

Incorporation of Spiritual Dimension

In recent years, interest in the spiritual dimension has escalated in the United States (Bullis, 1996). A 1989 Gallup poll found that 94% of the U.S. population believe in God, 90% pray, and more than 75% have experienced religious involvement in a positive way (Sheridan, Bullis, Adcock, Berlin, & Miller; Gallup & Casteli, as cited in Sahlein, 2002).

Increasingly, people in the general population believe spirituality is vital for their growth and essential for helping them deal with life's problems. They are searching for ways of incorporating spirituality in their daily lives, often turning to psychotherapy and counseling for information, advice and support. Hodge (2005) notes that Gallup data reported by Bart in 1998 shows that 81 percent of respondents wanted the counseling practice to incorporate their spiritual beliefs and values. Thus, there is a growing demand for clinicians who know how to integrate the spiritual dimension into their practices, helping them with both the spiritual and the psychological dimensions.

Spirituality has been ignored

Even though a sense of the spiritual dimension has a tremendous influence on many mental health clients, social workers don't always deal with this properly (Gotterer, 2001). Attempting to legitimize itself by taking a scientific approach, the mental health field has excluded spirituality. Social work practice thus leaves clients caught between spiritual and secular approaches. Denied access to the spiritual dimension of therapy, clients are thus deprived of important resources for personal growth and healing (Gotterer).

Sahlein (2002) notes that social workers exhibit much confusion and anxiety over the management of religious material in their practice. In fact, despite their importance to most people, spiritual issues are largely

ignored (Prest & Keller, as cited in Sahlein, p. 381). Moreover, there is very little literature to help clinicians deal with religious issues. Sahlein believes this situation "compromises quality of care" (p. 381).

In clinical practice and training, spirituality is despised as being unscientific, in spite of the fact that spirituality is a powerful force in human experience. Worried lest they impose their own religious values on clients, family therapists often avoid the topic. This despite the fact that "for many people, religion and spirituality represent a central set of organizing beliefs that give their lives meaning and guidance" (Goldenberg, & Gehart, 2004, p. 7).

Because social work relies on the medical model—with its scientific, rational approach—there is scarce consideration given to the intangible personal belief systems of clients (Gergen as cited in Saleebey, 2002, p. 27). Potential healing modalities offered by religion and spirituality—personal faith, myths, a sense of trust, hope, promise of divine intercession—are usually not considered in social work.

Over several decades, mental hygiene and social work have worked together to better understand how personality develops and how people behave (Taft, 1994). However, until recently, clinicians have neglected the spiritual dimension of life. The topic has also been notably absent from professional training programs. Clinicians received social and psychological training; spiritual material was left entirely up to the clergy.

Spirituality: a fundamental human characteristic

With increased recognition of the multisystematic nature of human beings, validity of spirituality in human development is becoming established (Beutler & Clarkin; Norcross & Goldfried, as cited in Standard,

Sandhu, & Painter, 2000). Jung (as cited in Standard, et al., 2000) observed that people are psychospiritual, not just psychosexual and psychosocial. Bullis (1996) observes that, more than just biopsychosocial beings, clients are, in fact, beings with “a spiritual cosmology, a spiritual anthropology, and a spiritual hierarchy of needs” (p. 99).

Charlotte Towle (as cited in Bullis, 1996), in acknowledging the importance of spirituality in social work practice, observed that “man does not live by bread alone, that spiritual needs must be seen as distinct needs and they must also be seen in relation to other human needs” (p. 6). According to Bullis, spirituality, far from standing alone, is pivotal to all other experiences and our consciousness. He suggests that, recognizing the importance of the spiritual nature of clients, “a spiritual, even mystical element” should be brought back into social work practice. He even asserts that “the mystical process is vitally connected to mental health” (p. 92).

Helping professionals are increasingly aware that spirituality for many clients is a “fundamental dimension of personal ontology”—especially for the disadvantaged populations social work serves (Gallup & Lindsay, 1999; Pargament, 1997; Walsh, 1999b, as cited in Hodge, 2001a). Spirituality is a fundamental human need, existing independent of any particular culture—especially the current materialistic Western culture.

Holland (as cited in Gotterer, 2001) says that, without incorporating the spiritual dimension of human existence, social work is simply incomplete. Coming back to its roots—based in the religious values of love and justice—the social work profession is beginning to reclaim an integration of spirituality into its work.

Spirituality: growing area of interest

According to Gotterer (2001), there is rising discussion of the role of spirituality in social work practice. Across American society interest in spirituality is widespread, and the

helping professions are beginning to pay attention. Richards & Bergins (as cited in Standard, et al., 2000) say that surge of both professional and popular literature on spirituality proves this renewed interest in the subject.

Moreover, Borysenko (as cited in Standard, et al., 2000) observes that there appears to be a “new era of understanding regarding how to unlock the mysteries of healing through belief, faith, and imagination rather than through rational explanations of physical cause and effect alone”. Bullis (1996) says social workers are now quite willing to include spiritual assessments and interventions in their work, like other mental health professionals who are already doing this.

As a wide-ranging influence in American society today, spirituality is strongly affecting many helping professions, including medicine, education, psychology, addictions treatment, and social work (Sandhu, in press, as cited in Standard et al., 2000). These authors note that “analogous to the other four forces in counseling and psychotherapy (i.e., psychodynamics, behaviorism, humanism and multiculturalism) spirituality is becoming a fifth force” (p. 206).

Paying attention to spiritual issues is becoming more acceptable. Abels, 2000; Bullis, 1996; Chawla, Derezotes, 1995; Krill, 1995 (as cited in Coholic, 2002) contend that spiritually oriented practice is relevant and effective in social work.

Practitioners must address spiritual concerns of clients

Considering these trends, including spiritual assessment must be considered by social workers in their counseling activities. Standard, et al. (2000) say incorporating spirituality in assessments will help clinicians better understand clients’ issues and enable them to develop appropriate treatment interventions.

There seems to be a resurgence of recognition that spirituality is a fundamental part of personal development. As a result,

Corey (as cited in Standard, et al., 2000), suggests that well into the twenty-first century, concern with clients' spiritual issues will gain in importance.

Professionals in social work, as well as psychology, nursing, and other mental health professionals are now expected to be sensitive to the spiritual, religious and moral issues of their clients. Furthermore, professionals are frequently called upon to provide spiritual information, guidance and support to their clients. Clinicians are being asked to incorporate spiritual interventions into their professional work. They are being asked to 'meet the clients where they are'—including their spirituality, in whatever form it appears.

Bullis (1996) asserts that social workers will need "language and practice methods specifically designed to integrate spirituality and social work theory. An integrated approach without practice methods is a cup half full" (p. 99). Interestingly, Bullis positions social workers as spiritual physicians—"in that they assess and treat spiritual disorders". He sees the social work clinician as being "cast into the role of a theologian, psycho pomp, and spiritual guide, and they must be prepared for such a role" (p. 115).

New resources are available

Accompanying this increased desire to examine spirituality in social work is demand for more knowledge supported by empirical research (Canda, 1998, Canda & Dyrud Furman¹, 1999, Hickson & Phelps, 1998, Powers, 1995, Radford Ruether, 1995, Ressler, 1998, Roberts, 1999, as cited in Coholic, 2002).

In response to this emerging need, a variety of resources focusing on the spiritual dimension are being developed. These resources include textbooks, training programs, continuing education seminars and graduate-level courses (Sperry, 2001).

Graduate education programs in psychology, counseling, psychiatry, family therapy, pastoral counseling and nursing are obliged to expose their trainees to understanding and utilizing interventions appropriate to the spiritual dimension. Sperry describes the emergence of an exciting new area of clinical practice—the "spiritually-attuned" practice—as a response to this need.

¹ Canda, E. R., & Furman, L.D. (1999). *Spiritual diversity in social work practice*. New York: The Free Press.

Defining Concepts

A concept like spirituality is ambiguous, amorphous, and hard to define precisely. Social constructionists assert that no meanings are certain and all meanings are personal, connected to the individual person's life context. Nonetheless, we will plunge boldly into the task of establishing a working definition of spirituality that will assist us in developing a spiritual interventions process that can be helpful to our clients.

Perhaps it's worth considering this quote by Pierre Teilhard De Chardin: "We are not human beings having a spiritual experience; we are spiritual beings having a human experience."

Spiritual life is generally understood to mean the interior awareness that leads humanity into relationship to God, the creator. The interior life draws its nourishment and inspiration from "contact with the living water of faith and the flame of the spirit" (source unknown).

One of the difficulties with defining spirituality is its association with religion—often the two terms are used interchangeably. However, distinguishing between religion and spirituality is vital to appreciating how social workers understand spirituality in their practice (Bullis, 1996).

Distinguishing between spirituality and religion

Shafranske and Maloney (as cited by Standard, et al., 2000) described religion as "an adherence to the beliefs and practices of an organized church or religious institution" (p. 205). Peterson and Nelson (as cited by Standard, et al.) described spirituality as "the transcendent relationship between the person and a Higher Being, a quality that goes beyond a specific religious affiliation" (p. 205).

Hodge (2005) defines spirituality as "an existential relationship with God (or perceived Transcendence) that fosters a sense of meaning, purpose, and mission in life" (p. 77). In contrast, he says "religion flows from spirituality, expressing the existential spiritual relationship in particular forms, rituals, beliefs, and practices that have been developed in community with other individuals who share similar phenomenological experiences of transcendence" (Hodge, as cited in Hodge, 2005, p. 77).

In another viewpoint, Joseph (1988) said religion is "the external expression of faith... comprised of beliefs, ethical codes, and worship practices that unite an individual with a moral community" (p. 444). However, spirituality is "at the ground of our being and strives for meaning and union with the universe. The spiritual dimension seeks to transcend self and relate the individual to the ultimate" (p. 444).

As seen by these definitions, both emphasize the sacred, but *spirituality* is a subjective experience, while *religion* is about a set of institutionalized beliefs and doctrines. Spirituality is therefore a broader concept, with few restrictions.

Exploring the meaning of spirituality

In English the word *spirituality* refers to spirit. Derived from the Latin word *spirare*, which means to breathe (Webster's, 2003), spirituality has been important to all civilizations. In Greek and Roman cultures, many gods had responsibilities ranging from creation of the world to mundane household operations (MacDonald, D., 2004). When Emperor Constantine in 312 A.D. dictated that his religion (Christianity) was the religion of the empire, things changed.

With the spread of Christianity and its concept of the Holy Spirit, spirit and spirituality became associated with a religion in the Western Hemisphere (Tarnas, as cited in MacDonald, 2004). Today in North America, religion assumes many forms, each stressing the importance of meaning, relational bonds, transcendence, and mystery (Sire, as cited in MacDonald).

Spirituality reaches deep into human identity

On the basis of a review of several writers, Elkins, Hedstrom, Huges, Leaf, and Saunders (as cited in Standard, et al., 2000) identified spiritual values, including a confidence in the meaning and purpose of life, a sense of mission in life and of the sacredness of life, a balanced appreciation of material values, an ultraistic attitude toward others, a vision for the betterment of the world, and a serious awareness of the tragic side of life. They assert that this also means living out these ideals with noticeable effects on one's self, on others, and one's relationship with a Higher Power.

MacDonald (2004) quotes the definition offered in a 1995 American Counseling Association (ACA) summit on spirituality: "Spirituality is...a capacity and tendency that is innate and unique to all persons. [It] moves the individual toward knowledge, love, meaning, hope, transcendence, connectedness, and compassion. Spirituality includes one's capacity for creativity, growth, and the development of a values system. Spirituality encompasses the religious, spiritual, and transpersonal" (p. 30).

As noted by Hodge (2001b), the Chinese spirituality writer Watchman Nee conceived the human spirit as "an integrative unity consisting of communion, conscience, and intuition." (p. 207). *Communion* has to do with a person's capacity to relate to the Ultimate, a relationship with a something transcendent, usually to a supreme being or to creation. *Conscience* is a person's ethical guidance system that informs one what is just and fair. *Intuition* has to do with the insights

that come from within ourselves, giving us knowledge of information without conscious processing—hunches to act, impressions to pray, flashes of insight.

Benner (as cited in Standard et al., 2000) asserted that "all persons are created as spiritual beings. To describe someone as spiritual and someone else as not is to describe their differing awareness of and response to the deep striving for self-transcendence, surrender, integration, and identity" (p. 9).

Spirituality is diverse

By its very nature, spirituality is diverse and inclusive. Gotterer (2001) says the definition of spirituality varies for people of different ethnicity, gender, class, and culture. A common theme is connectivity with a power greater than the self that transcends temporal reality and the so-called five senses. According to Gotterer, in 1949 Einstein described the mystery of the universe as a "knowledge of the existence of something we cannot penetrate, of the manifestations of the profoundest reason and the most radiant beauty" (p. 5).

According to Coholic (2002), some people describe spirituality as a connection to something bigger than themselves/transcendent, community, one's self, the environment, culture, nature and other peoples. Coholic thus identifies helping clients cultivate connections on many levels as spiritually influenced practice.

A Loyola University manual says spirituality can be defined as "the human quest for personal meaning and mutually fulfilling relationships among people, the nonhuman environment, and for some, God" (Canda, as cited in Northcut, 2000, p. 158).

Woods (1996) says spirituality is concrete and real, because it "encompasses all the ways, beliefs, and attitudes people have ever had regarding the development of the human spirit in its collective as well as particular forms. And, like experience itself, spirituality always has an essential social dimension" (p. 10).

Other ways to view spirituality

One element of spirituality is the capacity to find meaning and purpose in seemingly bleak situations. Frankl (1984), psychiatrist and survivor of Nazi concentration camps, wrote, “the way in which a man accepts his fate and all the suffering it entails...gives him ample opportunity—even under the most difficult circumstances—to add a deeper meaning to his life” (p. 76).

A simple definition of spirituality is offered by Ralph Nault (personal conversation, October, 2004): spirituality means getting in touch with the spiritual part of your being or the Spirit of God, and functioning from that level.

A great theme running through history is the awareness of a divine Presence as unfailing guide and infinite destiny of the entire human race (Woods, 1996). From a Christian perspective, the goal and meaning of human existence is the recognition and enhancement of the sense of Divine Presence, which in all three forms—the person of Jesus as the risen Christ, the community of believers, and the individual human creature as a child of God—is at once both hidden and manifest, which in religious terms is to say, a *mystery*.

Desire for the transcendent

In summary, spirituality can be thought of as an inner sense of connectedness, wholeness, and openness to the infinite. Furthermore, spirituality expresses a desire for a transcendent knowledge of oneself, others and the world, a yearning for meaning, purpose and fulfillment in life, and longing to experience God.

In contrast, we might say that religion is the organized social method used for people to express their spirituality. This devotion can be expressed through any of the seven great religions or spiritual movements of our time.

For the purpose of this resource manual, we will use a concept of spirituality similar to that espoused by Hodge (2005): spirituality refers to an individual’s relationship with God (or perceived transcendence).

In applying this concept to spiritual interventions in social work, we take the view of Woods (1996) that “God is no merely passive partner in some interior dialogue, but acts within both individuals and the community” (p. 10). It is possible to draw close to God for strength and to live a life based on “hope-filled faith, effective and universal love, and compassionate justice” (p. 15).

We are searching for therapeutic techniques/approaches that help mediate the presence of God/Higher Power/Transcendent Being into the lives of our clients. In this sense we need to learn how to determine our clients’ spiritual beliefs and values, and use these to help empower them to make positive changes in their lives.

Spirituality Reinforces Strengths Perspective

Spirituality is a valuable strength for many people

According to Hodge (2001a), spirituality is a considerable strength for many people. Saleebey (2002) says that the strengths perspective requires social workers to discover ways to help clients deal with their spirituality.

Especially during times of acute difficulty, people are more likely to be oriented toward spirituality—per the adage “there are no atheists in foxholes.” Incorporating spiritually based activities in the therapeutic practice offers people another resource to address their problems (Hodge, 2005). Walsh (as cited in Goldenberg & Gehart, 2004) has found that “a consistent and positive belief system” is a major resource in a family’s resiliency (p. 8).

Saari (as cited in Northcut, 2000) notes that a principal effect of postmodernism on psychotherapy is the emphasis on helping clients find meaning, which is a major role of religion and spirituality. Frankl (1984) believed, “...when a patient stands on the firm ground of religious belief, there can be no objection to making use of the therapeutic effect of his religious convictions and thereby drawing upon his spiritual resources” (p. 122).

Increasing evidence in the research shows the benefits of spirituality and religion (Ellison & Levin, 1998; Gartner, 1996; Hodge, 2000b). Several of these have been enumerated by Joseph (as cited in Sahlein, 2002), who is a nun and a social worker. She says that spirituality offers hope, consolation, and emotional support; engenders development that leads to better self-direction and personal responsibility; provides increased knowledge; advances a sense of identity. Additionally,

Joseph (as cited in Sahlein) links spirituality with hope and forgiveness—both of which have been shown to help the healing process.

On a larger scale, religion can help people experiencing difficult social stress (Chestang, as cited in Lum, 2000). Further, he says religious institutions “serve the psychological purpose of strengthening the individual in the face of his impotence against the social structure...” (p. 72).

Interest in spirituality as a source of strength for people facing serious life challenges is growing rapidly among social workers. This interest connects four types of theoretical and empirical studies: formulations of definitions of spirituality; research on sources of people’s strengths and resiliency; medical studies on the role of religion and spirituality in supporting health; studies of people’s growth through crisis and illness (source unknown).

Spirituality is important for healing

As the value of spirituality and religion are increasingly recognized, interest in spiritual assessment and emphasizing spiritual strengths to help solve problems have become more important (Bullis; Canda & Furman; Sherwood, as cited in Hodge, 2001a). Since social workers are involved with people in difficulties and crises, they need to accommodate spiritual and religious issues in their practices (Gotterer, 2001, p. 187).

In assessing the role of religion in social work practice, Joseph (1998) presents data that she says indicates clearly the importance of God and religion when people are ill or in crisis and suggests that “such phenomena can hardly be overlooked in social work practice”

(p. 448). Examining religious issues can open opportunity to address unresolved relationship issues because the idea of God is often associated with people's significant object relationships. Releasing anger and forgiving others are significant positive dynamics linked to religion (Joseph).

According to Standard et al. (2000), there is increasing evidence that spirituality can help treat both psychological and medical illnesses. This is echoed by others (Benson; Borysenko & Borysenko; Bartner, Larson, & Allen; Pargament; Payne, Bergin, Bielema, & Jenkins; Richards & Bergin, as cited in Richards, Rector, & Tjeltveit p. 133) who mention the mounting experimental proof that spiritual values and conduct encourage people's coping, healing, and well-being. Based on this knowledge, clients' spiritual values, instead of being ignored, should be considered as an important resource in psychotherapy.

Spirituality is especially important for people of color and culturally diverse families

There is evidence that the spiritual beliefs of African Americans, Hispanics, women, the elderly and the poor can offer a powerful resource to help them confront the difficulties of life (Gallup & Lindsay, 1999; Pargament, 1997; Walsh, 1999b, as cited in Hodge, 2001a). In particular, people of color often look to religion to uphold and care for their lives.

Spirituality and African-Americans

Gary (as cited in Lum, 2000) says that the practical value of religion for African-American clients is frequently de-emphasized by mental health professionals. Downplaying the value of the black church is counterproductive.

When African slaves were brought to the US, religion was integral to their lives (Stapels, as cited in Lum, 2000), and subsequently has helped sustain them as they faced prejudice

and racism. According to Lum, religion "has given credibility to cultural heritage, validated the worth of African Americans, and provided hope for the future" (p. 69).

Bible stories, prayer, and the clergy still inform the values of the African America community (Lefley, as cited in Lum, 2000). Moreover, the church has provided the black community both social and spiritual resources, offering community support and also providing meaning to their lives. Lefley says that religious activities are so therapeutically important that "the black church service is a functional community mental health resource for its participants" (p. 69).

Spirituality and Native Americans

Spirituality is at the heart of Native American cultural practices. Natural forces are associated with the life process itself and pervade everything (Lum, 2000). Various rituals that symbolize renewal are part of the spiritual experience, including rites of purification, annual tribal Sun Dance, and individual spiritual retreat. The vision quest involves fasting, being alone, and constant prayer, seeking the blessing of sacred power (Lum).

For believing Native Americans, everything is interconnected, so individual healing is necessary not only for a particular person but also for the entire family and clan. According to Lum (2000), "holistic values, with ceremonial supports, contribute balance to the spiritual dimensions of life. Community religious rites are a collective effort that promote nature and increase inward insight and experiential connection with nature" (p. 69).

For therapeutic spiritual interventions, Lum (2000) suggests use of positive experiences derived from ceremonial events, contact with a tribal medicine man, and power-revealing events, such as omens, dreams, and visions. "In working with Native Americans, social workers must learn to explore and reinforce the therapeutic significance of religious and cultural events" (p. 68).

Spirituality and Latino Families

Similarly for Mexican American families, religion should be considered as a helping process, according to Rothman, Gant, and Hnat (as cited in Lum, 2002). The symbols and activities of religion seem to be an important source of identification and of internal support.

In Latino families, the Church offers a moral weight that molds ethical behavior and exerts a spiritual influence for community

change—and provides a social venue for interaction with friends and the community. In Latino Catholic churches, the priest is an active participant in community life—confirmations, classes, religious observances and holidays—and the church offers social services such as care of the ill, financial aid, assistance with housing and employment, and addiction rehab programs (Lum, 2000).

Spiritual Interventions

Bullis (1996) warns that “an integrated approach without practice methods is a cup half full” (p. 99). Yet social workers are just beginning to define the nature of spirituality in interventions. In recent years some authors have given attention to the therapeutic value of prayer (Canda), meditation (Keefe), ritual (Laird), exorcism (Berthold), religious imagery (Harrigan), and scripture (Harrigan) as therapeutic techniques (as cited in Bullis, 1996). Others have reported on forgiveness (Weinberg, 1995), touch and centering prayer (Ameling, 2000).

According to Sperry (2001), “spiritually-oriented interventions refers to both psychotherapeutic *spiritual* strategies, methods and techniques utilized within sessions, and also spiritual practices and techniques prescribed for inter-session usage” (p. 120). This resource manual identifies some of these practices, exercises, and techniques that can be useful in incorporating the spiritual dimension.

Spiritual practices

Spiritual practices refer to the disciplines of developing crucial capacities of the heart and mind, while the terms “technique” and “exercise” indicate specific methods for achieving a spiritual practice. Spiritual practices are focused activities that foster

spiritual qualities. Sperry (2001) notes that they help clients deal with obstacles set up by the false self at the beginning of their spiritual journeys. These practices include 1) healing prayer, 2) meditation, 3) fasting, 4) reading sacred writings, 5) forgiveness, 6) moral instruction, and 6) service (p. 147). Hodge (2004) adds listening to worship music and sacred rituals such as taking the sacraments.

Another classification of spiritual activities includes these four: 1) Acceptance; 2) Caring; 3) Thanksgiving: gratefulness; and 4) Forgiveness (Sperry, 2001).

Walsh (as cited in Sperry, 2001) identifies seven essential spiritual practices that are common to all of the world religions. For a more thorough understanding of these practices see Sperry. Listed below are the practices along with examples:

1. Purifying motivation: fasting, indulge an attachment/frustrate an addiction
2. Cultivating emotional wisdom: forgiveness
3. Living ethically: moral instruction
4. Developing a peaceful mind: meditation and centering prayer
5. Recognizing the sacred in all: mindfulness
6. Cultivating wisdom and spiritual intelligence: spiritual reading

7. Engaging in the service of others: service

Clinically-oriented spiritual interventions

A wide array of spiritual interventions are being offered in the literature. The more common ones include exploring a client's religious or spiritual background, clarifying spiritual or religious values and beliefs, and recommending clients participate in spiritual programs such as 12-step groups, meditation groups or religious services (Bullis, 1996). Other less common interventions include praying with clients in session, reading scripture with clients, touching clients for "healing" purposes, and performing exorcisms (Bullis, 1996).

Hodge (2005) suggests the following: (1) encouraging clients to enter into a nurturing a spiritual holding environment through increased prayer and meditation on God's traits that are similar to those of ideal self-objects; (2) spiritual reframing, that is, helping clients explore alternative meaning to events; (3) cognitive reframing, substituting salutary beliefs from client's spiritual cosmology for deleterious ones; (4) solution-focused rituals, substituting new rituals for the problem-causing one; (5) leveraging church-based social support; (6) spiritual lifemaps that focus on the brevity of life.

The interventions included in this resource manual are adapted from a broad range of psychotherapeutic approaches, including cognitive, behavioral, psychodynamic, family systems, experiential/expressive, relational, and solution-focused brief therapy. However, others are drawn from Christian beliefs and practices. Some interventions reflect the author's training and practice experience, others reflect a 12-step recovery program approach. Some interventions refer to specific books that can be assigned to clients for adjunctive bibliotherapy. A full bibliographic reference list of these materials is included at the end of each section.

Interventions included in this resource manual

Spiritual assessments
Lifemaps
Ecomaps
Genograms
Prayer
Centering prayer
Silence
Awareness of the miracle of grace
Mindfulness
Recognizing spiritual hunger
Meditation
Imaginative meditations
Rituals
Sacred writings
Connect with religious social support
Spiritual bibliotherapy
Forgiveness
Clarifying religious beliefs/God images
Emotions provide key to core questions
Spiritually modified cognitive therapy
Affirmations
Affirmation therapy
12 steps and spirituality
Spiritual inventory
Surrender & acceptance
Journaling
Drawing
Dreams

Some other interventions not included in this manual

1. Touching clients for healing purposes
2. Performing exorcisms
3. Spiritual listening; listening prayer

4. Using spiritual or religious language or metaphors
5. Referring clients to religious or spiritual counselors
6. Testimony/sharing your own religious or spiritual beliefs or view

Jesus said, “You shall know the truth and the truth shall set you free.” The Psalmist prayed, “Lord Thou does desire truth in our inner most being.” St. Paul’s mission was to “open the eyes...that they might turn from darkness to light.” It is the author’s personal belief that spiritual growth and personal wholeness are nurtured by *seeing* in a new way. Many of the interventions offered are designed to bring about a seeing in a new way.

Indications and contraindications

How directly or indirectly the spiritual dimension is to be used in practice must be determined by the clinician. Experience suggest clinicians move slowly and indirectly toward the spiritual dimension. Sperry (2001) notes the following indications for using spiritually-oriented interventions: (1) “the client specifically asks for or consents to discussing spiritual issues and/or incorporating spiritual interventions; (2) the client has the capacity to consent and to collaborate in the treatment involving a spiritual intervention; (3) the spiritual issue or concern is related to the client’s presenting problem” (p. 121).

Inclusion of the spiritual aspect does not require a clinician to have a variety of therapeutic techniques and strategies ready for use. Ill-timed or excessive use of prayer, having a Scripture verse for every problem, or oversimplifying the mysterious in life are likely do more harm than good.

Clinicians implementing spiritual interventions should have a wide variety of flexible approaches, including: a good feel for how the spiritual dimension can be of help to clients; know how to use self therapeutically; awareness of what kind of interventions should be used and when to use them—prayer, sacred readings. Spiritual bibliotherapy, and other spiritual resources (Sperry, 2001).

The spiritual dimension can be more easily incorporated into therapy when a client is cognizant of their relationship with the transcendent and able to explain their spiritual views clearly (Sperry, 2001). Questions can be used such as, “What do you think God wants for you?” or “Where do you think God is in your decision making?” A more indirect approach is suggested for clients who are less articulate about their spirituality. Instead of speaking directly about God, try to understand the client’s value, meaning and belief systems (p. 138).

Contraindications for spiritually-focused interventions suggested by Richards and Bergin (as cited in Sperry, 2001) include: clients unwilling to participate in spiritual interventions; presenting problems do not involve spiritual issues; parents have not given permission for spiritual discussions for underage clients; psychotic clients. They also suggest considering relative contraindications such as: severity of a client’s psychological disturbance; antireligious or non-religious orientation; spiritual immaturity; and if client views God as condemning and remote.

To address countertransference issues, Spero (as cited in Sperry, 2001) suggests clinicians need to understand a client’s neurotic/non-neurotic needs for religion and spirituality, and know how recognize neurotic forms of religious belief, e.g., how religion is used as a defense mechanism. Also, therapists are cautioned against providing clients with their own spiritual insights (p. 106-107).

Ethical Considerations

If it is determined that spiritual issues of the client may help with the presenting problem, a therapist can explore the client’s value system without impressing his/her own values on the client. Therapists should exhibit the same level of professional integrity as in other areas when approaching spiritual issues. Following are some guidelines:

Assessment of practitioner’s role—

Given the therapist’s responsibilities and limitations, are spiritual activities appropriate?

Clarity your role, even consult spiritual leaders if appropriate.

The setting of therapy—Give clients and supervisor a document explaining the purpose before incorporating spiritual interventions.

Presenting problem of the client—Explain the relevancy of spiritual intervention to the presenting problem, lest it be seen as a method for forcing your own views on a client.

Informed consent—Written consent of the client should be obtained that informs the client of the course of therapy and planned interventions.

Recognize the boundaries of your competency—Spiritual interventions should only be done in a manner consistent with your expertise, skills and knowledge (consult, collaborate with colleagues). Use an eclectic approach to therapy, allowing for flexibility and freedom to choose spiritual interventions appropriate to a particular client.

Respect the client's values—Obviously it is unethical to use therapy to promote your own spiritual views. Clients must feel free to disagree. Respect their spiritual values and beliefs.

Document your use of spiritual interventions—Always consider the client's welfare, remaining spiritually and multiculturally sensitive. Be alert to situations where spiritual interventions are not indicated and potentially counterproductive.

(The source for the aforementioned guidelines is Anonymous.)

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