. Csiernik and W.S. Rowe (Eds.). *Responding to the oppression of addiction, second edition*. Toronto: Canadian Scholars Press.
- Csiernik, R. (2005). Wellness and the workplace. In R. Csiernik (Ed). *Wellness and work: Employee Assistance Programming in Canada*. Toronto: Canadian Scholars Press.
- Csiernik, R. & Adams, D. (2002). The impact of social work education on students' spirituality. *Currents: New Scholarship in the Human Services*, 1(1).
- Cunningham, M. (2003). Impact of trauma work on social work clinicians: Empirical findings. *Social Work*, 48(4), 451-460.
- Cunningham, M. (2004). Teaching social workers about trauma: Reducing the risks of vicarious traumatization in the classroom. *Journal of Social Work Education*, 40(2), 305-317.
- Dane, B. (2002). Duty to inform: preparing social work students to understand vicarious traumatization. *Journal of Teaching in Social Work*, 22(3/4), 3-20.
- Didham, S., Dromgole, L., Csiernik, R., Karley, M.L. & Hurley, D. (2010). Trauma exposure and the social work practicum. *Journal of Teaching in Social Work*.
- Drouin, H. (2002). Spirituality in social work practice. In F. Turner (ed.) *Social work practice: A Canadian perspective, second edition*. Toronto: Prentice Hall.
- Dunn, H. (1961). *High level wellness*. Arlington, Virginia: R.W. Beatty.

- Eaton, S.(1988). Spiritual care: the software of life. *Journal of Palliative Care*, 4(1/ 2), 94-97.
- Epstein, D.M. (1994). *The 12 stages of healing:A network approach to wholeness*. San Raphael, Ca.: Amber-Allen Publishing.
- Figley, C. R. (ed.) (1995) *Compassion fatigue- coping with secondary traumatic stress disorder in those who treat the traumatized*. New York, New York, Brunner/ Mazel Publications.
- Figley, C.R., & Kleber, R.J. (1995). Beyond the “victim”: Secondary traumatic stress. In R.J. Kleber, C.R. Figley, & B. P. R. Gersons (Eds.), *Beyond trauma: Cultural and societal dynamics* (pp. 75-98). New York: Plenum.
- Frankl, V. (1984). *Man’s search for meaning*. Washington: Square Press.
- Furman, L.D., Benson, P.W., Grimwood, C., & Canda, E. (2004). Religion and spirituality in social work education and direct practice at the millennium: A survey of UK social workers. *British Journal of Social Work*, 34, 767-792.
- Geller, J.A., Madson, L.H., & Ohrenstein, L. (2004). Secondary trauma: A team approach. *Clinical Social Work Journal*, 32(4), 415-431.
- Graham, J. & Bradshaw, C. (2000). A forgiving state of heart: Narrative reflections on social work practice from a Christian perspective. *Social Work and Christianity*, 27(1), 40-48.
- Hesse, A.R. (2002). Secondary trauma: How working with trauma survivors affects therapists. *Clinical Social Work Journal*, 30(3), 293-309.
- Highfield, M.F. (1992). The spiritual health of oncology patients - nurses and patients perspectives. *Cancer Nursing*, 15(1), 1-8.
- Hyman, O. (2004). Perceived social support and secondary traumatic stress symptoms in emergency responders. *Journal of Traumatic Stress*, 17(2), 149-156.
- Janoff-Bulman, R. & McPherson Frantz, C. (1996). The loss of illusions: The potent legacy of trauma. *Journal of Loss and Trauma*, 1(2), 133-150.
- Jayarathne, S., Vinokur-Kaplan D., Nagda, B.A. & Chess, W.A. (1996). A national study on violence and harassment of social workers in a rural state. *Child Welfare*, 73(2), 173-9.
- Lederman, J. (1998). Trauma and healing in Aboriginal families and communities. *Native Social Work Journal*, 2(1), 59-90.
- Maes, J.L. (1990). *Suffering: a caregiver’s guide*. Nashville: Abingdon Press.

- McCann, L. & Pearlman, L.A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3, 131-149.
- Miller, M. (2001). Creating a safe frame for learning: Teaching about trauma and trauma treatment. *Journal of Teaching in Social Work*, 21(3/4), 169-187.
- Morgan, J. D. (1993). The existential quest for meaning. In K. Doka and J. D. Morgan (Eds.), *Death and spirituality*. Amityville, New York: Baywood Publishing.
- Newhill, C. E. (1996). Prevalence and risk factors for client violence toward social workers. *Families in Society*. 77 (8), 488-496.
- Pearlman, L.A., & Saakvitne, K. (1995). *Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors*. New York: W. W. Norton.
- Percy, I. (1997). *Going deep in life and leadership*. Toronto: MacMillan Canada.
- Perry, C.L. and Jessor, R.(1985). The concept of health promotion and the prevention of adolescent drug use. *Health Education Quarterly*, 12(2), 169-184.
- Rey, L.D. (1996). What social workers need to know about client violence. *Families in Society*, 77(1), 33-39.
- Rothschild, B. (2006). *Help for the helper*. New York: W. W. Norton & Co.
- Russel, R., Gill, P., Coyne, A. & Woody, J. (1993) Dysfunction in the family of origin of MSW and other graduate students. *Journal of Social Work Education*, 29(1). 121-129.
- Schafer, W. (1992). *Stress management and wellness*. Toronto: Harcourt Brace Jovanovich College Publishers.
- Sefton, J., Wankel, L. Quinney, H., Webber, J., Marshall, J., & Horne, T. (1992). Working towards well-being in Alberta. In *National Recreation and Wellness Conference*, Coburg, Australia, March 12-13, 1992.
- Smith, M., McMahon, L., & Nursten, J. (2003). Social workers' experience of fear. *British Journal of Social Work*, 33, 659-671.
- Stevenson, J. (1998). The circle of healing. *Native Social Work Journal*, 2(1), 8-21.

Thompson, R.A. (2004). *Crisis intervention and crisis management: strategies that work in schools and communities*. New York, NY: Brunner-Routledge.

Way, I., Vandusen, K.M., Martin, G., Applegate, B. & Jandle, D. (2004). Vicarious trauma: A comparison of clinicians who treat survivors of sexual abuse and sexual offenders. *Journal of Interpersonal Violence*, 19(1), 49-71.

World Health Organization (1946). *Constitution*. New York.

Figure 1: Spirituality as an Overriding Force in Meeting Social Work Intern Challenges



