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Spirituality and Social Work

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COURSE DESCRIPTION

This course explores the interrelationship between "spirituality" and the biological, psychological, and social dimensions of human experience. "Spirituality" designates the human longing for a sense of meaning through morally responsible relationships between diverse individuals, families, communities, cultures and religions.

In addition, this course will explain the important differences between organized "religion" and "spirituality. It will examine a variety of religions, ethnicities and culture, as well as discuss support groups which use belief in a "higher power" and perspectives that search for ultimate meanings and purposes.

This course is designed to enhance social work practice by (a) recognizing and utilizing the qualities of a spirituality sensitive helping relationship, and (b) acquiring knowledge about ways to deal with matters of the human spirit.

Epistemologically, the course assumes that there are many avenues to human knowing. As such, this course explores various scientific approaches to studying the relationship between spirituality, religion and health making a reductionist assumption that scientific methodologies are superior to critical philosophic ways of knowing, feeling and judging. Contributing to our understanding of religion and spirituality are institutional religious beliefs imbedded in historical oral traditions, written scriptures, liturgical rituals, organized works of charity, and legal authority structures. Finally, the course explores how individuals view spirituality and religion as they move through the life cycle, thereby integrating theories of human development.

LEARNING OBJECTIVES

Participants will be able to...

1. **Understand and describe historical and existing relationships between religions and social work.**
2. **Know the concepts of spirituality and religion.**
3. **Learn guidelines for a spirituality sensitive assessment of person and situation, and apply selected spirituality-sensitive practice techniques in a manner consistent with professional ethics and self-determination.**
4. **Demonstrate how spirituality/religion can be used as a way of coping with major losses, traumatic experiences, end-of-life issues, and chronic suffering.**

DEFINITIONS

Spiritual / Spirituality

Spirituality is an aspect of religious traditions, and also of existential value systems. Elkins *(1988)* gives this definition: "Spirituality, which comes from the Latin, spiritus, meaning breath of life," is a way of being and experiencing that comes about through an awareness of a transcendent dimension and that is characterized by certain identifiable values in regard to self, others, nature, life, and whatever one considers the Ultimate" *(Elkins, 1988).*

A spiritual belief holds that there is a transcendent, spiritual dimension to life and that the universe is unfolding in a meaningful, purposeful way. Spirituality is the belief that people can connect with something that is beyond mind and matter. Decker *(1993)* defines spirituality as the "search for purpose and meaning involving both transcendence (the experience of existence beyond the physical/psychological) and immanence (the discovery of the transcendent in the physical/psychological), regardless of religious affiliation." "To be spiritual is to stand in a relationship to another based on matters of the soul. Spirituality is the way we make meaning out of our lives. It is the recognition of the presence of Spirit within us and a cultivation of a style of life consistent with that presence. Spirituality provides a perspective to foster purpose, meaning and direction to live. It may find expression through religion" *(Carson, 1989)*.

In the Protestant tradition, spirituality is usually referred to as devotion or piety. Roman Catholicism thinks of spirituality as one's distinctive way of following Christ, communing with God, and growing in the life of faith. Spirituality in the modern Orthodox tradition has come to refer to a person's life and activity in relationship to God, and to oneself, other people, and all things in reference to God.

Religion

The concept of spirituality is often confused with religion. Recent social work literature includes a number of attempts to delineate these terms and distinguish them from one another. Edward Canda *(1999)* has analyzed the major themes in these various writings and proposes the following definitions:

Religion "involves the patterning of spiritual beliefs and practices into social institutions, with community support and traditions maintained over time" *(p. 303)*. Spirituality has also been defined as the beliefs and practices that develop based on personal values and ideology of the meaning and purpose of life. It refers to the belief that there is a power or powers outside of one's own that transcend understanding. It has been stated that there are three dimensions to spirituality:

1. Making personal meaning out of situations
2. Coming to an understanding of self
3. Appreciating the importance of connections to others

Wilfred Cantwell Smith defines religious faith as the way in which an individual lives out his/her religious tradition. Religious faith is not only what is espoused, but what is operationalized in one's orientation of the personality, to itself, to one's neighbors, to the universe. It is a total response, shaped by a religious tradition's understanding of a transcendent dimension *(Smith, 1983).*

Religion is a personal awareness or conviction of the existence of a supreme being or of supernatural powers or influence, controlling the destiny of the individual, humanity, and nature *(Webster's Third International Dictionary 1986)*. Religion is a system of beliefs, values, rules for conduct, and rituals. It is a way a person's spirituality is expressed. Ideally, religion provides an atmosphere for spiritual development *(McBrien, 1981)*. Religion is concerned with practices and rules of conduct that are often associated with particular religious institutions.

Pargament and Mahoney argue that, for many, spirituality involves searching to discover what is sacred, and this journey can take either traditional pathways (such as organized religions) or nontraditional avenues (such as involvement in twelve-step groups, meditation, or retreat center experiences.)Thus, spirituality is a broader concept than religion, and spiritual expression may or may not involve a particular religious faith or religious institution.

In this work both terms spirituality and religious faith will be used, with spirituality referring to both an aspect of religious faith and an aspect of individual non-traditional meaning systems which have to do with a transcendent reality.

Top 10 Religions in the United States

Religion	1990 Estimates	2001 Estimates	% of US. Population in 2000
Christianity	151,225,000	159,030,000	76.5%
Judaism	3,137,000	2,831,000	1.3%
Islam	527,000	1,104,000	0.5%
Buddhism	401,000	1,082,000	0.5%
Hinduism	227,000	766,000	0.4%
Unitarian-Univeralist	502,000	629,000	0.3%
Wiccan/Pagan	-----	307,000	0.1%
Spiritualist	-----	116,000	< 0.1%
Native American Religion	-----	103,000	<0.1%

Source: Based on data drawn from the 1990 National Survey or Religious Identification (NSRI) and the 2001 American Religious Identity Survey (ARIS).

SPIRITUALITY IN THE UNITED STATES

The current spiritual landscape in the United States reveals both common threads and a vivid array of unique patterns. A number of polls have consistently reported that 8 out of 10 Americans profess a belief in God, while the majority of the rest say they do not believe in God but do believe in a higher spirit or universal power. Only 6% say they simply don't believe in either *(Gallup Annual values and belief poll, May 8-11, 2010)*. These numbers indicate a strong thread of spirituality in the United States. "However, expressions of both religious and non-religious spirituality have become increasingly diverse in the United States"*(Sheridan, 2005).*

This diversity is due, in part, because there has been a significant rise in other spiritual traditions with each new influx of immigrants from other parts of the world. They have brought their faith in not only those traditions recognized as major religions (e.g., Islam, Buddhism, Confucianism, Hinduism) but also various forms of spiritualism, folk healing, and shamanism (e.g. Santeria, espiritismo, vodoun, cuanderismo, krou kmer, mudang). This trend is further augmented by a growing interest among European Americans in Middle Eastern religions (e.g. Islam, Buddhism, and Hinduism) and earth based spiritualities (e.g. Neopaganism, Goddess worship, and deep ecology). There has also been a revived or more visible involvement in traditional spiritual paths among indigenous American people, as increasing numbers of Native Americans explore their tribal traditions or combine these traditions with faith in Christianity. Many of these "new" religions are among the fastest growing in the United States although their numbers are still relatively small.

A large percentage of the population in the United States is affiliated with or adheres to specific religious orientation. According to the Gallop Poll, 58% of individuals in the United States identify as Protestant, 26% as Catholic, and 2% as Jewish. Hinduism, Islam, and Buddhism combined account for 3% of the U.S. population. Only 6% of the general population does not claim any religious preference. Furthermore, the survey found that 65% of Americans regularly attend a church or synagogue; for the past 30 years this attendance rate has been consistent. *(See table above.)*

Despite these statistics, the fields of psychology, social work, mental health, counseling, medicine, and nursing have been reluctant to incorporate religion and spirituality into professional training curricula. Consequently, practitioners are frequently ill-equipped to discuss issues related to spirituality with clients or patients. In a large scale British survey of 5,500 social workers, a large majority believed that spirituality was a vital dimension in human behavior, and almost one-half of the samples believed that exploring religion and spirituality with patients was consistent with social work's mission. Yet, over three-quarters of the sample stated that they had minimal to no training on religion and spirituality as part of their education.

Given this diversity, social workers may gain very little understanding of a person by knowing his/her primary religious affiliation.

Why? First, religious affiliation may or may not hold great significance for the person, and identification with a religion alone is not an indicator of the depth of involvement. Second, belief, practice, and involvement can be quite varied, even among adherents of the same spiritual tradition or among members of the same family, kinship group, or faith community – even if they all self-identify as Baptist, Muslim or Wiccan. Third, some people feel connected to multiple spiritual perspectives simultaneously, such as combining Judaism and Buddhism or traditional indigenous spiritual beliefs with Christianity. And finally, the meaning of religious or spiritual affiliation may change across the life span; a person may feel more or less connected to a spiritual tradition at different points in his/her life. It is important to understand the range of spiritual influence (both religious and nonreligious) that may contribute to anyone's life story at any particular time *(Sheridan, 1999)*.

SPIRITUAL DEVELOPMENT

Canda & Furman *(1999)* write that" there are two major ways to thinking about human development." First, when we think of spirituality as an aspect of the person that strives for a sense of meaning and purpose, our attention focuses on the way people develop meaning. This can be through immersion in spiritual groups and belief systems and through questioning of meaning systems; prompted by personal doubts and life challenges, such as crises. Second, when we think of spirituality as the wholeness of what it is to be human, our attention focuses on how people develop toward a sense of integration and integrity between all aspects of themselves (bio-psycho-social-spiritual) and in relation with other beings and the universe. For those who believe in a transcendent or divine ultimate reality, this actualization of wholeness is seen as an accomplishment of communion, between oneself, others and the divine.

Spiritual development may be understood in relation to everyday life, including the ordinary events and circumstances of our personal lives and our professional work with clients. Of course, there may be an occasion of a powerful insight or breakthrough. Some view these sudden insights or epiphanies and refer to them as **quantum change**. It is believed that these experiences cause rapid and dramatic transformation in ordinary lives. Like spirituality, just when you think you have encircled it with a neat line, it escapes your boundaries. This much seems clear: **quantum change** is a vivid, surprising, benevolent and enduring personal transformation.

SPIRITUAL EMERGENCE THROUGH THE LIFE CYCLE

Spiritual emergence occurs in the context of our growth through the life cycle, from birth to death, and possibly beyond. This section will draw on three life cycle theories that shed light on the relation of spiritual emergence and the life cycle—Erik Erikson's *(1962, 1963, 1968, 1969, 1982)* psychosocial development theory, James Fowler's *(1981, 1984, 1996)* cognitive-structural faith development theory, and Ken Wilber's *(1995, 1996)* transpersonal spectrum model of development.

Most social workers are familiar with Erik Erikson's theory of development but probably not as it relates to spiritual development. This theory is based on the epigenetic perspective, which views development as a process of psychosocial responses to age-related changes. An example would be an adolescent is expected to be dealing with spiritual challenges pertaining to reevaluation of family based religious beliefs and practices. Also, as a society that marks significant life cycle transition points, such as birth, marriage, childbirth, retirement, and death, it is expected that people will have a heightened sense of preoccupation with existential issues of meaning and purpose, as well as practical behavioral responses, determined by spiritual and religious reference groups, such as rituals. When a person experiences a lack of guidance from spiritual support systems at important life cycle transition points, the person will have greater difficulty meeting the challenge. However, when a person has a large reservoir of internal strengths (Erikson calls them virtues) and skills using spiritual support systems, then we can expect greater resilience in confronting crisis, including spirituality.

Erikson suggests that people in later adulthood (after age fifty) review their lives with greater interest and concern as the facts of mortality and physical decline becomes more evident. He believed that people have a heightened sense of spiritual concern at this stage,because there is greater urgency to establish a sense of one's life that has been worthwhile and meaningful. Questions about death and the possibility of an after-life existence increase.

Fowler is a Christian theologian and developmental theorist who built on the structural-cognitive perspective of Piaget and Kohlberg in addition to psychosocial theory. Fowler's theory focuses on the formation and transformation of faith throughout the life cycle. By faith, Fowler meant "the pattern of our relatedness to self, others, and our world in light of our relatedness to ultimacy" *(Fowler, 1996)*. Ultimacy refers to that which a person gives a sense of first importance in orienting his/her life with fundamental values, beliefs, and meanings. Just as we have defined spirituality, faith may take religious or nonreligious forms.

Fowler portrayed ideal faith development as a progression from childhood conformity to expectations of belief and behavior set by family and society with relatively simplistic and concrete images of God or other spiritual realities, through adolescent questioning and formation of a more personally tailored faith; to critically reflective, flexible and even inclusive forms of faith. Fowler described a mature faith stance as one that upholds one's own particular beliefs and practices at the same time as being able to empathize and cooperate with people who have other faith commitments.

Over time, people refine and change their contents of faith, both within stages and by moving to a more advanced stage of faith. Sudden crisis events can involve rather sudden conversions. These can involve what transpersonalists call peak or pit experiences, including spiritual emergencies. Given Fowler's Christian perspective, he suggested that conversion may sometimes result from an unpredictable revelation of God's grace and intentions for us to reform our lives *(Fowler, 1996)*.

Like Fowler, Wilber draws heavily on the cognitive-structural theories of development. But unlike Fowler, his spiritual assumptions are more influenced by Vedantic Hinduism and Buddhism than Christianity *(Wilbur 1980, 1993, 1995, 1996)*. He based this transpersonal theory on the belief that human development is a process of evolution with the goal that each person, and eventually the human species as a whole, should attain unitary consciousness.

Wilbur's full spectrum of consciousness has three major components:

Basic Structures – are deep and inherent levels of consciousness, that, once they emerge during development, tend to remain in existence throughout the life of the individual.

Transitional Structures – are temporary or stage specific perspectives or world views. Here he uses the metaphor of a ladder. The basic structures are the rungs, as people move from one rung to another they have a different world view.

Self system – refers to the person as they climb the ladder of spiritual development. The self-system mediates the basic and transitional structures. This model is not linear and holds regressions.

At each point, the self goes through a **fulcrum**, or switch point in its development. Wilbur lists types of pathology at each level, he also states that we must take into account "the standard cautions and qualifications…(of) no pure cases, the influence of cultural influences, genetic predispositions, genetic and traumatic arrests, and blended cases" *(Wilbur, 1996)*.

Wilbur is most interested in the trans-egoic levels of development, which some people achieve in a stable manner during adulthood. He does not separate adulthood into age-linked stages of ego development. Wilbur refers to his model as **holarchy,** an ordering of increasingly comprehensive wholes. One might portray each stage in a circle that encompasses the earlier stage in smaller ones. In other words, at each stage, the person's consciousness is able to incorporate more aspects of reality.

When spiritual emergence is very rapid and dramatic, it can become a crisis, or spiritual emergency. People who are in such a crisis can be bombarded with inner experiences that abruptly challenge their old beliefs and ways of existing. Their relationship with reality shifts very rapidly. Suddenly they feel uncomfortable and it is difficult to meet the demands of everyday life. They can be out of touch with the external reality. Physically they may experience forceful energies and tremors *(Grof, 1989)*.

TRANSPERSONAL THEORIES OF HUMAN DEVELOPMENT

The idea that spirituality is an important dimension of human behavior is not a new one in social work or in other helping professions. Sigmund Freud *(1928)* asserted that all spiritual and religious beliefs were projections of unconscious wishes, or illusions, and many other early behavioral science theorists viewed the role of spirituality differently.

A student of Freud's, Carl Jung, differed from his former teacher in regard to the topic of spirituality. Jung's (1933) theory of personality includes physical, mental, and spiritual selves, which all strive for unity and wholeness within the person. Jung proposed that the evolution of consciousness and the struggle to find a spiritual outlook on life were the primary developmental tasks in midlife. If successfully accomplished, the result was individuation, which he defined as "the moment when the finite mind realizes it is rooted in the infinite" *(Keutzer, 1982)*.

Robert Assagioli *(1965, 1973)*, also emphasized the spiritual dimension in an approach known as psychosynthesis. His view of the human psyche includes the constructs of "higher consciousness" or "superconscious" as a source of creativity and spirituality. In Aggagioli's view, some psychological disturbances are best understood as crises of spiritual awakening rather than symptoms of psychopathology. In such cases, it is the responsibility of the therapist to facilitate the client's exploration of spiritual possibilities while dealing with such awakenings. As "Assagioli defined it, "spiritual" refers not only to experiences traditionally considered religious but to all states of awareness, all human functions and activities which have as their common denominator the possession of values higher than average.

Another major contributor to early formations on spirituality and human behavior was Abraham Maslow, the founding father of humanistic psychology. Maslow's early work in spiritual formation brought forth an idea that implied that spiritual development starts only after all these so-called lower needs are satisfied. Maslow's point was that when a person's energy and attention are preoccupied with survival needs, it is natural that there will be less time and energy available for artistic and mystical pursuits. In his later work, Maslow described spirituality as innate and a key element in human nature *(Maslow, 1971)*. In his study of optimumly functioning people, he characterized people at the top of his hierarchy as 'transcendent self-actualizers." Near the end of his life, he began to think

of a more expansive understanding of human behavior "a still higher fourth psychology, transpersonal, trans-human, centered in the cosmos, rather than human needs and interests, going beyond humanness, identity, self-actualization, and the like" *(Wittne, 1987)*.

Au-Deane Cowley *(1993, 1996)* describes the evolution of forces within psychology. There are four major therapeutic approaches that have emerged over the past century, each developed in response to our understanding of human behavior and human needs.

First Force therapies are based on dynamic theories of human behavior. The prime concern is dealing with repression and resolving instinctual conflicts by developing insight.

1. **Second Force therapies** evolved from behavioral theories. These focus on learned habits and seek to remove symptoms through processes of direct learning.
2. **Third Force therapies** are rooted in experiential/humanistic/existential theories. They help the person deal with existential despair and seek the actualization of the person's potential through techniques grounded in immediate experiences.
3. **Fourth Force therapies** based on transpersonal theories specifically target the spiritual dimension. They focus on helping the person let go of ego attachments – external identifications with the mind and body – and transcend the self through various spiritually based practices *(Cowley, 1996)*.

The Fourth Force builds upon the previous three forces and incorporates existing knowledge concerning human behavior within its framework. What separates the **transpersonal approach** from other theoretical orientations is the premise that some states of human consciousness and potential go beyond our traditional views of health and normalcy. These states specifically address the spiritual dimension of human existence *(Crowley and Derezotes, 1994)*.

The term transpersonal means "beyond" or "through" the persona or mask. When applied to theories of human behavior, transpersonal means going beyond identity rooted in the individual body or ego to include spiritual experience or higher levels of consciousness.

THE ROLE OF SPIRITUALITY IN SOCIAL WORK

Interest in spirituality within the social work profession has progressed through three broad stages *(Canda, 1997; Canda & Furman, 1999)*.

Stage 1 – **Sectarian origins** (began with the colonial period and lasted through the early 20th century). Early human services and institutions were primarily influenced by Judeo-Christian worldviews on charity, communal responsibility, and justice. This period witnessed competing explanations of human behavior, an emphasis on distinguishing between moral blame and merit (e.g. the worthy and unworthy poor) versus a focus on social reform and social justice (e.g. Jewish communal service and the settlement house movement) *(Fayri, 1988, Lowenberg, 1998; Popple and Leighninger, 1990)*.

Stage 2 – **Professionalization and secularization** (1920s through 1970s). Social work began to distance itself from its early sectarian roots. As the larger society shifted and began to replace moral explanations of human problems to a view of scientific, rational understanding, the social work profession began to rely more on libertarian morality, secular humanism, and empiricism as the foundation for its ethics, values and practice approaches *(Imre, 1984; Siporin, 1986)*. "Religion and spirituality were increasingly viewed, at best, as unnecessary and irrelevant, and, at worst, as illogical and pathological" *(Russel, 1998)*.

Stage 3 – **Resurgence of interest in spirituality** (beginning in the 1980's and continuing through the present) *(Canda, 1997; Russel, 1998)*. Indicators of this new phase within the profession include a marked increase in the numbers of publications and presentations on the topic, the development of a national Society of Spirituality and Social Work, and the reintroduction of references to religion and spirituality in the Council on Social Work Education's 1994 Curriculum Policy Statement and 2000 Education Policy and Accreditation Standards after an absence of more than 20 years.

Into the 1990s there was a focus on diversity issues in many of the social sciences. The 1994 revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) included a new category for religious and spiritual problems such as loss of faith, problems with religious conversion, or questioning religious values. The impetus for the consideration of a new diagnostic category came from a proposal from the Spiritual Emergence Network, which had concerns regarding how the field of mental health pathologized religious and spiritual problems. Individuals often experience distress as a result of questioning their faith. Although these symptoms can mimic a psychiatric disorder, these reactions are "normal."

Specific to the field of social work, consideration of spirituality and religion gained attention. During the 1990s the "strength perspective" was becoming more popular, with its emphasis on acknowledging patients' worth, attributes, strengths and potential. Social workers began to embrace their role in helping patients enhance their capabilities and was a move away from a pathology based model.

Although the inclusion of spirituality is still somewhat controversial, the discussion has shifted from whether the topic should be included to how to integrate spirituality within the profession in an ethical and spiritually sensitive manner *(Canda & Furman, 1999; Sheridan, 2002)*. This trend toward reexamination and reintegration of spirituality within the profession reflects similar developments within the larger culture *(Gallum & Lindsay, 1999)*.

Current studies show how the inclusion of spirituality in the profession is being addressed. Those that focus on social work practitioners have generally shown attitudes that were favorable toward the role of spirituality in practice and an understanding of the importance of spirituality in the lives of clients *(Sheridan, 2000, Sheridan & Bullis, 1992)*. Studies also report that the majority of social work educators as well as students favor the inclusion of some content on religion and spirituality in the curriculum. This may be either through electives, required courses, or infusion of material into existing courses. Practitioners and students are already using some spirituality sensitive intervention techniques with clients. These may be gathering information on client's religious or spiritual backgrounds, using religious or spiritual language or concepts, recommending spiritual or religious programs, discussing religious beliefs and praying for or with clients *(Mattison, Jayaratne, & Croxton, 2000; Sheridan, 2000)*.

Two of the most important rationales for including content on spirituality within social work education are the important role that it plays in both human diversity and the overall human experience.

Religious and spiritual beliefs and practices are part of multicultural diversity. Social workers should have knowledge and skills in this area in order to be able to work effectively with diverse client groups. *(90% of educators "strongly agree/agree" with this statement, and 93% of students "strongly agree/agree".)* There is another dimension of human existence beyond the bio-psychosocial framework that can be used to understand human behavior. Social work education should expand this framework to include the spiritual dimension. *(61% of educators "strongly agree/agree" and 72% of students "strongly agree/agree".)*

SPIRITUALITY AND DIVERSITY

The social work profession has always shown a commitment to issues of human diversity and oppressed populations. History shows that some parts of organized religion have played a negative or impeding role in the social justice work of various groups. These may include the use of religious texts, policies, and practices to deny the full human rights to persons of color and women, gay, lesbian, bisexual, and transgendered persons. However, at the same time, organized religion has a history of involvement in social justice movements and causes: civil rights movement, the peace movement, the women's movement, the gay rights movement, abolition of the death penalty and the deep ecology movement.

It is impossible within the scope of this course to give a complete analysis of the role of both religion and nonreligious spirituality in the lives of oppressed groups.

RACE AND ETHNICITY

African Americans

Religious affiliation for African Americans is usually high. Most are Protestant (80%), 10% are Catholic, less than 1% are Jewish and 5% report no or some other preference. African Americans compose about one third of the adherents to Islam in the U.S. Black churches, have historically been a safe haven for those facing racism and oppression, as well as an important source of social support, race consciousness and inspiration, leadership training, human services and empowerment and social change *(Taylor, Ellison, Chatters, Levin, & Lincoln, 2000)*. Afro-centric spirituality stresses the interdependence between God, community, family, and the individual.

God, Allah, and figures of a higher being are viewed as conquerors for the oppressed. Consequently, religious and spiritual orientations are often used among African Americans to deal with and to construct meaning from oppression and to promote social justice.

The belief that God is a deliverance from pain during times of suffering is centered on the historical legacy of slavery and its attempt to destroy African structure and families. Many African Americans indicate that they derive their strength from the belief that God is in a personal relationship with them and that life's adversities will eventually liberate them. Today the church, especially among the women, is a source of empowerment and strength. Their emotions provide a venue for suffering and sorrow.

Kwanzaa is an important nonsectarian Afro-centric spiritual tradition, developed in the 1960s as a mechanism for celebrating and supporting African and African American strengths and empowerment. Many writers stress the importance of paying attention to the role of spirituality in its various forms when working with African American clients and communities *(Frame & Williams, 1996)*.

Hispanic/Latino

The Hispanic/Latino culture is heavily influenced by Roman Catholicism. It is estimated that Roman Catholicism plays a predominant role in approximately 90% of Mexican Americans' lives. Roman Catholics strongly adhere to religious values centered on marriage and family, and condemnation of premarital sex, abortion, and use of contraception. In addition, the concepts of penance and redemption are key for practicing Catholics. While the main figures of Christianity are foremost, God, Jesus and the Apostles, the Virgin Mary and canonized saints play a large role in the creation of spiritual relationships.

While many practice Catholicism, for some there is a blend of Santeria and Espiritismo with their spiritual beliefs. Both of these have their roots in African and Catholic beliefs. When African slaves were brought to the Caribbean, they were exposed to Catholicism. The blending of the traditional African religion and Roman Catholicism resulted in Santeria. Orishas, potent forces or spiritual energies that are the foundation of the universe, are the central tenet of Santeria.

Espiritismo is another spiritual belief system practiced among Hispanics/Latinos. The central force of Espiritism involves the existence of both good and evil spirits that can affect health. One of the goals is to achieve harmony and balance in relation to self, others, and the spirits.

Social workers need to understand the importance of both religious institutions and folk healing traditions when working with Latino(a) populations. Their positive contributions include social support, coping strategies, means of healing, socialization and maintenance of culture and resources for human services and social justice efforts *(Delgato & Bartpm, 1998).*

Judaism

As noted, Judaism is the second most commonly practiced religion in the United States, following Christian denominations. Judaism is the oldest continuous religion that is still practiced in Western civilization. "It is the foundation upon which both Christianity and Islam were later built" *(Smart 1976).* There are four major branches, although smaller movements do exist worldwide. For the most part, Jewish individuals may be classified as Reconstructionist; Reform, also referred to as Liberal or Progressive; Conservative; or Orthodox, which further sub-classifies as Heridi or modern. Some individuals may not practice a particular religious tradition, but because of the long cultural and ethnic history, these individuals may identify racially or ethnically as Jews. Experts often refer to this as Humanistic Judaism.

Major themes of Jewish values include community solidarity, fundamental social justice and covenantal relationships. These values are maintained through religious ceremonies.

Asian Americans and Pacific Islanders

This population represents many different cultures, including Chinese, Filipino, Japanese, Korean, Asian Indian, Vietnamese, Hawaiian, Cambodian, Laotian, Thai, Hmong, Pakistani, Samoan, Guamanian, Indonesian, and others. These different peoples are affiliated with a wide range of spiritual traditions, including Hinduism, Buddhism, Islam, Confucianism, Sikhism, Zoroastrianism, Jainism, Shinto, Taoism, and Christianity *(Tweed, 1999).* Because of the diversity it is difficult to discuss the common elements of their spiritual belief or practices. However, there are several themes: the connection between the divinities of all beings; the need to transcend suffering and the material world; the importance of displaying compassion, selflessness, and cooperation; the honoring of ancestors; a disciplined approach to life and spiritual development; and a holistic understanding of existence *(Canda & Furman, 1999, Chung, 2001, Singh, 2001).*

Both religious institutions and traditional practices have been helpful to a variety of these Asian American and Pacific Islander immigrants and refugees and their descendants. For example, many Southeast Asian refugee communities have established Buddhist temples resources *(Canda & Phaobtong, 1992).* The Korean church has been an essential provider of social services *(Choi & Tirrito, 1999).* Some also use indigenous healers, such as the Cambodian kro kmer, the Korean mudang, the Hmong spirit medium, and the Hawaiian kahuna *(Canda & Furman, 1999; Hurdle, 2002).*

There is emerging literature stressing the importance of attending to spirituality in practice with clients from this large and diverse population. In addition, several writers have suggested incorporating concepts and practices from Asian traditions into mainstream social work practice, including meditation, Zen oriented practice and Yoga *(Fukuyama & Sevig, 1999).*

Native America

There are more than 500 federally recognized Native American nations, with great diversity represented among these groups. However, there is a set of core values that serves as a foundation, including community, sharing, harmony, extended family, attention to nature, relationships and respect for elders.

They believe there is a higher power or being referred to as Great Spirit, Creator, or the Great One. Spirits exist, but are of lesser value.

Physical and emotional well-being is the result of harmony of body, mind and spirit. When illness occurs it is believed that there has been a disruption within the natural order or interaction with those with evil motives (i.e. witchcraft).

WOMEN AND SPIRITUALITY

In the United States, women represent the majority of adherents in most religious groups, however, their stories are often subsumed (and neglected) in conventional discussions of religion and spirituality because of the androcentric assumptions of religious research and theology *(Braude, 1997)*. Most religious texts, theological discourses, and scholarly studies of spirituality have been written by men. These authors tended to focus on formal religious doctrines and practices of religious hierarchies (patriarchies). Since most adherents are women, this male perspective presents an inaccurate picture of women's lives.

However, most women in the United States belong to conventional Christian and Jewish denominations, and most appear generally satisfied with their affiliation *(Corbett, 1997)*. Many belong to evangelistic, charismatic and fundamentalist groups, which tend to be staunch supporters of traditional patriarchal religious and family arrangements for gender roles in family and religious group. Many others are movers for reform toward greater participation of women in their religious groups' patterns of ritual and leadership and advocate for gender-inclusive theological and scriptural language. Further, there are many women who call for radical restructuring of alternative spiritual paths, or, as the feminist philosopher Mary Daly put it in the title of a famous book, to go "beyond god the father" *(Daly,1973)*.

Some women have decided that the traditional patriarchal religions are not viable spiritual support systems for women and have created alternatives. Some become secularists such as atheists, or form nonsectarian informal spiritual support groups. Some are exploring religions imported from Asia, such as Buddhism, and transforming them by focusing on their traditional feminine and androgynous religious images and expanding their potential for women to become leaders and teachers *(Cross, 1994)*.

Wicca is a small but important movement *(Starhawk, 1979)* whose beliefs emphasize harmony with the earth and the balance of female and male spiritual powers. Contrary to popular misconceptions, Wiccans do not worship Satan.

In clinical practice, women may be trying to work out a sense of resolution between their loyalty to a faith tradition that is patriarchal and their personal aspirations for a spiritual affirmation of their experience. If a woman feels that her affiliation to a religious group is no longer tenable, she may need assistance exploring alternative spiritual support systems and working through feelings of guilt.

HOMOSEXUALITY AND SEXUAL ORIENTATION DIVERSITY

The link between sexual orientation and spirituality is one of the most controversial aspects of contemporary American society. Conventional social mores concerning sexuality, sexual identity, and sexual orientation have been strongly shaped by the Judeo-Christian tradition, which has generally maintained heterosexuality as the taken-for-granted standard for normality and morality *(Canda & Furman, 1999)*.

Non-heterosexual persons are often linked together as the GLBT community (gay men, lesbian women, bisexual persons, and transgendered persons). GLBT persons have suffered greatly at the hands of some groups affiliated with organized religion. An example would be the pronouncement by certain religious leaders that AIDS is a "punishment for the sins" of GLBT persons. They have also had to struggle with religious teachings that tell them that their feelings and behaviors are immoral and sinful. Many GLBT persons grew up in conventionally religious families and communities where they experienced tension between their faith and their sexuality. Among those who have been raised in Jewish or Christian traditions, there is a wide range of responses to homosexuality that can be summarized by four alternative views placed on a continuum. The first three operate within the Judeo-Christian framework, and the fourth rejects it.

- Support traditional beliefs and condemn homosexuality and homosexual persons.
- Accept homosexual persons but condemn homosexual behavior.
- Critique and transform traditional ideology.

- Reject the traditional position and depart from the faith.

The NASW CODE of ETHICS takes a clear stance with regard to diversity or sexual orientation, as with other aspects of human diversity. Social workers are required to obtain knowledge and understanding about diversity and oppression, including sexual orientation *(Standard 1.05)*. They are also prohibited from directly or indirectly practicing any form of discrimination on the basis of diversity, including sexual orientation *(Standard 4.02)*. These same standards also take a proactive stance on religious diversity. Since many spiritual traditions and groups take a negative stance toward homosexuality the two ethical principles of supporting religious diversity and sexual orientation may conflict. It needs to be emphasized that the overall ethical stance of the social work profession is to oppose any form of discrimination or oppression and to support self-determination and empowerment for all people.

WESTERN SPIRITUALITY AND HEALTH CARE

Spiritual and religious beliefs of people are intricately woven into their life-style; they frequently influence a person's reaction to stress-producing situations and coping abilities during times of personal crisis. As social workers we have the responsibility to learn how our clients' belief systems may have an impact on the service delivery. Differences exist in practices relevant to birth, the practice of sacraments, diet, special religious days, death, and moral issues such as birth control, abortion, organ transplants, euthanasia, and the use of drugs. Contraception, abortion, health care prohibitions, and end of life issues are of primary importance. When we are working with a client or family that is not part of the dominant culture, often a member of the clergy or someone from a community organization can educate us. The client themselves can often provide useful information. The following is a brief framework of fundamental knowledge regarding differences between religions.

Judaism

The beliefs and practices of the Orthodox Jew as well as some Conservative Jews may differ, especially in the areas of diet, birth rituals, male and female contact, and death. For observant Jews, male children are named by their fathers 8 days after birth when ritual circumcision is done.

Kosher dietary rules regarding meat and dairy products are observed.

Prior to **death**, Jewish faith tradition indicates that visiting the person by family and friends is a religious duty. In Judaism, the belief is that people should have someone with them when the soul leaves the body. Family and friends should be allowed to stay with patients. After death the body should never be left alone until buried, usually within 24 hours. Medical personnel should not touch or wash the body but allow only an Orthodox person or the Jewish Burial Society to care for the body.

Birth control and abortion: Artificial means of birth control are not encouraged. Vasectomy is not allowed. Abortion may be performed only to save the mother's life.

Head coverings: Orthodox men wear skull caps at all times and women cover their hair after marriage.

Reform Jews

For **birth rituals** Reform Jews may or may not adhere to the practices. They favor ritual circumcision but it is not imperative.

Reform Jews usually do not observe kosher dietary restrictions.

Death: they allow for cremation but suggest that the ashes be buried in a Jewish cemetery.

Head coverings: They generally pray without skull cap.

Roman Catholicism

Sacraments—e.g. baptism, Eucharist, penance, and the sacrament of the sick. Dietary habits are also a concern to the client, as well as the issues of birth control and abortion. Private devotions often play a role to many and may affect the outcome of a client's illness.

Birth: Roman Catholics belief that unbaptised children are cut off from heaven; infant baptism is mandatory. For newborns with a grave prognosis and stillborns emergency baptism is required.

Healing sacraments of Confession, Holy Eucharist (Communion) and Sacrament of the Sick are administered by a priest. In death the patient should not be shrouded until these sacraments have been performed.

Dietary: Roman Catholics observe dietary rules during Lent from ages 14 to 59.

Birth Control is prohibited except for abstinence or natural family planning. Abortion is prohibited.

Eastern Orthodox

As in the Roman church, the administration of sacraments is important. Dietary practices of fasting from meat and dairy products on certain days,

Birth: the child can be baptized within 40 days after birth.

Last rites are obligatory and performed by the priest.

Birth control is the same as the Roman Catholics.

Protestant Faiths

Because of the many different denominations with Protestantism there should be an awareness of what is important to each individual client. There are many issues that divide various groups. These include ways of interpreting the message of the Bible, involvement of the church with secular issues, methods of administration of the sacraments of baptism, communion and worship services. This information can be obtained through a Spiritual Needs Assessment and added to the care plan.

Islam

Working with the Muslim client requires knowledge of the importance of Koranic law and customs for the person. The Islam religion has set rituals and requirements to be followed in the areas of birth, diet, prayer time, care of women, and death.

Birth: A baby is bathed immediately after birth, before giving it to the mother. The father (or mother if the father is not available) then whispers the call to prayer in the child's ears so that the first sounds it hears are about the Muslim faith. Circumcision is culturally recommended before puberty. A baby born prematurely but at least 130 days gestation is given the same treatment as any other infant.

Diet: No pork is allowed; or alcoholic beverages. All Halal (permissible) meat must be blessed and killed in a certain way. This is called zabihah (correctly slaughtered).

Death: Prior to death, family members ask to be present so they can read the Koran and pray with the client. An Imam may come if requested but it is not required. Clients must face Mecca and confess their sins and beg forgiveness in the presence of their family. If the family is not available, any practicing Muslim can support the client. After death Muslims prefer that the family wash, prepare and place the body in a position facing Mecca. Cremation is forbidden.

Abortion is forbidden and many conservative Muslims do not encourage the use of contraceptives since this interferes with God's purpose. Others feel that a woman should have as many children as her husband can afford. Contraception is permitted by Islamic Law.

Prayer time: Washing is required at prayer time, even by those who are sick.

Care of women: Women are not allowed to sign consent forms or make a decision regarding family planning, the husband needs to be present. Women prefer women doctors, for 40 days after birth and also during menstruation a woman is exempt from prayer since this is a time of cleansing for her.

American Muslim Mission

No baptism is required.

Diet: In addition to refusing pork, many will not eat traditional black American foods such as corn bread or collard greens.

Death: The family is contacted before any care of the deceased is performed. There are special procedures for washing and shrouding the body.

Other practices: Members are encouraged to use black physicians for health care.

Christian Science (Church of Christ, Scientist)

Health care for Christian Science clients will be limited; since they prefer to follow their own church's healing method through use of God's power. They may be seen at birth or in an emergency room for fractures but decline drugs. They seek exemptions from vaccinations but obey legal requirements.

Birth: They use a physician or nurse midwife during childbirth. No baptism ceremony.

Hypnotism and psychotherapy are also declined.

Family planning is left to the family.

Jehovah's Witnesses

They respect the health care system given by physicians but they do look to God and his laws as the final authority for their decision. It is important for caregivers to be familiar with their beliefs, especially with regard to blood. Blood transfusions violate God's laws and are therefore prohibited. They will accept alternatives to transfusions such as non-blood plasma expanders, careful surgical techniques to decrease blood loss, use of autologeous transfusions, and auto-transfusions through the use of a heart lung machine. Jehovah's Witnesses are prepared to die rather than break God's law.

Birth: No baptism.

Diet: Use of alcohol and tobacco are prohibited.

Birth control is a personal decision. Abortion is opposed based on Exodus 21:22-23.

The Church of Jesus Christ of Latter-day Saints (Mormons)

Caregivers should be familiar with their practice regarding sacraments, diet, care of their dead, and personal care. Baptism: If a child over the age of 8 is very ill, whether baptized or unbaptized, a member of the church's priesthood should be called.

Sacraments: Holy Communion and the Anointing of the sick are performed by a member of the priesthood.

Diet: Abstinence of use of tobacco; beverages with caffeine such as cola, coffee and tea; alcohol and other substances considered injurious. Mormons eat meat but encourage the intake of fruits, grains and herbs.

Birth Control: Only natural means are recommended, artificial means can be used when the health of the woman is at stake (including emotional health). Abortion is opposed except when the life of the mother is at stake.

Personal Care: Cleanliness is very important to Mormons. A sacred undergarment may be worn at all times and should only be removed in emergency situations.

SPIRITUAL ASSESSMENTS

There are a variety of assessment tools for spirituality and religion. There are quantitative assessments that include closed-end questions, which do not allow for diversity of experience or practice. The qualitative approaches are generally considered more useful and comprehensive, although incorporation into daily practice may be difficult.

The Joint Commission, which evaluates and accredits healthcare organizations in the United States, mandates that practitioners in health organizations and agencies conduct an initial, brief assessment about spirituality. They require that, at a minimum, three areas be explored: denomination of faith, spiritual belief, and spiritual practices. It may be that the social worker merely conducts this initial assessment and finds that spirituality or religiosity does not play a dominant role in a patient's life. However, if spirituality or religiosity is key, a more comprehensive assessment would be required. However, the Joint Commission has not yet developed clear guidelines as to the extent of a comprehensive assessment *(Flanagan, 2009).*

The Joint Commission provides the following questions that may be included in an assessment of spirituality; however, discussion does not have to be limited to just these questions.

- Who or what provides the patient with strength and hope?
- Does the patient use prayer in their life?

- How does the patient describe their spirituality?
- How would the patient describe their philosophy of life?
- What type of spiritual/religious support does the patient desire?
- What is the name of the patient's clergy, minister, chaplain, pastor, rabbi?
- What does suffering mean to the patient?
- What does dying mean to the patient?
- What are the patient's spiritual goals?
- Is there a role of church/synagogue in the patient's life?
- How does faith help the patient cope with illness?
- How does the patient keep going day after day?
- What helps the patient get through the healthcare experience?
- How has illness (physical or mental), or addiction affected the patient and his/her family?

Koenig and Pritchett assert that it is vital to provide patients with the opportunity to engage in a dialogue about the role of spirituality and religion in their lives. Some examples:

- Is religion or faith an important part of your life?
- How has faith influenced your past and present?
- Are you part of a spiritual or faith community?
- Are there any spiritual needs you would like to explore or discuss?

Curtis and Davis offer a slightly different approach. They suggest an initial closed end question, such as "Do you have any spiritual or religious beliefs?" Asking a question in this format, a patient can simply answer yes or no. If they respond "no," then the practitioner can move on. If an open-ended question is asked the patient may feel pressured to indicate that they do have spiritual or religious views even if they do not consider them important.

- **Religious/Spiritual History Assessments** are another more formal tool to facilitate inquiry about an individual's spiritual or religious history. It may be adapted to take into consideration a person's culture or race. The assessment is meant for use by a clinician, not as a questionnaire for the patient. The clinician is encouraged to select and adapt questions as he/she deems most useful. This assessment begins with a series of questions that explore the spiritual/religious practices of the client's family of origin. Included are asking if they were raised in a spiritual/religious tradition and if the answers are "yes, then further questions follow.

  Developmental stage questions follow that explore from ages 3-12, ages 12-18, ages 25-65 and ages 65+. This instrument is quite detailed but can be modified accordingly.
- **Spiritual Lifemaps**: This instrument is a client-centered pictorial instrument for spiritual assessment, planning and intervention *(Hodge 2005)*. At the most basic level, a drawing pencil is used to sketch spiritually significant life event on paper. This, much like a road map, tells us where we have come from, where we are now, and where we are going.
- **Spirituality genograms** are another assessment tool to gather religious/spiritual information that may give clarity about a client's personal religious or personal beliefs *(Haug, 1997)*.

A SPIRITUALLY SENSITIVE SOCIAL WORK PRACTICE

One of the tasks of a spiritually sensitive practice is to determine the spiritual propensity of clients. Then we can plan for ethically and culturally appropriate practice activities. Assessment should be client centered. The client has the primary role in defining and interpreting the meaning and value of his/her spirituality. The client's experiences and behaviors should be understood within the context of his/her culture and spiritual perspective, and assessment should be on-going and dynamic, since self-understanding and life circumstances continually change. Therefore, all suggestions for assessment topics and questions are based on the establishment of a spiritually sensitive relationship and dialogue.

Spiritual propensity is the degree and manner for which spirituality is expressed for a person. There are often two versions of this. Religious propensity (often called religiosity) refers to the degree and manner of expressions of a person's spirituality within religious institutional contexts. Non-spiritual propensity refers to the degree and manner of expression of a person's spirituality when there is no affiliation with a religious institution.

There are also two styles of each of these: extrinsic and intrinsic. Extrinsic means that a person's spiritual values are primarily embedded in external religious or nonreligious social groups in conformance with group norms, consensus and spiritual leader's directions. Intrinsic also includes two possibilities: the person may have privatized his/her spiritual beliefs and practices and have no affiliation with a spiritual group; or the person may be committed to spiritual group membership and principles. In either case, he/she is able to apply spiritual principles with flexibility in daily life and is self-determined in spiritual decision making. Knowing the distinctions are useful because it is crucial first to identify a client's interest and patterns of participation before planning explicitly spiritual practice activities.

Assessing Psychosocial Impacts of Participation in Spiritual Groups

Social workers may have an elevated concern about the possibility of harm for clients resulting from participation in unfamiliar or alternative spiritual groups, especially when the worker brands them as extremist, strange, or cultish. Unfortunately, discrimination and stereotyping are too often directed against new or alternative spiritual groups in the mental health and social work fields *(Lewandowski & Canda, 1Le995; Robbins 1995).* For this reason, we do not use pejorative terms like cult or superstition. One person's cult is another's religious innovation; one person's superstition is another's clearly held belief.

Perhaps the best solution is to provide social workers with a guideline for assessing the possible psychosocial impacts of spiritual group participation that openly addresses the controversial issues but does not rely on judgments about the validity of beliefs.

Topics for Assessing Spiritual Group Characteristics:

- Leadership style
- Recruitment style
- Nature of interpersonal relationships within the group
- Impact of participation on family and friends
- Degree of allowance for individual variety
- Sources of authority for spiritual beliefs
- Types of spiritual beliefs, values, and practices and congruence with personal commitments
- Nature of relationship between the group and the environment
- Allowance for members' departure from the group
- Opportunities for support and assistance from the group

These topics could be used in a discussion with the client to help them examine the fit between themselves, their loved ones and the spiritual group *(Adapted from Lewandowski & Canda, 1995).*

Spiritual Growth Oriented Helping Techniques

Practice with and by Individuals, Families, and Groups

Active imagination

- Art, music, dance, and poetry therapies
- Assessing spiritual emergencies and spiritual propensity
- Biofeedback
- Caring for the body
- Cooperation with clergy, religious communities, and spiritual support groups
- Cooperation with traditional healers
- Creating a spiritual development time line and narrative
- Developing and using multicultural teams
- Developing or participating in rituals or ceremonies
- Differentiating between spiritual emergence and psychopathology
- Dream interpretation
- Focused relaxing

- Guided visualization
- Intentional breathing
- Journal and diary keeping
- Meditation and prayer
- Nature retreats
- Physical disciplines for spiritual cultivation, such as hatha yoga or t'ai chi
- Reading scripture and inspirational materials

The list and the opportunities are endless. Be creative and always be the student. Your clients are often experienced **teachers.**

FORGIVENESS

Of all of the stories I have heard of anger and pain, the common thread that runs through all responses is that forgiveness holds the promise of freedom and relief. Regardless of our unique story, forgiveness holds the promise that we will find the peace that we really want. It holds the sure promise that we will be able to increasingly unburden ourselves from emotional turmoil and move on feeling better about ourselves and our lives.

Forgiveness of self and others can be an important step in releasing pain and preoccupation with feelings of guilt, shame, or anger toward oneself and anger and hostility toward others *(Garvin, 1998).*

Forgiveness is one of the spiritual interventions most frequently used by social workers regardless of the treatment setting (mental health center, nursing home, hospital or hospice); it is an important spiritual issue for many clients and perhaps yourself. Some researchers have found that promoting forgiveness among clients results in their experiencing more positive effects: improved mental health, a greater sense of personal power, reconciliation (perhaps) and the freedom to grow. Social work professionals need to be especially aware of their own understanding of forgiveness and its salience in their life.

For many, forgiveness has a religious or spiritual connotation; forgiving those who have wronged them, or asking forgiveness of those whom they have injured. Some clients, particularly Christian clients, are likely to view forgiveness as a biblical mandate and as a moral obligation.

What forgiveness is not….

- Not excusing , not condoning, not exonerating inappropriate behaviors
- Not reconciliation, not forgetting, not undoing
- It does not depend on another person
- It is not passive acceptance
- It doesn't release the other from responsibility
- It does not mean that you approve or support the behavior that has caused you pain
- Not pretending that everything is fine, when it isn't
- Forgiveness cannot be offered if anger or resentment are denied or ignored

"Forgiveness is conceptually defined as letting go of the need for vengeance and releasing associated negative feelings such as bitterness and resentment" *(DiBlasio, 1993).*

When a deep injury is done to us, we never recover until we forgive.

IS THERE A ROLE FOR RELIGION/SPIRITUALITY IN SUBSTANCE ABUSE PREVENTION?

Both Alcoholics Anonymous and Narcotics Anonymous include spirituality as part of their recovery process. Additionally, there are numerous rehabilitation facilities and recovery programs that are designed for members of specific faith-based communities, and Christian, Jewish, Muslim, Buddhist, Hindu, and other religion-based support groups can be found across the country. But what is the association between substance abuse prevention and religion, faith, or spirituality? What do religion, faith, and/or spirituality contribute to the recovery process for addicts and their families?

Religion is characterized by a clearly defined set of values that are shared by a group of believers. The concept of spirituality is general and not limited to a particular religion; therefore spirituality is usually a personal, individualized experience. In the Narcotics Anonymous context, spirituality includes a number of principles such as honesty, respect, and open-mindedness. Spirituality acknowledges a feeling of being connected to something greater, which may or may not make the individual feel more connected to others.

According to "So Help Me God: Substance Abuse, Religion, and Spirituality", a research paper published by the National Center on Addiction and Substance Abuse at Columbia University, people who successfully recover from substance addictions are usually more spiritual than their counterparts who relapse. Additionally, individuals who are recovering from addictions to substances are encouraged to participate in regular group or individual therapy sessions. These sessions often emphasize the complete healing of the individual—mentally, physically, and spiritually. Feeling accepted, forgiven, and a sense of hope for the future can also be important to the recovery process. Finally, developing faith may fill the void that is left when the person stops using substances.

Spirituality and the 12-Step Programs

12-step spirituality is a type of spiritual "program" that originated with the beginnings of Alcoholics Anonymous in the 1930s. The 12-Steps were inspired by the Oxford Movement, a new revival of spirituality in the Anglican church in the United Kingdom in the 19th Century; it was a reaction against the secularization of the time. Over time it burgeoned into a global phenomenon, the "recovery movement," that is spiritually based and known for its recognition of a "Higher Power" without the trappings of religion. As the program states, its leaders are but trusted servants. It is not a church, it is not a religion. It is a very definite type of spirituality practiced in an egalitarian, non-sectarian way.

Twelve-step programs are the most popular mutual-help organizations for individuals seeking relief from a common problem. It is estimated that 3.5 million individuals attend 12-step programs annually and that 1 out of 10 will attend Alcoholics Anonymous (AA) meetings, the largest of the 12-step programs, in their lifetime *(McGrady & Miller, 1993)*.

Spirituality and AA is viewed as affinity in terms of yourself, others and a Higher Power. The AA model is a spiritual one that guides a way of life based on abstinence and character development *(W.R. Miller & Kurtz (1994)*. By using the term "Higher Power" the founders of AA, men and women who wanted to become sober, would do so by acknowledging a "God of their understanding" and no member of the 12 step group would impose their particular religious views on another's.

Twelve-step programs are similar to support groups, but with anonymity. The process calls for a personal conversion, to take responsibility for your own growth and healing. Twelve-step programs ask that the participants "turn over" and surrender all that keeps them from living fully. The steps call for an examination of motive and intentions, especially when it comes to helping others.

Referral can be made anytime during treatment. The social worker may suggest that the client attend a meeting for information and to develop a comfort level. Family members can attend with them or explore Al-a-non for families, or Al-a-teen on their own for support.

SPIRITUALITY AND AGING

Observations of older adults have shown increased reflection, less concern for material things and more interest in satisfaction with life. By later in life many older adults may have experiences that may seem mystical. These may be responses to illness or other life changing occurrences. It is thought that transcendence, being entirely above the created universe, appears in five ways.

- Creative work
- Religious/spiritual beliefs
- Children
- Identification with nature
- Mystical experiences *(Reed, 1991)*.

Within the experience of aging and the notion of spirituality there is an expanded sense of time in relation to quality of life. There is emphasis on internal processes or inner experiences which facilitate expanding consciousnesses. Hence, time to meditate, fantasize, and participate in other more passive activity can be healthy for older adults as they contemplate and reflect *(Newman, 1987)*. Some studies suggest that life satisfaction increases simultaneously with aging as a shift takes place from the material world to the cosmic *(Tornstam, 1994; Ebersole & Hess, 1998)*.

Research Findings on Older Adults and Religion

- Religion and associated activities are common among older adults (9 out of 10 older adults rate religion/spirituality important in their lives).
- There is a positive relationship between religion/spirituality and physical health.
- Most older persons report that religion helps them cope or adapt with losses or difficulties.
- African American Black women are more religious/spiritual than African Black men and all Caucasians.
- While other sources of well-being decline, religion/spirituality may become important over time.
- At the time when religious support is most needed, older persons are less able to access it (due to failing health, immobility or lack of transportation).
- 40%-60% of congregations are composed of retired persons.
- The church has the greatest potential for reaching older adults with needed services.

Religion offers a way to express spirituality with social support, security, a sense of belonging through religious affiliations and is significant in coping with age related changes. Traditions are especially important to special ethnic populations. These groups seek to recover wholeness and well-being through their distinct cultural values and structures within their communities while they connect to their history and heritage *(Garrett, 1998)*.

Threats to Spirituality

Events or circumstances may threaten the strength and stability of spirituality in Older Adults:

- Losses (age changed mobility or skills, job loss or retirement).
- Challenged value systems (forced retirement from long tenured jobs).
- Separation form religion and/or culture (move from native country or church).
- Death (of a loved one).
- Personal and family disaster (bankruptcy or estrangement of family member).
- Changes in environment, health or self concept (move to nursing home or catastrophic illness) *(Ebersole & Hess, 1998)*.

There may be symptoms or signs of unmet needs or unstable spirituality, such as threats to self, lack of self esteem, questioning one's existence or meaning or life, seeking out spiritual assistance, depression, guilt, boredom or anger *(Ebersole & Hess, 1998)*.

Strategies to Bring Spirituality into Older Adult Lives

Hope may be used as a means of coping. Critical aspects of hope include: Expectation for future, motivation for action and means of fulfilling goals *(O'Connor, 1998)*.

Social workers as professionals need ways to assist individuals who may report feeling hopeless. Examples include assessing available and appropriate supports, identifying a comforting environment, assessing past coping skills, identitying the changes needed to improve situation and abilities, and referring to clergy, a chaplain or appropriate professional. Also included may be prayer, imagery, artistic expression, healing, memory, reminiscence, meditation, relaxation and professional psychiatric therapy.

Clinicians need to allow persons to express their personal experiences that will serve as an outlet for emotions and can be helpful in resolving some distress older persons may feel about their spiritual lives.

Older adults may turn to spirituality and religion when they meet difficult life changing events and experience personal losses. Their reaction to these events and losses may cause distress, temporary or chronic psychological conditions. Mental health interventions may include or add to one's faith or practice of spirituality in times of difficulty. Coping patterns and skills develop over a lifetime.

SPIRITUALITY AND END OF LIFE ISSUES

Who am I? What is my purpose in life? Many of us ask ourselves these questions. They help us not only get in touch with our inner selves, but help us deal with the situations we face in our lives. At no time is the issue of addressing spiritual concerns more important than at the end of life. When illness occurs, many people turn inward and attempt to understand and deal with the crisis. They wonder, Why me? Why is this happening? For seriously ill individuals and their loved ones, the search for meaning becomes even more important. As death approaches and life slips away, many of us will strive to make sense of both. Addressing spiritual concerns at the

end of life can be as vital as medication and comfort for the patient's wellbeing.

Recent polls conducted in the United States indicate that patients and families are requesting increased attention to the spiritual dimension of their lives by health care providers, especially at the end of life. These spiritual issues and concerns are often (though not always) asked and answered with reference to a religious framework of meaning.

Consequently, it is important for health care professionals to:

- Learn about the spiritual/religious beliefs and practices of the families in their care
- Assess the role of these beliefs and practices in health care decisions.
- Integrate these spiritual beliefs and goals into the overall plan of care.

What Spiritual Issues Should We Address?

Because spirituality rests upon an individual's inner being, each person addresses it differently. Yet, even though we each approach our spiritual core in a unique personal way, researchers have found universal issues of spiritual fulfillment. Everyone wants to:

- Find meaning in one's life. Is my life worthwhile? Seriously ill people commonly ask the question as they try to determine if their life has made an impact on their loved ones and society. Through a life review, people integrate their goals and experiences in a way that leads them to this meaning.
- Conduct a life review. This offers a great way to address spiritual concerns. Old photographs, movies, or music from particular periods transports individuals to an emotional place where they can reminisce about events and relationships throughout their lives. A life review allows them to rediscover legacies, meaning, and spiritual strengths.
- Die as you wish. Terminally ill people can die meaningfully, that is, in a way consistent with their identity. Because death is a personal experience, each person will define his or her appropriate death differently. As a part of this process, a terminally ill person may seek to feel connected to others. This may lead to deepening existing relationships, putting affairs in order, and taking care of unfinished business.
- Have hope beyond the grave. The spiritual need of transcendence focuses on a person's awareness and acknowledgement of issues that transcend, or go beyond, earthly concerns. Each person may want assurance that, in some way, our life will continue after death – What will happen to me when life ends? Some people turn to God for guidance and comfort while others focus on the legacy they leave behind.

End of life raises spiritual questions for the majority of persons and they may have established rituals and beliefs that influence health care choices, bring comfort and meaning, and facilitate closure or transition at the time of death.

Edward T. Creagan, M.D., a Mayo Clinic Oncologist, writes "daily I see the importance of spirituality as individuals reach out for consolation and strength from outside of themselves. The name that they use for this higher power may be different. It may be God, Prophet, Lord or Allah – or it may be an unnamed force." He continues, "I've come to believe that the need for spirituality – belief in a higher power – must be inherent in humans, much like the need for water and oxygen. We may have different belief systems, but at the end of the day we all reach for something over and above ourselves."

USING RELIGION AND SPIRITUALITY FOR COPING

Religion as a Means of Coping

Religious traditions can play an important role when people confront difficulty and crisis in life. Culturally, religion appears to be normative and adaptive for many people who confront stress stemming from threats or losses. In recent years there has been a lot of attention directed toward understanding how people handle the problems of life, including research into the role religion plays in the coping process.

Silverman & Pargament *(1997)* have been researching, defining and assessing the contributions of religion to the multiple aspects of the coping process. The research has asserted:" people do not face stressful situations without resources. They rely on a system of beliefs, practices, and relationships which affects how they deal with difficult situations. In the coping process, this orienting system is translated into concrete situation-specific appraisals, activities, and goals. Religion is part of this general orienting system."

Pargament and his research group, in one of their fundamental studies *(Pargament, 1990),* asked what kinds of religious coping is helpful? Spiritually based activities plus faith in God as a supportive partner were judged most helpful. Religious discontent and concern with punishment from God were found to hinder coping and adjustment. The study results also showed that an extrinsic, utilitarian faith was helpful.

In one Gallup poll, approximately 90% of the U.S. population reported praying and 76% regarded it as very important in everyday life *(Poloma & Gallup, 1991).* Prayer as meditation, contemplation, intercession, and petition is reflective of both a need to make sense of a situation and further need to change what is taking place.

Spirituality as a Way of Coping

The use of religion and spirituality for coping with stressful and difficult life events over time has many positive aspects. A transformation may occur, one that includes personal growth, a deeper connection with both individual and the human experience, and a greater awareness of all aspects of life. There can also be recognizable liabilities from using religious and spiritual resources as a way of self care for coping with stress reactions. Spirituality is highly sensitive to the effects of traumatic life event. The client may experience liabilities that occur on a continuum:

1. Preservation of their traditional perspectives regarding religion.
2. Reconstruction of these religious traditions.
3. Abandonment of their religious traditions and a new emphasis on spirituality outside of religious traditions.
4. Rejection and abandonment of both religious and spiritual meanings/practices.

Therapists, in the face of their clients' experiences of violence may experience parallel responses to their clients regarding their own religious or spiritual coping. Using spirituality as a way to cope may provoke a relocation on this continuum, moving in either direction.

However, it is a well recognized fact that a deep spiritual life can counter the effects of stress. For many who survived traumatic life experiences their resiliency of spirit provoked a transformation that allowed them to emerge stronger and with a more personal spirituality. Victor Frankl in his book *From Death Camp to Existentialism,* wanted to know why some of those living in the death camps died before reaching the ovens while others managed to survive. He says that the survivors had a "will to meaning". No matter how bad things got they never gave up hope. In short, it was their faith that kept them alive. Although perhaps this is an extreme example of how spiritual depth can neutralize the bad chemistry of stress, research indicates that people of faith tend to be better anchored than others in terms of stress and transition. They bring a perspective to life, believing that death is only the beginning of a new life, a transition from this world to the next. Having a sense of a power greater than one can be a real asset in the coping and recovery process. As Frankl put it, spiritual inner life is the only location of freedom or escape from unbearable physical or emotional pain. It is spiritual freedom, which not even violence can take away, that makes life meaningful and purposeful. "Whether or not the symptoms of the pathology appear, the trauma survivor will focus more of his/her attention on the expansion of meaningfulness and the search for purpose" *(Frankl, 1962).*

FINAL REFLECTION

I would like to share a story and an image that has stayed with me as I have worked on this project. For many years I worked in ministry with youth in a Roman Catholic Church. Several of those years, as a way of introducing the youth and adults to the concept and experience of social justice, we did volunteer work for Habitat for Humanity. One year a group of 25 young people and adults traveled to Appalachia, to a small town in Maryland. During that time a group worked on a house that was without water or indoor plumbing. This was the home of a woman with a degenerative illness, living alone in a deserted wooded area. As a way of thanking me for bringing the group, she made me a large wreath made from vines, grape vines, I think. I recall her gnarled fingers, from pain and suffering, yet strong and resilient in her task. Since that time the wreath has been displayed in a prominent and special place in my office and then in my home, both inside and out. Looking at it stirs the memory of that experience and its significance, as well as our connection to the old woman.

Often when I am sitting with clients I think of the circular nature of life's experiences. Women and men intertwined with what makes our lives valuable and who all search for hope and meaning. Gnarled in spirit and despair, sadness and fear. I recall how much my heart receives when I am fortunate enough to witness their stories of strength and resiliency. Often the circular image of the wreath and the old woman come to mind in gratitude and offer peace.

RESOURCES

Psychology and Spirituality Institute (PSI) – WWW.MINDSPIRIT.ORG

Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) – WWW.ASERVIC.ORG

Association of Spiritual and Psychotherapy – WWW.PSYCHOSPIRITUALTHERAPY.ORG

Association of Professional Chaplains – WWW.PROFESSIONALCHAPLAINS.ORG

Center for Spirituality and Healing – WWW.SCH.UMN.EDU

Institute for Religion and Health – WWW.RELIGIONANDHEALTH.ORG

Journal of Religion & Spirituality in Social Work – WWW.HAWORTHPRESS.COM

Council on Social Work Education – WWW.CSWE.ORG/SPIRITUALITY

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Spiritual Diversity and Social Work: A complete bibliography with annotations. CSWE

Spirituality and Social Work

POST TEST— 1.5 CEs

Please select one answer per multiple-choice question.

1. Social work began to move toward an inclusive approach to spirituality with increased attention to religion and spirituality in social work education in the late 1970s.

a. true

b. false

2. Spiritual development expands our established frameworks of meaning through:

a. periods of gradual growth

b. life cycle stage transitions

c. a and b

d. none of the above

3. Religion and spirituality are important concepts in understanding clients.

a. true

b. false

4. Commitment to issues of human diversity and oppressed populations is a hallmark of the social work profession.

a. true

b. false

5. Spiritual Lifemaps, a method available for assessing spirituality can best be described as:

a. family trees focusing on religious and spiritual traditions, events and experiences

b. closed-ended questions in the form of a questionnaire

c. open-ended interviews exploring religious and spiritual beliefs and practices

d. pictorial illustrations of patients' spiritual journeys, in the form of a "roadmap".

6. The Joint Commission, which evaluates and accredits healthcare organizations in the United States, mandates that practitioners in health organizations and agencies conduct an initial, brief spiritual assessment.

a. true

b. false

7. Spiritual interventions can be used in combination with therapeutic frameworks when:

a. the patient is in spiritual crisis

b. only if the spiritual issues are the main focus of diagnosis

c. the patient's permission is obtained

d. the patient's mental status is determined

8. Fowler and Wilber's theories of faith and spiritual development are considered stage theories.

a. true

b. false

9. The NASW code of ethics takes a firm stance on sexual orientation and views it as a form of diversity.

a. true

b. false

10. The practice of forgiveness is beneficial because reconciliation means that:

a. both parties must be ready to forgive

b. reconciliation is the foundation of forgiveness

c. it will help with the client's depression

d. none of the above

11. When defining spirituality it is important to know that:

a. you can't be an atheist and be spiritual

b. you can be religious and spiritual

c. it is a way to make meaning out of our lives

d. religion may provide a pathway for spiritual development

e. a and c

f. b, c, and d

g. all of the above

12. According to a Gallup poll in 2010:

a. at least 50% of Americans say that they believe in God or a Higher Power

b. it is impossible to measure a person's belief system

c. 8 out of 10 Americans profess a belief in God

d. the concept of "God" is used only by Christian denominations

13. What separates the Transpersonal approach, often called the "fourth force", from other theoretical orientations is that it specifically addresses the spiritual dimension of human existence.

a. true

b. false

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14. Life Reviews are an assessment tool and are most effective when:

a. the client is severely depressed

b. working with a patient and their family with the transition into a nursing home

c. working with clients who are at the end of their life

d. b and c

e. all of the above

f. c only

15. Pargament's research has shown that a deep spiritual life can counter the effects of stress.

a. true

b. false

After completing this Post-Test and Evaluation, please return both pages to NASW-MA along with your payment.

If you scored 80% or better, we'll mail you 1.5 CEs!

FOCUS CE Course Evaluation—December 2010

Please indicate whether the following learning objectives were achieved:

A. I understand and can describe historical and existing relationships between religions and social work.

Achieved in full 5 4 3 2 1 Not Achieved

B. I know the concepts of spirituality and religion.

Achieved in full 5 4 3 2 1 Not Achieved

C. I have learned guidelines for a spirituality sensitive assessment of person and situation, and apply selected spirituality-sensitive practice techniques in a manner consistent with professional ethics and self-determination.

Achieved in full 5 4 3 2 1 Not Achieved

D. I can demonstrate how spirituality/religion can be used as a way of coping with major losses, traumatic experiences, end-of-life issues, and chronic suffering.

Achieved in full 5 4 3 2 1 Not Achieved

E. Please provide comments on current course and suggestions for future courses:

_____

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