

Spiritually-Influenced Social Work Practice: A Descriptive Overview of Recent Literature

By Robert Gause & Diana Coholic¹
Laurentian University
RC_gause@laurentian.ca

This overview of the social work practice and spirituality literature focuses on recent peer-reviewed publications, that is, since 2004. It is descriptive in nature and not intended to offer an in-depth analysis of this literature/research. However, the descriptions should be helpful in illustrating the current topics, areas, and work being conducted in this field. A comprehensive historical overview of the role that spirituality has played (and continues to play) in the development of Canadian social work can be found in the following manuscript:

Graham, J., Coholic, D., & Coates, J. (2006). Spirituality as a guiding construct in the development of Canadian social work: Past and present considerations.

Critical Social Work, 7(1). Available at:

<http://cronus.uwindsor.ca/units/socialwork/critical.nsf/main/CE5EA5CA5D9CD9EC8525717900723946?OpenDocument>.

The following review on spiritually-sensitive social work (2004-2007) reveals that a great deal of the discussion appears to be focused on specific intervention techniques, models, populations and issues, and possibilities for practice. Due to the overlapping of interdisciplinary boundaries related to investigations of spiritually-influenced practice within the broader field of human services, a number of articles from the disciplines of psychology, psychiatry, and health sciences have been included among those more specific to mainstream social work. This is particularly evident within the literature devoted to studies on the helpfulness of mindfulness based meditation practices, an area that social work is just beginning to explore.

¹ Robert Gause is currently a doctoral student in Laurentian University's Interdisciplinary PhD Program in Northern and Rural Health. Diana Coholic is Associate Professor in Laurentian University's School of Social Work.

Issues of Culture, Assessment, and Discrimination/Oppression

Within the field of spiritually-influenced social work practice, a significant number of articles have been written on the topic of cultural competence and more specifically upon a particular group and/or culture i.e., spiritual and religious groups. Gilligan and Furness (2006) note that social work education needs to focus more attention on both the importance of spiritual and religious beliefs in the lives of many service users and on the potential usefulness of religious and spiritual interventions. The authors join a chorus of voices calling for an expansion of the notion of “culturally competent practice” to include an understanding and appreciation of the impact of faith and belief.

Hodge (2006) notes that the largest health care accreditation body in the United States, the joint Commission on Accreditation of Health Care Organizations (JCAHO), now requires the administration of a spiritual assessment. Although most practitioners endorse the concept of spiritual assessment, studies suggest that social workers have received little training in this area Hodge (2006). To address this gap, Hodge (2006) reviews the JCAHO requirements for conducting a spiritual assessment and provides practitioners with guidelines for its proper implementation. Also, others have noted that while the recent literature has included a call for social work to incorporate spirituality as part of its knowledge base and practice foundation, there is a danger that the understanding of spirituality will be confined to the level of the individual and that the profound connection with the environment will be missed (Zapf, 2005). Zapf notes that Western social work may have much learn from helping approaches that begin with a spiritual sense of inter-connectedness. Eco-spirituality in particular, informed by traditional forms of knowledge, provides an alternative perspective on the relationship between

the individual and the environment, and the energies associated with particular locations (Zapf 2005 a, b).

Indeed, an emerging voice in the field of social work and eco-spiritualism calls for the radical re-thinking of the foundational beliefs of the social work profession, and an acceptance of Indigenous perspectives, and traditional forms of helping and healing (Coates, Gray, and Hetherington, 2006, 2007). For these authors, the issue of cultural competence and spirituality in social work is one of contention. In addressing the issue of cultural competence with particular respect to Indigenous Voices in mainstream social work, Gray, Coates and Hetherington (2007) comment on the historical role social work has had in the past of fostering a Western, modernist view and silencing Indigenous voices through cultural transmission. Gray et al comment on how interventions based on concepts such as individualism, objectivity, and professional distance inherent in Western conceptualizations of social work practice would not be as effective and may possibly be alienating to Indigenous populations. They are critical of the perceived equation of cultural competence and globalization, the latter of which is understood by Indigenous peoples as simply the latest wave of colonization. Gray et al present a critical view of the concept of cultural competence which they argue is a modernist one, predicated as it is on the idea that one can become competent in the culture of another. They present the post-modernist view which questions the notion that one can become competent at something as complex as another's culture. Culture, they argue, defies simple translation and is something in which individuals are embedded. They propose that cultures are to be understood historically as dynamic, "densely interdependent" and are negotiated among member sub-cultures. They are not static and monolithic and taken-for-granted. (Tully 1995, Gray et al 2007). Gray et al suggest that social

workers shift the emphasis in their efforts at embracing anti-oppressive practices, from attempts at becoming competent in another's culture, to simply being open minded and attempting to understand Indigenous cultures by learning from the perspectives of individual members, seen as experts in their own right.

Notwithstanding the foregoing cautionary notes, various tools and recommendations for cultural/spiritual assessment have been proposed in the recent literature. As a means of understanding different facets of clients' spiritual lives, five recently developed spiritual assessment approaches are discussed by Hodge (2005), including a verbal model, spiritual histories, and four visual or diagrammatic approaches; spiritual life maps, spiritual genograms, spiritual eco-maps, and spiritual eco-grams. Spiritual life-maps are a practice described by Hodge (2005) in which social workers co-facilitate consumers' spiritual autobiographies using a pictorial means representing their spiritual life journeys. Hodge describes spiritual life maps as a process in which potential hierarchical relationships that privilege the social worker are de-emphasized in favour of a more egalitarian alliance in which clients are considered to be experts on their own situation. Using spiritual life maps, therapeutic goals are co-constructed and consumers' strengths are seen as central to the clinical process. Using spiritual life maps, individuals are supported in the process of using pictorial means to create a visual autobiography and cosmography, in a manner analogous but not identical to the art therapy process. Culturally-sensitive icons are used in the support of client creativity and self-expression. Hodge proposes that spiritual life maps send an implicit message that the client is a pro-active, self-directed, fully engaged participant in the therapeutic process. He suggests that resistance and anxiety may be reduced through the use of a non-verbal pictorial medium. Similarly, through their roles as

facilitators/collaborators, practitioners are afforded the opportunity to build therapeutic rapport. Hodge proposes that respecting consumers' spiritual reality on a par with the dominant materialistic framework can help foster an environment in which spiritual interventions can be productively explored.

Autobiography as a spiritual practice and form of making-meaning is defined by Staude (2005) as "a dialogue of the self with itself in the present about the past for the sake of self-understanding." Staude suggests that spiritual autobiography enhances spiritual growth and can be therapeutic. Staude reviews the history of spiritual autobiography as a whole and then discusses four approaches to autobiography: the structured life interview, the guided autobiography, the intensive journal workbook, and autobiographical work in the twelve step programs.

As Hartman (1995) observes, in addition to being immersed in a network of existential relationships in the here and now, each individual is also part of a family story that stretches across a number of generations. Spiritual genograms (Hodge, 2005) depict this historical influence across time. Spiritual ecological maps or eco-maps, (Hodge, 2000; Hodge and Williams, 2002) can be used to portray spiritual strengths and influences in a diagrammatic form. Hodge (2005) also combines genograms and eco-maps in a single diagrammatic instrument called spiritual eco-grams, which depict the connections between past and present functioning.

Although the distinction between spirituality and religion is addressed by most contributors to the literature concerning spirituality and social work, there remains some confusion about terminology. A case in point is Hodge's (2005) reference to theories of assessment in "spiritual life maps" which address the question of "Relationship with God". Lehr

(2006) questions this apparent over-sight that many spiritual traditions and many spiritual beliefs exist without any concept of a supreme being and that a culturally competent approach to assessing the role of spirituality in individual or cultural life needs to take that into account.

In further development of spiritual assessment tools, an adaptation of spiritual life-maps has been developed for working with Native Americans that incorporates the use of icons and metaphors compatible with Native American natural symbology (Limb and Hodge, 2007). As in the generic spiritual life maps, the metaphor of journey is represented by a pictorial representation of a roadway, path, circle or direction. In addition to drawing the spiritual life map, the assessment tool comes with a question set, broken down into four areas: 1) relationship with a Higher Power; 2) spiritual beliefs; 3) spiritual rituals; and 4) social support. The instrument was pre-tested at the American Indian Alaskan Native Social Work Educators Association Meeting, modified on the basis of feedback, and then further tested with a sample of 50 Native American experts from a wide range of tribes, diverse geographic regions of the United States, and various spiritual/religious backgrounds, via an electronic survey. Although feedback was mixed, Limb and Hodge (2007) concluded that the instrument was generally perceived as a step in the right direction and was generally consistent with Native American culture particularly its emphasis on a relational rather than linear world view, but that further research and development should be undertaken with the participation of a larger number and more diverse group of Native American experts.

With regard to her social work practice with Aboriginal Peoples, Laura Verniest (2006) discusses the manner in which she uses the Medicine Wheel model as a multi-dimensional tool; 1) for assessment, to illustrate clients' states of being and location; 2) for clarification of social

worker roles - counsellor, educator, facilitator, and advocator; and 3) for developing culturally appropriate action plans. She notes that spirituality should only be examined to the extent that the client values it, and that in recognition of the diversity of Aboriginal cultural contexts, the specific traditional meanings and ceremonies of the Medicine Wheel should always come from the client's own nation's teachings, their Elders, and spiritual advisors. Verniest notes that an Aboriginal perspective recognizes and promotes the principle that all things are connected and encourages the healing of interconnected systems through a philosophy of balance, connection, and holism. Verniest argues that for social workers to practice in a culturally competent manner with Aboriginal peoples, values that would include spirituality need to be understood, appreciated, and recognized; the Medicine Wheel model is one means for facilitating that process.

An eight-item scale, the Spiritual Competence Scale (Hodge, 2007) was developed as a new measure to assess cultural competence in the area of spiritual and religious cultures. The scale measures respondents' perceptions of spiritual competence at the programmatic level. Hodge proposes that this scale is a valid and reliable measure of the "values" dimension of spiritual competence and that although developed to assess spiritual competence in educational programs, it is possible that it may be modified for application in clinical settings or for individual self-assessment.

Another topic of considerable debate in the literature that can be connected with the issue of cultural competence is that of discrimination (Hall, 2006; Hodge, Baughman, 2006; Hodge, 2007). Hodge (2007) commented that social workers disproportionately identify with less traditional faith traditions, and that many had personally experienced discrimination based on

these religious beliefs (Evangelical Christian). He argues that cultural competence should include an understanding and acceptance of faith based values as well less traditional forms of spirituality. The complex issue of whether some social workers of faith are discriminated against is increasingly becoming a topic for debate and discussion in the profession.

While fundamentalism means various things and can be a part of a myriad of belief systems, the discussion within social work has focused primarily on Christian fundamentalism and evangelical Christian beliefs. For example, Melcher (in press) discusses this issue explaining that this matter began to be examined and debated more formally within the profession with Hodge's assertion that evangelical Christians were being discriminated against and oppressed by social workers, and therefore, social work was not reflecting its values or ethics of inclusion and respect for diversity (Hodge, 2002). Melcher offers some possibilities for new perspectives and dialogue, drawing on Fowler's theory of faith development and on win-win approaches to problem solving.

In another example, Todd and Coholic (in press, 2007) discuss how Christian fundamentalist religious beliefs, expressed by social work students, challenge social work educators. They explore how an anti-oppressive pedagogical approach can have the effect of silencing, marginalizing, and even excluding those whose values and beliefs do not fit within secular, anti-oppressive social work pedagogy. At the same time, they consider how fundamentalist views can harm students and educators, and perpetuate patriarchal and heterosexist belief systems, wondering whether there is a reasonable limit on inclusivity. They draw on Mullaly's (1997) notion of oppression to argue that not all oppressions are created equal, and that the welfare of the students as a whole outweighs the individual right to classroom

discussions that could harm students who are experiencing and/or have experienced systematic oppression. However, some means of responding to students who struggle with the interface of their personal beliefs with professional social work values is required. In the authors' experiences, individual conversations with students increase dialogue within schools of social work. They state that while this is not sufficient, it is a starting point. They also contend that we need to be clear about the limits of classroom discussions and design assignments and exercises that allow students to see themselves as complex, yet accountable to a code of ethics that prioritizes systemic oppression to individual discomfort. One important question that faces our profession today is if students and practitioners with Fundamentalist values can separate these beliefs from their professional practice with clients.

Ebear, Csiernik, and Bechard (2006) discuss the similarities and differences between professional social work practitioners and religious counsellors in the Catholic Church. They discuss the challenges of navigating ethical dilemmas inherent in boundary issues between the two distinct roles, with counsellors in the Catholic Church focusing on the clients' relationship with God in their orientation to problem-solving, while social workers address clients' problems in terms of the clients' relationship to themselves and the environment in which they live. The authors comment that there may nevertheless be a role for social workers within the Church as they can contribute a wealth of knowledge on the various stages of human development along with the issues and concerns that arise during each of these stages, and how the environment can hinder problem resolution. The authors conclude that there is a need and support for a closer association between the Catholic church and the profession of social work in order to serve the faith community directly, and call for the development of an integrated service delivery model.

In a critical review of 71 influential social work textbooks, Hodge, Bauman, and Cummings (2006) found that Faith groups were virtually invisible as populations worthy of students' directions, and further noted that when faith groups were discussed they tended to be characterized in a biased, spiritually insensitive manner. Hall and Livingston (2006) note in the aftermath of September 11th, 2001, research on Arab families today is all but non-existent. They argue that the inclusion or acknowledgement of spiritualism is critical to mental health practice regarding Arab families.

In an examination of the role of spirituality in providing resilience among vulnerable populations, Banerjee, Mahaswata and Pyles (2004) conducted eight interviews with women of colour participating in a welfare-to-work program. Participants in the study articulated their meaning of spirituality, spiritual practices, spiritual experiences with material hardships, and how spirituality helped them cope with poverty and welfare reform. Similarly, Manning, Cornelius and Okundaye (2004) explore concepts vis a vis culturally competent approaches from an Afrocentric perspective.

Este and Bernard (2006) explore the role of spirituality in the lives of African Nova Scotians. In a discussion of their findings, they note that spirituality serves as a source of strength, is used as a coping strategy in the face of racism and discrimination, and is a key aspect in the maintenance of health and well being among African Nova Scotians. Este and Bernard attribute spiritual alienation, the disconnection of non-material and morally affirming values from concepts of human self-worth and from the character of social relationships (Achiele, 1996, p. 289, in Este and Bernard, 2006), to the experience of oppression among African Nova Scotians. As a consequence, the authors stress the need for social workers to acknowledge the

importance of spirituality in African Nova Scotians' worldviews and its key contribution as a source of strength, tools of resistance, coping strategies, as a buffer against continuing realities of racism, and resilience in the face of oppression. They suggest that any social work intervention should include a spiritual dimension and recommend an assessment questionnaire developed by Hodge and Williams (2002), which addresses four themes: God, rituals, faith community, and transpersonal encounters.

In a discussion of the significant spiritual beliefs, practices and values of Hindus, Hodge (2004) discusses the need for guidance to assist practitioners in avoiding possible conflicts emanating from the lack of congruence between the values of Hindu consumers derived from the Dharma – the sacred moral order – and the values of social workers derived from a Western Enlightenment discourse. For example, Hodge states that Hindu clients expect a more directive approach from their counsellors while Western social workers are more comfortable with a client-centered approach.

Commenting on the manner in which professional social work developed in the early twentieth century on the basis of a secular, European and North American socio-cultural contexts, Barise (2005) discusses the need for a culturally sensitive approach to social work with members of Canada's Muslim community, and presents a newly developed Islam-based social work practice model which attempts to integrate social work processes with Islamic worldview, values, and problem-solving processes. The author proposes a dynamic, integrative, process of indigenization of social work in which social work processes are rooted in the local context and in which mainstream methods are adjusted to fit the local context.

Spirituality in Social Work with the Aged and Palliative Care

Some researchers have found that the importance of spirituality tends to increase during later adulthood (Moberg, 2005). It has important positive relationships with various measures of life satisfaction, psychosocial well-being, and both physical and mental health. Moberg also notes that it benefits therapy for recovery of illness and is a source of meaning in life. Spiritual interventions help to relieve psychological distress and death anxiety, as well as the stresses of care-giving (Moberg, 2005). Moberg notes that due to its therapeutic value, prayer can be an important resource for coping with problems experienced during the life course. Regarding social work education, Birkenmaier, Behrman, and Ber-Weger (2005) note that recognizing and utilizing spiritual and religious traditions is of particular significance when preparing students to serve older adult populations. Birkenmaier et al present a teaching model developed for social work practical students and their field instructors entitled “Reflections on Spirituality and Aging (ROSA)” which attempts to increase skills, expand the knowledge base and increase student sensitivity about the role of spirituality and religion in serving older individuals and their families.

Commenting on factors contributing to a positive aging experience, Seicol (2005) attributes a greater importance to spiritual well-being than to physical capacity itself. Seicol notes that social workers providing counselling for the aged population should take into account and utilize an awareness of the opportunities provided by spiritually-influenced approaches, such as a balanced perspective on life issues, a sense of humour, counter-factual thinking, a focus on current strengths rather than losses, and the capacity for viewing challenges as opportunities for growth.

The role of spirituality in coping with life challenges among older adults is increasingly being recognized. Holly Nelson-Becker (2005, 2007) discusses social work's historical roots, the distinction between religion and spirituality for older adults, and presents data showing how older European Americans and African American adults employ religious strategies to cope with life challenges and offers suggestions on how social workers and those in other helping occupations can support religious coping among older adults. In examining the role of spirituality on quality of life issues among the aged, Marty Pentz (2005) conducted in-depth interviews with thirteen older adults with cancer along with a focus group of three oncology social workers. The role of social support in spirituality/faith (Belief in God, Hope, and Helping Others) in coping strategies for older adults and their caregivers is discussed.

With a special focus on spirituality within palliative and end-of-life care, Sinclair, Pereira and Raffin (2006) provide a descriptive review of the literature related to spirituality and health. In particular they identified six major themes in the literature related to spirituality and palliative care: 1) general discussion of spirituality in palliative care; 2) the unique spiritual needs of palliative care patients; 3) the nature of hope in palliative care; 4) tools and therapies related to treatment; 5) effects of religion on palliative care; and 6) spirituality and palliative care professionals. Sinclair et al comment in their summary of the literature to date, that spirituality is emerging largely as a concept devoid of religion, valued in terms of its utilitarian potential in the improvement of health care and quality of life. They suggest while this is a good beginning, a more integral approach needs to be developed that elicits the experiential nature of spirituality as an interpersonal shared dimension connecting patients, family members, and health care professionals alike.

Including and acknowledging the spiritual dimension in social work with the aged benefits the well-being, efficacy, professional and personal development of caregivers as well as the people whom they serve. Leonie Nowitz (2005) comments on how geriatric care managers can help family caregivers enhance the quality of care for frail elders by acknowledging the spiritual dimension of care giving. Nowitz suggests that by being fully present to the suffering of families, caregivers can enhance their own spiritual growth as well as their ability to help others at the same time.

Bruce and Davies (2005) explored the experience of mindfulness among hospice caregivers who regularly practiced mindfulness meditation at a Zen hospice. They concluded that mindfulness fosters openness and supports letting-go, and helps workers cultivate both internal and external environments in which direct experience is increasingly held without judgment and creates a helpful space for being with the living and dying process. In working with older adults Brennan, Laditka and Cohen (2005) examined the helpfulness of a visual process of making-meaning called "Postcards to God". Brennan et al described a process in which nineteen older disabled adults were encouraged to create visual postcards as a means of expressing their spirituality. The authors then reviewed the cards produced for content and construction, and coded and analyzed them using qualitative methods. They found that postcards were used for expressions of spirituality and prayer across all levels of self-reported religiousness, concluding that the postcards were an effective way of promoting spiritual expression in a variety of older and frail populations.

Finally, in a special journal issue "On Fostering Social Work Gerontology Competence", Tompkins and Rosen (2007) present a collection of articles which discuss the effects of

religiousness, spirituality, and social support on the psychological well-being of older adults in rural locations. As well, the journal articles address: A dual process model of grief counseling; a framework for assessing the role of spirituality in elder persons' lives; provision of mental health services for the rural aged population; community collaboration; social work education approaches; and ways of improving culturally competent aging-related knowledge among social workers.

Additional Specific Applications of Spiritually-Influenced Social Work Practice

In the context of working with people with mental illness, Hodge (2004) provides suggestions for spiritually competent practice, including guidelines for discerning authentic spiritual experiences from manifestations of mental illness that reflect spiritual content, and reviews a number of spiritual interventions that may flow from a spiritual assessment. In a review of the literature on the effectiveness of spiritually modified cognitive therapy, in diverse settings with a variety of faith groups addressing various mood disorders, Hodge (2006) concluded that only in the area of depression does spiritually modified cognitive therapy generally meet the American Psychological Association's criteria as a well established, empirically validated treatment. Edwards (2006) notes that cognitive therapy and cognitive behaviour therapy are particularly appropriate as therapeutic tools in working with clients with a strong religious orientation.

In the field of substance abuse treatment it is generally recognized that treatment completion is a key contributor to successful outcome of substance abuse treatment (Wolf-Branigan and Duke 2007). Wolf-Branigan and Duke use Bayesian analysis to determine the relationship between participants' involvement in spiritually-based programs at a substance

abuse centre and their length of stay or successful completion of the treatment program. Results of the analysis of the outcome data indicated that the likelihood of involvement in spiritual activities and completing the program was 62.7%, while the likelihood of not being involved in spiritual activities and completing the program was 4.7%. Wolf-Branigan and Duke concluded that the availability of a spiritual component in treatment provided a valuable attractor for people completing treatment. Expanding on the biopsychosocial model, Amodia, Cano and Eliason (2005) adapt the work of Ken Wilbur in developing an integral approach to understanding substance abuse, etiology and treatment from a four-quadrant perspective. Amodia et al explore the implications of Wilbur's integral theory model for the treatment of substance abuse.

Coholic and LeBreton (2007) discuss how dream interpretation is used in spiritually-influenced group work, how the participants found it helpful, and how they connected their dreams with their spiritual perspectives. In their practice-based research, group participants reported that working with their dreams led to increased self-awareness, which then aided them to make informed choices. The process of learning dream interpretation also provided them with a technique that they could take with them into their life, and continue to utilize for the purposes of self-discovery and growth. The authors conclude that dream interpretation can be an effective and fun way to help people develop their self-awareness. Also, both dreams and spirituality are highly personal domains. Thus, when these issues are raised, they can serve to strengthen the therapeutic alliance and group connection with others. Furthermore, the group participants often linked their dreams with their spiritual perspectives, such as beliefs that dreams contained messages from God or premonitions of things to come, or they provided an avenue to connect with people who had died. When the spiritual dimension is considered, clients can be fully

engaged in a consideration of existential and spiritual issues, for example, is our fate predetermined? Furthermore, although the literature in the area of spirituality and social work is quickly developing, the matter of dream work and the links between dream work and spirituality remain virtually unexplored. Thus, there are many areas for potential research and development.

In a study of the helpfulness of spiritually-based approaches to post-abortion grief intervention programs, Layer, Roberts, Cleora, Wild and Kelli (2004) noted that over 80% of a sample of 35 female participants believed that their religious beliefs and spiritual intervention played a very significant role in the benefit they received from group therapy resulting in significantly reduced feelings of shame.

Cadell, Janzen, and Haubrich (2006) explored spiritual experiences in the context of AIDS grief in a series of 15 interviews with participants living in five Canadian cities. Cadell et al used a grounded theory approach for analysis, and identified major themes describing how individuals used spirituality in their multiple processes of engagement: With HIV/AIDS; with the mortality of their loved ones; and with their own mortality. The authors noted that many participants felt that they received ambiguous messages from mainstream religious traditions because of their doctrines regarding same-sex relationships, while endorsing universal love and acceptance of others. The authors noted that participants felt they grew spiritually as they learned to accept, let go, and how the reconstruction of meaning and purpose in life has led to a stronger sense of self, and to the development of a greater participation in and appreciation for life. Cadell et al conclude that the strengthening of spirituality has been a key factor in assisting bereaved individuals in meaning making and the development of life purpose, and that social workers can

assist this process by being sensitive to and supportive of clients' spirituality as a dimension of treatment.

Spirituality may play a role in adaptation for some adult survivors of childhood sexual abuse (Gall, 2006). In her study, Gall developed several coping scales to measure key religious spiritual functions with an attendant four subscales that tapped into methods for gaining control in the situation. Results of the study suggest that there may in fact be two general forms of spiritual coping: Helpful and harmful (Pargament and Brant, 1998, cited in Gall, 2006). She suggests that in cases where survivors feel spirituality is relevant to their lives that interventions are focused on rebuilding a sense of connectedness with a higher power much like therapeutic work on other attachment issues. She also indicates that positive forms of spiritual coping such as seeking spiritual support from others or a loving God, and religious forgiveness may serve as important resources for survivors coping with stress. Social workers working with this population need to be aware of the potential for value inherent in acknowledging and supporting the spiritual dimension of the issues facing this population group.

In a qualitative study of the experiences of 30 counsellors who work with domestic violence survivors, Bell, Busch, and Fowler (2005) examined how their spiritual beliefs and religious practices influenced their work, and how the work influenced their beliefs. Noting that trauma work can influence counsellors' spirituality, the authors found that while some counsellors' beliefs were negatively impacted by their work with trauma survivors, others experienced increased spiritual well being as a result of their work. The study also examined ways in which social workers' religious/spiritual practices may support their work, particularly in the form of beliefs that can contain the trauma of clients' stories; rituals, prayer, or other

practices; and the social support of spiritual and religious communities. The authors suggest that future research could focus on how social workers with different beliefs, working with different types of clients, deal with stress and how their beliefs affect their job performance.

Clark (2006) used a series of in-depth “reflection-on-action” interviews (Schon, 1983, 1987, cited in Clark 2006) with a sample of experienced clinical practitioners to explore the ways of understanding meanings, and the source of meanings that people use to construct their experiential reality. As a result of the analysis, an integrative model was developed for spiritually and culturally sensitive practice, involving exploration of complexity and ambiguity, reflexive inquiry, critical thinking, and interpretive engagement in an inductive, dialogical, collaborative process of co-creating space for shared understanding and making-meaning. Clark argues that spiritually-sensitive social work practice calls for a holistic and integrative understanding of multiple/intersecting meanings, the source of meanings, and the *manner* in which people construct their world view and their place within it. In support of this process, it is argued that social workers need to adopt the role of learners rather than experts, and attend more to the *process* rather than the *content* of co-constructed meanings. In the analysis of the data, four major guiding themes emerged as key elements supporting the above process; 1) humble, reflexive inquiry; 2) inductive collaborative, interpreting; 3) implementing conversational practices; and 4) creative, adaptive improvising. These approaches to creating space for understanding are discussed in detail and examples of their use are provided. The model is proposed as a means of practice, which acknowledges and respects spiritual and cultural diversity.

Arguing that critical conceptualizations of spirituality have the potential to revitalize and increase the sustainability of social work, Butot (2005) suggests that unless social workers begin to conceptualize the role of spirituality in social work, there is a risk that that process will be undertaken by “essentializing liberal voices or by those who are intent on social work remaining an instrument of governmentality and colonization.” Butot interviewed seven critical social work practitioners who were invited to reflect, question, and theorize about their own experiences of “loving” practice. Content of the interviews revealed that all participants understood love as an expression of spirituality, and agreed that it was relevant to their practice. They felt that spiritually-influenced social work entailed working within a context that recognized the interconnection of all beings, and from a perspective of wholeness, non-judgment, and compassionate challenge from an epistemological standpoint of humility, or “not knowing” what is best for others. Change within this approach is envisaged as a process that occurs with a view to balancing the needs of members within an interconnected system. Butot suggests that further dialogue on ways of incorporating spirituality into critical social work practice can have an emancipatory influence on the field.

McKernan (2005) argues that due to a combination of factors, including increased social anxiety stemming from a disillusion with the modernist dream of progress, a sharp decrease in the number of Canadians attending traditional church services, and a concurrent quest for a new vision of life, social workers have inherited a role that was once reserved for priests and ministers. McKernan moves from presenting a rationale for the need to include a spiritually-influenced approach to social work, and providing reasons as to why this is more appropriate and feasible than heretofore (due to the development of a new language and understanding of the

phenomenon of spiritual experience), to providing suggestions about how social workers might proceed to integrate spirituality into professional practice. McKernan suggests that in order for social workers to be considered culturally competent, they need to be able to assess clients' perspectives on the importance of spiritual issues in their lives, and the possible implications for treatment planning. The issue of authenticity of relationship and empathic understanding flowing from social workers' personal grounding in a spiritual practice is also raised. While mindful of the distinction between spirituality and religion, McKernan suggests that at a practice level, spirituality applied to social work can include: 1) the use of prayer and meditation with clients; 2) considering and applying implications of research addressing the power of prayer for healing, and the health effects of spiritual practice; 3) the implications of non-local healing, energy work, explorations of consciousness including transcendent experiences, and altered states of consciousness; and 4) viewing agencies and communities from a spiritual perspective, i.e., as fields of creativity with spiritual purpose. McKernan discusses other possible elements of a spiritually influenced social work practice, including recognition of *presence* in the therapeutic relationship as a healing factor; moving from ego to soul as the basis of treatment; use of ritual and myth as tools for making-meaning and for managing life transitions; and including energy work in the therapeutic toolbox to name a few examples.

Applications of Mindfulness Based Practices and Meditation in Social Work Practice

Although the effectiveness of mindfulness meditation techniques for an array of general stress, social, mental health and substance abuse related concerns has been the subject of much recent investigation across a wide range of disciplines, there is less available information on the potential helpfulness of Yogic/Vedic breathing and meditation techniques. However, Shannahof-

Khalsa (2004) describes the use of an array of Kundalini yoga techniques to treat obsessive compulsive disorders, anxiety disorders, anger management, dealing with mental challenges and turning adversity into opportunities for growth and positive change.

Mindfulness meditation practice continues to receive much attention in psychology and medicine for a wide range of populations and problems; however interest in mindfulness in social work applications continues to grow. Mindfulness meditation practice is a process rooted in spirituality and adapted from Buddhism for application in diverse clinical practices in the West (Kabat-Zinn, 1990). Mindfulness meditation has been seen as “a process of regulating attention in order to bring a quality of non-elaborative awareness to current experience and a quality of relating to one’s experience within an orientation of curiosity, experiential openness, and acceptance” (Bishop et al 2004, p.234)

Mindfulness based meditation has been applied to the treatment of co-occurring addictive and mental health disorders (Hoppes, 2006). Hoppes proposes that mindfulness meditation practices can help individuals develop a stronger degree of affect regulation and detachment from triggering emotional states, thoughts and sensations which in turn may help reduce the risk of relapse.

In an intervention involving group work with eight adult women with a history of substance abuse, an array of spiritually influenced helping techniques was used to help participants develop their self-awareness and self-esteem (Coholic, 2005). Grounded in transpersonal theory, the group involved the use of such experiential exercises as meditation, mindfulness practice, dreamwork, stream of consciousness writing, the shadow self and other arts based processes. While participants disclosed that they found various aspects of the group

spiritual, there was consensus among participants that making-meaning was a spiritually sensitive process.

As an alternative to the various substance abuse treatments available to practitioners, Vipassana meditation (VM), a Buddhist mindfulness based practice may be an option for individuals who do not wish to attend or have not had success with traditional addiction treatments (Bowen and Witkiewiez 2006). Bowen and Witkiewiez evaluated the effectiveness of a VM course on substance use and psychosocial symptoms in an incarcerated population, with results indicating that after release from jail, participants in the intervention showed significant reduction in alcohol, marijuana and crack cocaine use compared to those exposed to traditional substance abuse treatment.

In an investigation of the impact of a home-based spirituality group and mindfulness based meditation on stress reduction and the alleviation of mood disturbances, Moritz, Quan, Rickhi, Liu and Ar (2006) concluded that a significant percentage of those participants in the spirituality group scored highest in their ability to improve stress reduction/alleviation of mood disturbances.

A number of studies have been conducted on the healthfulness of mindfulness meditation on oncology patients. In a review of the literature discussing the usefulness of mindfulness meditation for oncology patients in clinic-based group settings, Ott, Norris, and Bauer-Wu (2006) concluded that consistent benefits such as improved psychological functioning, reduction of stress symptoms, enhanced coping and well-being of cancer patients were found. Ott et al suggest that mindfulness meditation has clinically relevant implications for relieving psychological and physical suffering of persons living with cancer. Along the same lines, a form

of mindfulness-based art therapy (MBAT) was used for treatment of distress among women with cancer (Monti, Peterson, Kunkel, Hauck, Pequignot, Rhodes and Brainard, 2006). In the study, the group involved in MBAT demonstrated a significant decrease in symptoms of distress, as well as significant improvements in key aspects of health related quality of life, suggesting a possible future role for MBAT as a psychosocial treatment option for cancer patients. Similarly, improvements in the quality of life of cancer patients were attributed to mindfulness based stress reduction (MBSR) by MacKenzie, Carlson, Munoz and Spec (2007). Several themes arose from the use of a grounded theory analysis with data from semi-structured interviews with nine cancer patients who participated in an eight week MBSR program. Participants stated that adding meditation to their lives enhanced their ability to develop openness to change, greater self-control, shared experiences or connectedness with others, personal growth, and greater sense of spirituality.

Since parent-child transactions are understood to provide an important social context for the development of adaptive and problem behaviours in young children with autism, Singh, Lancioni, Winton, Fisher, Wahler, McAleavey, Singh and Sabaawi, (2006) developed a program in which three mothers of children with autism were taught the philosophy and practice of mindfulness meditation over a twelve week course, with a view to ascertaining the impact this might have on their children's behaviour. Results showed that the mothers' mindful parenting decreased their children's aggression, non-compliance and self-injury and increased the mothers' satisfaction with their parenting skills and interactions with their children. In a subsequent study, Singh, Lancioni and Joy (2007) applied the use of mindfulness meditation in a clinical setting to

address the aggressive behaviour of three adolescents at risk of expulsion from their school, and found large decreases in the aggression of all three individuals.

In a related area, Liora Birnbaum (2005) discusses the relationship between adolescent aggression and differentiation of self, and the potential helpfulness of guided mindfulness meditation as a technique for facilitating healing and growth towards autonomy by helping adolescents connect to their inner voice. Birnbaum suggests that this technique may be especially useful in the adolescents' search for self-awareness, meaning, and life purpose.

Other studies have focused on the usefulness of integrating mindfulness meditation with cognitive and behavioural therapies (Lau, McMain, 2005) and on mindfulness based cognitive therapy for the prevention of recurrence of suicidal behaviour (William, Duggan, Crane and Fennell, 2006). William et al discuss mindfulness based therapy as a means of teaching participants to develop moment to moment awareness, to approach ongoing experience with an attitude of non-judgment and acceptance, thereby defusing thoughts that might otherwise spiral into suicidal ideation and behavioural crisis.

As a means of developing baseline data for mindfulness studies, two instruments of measurement have recently been developed; The Toronto Mindfulness Scale (Lau, Bishop, Segal, Buis, Anderson, Carlson, Shaprio and Carmody (2006), and the Freiburg Mindfulness Inventory (Walach, Buchheld, Buttenmuller, Kleinknecht and Schmidt, 2006).

Self-Care and Ethical Guidelines

With the increased interest in spiritually-influenced approaches to social work, questions about ethics and boundaries between personal spiritual beliefs and practice are an emerging concern. Canda, Nakashima and Furman (2004) conducted a mixed method survey of 2,069

National Association of Social Work members examining their ethical concerns regarding religious and non-religious spiritual issues in clinical practice settings and found that while most respondents deal with spirituality in practice and use general ethical principles to do so, there is a need to develop guidelines for systematic ethical decision-making about the use of spiritually-oriented activities in practice. Canda et al suggest ways in which social work educators can provide ethical guidelines and case examples for spiritually oriented activities in both educational and direct practice contexts.

On the subject of ethical guidelines and the treatment of boundaries between personal spirituality and professional social work practice, Beres (2004) offers a personal reflection paper on the manner in which she negotiated the relationship between her personal spirituality and the application of post modern theory to her social work practice. Her paper discusses how she found the application of a Foucauldian perspective of reflecting upon “taken for granted” to be a useful process for seeing ourselves and others as socially constructed and therefore being more respectful of difference.

Wagler-Martin (2005) discusses the need for social workers to acknowledge their own values and beliefs regarding spirituality and to understand the impact these clear (or tacit) beliefs and values may have on the quality of the therapeutic relationship. The importance of such social worker qualities as openness and a willingness to explore spirituality with the client are highlighted. In addition, the value of mindfulness meditation as a means of helping clients to nurture inner stillness so that what is important to them will surface and become available for therapy is also discussed. Suggestions are made concerning guiding questions that may be helpful in recognizing the spiritual component of peoples’ lives.

Applying the metaphor of eco-systems, Tangenberg (2005) addresses the challenges to professional social work presented by faith-based human services initiatives. Tangenberg explores ways in which a theoretical integration of eco-systems and structural perspectives may help social workers navigate complex ethical and practical implications associated with referrals, and collaborations between mainstream social work and faith-related service providers.

In order to investigate the dominant role of caregivers' spirituality in dealing with ethical dilemmas, Koenig (2005), an American psychiatrist, conducted in-depth interviews with thirteen ethnically diverse caregivers, recruited from a home health agency and its parent hospital. Koenig's study suggests that in addressing dilemmas, caregivers used spirituality as a philosophy of life, making-meaning, and an aid to decision making through the use of prayer.

Adding to the discourse on the challenges inherent in negotiating the highly personalized concept of spirituality within the sphere of professional-patient interaction, Pesut and Thorne (2007) suggest that health care professionals need to be able to balance three potentially competing identities to spiritual care in their interactions with patients: 1) that of professionals working with a public trust in health promotion and restoration; 2) as citizens of a liberal society where non-judgmental pluralism as it relates to spirituality is enshrined; 3) and as individuals with their own personal beliefs and values about spirituality. The authors discuss the ethical risks associated with identifying exclusively in either one of the above roles, and review the work of Martin Buber as a potential model which acknowledges competing identities and presents a vision of spirituality and spiritual care based on relational reciprocity.

Incorporating spirituality as an element of one's personal practice can help develop integrity and genuineness in social workers' relationships and ways of working with people by strengthening the connections between social work and social justice, and by providing hope, stress management and a sustainable approach to work (Nash and Stewart, 2005).

Building on the concept that the essence of social workers' work in the context of a therapeutic relationship is their ability to use the "self" as a tool, Liora Birnbaum (2005) explored the possible impact of mindfulness meditation on the transformation of professional self-concept among social work students. Students involved in the workshop were trained in creative focusing while facilitating connection to inner guidance (inner voice) and experienced a broad range of phenomena, including bodily sensations, interactions with a guiding figure, verbal messages or advice, and significant insights. Birnbaum discusses the role of mindfulness meditation in facilitating the ability to observe the self, and connect with one's inner voice as a potential source of inner wisdom or intuition, and immediate source of knowledge about the self, independent of conscious ego-function and sense perception. She suggests that this technique may be effective in helping social work students develop a greater degree of self-awareness, and a unique way of self-consultation.

Spirituality in one's personal practice as a form of self-care may help prevent burn-out and apathy in social caregivers (Faver, 2004). Faver describes a qualitative study of fifty female service providers and social reformers in which a series of interviews explored the extent to which a sense of relatedness to other people and to sources of meaning beyond self-interest produces joy and vitality, which in turn sustains the capacity to care. Faver makes suggestions as

to how workers can foster a greater sense of connectedness or relatedness to others and thus sustain the capacity for social caregiving.

Finally, in a study exploring how spiritual practice might help volunteers working with dying hospice patients deal with anxiety and fear of death, Scherwitz, Pullman, McHenry and Gao (2006) conducted a one year longitudinal study involving 46 individual hospice volunteers in a 40 hour training program stressing compassion, equanimity, mindfulness and practical bedside care. The study concluded that such spiritually influenced training and support can foster emotional well-being and spiritual growth in caregivers.

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